



PULSE

A BI-MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

A Year in Review/ A Look Ahead January/February 2013

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From the President

Reflection on My Time as President of AMCHP

By Stephanie Birch, RNC, MPH, MS, FNP



What an honor it has been for me to serve as your president and represent such an outstanding association. It has been a busy and productive two years and much has been accomplished as a result of the great work that the AMCHP staff and the board are doing.

The priorities for my presidency were focused on three areas of leadership: family leadership training and the development of a clear role for family leaders in the association; strengthening the presence of adolescents in AMCHP and the development of youth leaders; and expansion of training for new Title V maternal and child health (MCH)/children and youth with special health care needs (CYSHCN) leaders, as well as expanding opportunities for new state MCH staff and MPH graduate students to participate in AMCHP and establish peer networks. So how well have we done?

Over the last two years, 23 family leaders have participated in the Family Scholars Programs. This year, the cohort includes 12 new scholars and three mentors. As a result of this robust training program, family scholars have an increased understanding of Title V, have expanded their skills in advocacy and broadened their professional network with other state leaders. Thanks to expanded funding, we also had more family delegates attend our annual AMCHP conference! The Family and Youth Leadership Committee (FYLC) has focused on expanding



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From the President CONT. Reflection on My Presidency

the role of youth on the committee and we now have youth representation on the FYLC and had youth scholars attend the AMCHP 2013 Annual Conference.

Youth involvement and training for youth leadership positions was a second priority that I identified. With the help of our talented AMCHP staff and several key state participants and leaders, we detailed a work plan that identified three strategic priorities to guide AMCHP youth involvement efforts. These include: more mindful engagement of youth in AMCHP; supporting state-level efforts to engage youth in Title V efforts; and building strategic alliances and support for youth involvement at all levels. There are many outcomes already evident as a result of this work plan, notably the inclusion of key “youth events” at the 2013 annual AMCHP conference. In addition, there has been active inclusion of youth with special health care needs in transition in two separate peer-to-peer exchanges organized by AMCHP CYSHCN staff.

Finally, leadership support and development of new Title V leaders has really taken off thanks to the work of AMCHP staff, existing Title V leaders and the planning committee. During the course of my leadership term, 18 new Title V MCH and/or CYSHCN directors participated in the AMCHP New Director Mentor Program. This program provides a bridge for new maternal and child health professionals to connect with seasoned MCH professionals and gain first-hand knowledge of Title V MCH programs and have a designated mentor for a full year. A measurement of success for this program is evidenced by the fact that one of the graduates of this program, Sam Cooper of Texas, accepted the nomination to run for president-elect for the AMCHP Board of Directors! During my tenure, AMCHP also adopted the MCH Leadership Competencies as the

leadership framework. These competencies guide the activities conducted in programs throughout AMCHP, as well as at our conferences and Web presentations. Finally, in effort to cultivate emerging new leaders and connect MPH students with Title V leaders and seasoned staff, we began hosting networking events at the 2012 annual conference and continued these events at the 2013 conference!

All of this work could not have been achieved without the active participation of your AMCHP board, committee members from states and affiliated agencies, and the talented and energetic AMCHP staff. I want to thank AMCHP CEO Mike Fraser, the AMCHP board and all of the current and former AMCHP staff for their support of my priorities and my presidency. I also want to recognize the participation and tremendous work of Katherine Bradley, president-elect. While Katherine will be transitioning out of her two-year term as President-Elect, I know her contributions will be long lasting and we look forward to her ongoing participation even in her new role at Oregon Health Science University. Thank you again for your support and contributions over the last two years.

From the CEO Five Thoughts about the Future of State MCH Programs

By Michael R. Fraser,
PhD, CAE



As I have previously stated in *Pulse* columns, if I could have one wish granted in my lifetime it would be my wish for a crystal ball. While having a crystal ball would certainly take some of the fun out of life, in times like these, I am willing to pay that price. The uncertainty and brinksmanship here in Washington is formidable and it seems like we are constantly laying out new plans for potential futures given all that could change and all that might happen to state MCH programs and our partners. Don't get me wrong, we are always planning and adjusting those plans as we move our AMCHP work forward. But the sheer number of variables and the quantity of potential scenarios far

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From the CEO CONT.

Five Thoughts about the Future

exceeds what we normally deal with in our day-to-day work on your behalf. A little certainty is very welcome. A crystal ball sure would be handy.

Given the potential for change and the uncertain future for our work it is a tad foolish to lay out what I think might happen in 2013, but I think it is worth a try. Below, I share “five thoughts about the future,” in the spirit of preparing for those things that will challenge and confront us this year, and those things that I know we will succeed at doing as your national association and voice here in Washington. So, here goes nothing!

We Must Make 2013 the “Year of Impact”

We talk about evaluating our work and demonstrating success a great deal. Indeed, many of us have full-time staff who are trained to measure, analyze and report on the outcomes of our programs on a routine basis. And we do an okay to good job sharing our success. But we need to do more; we need to be “great” at showing impact and we need to do it now. I am calling on all of us to make 2013 our “Year of Impact.” We must succinctly demonstrate the impact our work has on MCH outcomes. It is no longer good enough to know that our work matters and that our programs do good things; we need to explicitly state our successes and share them with partners, policymakers and the public. What is the impact of your work? What convincing data and stories can you share with AMCHP to amplify our call for continued support for MCH programs? Let us know!

We Need to Definitively Connect Title V and the Work of State MCH to the Goals of the Affordable Care Act

There is a great deal more to Title V than publically financed health care – indeed many state MCH programs no longer provide support for direct medical services as part of their Title V MCH Services Block Grant activities. The degree to which Title V is a “direct service” or “safety net” program needs to be more clearly articulated and that is the job of all of us moving into 2013. We understand the various levels at which Title V operates, but we have experienced increased scrutiny as to why Title V is needed since the passage of the Affordable Care Act (ACA). A core piece of our advocacy and programmatic work in 2013 will be to clearly articulate the continued need for state MCH programs in light of the expansion of publically financed health care through the Affordable Care Act.

What is the Title V role in ensuring access? What is the

Title V role in outreach and enrollment? How are state Title V programs complementing the work of clinical care and what gaps remain in MCH needs post-ACA? What is our work in quality assurance, equity and integration of programs that play a part in improving maternal and child health? Our value added is clear to us but we must make that known to stakeholders moving forward. A key challenge we all face now is making that value added clear as budgets tighten and tough decisions about future funding are made here in Washington and in state capitols nationwide.

We Must Prepare for the Uncertainty of Certain Cuts

I wish it were otherwise, but I am convinced that success for us this year will be maintaining level funding for the Title V MCH Services Block Grant and other MCH programs. And honestly, that is being optimistic. What is more likely is that the political pressure to reduce the deficit and control federal spending will lead to some kind of cut in federal funding for the work we do: what is uncertain is how much those cuts will be and how they will take shape in 2013. AMCHP has advocated for level funding in light of these challenges and for a balanced approach to cuts, should there be any. Many partners share this message. Exactly how all this will resolve remains to be seen and is one of the most urgent factors impacting all our work moving forward. Again, a crystal ball would be helpful now more than ever. We are watching, waiting, and doing all we can to share our message with policymakers and partners to minimize the impact of cuts, prepare for uncertain futures, and advocate for level funding even in this difficult reality.

States Will Start Preparing for the 2015 Needs Assessment

2013 marks the year that many of you will begin to plan (if you have not started already, and I know some of you have) for your statewide MCH needs assessments. This will be the first time a comprehensive MCH needs assessment will be undertaken since the passage of the Affordable Care Act. AMCHP wants to work with you and your partners to ensure that the needs assessment is a meaningful activity for your state MCH program, but also for our national work here in Washington. As such, we are excited to learn more about your state needs assessment process and to get that process started early so that it yields even richer and more valuable data that we can use to advocate on your behalf. With all we know about data, MCH outcomes, and the continued need for MCH services and supports, we are really looking forward to the planning

From the CEO CONT. Five Thoughts about the Future

and implementation of your statewide process. We hope to work with you, the Maternal and Child Health Bureau (MCHB), and other partners to do all we can to support your work in this area moving forward.

Leadership and Resiliency are Not Optional Attributes for State MCH Program Staff

I spend a lot of time thinking, speaking and writing about MCH leadership. What is our vision for MCH, and how can we inspire and motivate others around that vision? In times of challenge and constraint we need a clear vision – what we want to see in the world – and we need to get others excited about that vision too. Our AMCHP vision, “healthy children, healthy families, healthy communities” does not change with the shifting sands of funding and the politics of debt and spending. Our vision is a constant amidst a sea of change. Is yours? Can you share your vision and maintain or increase support for your work even if we see a cut in resources to some of our work or confusion about why we are needed in the first place? 2013 is going to be a time of trial for us as MCH leaders – and I think we will prevail. But our leadership, and our resilience, will be tested more than ever. We will work to support you in your MCH leadership roles and share resources and ideas that you can adopt to strengthen your MCH leadership competencies. I hope you will share ideas that you have and needs you would like to see filled this year, and always!

We have lots to look forward to and lots to be wary of as 2013 unfolds. Amidst challenge and change is the clear need for continued support for our work. The AMCHP board, our staff, and our partners are all deeply committed to the success of state MCH programs even in troubling and uncertain times. Uncertainty is not a reason for paralysis – the needs of women, children, and families in our states and communities remain. With thoughtful leadership and careful planning we can continue the long

tradition that is state Title V programs. We can demonstrate success, document the difference we make in the world, plan for the various futures we might experience, illustrate the needs we face in our states, and lead by adapting, even in uncertain times. I look forward to hearing your thoughts and ideas about where we are headed, and working with you to support state MCH programs and provide national leadership on issues that impact women, children and families.

Feature MCH Policy: What We Saw, What We Expect to See

By AMCHP Policy Staff
(Brent Ewig, Carolyn McCoy,
Carolyn Mullen & Karen
VanLandeghem)

Budget Advocacy – A Look Back

One, two, three DEFENSE. 2012 marked the year of the defensive lobbyist. AMCHP put our stake in the ground and defended the Title V MCH Services Block Grant, the Prevention and Public Health Fund (PPHF) and other public health programs against attacks from the left and from the right. We pounded the pavement alone and with organizations like the American Congress of Obstetricians and Gynecologists, the March of Dimes and the American Academy of Pediatrics. We conducted 109 meetings asking Congress to preserve and sustain the Title V MCH Services Block Grant, avert sequestration through a balanced approach, and protect public health. We met members of the administration, including chief advisor to President Obama, Valerie Jarrett, to discuss sequestration and its impact on state and local MCH.

Our fact sheets, memos and talking points were widely distributed and



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The Year in MCH Policy

used by key audiences. Specifically, one Sunday morning an advisor to President Obama stated, "This [AMCHP talking points on the Prevention and Public Health Fund] is great. Having sources other than us document the Fund's use is helpful." The White House then shared our talking points with reporters.

As a result of efforts in both the House and Senate on the fiscal year 2013 appropriations bill, the Title V Block Grant received a small proposed \$1.4 million increase, which is considered a great success in this environment. We strengthened our partnerships with other national organizations and continue to expand the breadth of the AMCHP-led Friends of Maternal and Child Health Coalition. Members of Congress spoke about the Title V MCH Block Grant on the floor of the House of Representatives.

Unfortunately, the promise of these small successes may never be realized. Congress continues to battle over budgetary issues. We lost significant ground on the PPHF when a portion of it was used as a pay for Medicare reimbursements for doctors. The small increase for the Title V Block Grant could be torn away by sequestration, now delayed until Mar. 1 by the last minute New Year's Eve fiscal cliff deal.

Our members and advocates are fatigued and tired of constantly playing defense. Yet, in this fatigue we must remember the age old quote that our sports coaches shout from the sidelines, "Offense wins games, but defense wins championships." Let us hope that we played defense well enough to preserve the foundational funding critical to improving maternal and child health.

Advocacy – A Look Ahead

If 2012 was the age of the defensive lobbyist then 2013 is expected to be a year of the captain navigating the ship through rough waters, uncharted territory and staying the course despite the obstacles.

AMCHP anticipates another challenging year as it relates to the budget and authorizing legislation. A perfect storm is brewing for the upcoming months with an expected vote to raise the debt ceiling in February or March, sequestration scheduled to occur on Mar. 1, the continuing resolution expiring on Mar. 27, the president's budget expected in March, and the fiscal year 2014 appropriations process beginning in earnest. Moreover, during this time public health will be asked by Congress and the administration

how it will change after implementation of the ACA.

Additionally, efforts to reauthorize some of the expiring provisions of the ACA, including the Title V Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Personal Responsibility and Education Program (PREP), will begin in earnest. The fate of these programs may be challenged especially with the intense focus on the budget.

If we peer into our crystal ball, our advice is, "Be prepared, be alert and ready to spring into action." We will be relying even more heavily on our grassroots advocacy in the upcoming year to continue to make the case for sustained funding for the Title V Block Grant and other related programs.

As always, the AMCHP policy team stands ready to work on your behalf.

Together we can and will succeed.

A Look at the Affordable Care Act – Past and Future

Looking Back

Hurry up and wait...hurry up and go! When the Supreme Court ruling on the constitutionality of major parts of the ACA was pending, many states and federal agencies were hesitant to make any big moves on implementation of the law in 2012. By the end of June, and on the last day that the court was in session, the ruling came down. The Supreme Court upheld the constitutionality of the individual mandate but struck down the penalty to states if they did not expand Medicaid, leaving it as now optional for states.

Even after the Supreme Court ruling, states and federal agencies seemed shrouded in uncertainty when it came to implementation of the ACA. Many states moved forward, knowing that things might change after Nov. 6, 2012, while others held off on activities related to implementation of the law. With the reelection of President Obama, the pace of implementation is now at full speed with many states pushing forward and federal agencies, particularly the Centers for Medicare & Medicaid Services (CMS), releasing long awaited ACA rules and regulations.

The National Center on Health Reform Implementation at AMCHP monitored and analyzed federal-level initiatives related to the ACA, gathering input from states on the impact of certain provisions as the events of 2012 unfolded.

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The Year in Title V MCH Policy

AMCHP provided rapid and ongoing analysis related to both the Supreme Court ruling and the presidential election; member-only conference calls and webinars were convened to allow members to not only hear from AMCHP policy staff, but also engage directly with peers in other states.

Now that implementation of ACA has gained momentum, regulations issued by implementing agencies are appearing in the *Federal Register* at record pace. AMCHP staff are monitoring and analyzing the regulations in partnership with other child and family health organizations in Washington, DC and, where appropriate, providing comments. Recently, AMCHP also encouraged its members to submit comments to the U.S. Department of Health and Human Services (HHS) on the proposed benchmark health plans, especially where it relates to rehabilitative services. AMCHP also submitted comments to HHS on the essential health benefits proposed rule in addition to comments submitted earlier in the year on the preliminary essential health benefits bulletin.

Also, AMCHP is leading a project funded by the W.K. Kellogg Foundation to enhance the capacity of state MCH programs and their partners to collectively optimize opportunities presented by the ACA and other national initiatives to improve birth outcomes and maternal and infant health, with a particular focus on reducing health disparities and ensuring racial equity. In addition to the ACA, we know that Title V and Medicaid are longstanding programs that have provided important coverage and supports to women and their families, particularly those who are low income. The project focuses on three overall focus areas with evidence-based policies and practices: 1) preconception health and health care, 2) promoting healthy births, and 3) advancing breastfeeding. The work is framed within a broader life course approach. This project is multi-pronged and includes an Action Learning Collaborative (ALC) to strengthen state efforts to advance preconception health through health reform, publication of policy briefs on preterm birth and breastfeeding, and a major effort to develop Life Course Indicators.

Looking Forward

Implementation of the ACA and overall efforts to reform health care delivery systems will likely occur for many years to come, but 2013 represents a critical year in anticipation of the insurance expansions that will take effect on Jan. 1, 2014. In terms of support for the ACA, continued

opposition in some quarters is expected, while overall, the federal government will push forward on implementation of the law as a top priority. AMCHP will continue to monitor ACA implementation, including additional ACA regulations, at the federal level and provide analysis to its members.

At the state level, the implementation of health insurance exchanges for some remains front and center, while others will navigate a partnership with the federal government, and others still will turn the task over to the federal government entirely. AMCHP, as in the past, will continue to advocate at the national level for the involvement of MCH leaders to be involved in the critical decisions as states and the federal government move toward the October deadline when the “open” sign is turned on for enrollment in the insurance plans offered in the health insurance exchanges and states choosing to expand Medicaid.

The decision to expand Medicaid for state leaders also remains a hot topic. AMCHP will continue to track and develop resources on the implications of the Medicaid expansion for maternal and child health populations.

In addition to the health insurance side of the ACA, other initiatives roll out in 2013. Starting on Jan. 1, 2013, in an effort to increase the number of Medicaid providers, the ACA requires states to pay primary care physicians no less than 100 percent of Medicare payment rates in 2013 and 2014 for primary care services. The increase is fully funded by the federal government. Along with other system reforms, the federal government also will roll out initiatives, such as bundled payment pilot programs and funding for the Strong Start for Mothers and Newborns initiative from the Center for Medicare and Medicaid Innovation.

AMCHP continues to support state MCH leaders in their important role in implementation and monitoring the numerous and wide-ranging aspects of the ACA. We continue to provide resources, technical assistance and support to members in the form of national webinars, policy briefs and fact sheets, learning collaborative, and other strategies. The work of the National Center for Health Reform Implementation focuses in four core areas: 1) coverage and access to care, 2) insurance and health service delivery reforms, 3) prevention, and 4) quality. As always, our goal is to meet your needs and provide unparalleled member service. To that end, please let us know how we are doing and what we can do to better support you in 2013.

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AMCHP Programs Reflect on 2012

By The AMCHP Program Team

2012 was another busy and fruitful year for AMCHP. We continued to support and engage state programs and advance the AMCHP mission and strategic goals by providing technical assistance, training, and resources to Title V programs. Throughout the year, AMCHP expanded its capacity to support systems of care for our child and adolescent health and women's and infant health program work; promote MCH best practices; and build new partnerships to improve MCH outcomes. AMCHP also continued to strengthen evaluation efforts across the organization supporting quality improvement to ensure that our work is relevant and timely for state Title V programs. A snapshot of key activities to support our strategic goals follows.

Child Health

In 2011, AMCHP polled *Pulse* readers and asked "[What is a top child health priority in your state?](#)" The responses covered a wide range of topics, though overwhelmingly people noted child obesity and overweight as a top priority, followed by dental care/oral health and access to care. Over the past year, AMCHP has been participating in the National Initiative for Children's Healthcare Quality (NICHQ) Collaborate for Healthy Weight Initiative, in which 50 teams spanning the United States work across clinical, public health and community sectors to implement program and policy changes in their communities to achieve local healthy weight objectives. AMCHP engaged in supporting the teams in this quality improvement effort through virtual learning events and coaching. This also was a great opportunity to share resources with the collaborative teams about Title V, and to share lessons learned and resources from the collaborative with our members.

AMCHP continued to make connections with our partners in oral health, injury prevention, early childhood development, mental health, and others to increase collaborations to improve child health outcomes. An example of such collaboration in 2012 was a joint conference presentation by AMCHP and the Association of State and Territorial Dental Directors (ASTDD) at the National Oral Health Conference on opportunities for oral health and MCH programs to collaborate.

CYSHCN

In 2012, AMCHP expanded its capacity to build systems of care for CYSHCN with work on four major projects: *the*

State Public Health Autism Resource Center (SPHARC), the Learn the Signs Act Early Systems Grants, National Consensus Framework for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs project, and partnerships addressing ease of use of services for Latino families. Through these projects, AMCHP has provided direct technical assistance (TA) to 42 states (with some states involved in multiple projects) in the past two years. AMCHP CYSHCN work focused on four types of work: 1) peer learning; 2) systems grants; 3) support for Title V CYSHCN directors and 4) systems development research.

In terms of peer learning, AMCHP SPHARC supported leadership development through its Peer-to-Peer Exchange program. In April, AMCHP hosted its fifth Peer-to-Peer Exchange in April 2012 on "the Role of Families in Developing Systems of Care for Children and Youth with Autism Spectrum Disorders and other Developmental Disabilities (ASD/DD) across the Six Core CYSHCN Outcomes." The exchange took place in New Jersey and state autism planning and implementation grantees from Connecticut, Georgia, Maine, New Jersey, Ohio and Tennessee participated. AMCHP hosted its sixth Peer-to-Peer Exchange in June 2012 on "Transition Issues for Youth with Autism and Youth Empowerment." The exchange took place in Rhode Island and state autism planning and implementation grantees from Delaware, Georgia, North Dakota, Ohio and Tennessee participated. Support for the peer exchanges is overwhelmingly positive, which led to the development of an ALC partnership with the National Center for the Ease of Use of Community-based Services on an focused on the Ease of Use of Services for Latino Families who have Children and Youth with Special Health Care Needs. An on-site meeting, organized by AMCHP staff, took place in North Carolina in October 2012 with teams from North Carolina, Oregon, Indiana, New Hampshire, Rhode Island and New Mexico attending.

For systems grants, AMCHP, in conjunction with the Association of University Centers on Disabilities (AUCD), The National Center on Birth Defects and Developmental Disabilities (NCBDDD), and MCHB, awarded a second round of Act Early State Systems Grants in early January to support the collaboration of Act Early teams. Eleven states received \$15,000 grants for a 12-month period with a focus on partnerships with early childhood programs. Another 10 states will begin work

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AMCHP Programs Reflect on 2012

in January 2013, including five states who have never received any type of Health Resources and Services Administration (HRSA) or Centers for Disease Control and Prevention (CDC) autism or Act Early funding.

In 2012, AMCHP also began to address specific issues affecting Title V CYSHCN directors by convening directors at the AMCHP Annual Conference, participating in meetings and TA calls for CYSHCN directors with specific HRSA regions. More comprehensive planning is on track for 2013.

In its systems development work, AMCHP received funding from the Lucile Packard Foundation to compile, define and reach consensus among key national stakeholders on the desired capacity and performance of systems of care serving CYSHCN. In-depth work to compile and synthesize system standards of care for CYSHCN from existing sources and literature started. Additionally, AMCHP conducted guided interviews with more than 25 key informants at the state and national level to obtain input and guidance on this work. These key informants include representatives from state Title V CYSHCN programs, provider groups, families, federal agencies, children's hospitals and health services researchers. The content of the analysis and key informant interviews will be summarized in a background white paper.

Adolescent Health

Big, exciting changes took place in 2012 for the AMCHP adolescent health team. Staying true to its commitment to honoring the life course perspective and strengthening connections across programs, AMCHP brought its adolescent health programs together with the child health and CYSHCN programs to form the new child and adolescent health team.

In this time of tight public health budgets, leveraging partnerships is more important than ever. Effective partnerships and meaningful collaborations between health and education agencies are essential to improving health outcomes for children and adolescents and critical to closing the achievement gap. However, more successful models of partnership and collaboration between health and education agencies are needed, as well as partnerships that strengthen linkages between state and local government. In 2012, AMCHP seized

an opportunity to explore these collaborations in-depth and, with funding and oversight from the CDC Division of Adolescent and School Health (CDC-DASH), initiated a multilevel collaboration with DASH-funded partners at the National Association of County and City Health Officials (NACCHO), the Texas Education Agency, and the Houston Independent School District. The resulting *Building Bridges for Adolescent Sexual Health Through State-Local Collaboration* project seeks to establish an effective state and local health and education agency collaboration to impact the health of adolescents in schools in Houston and across Texas. The initial May 2012 meeting of the Building Bridges project in Austin, TX included the partners listed above, as well as adolescent health staff from the Texas Department of State Health Services. Participants committed to working together and developed a collective vision to drive the project. Following the meeting, the core partners determined that the project would focus on strengthening the structure and function of School Health Advisory Councils, which play an important role in shaping health education instruction and practice across Texas. In December 2012, AMCHP and NACCHO staff presented a poster on the project at the CityMatCH/MCH Epi conference in San Antonio, TX.

Several states have led the way in pursuing comprehensive approaches to adolescent health, a direction that AMCHP has supported since the 2010 publication of the AMCHP white paper: [Making the Case for a Comprehensive Systems Approach to Adolescent Health](#), a comprehensive approach incorporates life course theory, positive youth development principles, and a systemic analysis that considers all the systems – across agencies, organizations and issues – that impact and respond to adolescents. To determine how best to support states making progress in implementing comprehensive systems for adolescent health, AMCHP convened a *Thought Leaders Roundtable* in May of 2012 that brought together seven state adolescent health coordinators who have been leaders in those efforts. During the day-long meeting, the participants discussed challenges and opportunities in implementing a comprehensive systems approach to adolescent health and identified effective practices, strategies, and recommendations for advancing a comprehensive systems approach to adolescent health nationwide. Advancing a comprehensive systems approach in your state sounds great, but where to start? Did you know that

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AMCHP Programs Reflect on 2012

AMCHP provides an assessment tool that can help answer that question? Since 2005, AMCHP has published and consistently updated a practical assessment tool for state health departments interested in assessing their capacity to effectively support adolescent health system-wide. The Adolescent Health System Capacity Assessment Tool (SCAY) was tested by 13 states since 2005, but in 2012 AMCHP and NACCHO collaborated to adapt the tool for use by local health departments, and together selected six local public health agencies to pilot test the tool in their communities. The pilot program participants gathered in Washington, DC in September to receive facilitation training and orientation to the project, and by the end of the year were implementing 90-day action plans.

At the AMCHP Annual Conference in February 2012, AMCHP staff partnered with the State Adolescent Health Resource Center to present a range of programming for state adolescent health coordinators, including an all-day adolescent and young adult skills-building institute on adolescent development and life course health. A workshop and Knowledge Café session on PREP were presented in partnership with Administration for Children and Families and the National Campaign to Prevent Teen and Unplanned Pregnancy, as well as a Knowledge Café on youth empowerment for CYSHCN. AMCHP also proudly hosted the annual meeting of the leadership team of the National Network for State Adolescent Health Coordinators at the conference.

Birth Defects and Developmental Disabilities

Compared to women without disabilities, women with disabilities are underserved in health services and less likely to receive routine clinical preventive services. As a population, they tend to be overlooked in public health programs, including maternal and child health. To help address this, CDC and AMCHP partnered together to explore ways to improve the receipt of clinical preventive services among women with disabilities who may receive maternal and child health program services. In April 2012, CDC and AMCHP hosted a meeting for MCH experts and stakeholders who examined examples of existing tools and provided recommendations on developing a one-stop online toolbox for programs and staff who may encounter women with disabilities and special health care needs in their work. The energy from this meeting and recommendations provided opportunities for state and local

public health programs to examine their roles in improving clinical preventive services to women with disabilities and to incorporate available tools into their work, especially those programs that have not traditionally seen themselves as advocates for women with disabilities.

In October 2010, the HHS Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC) recommended the addition of Critical Congenital Cyanotic Heart Disease (CCHD) to the committee Recommended Uniform Screening Panel (RUSP). In September 2011, HHS Secretary Sebelius adopted the SACHDNC recommendation to add CCHD to the RUSP. As states began to adopt this recommendation, guidance was needed on program implementation and potential roles of state health departments. Working with our partners at CDC, AMCHP hosted a [webinar](#) in March on the implications of the CCHD recommendations for state programs, which included lessons learned from the New Jersey experience implementing mandated screening.

In July, AMCHP released [Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality](#), a compendium of policy and programmatic options state agencies and their partners can use to accelerate progress in improving birth outcomes, reducing

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AMCHP Programs Reflect on 2012

prematurity and infant mortality and narrowing glaring health disparities.

Women's and Infant Health

The AMCHP Women's and Infant Health (WIH) team works with a wide variety of partners implementing projects that span MCH topics, such as life course, home visiting, infant mortality, health reform and health system redesign, maternal mortality, chronic disease, and preconception health. As the team reflected on 2012, two cross cutting themes emerged, data systems capacity building and improving birth outcomes. As we look ahead, work in these areas will continue and expand to incorporate many exciting initiatives on maternal health as well.

Data Systems Capacity Building

Throughout 2012, AMCHP efforts to support the skills and capacity of the MCH Epidemiology workforce included four training sessions prior to the 18th Annual MCH Epidemiology Conference. These sessions included trainings on spatial analysis, quality improvement, leadership, and scientific writing. Overall, the training participants were very satisfied with the training (91 percent), they felt the tools were relevant to their work (95 percent), they felt that they would be able to apply the training information to their work (90 percent) and that their knowledge about the techniques increased (89 percent). Offerings at the 2012 AMCHP conference included a skills-building session on strategies for performance and outcome measurement, and sessions about preconception health indicators and MCH epidemiology methods and practices.

Life Course Metrics

Simultaneously, with funding from the W.K. Kellogg Foundation, AMCHP worked with two main stakeholder groups on the development of set of life course metrics, which will be a core set of indicators that states can use to measure factors that encompass a life course approach to maternal and child health. A national expert panel was convened to establish a framework for these indicators and provide guidance for screening potential indicators. Seven state teams were recruited via a competitive application process to propose and screen indicators. The indicator work will be completed in late 2013.

Technical Assistance

In addition to the direct program implementation work, this past year AMCHP strengthened partnerships with organizations like the CDC and National Association for Public Health Statistics and Information Systems (NAPHSIS) to explore topics important to our members, such as data linkage, timeliness of vital event reporting, collaboration between MCH and chronic disease, and surveillance of maternal mortality. As a partner with the Home Visiting Technical Assistance Coordinating Center, we identified areas of need for TA, coordinated the provision of TA, and provided TA directly to the MIECHV participating home visiting programs.

Improving Birth Outcomes

AMCHP Compendium

At the beginning of 2012, national coordination grew between the multiple exciting, simultaneous initiatives to reduce infant mortality and improve overall birth outcomes. AMCHP is an active partner in the implementation of these initiatives. To help state-level stakeholders strengthen and accelerate comprehensive initiatives to prevent infant mortality and improve birth outcomes, AMCHP developed *Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality*, also known as the AMCHP Compendium. This resource was offered to states participating in the HRSA Infant Mortality Collaborative Improvement and Innovation Network (COIN), as well as shared directly with Title V programs and other partners, including the HHS Secretary's Advisory Committee on Infant Mortality.

Best Babies Zone

In addition, AMCHP has worked directly with specific groups of state teams to enhance work on improving birth outcomes. Through funding from the W.K. Kellogg Foundation, the AMCHP women's and infant health (WIH) team is working with the Best Babies Zone (BBZ) initiative. The BBZ Initiative is an innovative, multi-sector approach to reducing infant mortality and racial disparities in birth outcomes and improving birth and health outcomes by mobilizing communities to address the social determinants that affect health. The vision of the BBZ initiative is to ensure that all babies are born healthy, into communities that enable them to thrive and reach their full potential. AMCHP, along with the BBZ community sites, and

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AMCHP Programs Reflect on 2012

partnering organizations CityMatCH and the National Healthy Start Association, is assisting in developing community assessment guidelines, creating workbooks to assist with future dissemination of the initiative and establishing learning communities for the BBZ participating sites.

Partnership to Eliminate Disparities in Infant Mortality

The Partnership to Eliminate Disparities in Infant Mortality (PEDIM) is an ALC focused on addressing the impact of racism on birth outcomes. Through this ALC, participating teams have convened on-site meetings to learn from national experts and develop action plans to address infant mortality. In addition, these teams also received on-site technical assistance in various arenas, such as how to engage stakeholders, how to measure racism and training on concept mapping, which engages community members to work toward identifying ways to ameliorate infant mortality. The WIH team also partnered with the AMCHP policy team on an ALC that brought six states together to find ways to optimize health reform to improve birth outcomes and promote preconception health in their communities. These teams convened for two in-person meetings and participated in two additional webinars to report on their current efforts and share best practices. Work from both of these ALCs was highlighted in the September/October edition on *Pulse* and was also presented at the CityMatCH Annual Conference in December 2012.

Best Practices

An overarching goal for the AMCHP program team is to be a resource for what is working in MCH and to share lessons learned and promising practices with our members. In the same vein, evidence-based programming has long been a priority for states, and one of the ways AMCHP is collecting and sharing effective practices and how states have overcome challenges and documented successful outcomes is through the Innovation Station database. Innovation Station also is a venue to contribute to the evidence-base through an established peer-review by the Best Practices Committee. Over the past year, nine new programs were added and three especially innovative practices were highlighted at the 2012 conference with awards – the Utah Power Your Life Campaign; South Carolina PASOs Program; and Ohio/Kentucky Every Child Succeeds. Also at the 2012 conference, AMCHP

hosted a [workshop](#) on building an evidence base into MCH practices, which featured presentations from three Innovation Station practices.

AMCHP continued efforts over the past year to increase submissions through a targeted marketing campaign (via publications, social media, listservs, regional calls, partner meetings, etc.) that focused on monthly topics and through focused outreach by AMCHP staff. We also began evaluation efforts to assess the usefulness and effectiveness of the program in helping Title V programs strengthen their capacity to improve MCH status. The most recent focus, to expand capacity of the best practices program is an effort to help states replicate promising MCH practices. This fall, AMCHP released an RFA for a best practices replication technical assistance project through which states could request technical assistance support to learn how to adapt a specific Innovation Station practice to their state or community. Montana and Iowa will begin working on implementing their selected best practice in 2013.

Family Involvement

In 2012, family involvement continued to be a focus for AMCHP. The Family Scholars Program participants for 2011-2012 engaged in monthly topics to enhance and strengthen their leadership development, traveled to the AMCHP annual conference in February, made visits to their elected officials on the Hill, and completed the program in June. A couple of comments from the scholars are:

“I admire the willingness of FSP leaders to learn from experience, to incorporate suggestions and to engage personally with us. I know that it’s a work in progress, which will always improve it. Participating in this was a marvelous growth experience! I am grateful to all who facilitated.”

“The family scholar program taught me about Title V Programs, advocacy, as well as my own leadership style & strengths. It gave me confidence to continue being involved in my state and taught me how to also be involved nationally. Thank you for this opportunity it has been a great year of personal and professional growth.”

AMCHP revised the program to 10 months and initiated

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AMCHP Programs Reflect on 2012

the next cohort of scholars in September. The Family and Youth Leadership Committee held monthly teleconferences to discuss and work on youth and family involvement activities. Most notably, the committee crafted a document detailing the family role in AMCHP, assisted in support of the Family Scholars Program through application review and webinar participation, reviewed the Ryan Colburn Scholarship applications and supported the recipient, and hosted quarterly calls for Family Delegates.

MCH Workforce & Leadership Development

Over the course of the year, some of the key workforce and leadership development highlights were continuing to grow the New Director/Mentor Program (starting the process of developing learning modules), supporting the leadership development of 12 new Title V/MCH/CYSHCN directors through our New Director/Mentor Program, working with *Realityworks* and *Go Beyond MCH* to support the Emerging MCH Graduate Student Scholarship, and supporting AMCHP adoption of the MCH Leadership Competencies. Additionally, the workforce and leadership development team continued to work with the Family Involvement program to cultivate and enhance the Family Scholars Program as highlighted above.

As you can see, the AMCHP team was busy in 2012, but 2013 holds many promising opportunities and projects as well.

Feature Looking Ahead: What's In Store for You and AMCHP in 2013

By The AMCHP Program Team

2013 is off to a great start for AMCHP, with many new, exciting plans and changes underway! One of the notable changes is our team has grown and we are happy to welcome new staff members to help support AMCHP strategic goals and objectives this year. A preview of what you can expect from AMCHP and how we will continue to support state Title V programs is highlighted below. Look for resources and staff expertise to support maternal health initiatives; new and evolving workforce and leadership development efforts; tools to support adolescent health,

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What's in Store for 2013

CYSHCN, and developmental disabilities; enhanced efforts to support technical assistance and capacity building across data systems within MCH programs; and continued emphasis on best practices, as well as emerging issues and top priorities within MCH.

Child Health

Over the next year, AMCHP will continue to strengthen its partnerships and capacity in supporting our members in addressing child health topics. We look forward to building on the experience with the Collaborate for Healthy Weight Initiative and will be releasing an issue brief early this year that highlights Title V efforts around healthy weight in maternal and child health populations. AMCHP and NICHQ will explore ways to further highlight this resource, such as through a webinar or other learning events, to share how state programs are working to address childhood obesity



Do you have a program that is related to development and training of the MCH workforce?

Consider sharing your program in [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Kate Howe](#) at (202) 266-3056 or visit amchp.org/bestpractices.

You can also [click here](#) to refer an innovative MCH program that we should know about!

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and also to connect the collaborative teams to state-level efforts as they begin to plan for sustainability of their work. AMCHP also plans to examine emerging issues and top priorities in child health and work with members and partners to identify appropriate resources and technical assistance to help further work in these areas.

CYSHN

In 2013, AMCHP will continue and expand its CYSHCN programming through ongoing work with peer exchanges, including a SPHARC Peer-to-Peer Exchange focusing on the role of data in building systems of care for children and youth with autism spectrum disorders, expanded programming for Title V CYSHCN directors, including webinars and workgroups. In addition to work with its Act Early systems grants, in the coming year, AMCHP will be working with CDC and the MCHB on Act Early Ambassador grants to work with the CDC 'Learn the Signs. Act Early.' program. AMCHP also plans to offer ongoing technical assistance via a variety of methods, including webinars from AMCHP staff and partners; structured peer support – a forum to network, share ideas and problem-solve with colleagues nationwide working on similar issues; and technical expertise and consultation – information from leading national experts in the field of ASD/DD. Through its work with the Lucile Packard Grant, in 2013, a National Stakeholders Work Group comprised of representatives from state Title V CYSHCN programs, state Medicaid agencies, provider groups, children's hospitals, families, and others will be convened to build and reach consensus on desired capacity and performance of systems of care serving CYSHCN. The work group will provide guidance on the development of a national consensus document that outlines and describes desired capacity and performance of systems of care serving CYSHCN.

Adolescent Health

Despite turnover in staff at nearly all the participating agencies, the Building Bridges for Adolescent Sexual Health through State-Local Collaboration project continues to move forward and held its second meeting in late January 2013, where new partners from additional local agencies will join the core partners. AMCHP and NACCHO will continue working together to support the partnership, new partners in state and local school health will be engaged, and an action plan for building the capacity of School Health Advisory Councils will be outlined and

implemented collaboratively, all with continued and enthusiastic support from CDC-DASH.

Following up on the Thought Leaders Roundtable on Comprehensive Systems for Adolescent Health, look for a full report on the results of the roundtable and updates on how the states have advanced their work since the gathering. Continuing the push for practical resources on advancing comprehensive systems, stay tuned for the official release of the adapted SCAT, results of the local pilot program, and information on how to share it with your local partners. To support quality improvement in implementing a comprehensive systems approach, AMCHP will convene a Comprehensive Adolescent Health Systems CoIN to support innovating states in moving their systems capacity building work forward to the next level of implementation.

In the year ahead, expect additions to the *Youth Document Series*, distance learning events featuring school health programs, more adolescent health programs and resources to be added to Innovation Station, and improved adolescent health pages with new resources and features on the AMCHP website. Finally, expect greater collaboration among AMCHP child and adolescent health programs, new initiatives and publications to serve members, and the same energy and enthusiasm from staff and programs!

Birth Defects and Developmental Disabilities

Building on the momentum of the April 2012 meeting, AMCHP will work in partnership with CDC to create an online toolbox of resources, to be hosted on the AMCHP website. Research shows that women with disabilities or special health care needs often encounter barriers to basic clinical preventive services. This toolbox, to be launched in the spring, will contain centralized information and links to existing tools that were specifically designed to improve the receipt of clinical preventive services among women with disabilities and special health care needs. The toolbox is specifically created for maternal and child health programs and staff whose knowledge may be new about women clients with disabilities or special health care needs. Once launched, AMCHP will evaluate the use and effectiveness of the toolbox so that it will be a valuable resource to our members and MCH community.

Feature CONT. What's in Store for 2013

Building on 2012 efforts to provide resources on the emerging issue of CCHD screening, AMCHP will be working with CDC and HRSA to host a meeting of state newborn screening and birth defects program representatives. The meeting will focus on the current and potential roles of these programs in screening for CCHD, and participants will identify recommendations of effective state policies and programs to implement CCHD screening programs. AMCHP will share these recommendations through resources, such as a webinar, publication, series of case studies, newsletters and other avenues.

Family Involvement

In the coming year, Family Scholars will continue to develop their leadership skills by engaging in monthly topics and stretch assignments, form relationships with other family leaders and their elected officials, and look to complete the program in June. AMCHP is excited to see how the 10-month program works for participants and to have a new group of Tile V advocates! The Family and Youth Leadership Committee plans to focus on how to orient and engage Family Delegates, increasing awareness of the Merle McPherson Family Leadership Award, and engaging family leaders on each of the AMCHP committees. The committee will continue to offer support, as needed, to the Family Scholars Program and Ryan Colburn Scholarship.

Women's and Infant Health

Maternal Health

As we look forward into 2013, we see a clear call to work collaboratively with partners and state MCH leaders to address maternal health. We will be an active partner in the new HRSA National Maternal Health Initiative and CDC Maternal Mortality Review Initiative in the coming year. In December 2012, AMCHP was awarded funding from the Merck for Mothers U.S. Program to strengthen and enhance state maternal morbidity and mortality surveillance systems and use the data from these systems to take action in developing and implementing population-based strategies and policy change to prevent maternal death and improve maternal health outcomes. AMCHP is committed to playing a key role in the nationwide effort to reduce maternal mortality and morbidity and improve women's health.

Data Systems Capacity Building

In 2013, we will continue to support the work of developing a set of life course indicators, funded by the W.K. Kellogg Foundation. We will open up the process to the public to provide input on the work of the seven state teams in the summer of 2013. We anticipate the release of a final set of indicators by the fall of 2013. Our work with the preconception health indicators will continue as we implement technical assistance to states based on the findings of our previous assessments and site visits. Potential products for TA include an issue brief summarizing the assessment findings and sharing state examples, and a peer-to-peer learning network. AMCHP will continue to participate as a part of the Home Visiting Technical Assistance Coordinating Center (TACC) to provide TA to states implementing MIECHV-funded home visiting programs. Finally, we will pursue new opportunities to provide in-person epidemiologic skills-building, leadership, and data-to-action training opportunities. Offerings at the AMCHP 2013 Annual Conference included sessions on evaluation, quality improvement and moving from data to action.

Best Practices

Over the next year, AMCHP will provide technical assistance to and facilitate connections with the states that received funding for the best practices replication project. Two states will be replicating Innovation Station practices that focus on improving care and transition for CYSHCN – Montana will replicate the Rhode Island Pediatric Practice Enhancement Project and Iowa will replicate the Florida CMS Youth and Young Adult Transition program. As part of the project, AMCHP will explore ways to disseminate the successes and lessons learned to the broader MCH community, and use this information to inform and improve the next round of the technical assistance project.

AMCHP also will continue to expand on opportunities to increase the use of its best practices program as a resource and promote the value of being included in Innovation Station. One goal is to have at least one program from each state and territory accepted to Innovation Station. While we have nearly half of all the states and territories represented, AMCHP will continue targeted outreach to increase submissions and provide resources and assistance through the submission process. AMCHP highlighted current Innovation Station programs at

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What's in Store for 2013

the 2013 conference through the Best Practice Awards and forums for states to exchange how they have incorporated evidence into and improved effectiveness of their programs, especially given limited resources and budgets.

MCH Workforce & Leadership Development

Leading in Challenging Times Series

The Workforce and Leadership Development team will initiate this series to support broad leadership development for state Title V/MCH/CYSHCN programs. The series will move efforts beyond current focus at the director level to look at developing leaders at all levels of MCH agencies. The team is happy to support a paradigm shift related to what it means to be an MCH/CYSHCN leader – you do not need to hold a leadership position to be a leader! Over the coming year, the team hopes to develop strategies that support the capacity of leaders to GROW: Gain knowledge; Reach out to others: Open their world; and Walk the wisdom (implement the Blanchard and Miller leadership framework).

AMCHP Learning & Development

Internally at AMCHP, the workforce and leadership development team will support staff implementation of learning and development evidence-based practices to enhance AMCHP information dissemination, training and technical assistance efforts, and externally to continue to build the “library” of learning events to support state-level MCH workforce development and capacity building. The team also hopes to support the assessment and evaluation capacity of AMCHP through efforts, such as the forthcoming biennial Communications Assessment (look for it this spring!), and continuing to support staff capacity to use evaluation data for program assessment and improvement.

The New Director/Mentor Program

AMCHP is excited to welcome a new cohort to the New Director Mentor Program, and work on innovative ways to enhance leadership skills and competencies of the MCH workforce. AMCHP will continue to explore and share new and revised resources; this includes revising the guide for senior managers to include ACA implementation and any other necessary changes.

We look forward to working with all of you in the coming year!

Feature CONT.

2012: The Year of National Initiatives to Improve Birth Outcomes

By Tegan Callahan

Program Manager, Women's and Infant Health, AMCHP



Since the inception of Title V of the *Social Security Act*, state and territorial programs have been working hard to address the causes of poor birth outcomes throughout the United States. Recently, national momentum has been growing to coordinate efforts addressing stagnating declines in infant mortality and persistent disparities among populations within the United States. Throughout 2012, several national initiatives were launched or enhanced to promote effective models to reduce infant mortality and build on long-standing state-level efforts to improve birth outcomes across our country. We are at a truly exciting and unprecedented time for maternal and child health, where we have the opportunity to accelerate our work, draw from each of these efforts, expand our partnerships and grow our evidence base so that we can realize our shared goal of healthy birth outcomes for all women and infants in the United States.

As a resource to members and partners, AMCHP staff have developed a consolidated source of basic information on current national initiatives. This information provides members and partners an overview of the current environment and can be a starting point for internal and external discussions on coordinating activities across a state. As we look forward to 2013, AMCHP will continue to be an active partner in these initiatives, as well as continue to provide information and recourses to our members and state partners. Through coordinated and continuous information across national- and state-level initiatives and activities, Title V MCH programs can harness the current national energy on improving birth outcomes into a collective impact for improved family health outcomes within their communities.

Feature CONT. The Year of National Initiatives

National Initiatives			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>The Secretary’s Advisory Committee on Infant Mortality (SACIM) hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/About/about.html</p> <p>The role of the SACIM is to advise the HHS Secretary on HHS programs directed at reducing infant mortality and improving the health status of pregnant women and infants. In addition, the committee provides advice on how to coordinate federal, state, local and private programs and efforts designed to deal with the health and social problems impacting on infant mortality.</p> <p>Suggested national recommendations on reducing infant mortality were expected to be presented to the Secretary in November 2012. Preconception emphasized throughout the recommendations.</p>	<p>National</p> <p>Committee has representation from across the United States. Members include academic, state, and community-based stakeholders</p>	<p>HRSA</p>	<p>Title V programs are represented on the SACIM (two seats are currently held by active Title V directors)</p>
<p>Healthy Babies President’s Challenge astho.org/healthybabies/</p> <p>The Association of State and Territorial Health Officials (ASTHO) and the March of Dimes (MoD) partnered to help states prevent preterm birth and infant mortality. The challenge asks state health officials to sign a pledge to:</p> <ul style="list-style-type: none"> Publicly announce a goal to reduce the rate of premature birth by 8 percent by 2014 (measured against 2009 data) Initiating and supporting programs and policies that reduce the premature birth rate Building wider awareness of prematurity rates and other related MCH indicators 	<p>50 State Health Officials (48 states, Puerto Rico and the District of Columbia) have accepted the pledge to reduce premature births by 8 percent by 2014</p>	<p>MoD offers support for states that sign on with media package (Prematurity Campaign)</p>	<p>MCH programs can promote current prematurity efforts as key mechanisms to meet the goal, as well as partner on new programs or initiatives that are developed from this pledge</p>
<p>National Initiative on Preconception Health and Health Care (PCHHC)</p> <p>The National PCHHC is made up of a steering committee and five workgroups – public health, consumer, policy and finance, clinical, and surveillance and research. They are in the process of releasing a 3rd National Strategic Plan.</p> <p>Every Woman Southeast agreed to be an “implementor” group for the February 2013 consumer social marketing campaign – Show Your Love.</p>	<p>National</p>	<p>CDC provides TA and leadership support</p> <p>W.K. Kellogg Foundation has provided funds to three of the initiative subcommittees via the Every Women Southeast coalition</p>	<p>This a national group with a specific focus on preconception health working to get preconception health on the agenda of many other groups and initiatives</p>

Feature CONT. The Year of National Initiatives

National Initiatives			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>March of Dimes Prematurity Prevention 39+ weeks campaign/Healthy Babies are Worth the Wait (HBWW)</p> <p>The HBWW initiative is both a model of collaboration among local- and state-level clinical and public health partners and a national public awareness campaign. As a collaboration model, HBWW engages the community in efforts to achieve its goals of decreasing preterm births, implementing preventable strategies against preterm births and changing the attitudes and behaviors of providers and consumers. There are five core components (the five Ps) of the HBWW model: 1) partnerships and collaborations, 2) provider initiatives, 3) patient support, 4) public engagement, and 5) measuring progress. The March of Dimes launched a pilot in 2006 in Kentucky and after very successful results, has helped disseminate the model in New Jersey and Texas.</p> <p>Throughout the summer of 2011, the March of Dimes built on the HBWW initiative and opened a new public awareness campaign to curb the large and growing number of otherwise healthy pregnancies that are deliberately ended early by induced labor or Caesarean delivery.</p>	<p>HBWW intervention sites include KY (pilot), NJ and TX</p>	<p>March of Dimes; Johnson & Johnson Pediatric Institute</p>	<p>Access implementation materials through the March of Dimes Prematurity Prevention Portal (prematernityprevention.org)</p>



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Feature CONT. The Year of National Initiatives

Regional Initiatives			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>Regional Infant Mortality Summits</p> <p>Regional COINs, a collaborative, multi-state initiative funded by HRSA aimed at improving infant health outcomes by reducing infant mortality and prematurity across the United States, particularly among disparate populations. For IV & VI:</p> <ul style="list-style-type: none"> Regional summit in New Orleans in January 2012; Regional COIN meeting in Washington DC in July 2012 At the January meeting, states also set five goals for themselves; the COIN initiatives reflect some but not all of these state goals Current IV&VI COIN strategy teams are organized around: strengthening regional perinatal care systems, Medicaid financed interconception care, safe sleep for infants, prenatal smoking cessation, and eliminating elective deliveries prior to 39 weeks <p><i>Other regions</i></p> <p>Region V attended the COIN launch as observers and there will be a regional Mar. 21-22 in Chicago, IL; Region X and California received QI training at 2012 Block Grant Review</p>	<p>HHS regions IV and VI actively engaged in the COIN, region V 'on deck' for the next round of summit/COIN assistance</p>	<p>HRSA/MCHB covers travel and meeting logistics for the in-person summit and the in-person components of the COIN</p>	<p>Title V programs in currently involved regions are very involved in state infant mortality teams and in the IV/VI COIN strategy teams</p>
<p>Every Woman SouthEast (EWSW) Coalition EveryWomanSoutheast.org</p> <p>EWSE is a multi-state, multi-layered partnership to improve the health of women and infants in the southeast United States. The initiative aims to foster capacity building and resource sharing, stimulate new ideas, develop new partnerships and promote effective programs and networks for moving the women's health agenda forward in this region.</p> <p>EWSE has a leadership team with representatives from each state. They have three committees: communication, evaluation and pilot projects. They also have nine state teams – one per state.</p>	<p>SE Region: NC, SC, LA, MS, GA, TN, AL, FL, KY</p>	<p>W.K. Kellogg Foundation</p>	<p>This regional initiative seeks to improve women's and infant health through preconception health and a life course approach</p>

Feature CONT. The Year of National Initiatives

Subset or Selection of States/Communities			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>AMCHP Action Learning Collaborative: <i>Optimizing Opportunities within Health Reform for Preconception Health</i></p> <p>This AMCHP program brings together state teams for directed technical assistance and capacity building on identifying and optimizing opportunities within the ACA and other national initiatives to improve preconception health and ultimately improve birth outcomes.</p> <p>The 2012-2013 cycle (November 2012-July 2013) will have a particular emphasis on supporting state MCH programs coordinate a collective impact approach in the face of many national initiatives.</p>	<p>For 2012-2013 AMCHP will continue to work with the six states teams from Cohort one (FL, MI, MS, NM, OK, OR) and are looking forward to bringing on an additional five states teams as part of Cohort two</p>	<p>W.K. Kellogg Foundation</p>	
<p>AMCHP Life Course Metrics Project amchp.org/programsandtopics/data-assessment/projects/Pages/LifeCourseMetrics.aspx</p> <p>Currently, there are no standardized metrics for the life course approach. In response to this emerging issue, AMCHP launched a new project designed to identify and promote a set of indicators that can be used to measure progress using the life course approach to improve maternal and child health. The project has two main components, the convening of a national expert panel to provide input on an overall framework and on screening criteria for the indicator set and a participatory process working with state teams to develop a set of state-level life course indicators.</p>	<p>Seven state teams are currently developing state level measures for all states; team are FL, IA, LA, MA, MI, NC, NE</p>	<p>W.K. Kellogg Foundation</p>	<p>Final indicators will be designed for use by all state programs and MCH partners to promote life course</p>



Feature CONT.

The Year of National Initiatives

Subset or Selection of States/Communities			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>The National Governors Association (NGA) Initiative <i>Learning Network to Improve Birth Outcomes</i></p> <p>The goal of this learning network is to assist states in developing, implementing and streamlining their key policies and initiatives related to the improvement of birth outcomes, starting with low-income populations. NGA will convene in-state sessions with each selected state to facilitate this process and convene a networking conference for that group of states to share lessons learned and to further their respective planning process.</p> <p>Overall, the NGA does not intend for this to be a new initiative, but rather a facilitative effort to work with a selected group of states to meet the ASTHO President's Challenge ('8 by 14') pledge. The initiative strives to 'meet states where they are at' through facilitate expert design teams and learning networks among a group of states. States will be selected through a competitive process.</p>	<p>Four states have been selected to participate in the learning network: CT, KY, LA and MI</p>	<p>NGA</p>	<p>At the conclusion of this project, NGA hopes to create best practice resources to share widely with other states to help inform the development and implementation of key policies related to the improvement of birth outcomes in additional states</p>
<p>March of Dimes The 'Big 5'</p> <p>The March of Dimes Big 5 State Prematurity Collaborative is exploring data driven perinatal quality improvement through the development and adoption of evidence-based interventions and the data systems and tools required to track changes in specific perinatal issues and indicators. Recent efforts in CA, KY, NY, OH, NC, and other states have led to innovative population-based data driven approaches that provide information on potentially effective initiatives. Lessons have been learned in states that have implemented such approaches and the Big 5 have reviewed these and other efforts to identify a shared agenda focused on eliminating elective deliveries < 39 weeks.</p>	<p>CA, FL, IL, NY and TX</p>	<p>March of Dimes</p>	<p>Synergy exists around this data driven project that will not only establish an effective programmatic framework but also a network that can be instrumental in facilitating the rollout of future maternal and child health initiatives among the Big 5 states, and perhaps beyond</p>

Feature CONT. The Year of National Initiatives

Subset or Selection of States/Communities			
Brief Summary of Initiative	Geographic Scope	Funding	Opportunity for MCH programs
<p>The Best Babies Zone (BBZ) An initiative, working with designated geographic community “zones” in four pilot cities, to improve the health and well-being of women, children and families. The initiative applies a place-based systems approach to strategically align healthcare, education, economic and community systems in the designated geographic community “zones.” This initiative has five key strategies for working with these geographic zones:</p> <ul style="list-style-type: none"> • Bringing together key stakeholders • Providing technical assistance, establishing collaborative learning circles and developing tools • Implementing continuous quality improvement approaches for systematically assessing and improving impact • Monitoring, reporting and disseminating key findings and useful resources from across the sites • Developing a national and local communication network of interested individuals, organizations and agencies 	<p>Three pilot cities include: Cincinnati, New Orleans and Oakland</p>	<p>W.K. Kellogg Foundation</p>	<p>Pilot cities are intended to serve as models for other cities in the future.</p> <p>Working with pilot sites, this project will document best practices and develop a playbook for a BBZ. These resources will be made available for MCH stakeholders.</p>
<p>CMS Strong Start for Mothers and Newborns Initiative With an overall goal to reduce the risk of significant complications and long-term health problems for both expectant mothers and newborns, the initiative utilizes two strategies – public-private partnership to reduce early elective deliveries and funding opportunity for testing new approaches to prenatal care.</p> <p>The public-private partnership to reduce early elective deliveries will examine ways to promote best practices and support providers in reducing early electives deliveries prior to 39 weeks.</p> <p>The funding opportunity for testing new approaches to prenatal care will fund opportunities for providers, states and other eligible applicants to test the effectiveness of three enhanced prenatal care approaches (enhanced Prenatal Care through Centering/Group Visits, at Birth Centers or Maternity Care Homes) to reduce preterm births for Medicaid-covered women at risk for preterm births.</p>	<p>The public-private partnership will provide broad-based awareness building and dissemination of best practices for all MCH programs and stakeholders.</p> <p>The Strong Start RFA was open to all geographic areas.</p>	<p>CMS Innovation Center was established through <i>Patient Protection and Affordable Care Act</i> funding</p>	<p>Partner in application to test new approaches to prenatal care</p>

Real Life Story

What I Learned in My Time as a Family Scholar

By Carmen Boucher
2011-2012 Family Scholar

As a family scholar I had various experiences month to month. Each had its own theme and included new activities and new challenge to review what we had learned. Learning about myself as a leader and how that is perceived by others. This helped me understand how to communicate with different people that have the varied personalities and backgrounds.



Being a family scholar gave me the opportunity to learn more in-depth about the history of Title V, the development of the programs and the process for the grant application. The skills I learned, helped me to be more active in the process this past year, from public comments; surveys; program reviews and application documentation and feeling confidence to attend a Title V grant review in Boston. Helping families understand their Title V programs and how they can give feedback about their services, as well as participate on committees, made me feel like I was giving them an opportunity to participate in the process. I also learned the importance of letting our political leaders know how the programs are helping their constituents in our state. And most of all, I learned about the advocacy needs of the state and the continuous need for political support.

Another great experience was the scheduling of the Hill visit. As we reviewed our state services and the voting record of our political representative in Washington. I had the opportunity to bring a team of people from our state to the Hill visit in Washington DC. Everyone had a job to do and stayed on track. We all left a personalized two minutes message of our story (elevator speech). The preparation and help from my scholar mentor and policy manager and monthly call was very helpful to make the visit run smoothly and was a huge success. I feel that the experience on researching and scheduling a Hill Visit is a life skill I will never forget, one that I will use and teach others.

Another skill that I had to utilize was writing letters of advocacy on health insurance converge. As I continue to advocate for others, there comes a time when I have to come back to what brought me to where I am today, the personal experience. In these hard economic times, employers have to make changes and sometimes those changes are a big hit on families that utilized their health insurance coverage more than others. Being underinsured or having insurance with restrictions is stressful for families, it also can delay sometimes critical services to the patient. I have had the experience to continue to advocate for health care services by speaking and writing to the employers about the personal impact their changes in insurance made in my family life and the implication of those changes. As we continue to navigate the medical system, I feel honored by the opportunity Deborah Garneau and Ana Novais gave by nominating me for the program and AMCHP for selecting me for this experience. I feel that I now have the skills and abilities to continue on with the journey.

Who's New

NEW MCH STAFF NEW TITLE V DIRECTORS

VIRGINIA
Laurie Kalanges, MD, MPH
Deputy Director, Office of Family Health Services
Virginia Department of Health

NEW MCH DIRECTORS

MINNESOTA
Susan Castellano
Maternal and Child Health Director
Minnesota Department of Health

NEW CYSHCN DIRECTORS

FLORIDA
Charlotte M. Curtis, RN, BSN, CPM
Bureau Chief, Network Operations
Director, Title V Children with Special Health Care Needs
Children's Medical Services Network Division
Florida Department of Health

Who's New CONT.

KANSAS

Heather Smith, MPH

Acting Director, CYSHCN
Kansas Department of Health and Environment

AMCHP WELCOMES NEW STAFF

Lacy Fehrenbach, MPH, CPH

Lacy Fehrenbach joined AMCHP as the director of programs. In this role, she serves on the senior leadership team, directs implementation of association strategic initiatives, and oversees all AMCHP cooperative agreement and grant funded work.

Prior to joining AMCHP, Lacy served as chief of member services at ASTHO, leading communications, information technology, meetings services, governance, and member education and development programs. She also served as the national program director for the Robert Wood Johnson Foundation-funded State Health Leadership Initiative, which seeks to develop new state and territorial health officials into effective policymakers, administrators and advocates for public health. Lacy received her MPH from the George Washington University and is certified in public health. She holds a BS in Molecular and Cell Biology from Texas A&M University.



Maria Murillo

Maria Murillo joined AMCHP as the administrative assistant for programs and policy. Maria was born in Quito, Ecuador but moved to the United States when she was nine years old. In high school, she discovered her desire to get involved with children's rights, particularly international rights and as such got involved with organizations such as UNICEF, Minority Scholars Programs and Children's Right Council. She recently graduated from American University where she received a Bachelor's Degree in Political Science and International Relations.



Megan Philippi

Megan Philippi joined the AMCHP Women's and Infant Health team as a program associate. For the last four and half years, Megan provided office management and program support for the national headquarters of Rebuilding Together in Washington, DC. In her most recent

role, Megan managed four national corporate partner funding opportunities and provided logistical support for major media rebuilding events. Prior to joining Rebuilding Together, Megan provided direct support services for adults with developmental disabilities while working for Residential Services, Inc. in Chapel Hill, NC. Megan is originally from Charlotte, NC and holds a Bachelor of Arts degree in psychology and sociology from the University of North Carolina at Chapel Hill.



Jennifer Bolden Pitre, MA, JD

Jennifer Bolden Pitre joins AMCHP as the senior program manager, CYSHCN. Known as a family leader, Jennifer is the mother of CYSHCN. Jennifer will oversee the work of SPHARC, Act Early Activities, and overall programming for CYSHCN. She previously worked as director of the Statewide Parent Advocacy Network (SPAN) state implementation grant for CYSHCN (D70) from 2009-2012 and the director of the state implementation ASD/DD grant from 2010-2012. Prior to joining SPAN, Jennifer worked as an Assistant Attorney General for Louisiana; served as Assistant Director of the NJ Division on Civil Rights, and litigated more than 100 cases as a Deputy Attorney General, representing the NJ Department of Labor where she received a Notable Commendation for Outstanding Representation of the Department of Labor, Division of Vocational Rehabilitation. Jennifer has two degrees in English and a law degree. Jennifer is licensed in New Jersey and retired from law in the State of Louisiana.



Jessica Teel, MS, CHES

Jessica Teel joined AMCHP as the program manager for workforce and leadership development. Prior to joining AMCHP, Jessica worked at AcademyHealth supporting the Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ) Knowledge Transfer (KT) Program. Her responsibilities included providing program support and assistance to health services users, and assisting with the dissemination of the latest health research for comparative effectiveness



Who's New CONT.

research to the Medicaid Medical Directors Learning Network and Rutgers University Medicaid Mental Health Network for Evidence Based Treatment Project; and AcademyHealth's Long-Term Care Interest Group. Jessica earned a B.S. degree in Biochemistry from the University of Virginia in 2009 and M.S. degree in Health Promotion Management at Marymount University in 2012. She is also a Certified Health Education Specialist (CHES).

Get Involved

Training Course In Maternal and Child Health Epidemiology

MCHB and CDC are offering a Training Course in MCH Epidemiology as part of their ongoing effort to enhance the analytic capacity of state and local health agencies. The course is scheduled to take place May 28-Jun. 1 in Nashville, TN. Lodging, breakfast and lunch expenses will be covered. This national program is aimed primarily at professionals in state and local health agencies who have significant responsibility for collecting, processing, analyzing, and reporting maternal and child health data. Faculty working with state or local MCH departments also are eligible for the course. The course is geared to individuals with basic to intermediate skills in using statistical and epidemiologic methods, preferably in MCH or a related field. A limited number of scholarships for airfare are available. Completed applications must be submitted online by 5 p.m. EST on Mar. 1. For more information, [click here](#).

NIH Conference on Diagnosing Gestational Diabetes

Gestational diabetes mellitus (GDM) is a condition in which women without previously diagnosed diabetes exhibit high blood glucose levels during pregnancy (especially during the third trimester of pregnancy). GDM is estimated to occur in 1 to 14 percent of U.S. pregnancies, affecting more than 200,000 women annually. It is one of the most common disorders in pregnancy and is associated with an increased risk of complications for the mother and child. The National Institutes of Health (NIH) is hosting a Consensus Development Conference, Diagnosing Gestational Diabetes Mellitus, on Mar. 4-6 on the NIH campus in Bethesda, MD. The conference is free and open to the public and continuing education credits are available. To register and for more information, [click here](#).

Get Involved CONT.

ARHP 50th Annual Reproductive Health Meeting: Call for Exhibitors

The Association of Reproductive Health Professionals (ARHP) 50th anniversary celebration of the Reproductive Health meeting will be taking place Sept. 19-21 in Denver, CO. This is a premier meeting in reproductive and sexual health and delivers the latest in research science, interactive, hands-on training, and take home points for immediate practice improvement. Exhibit space is now limited, but it is not too late. There is still time to take full advantage of early bird registration discount for the best possible rates and select booth placement in the exhibit hall. Those who make a reservation by Mar. 29, will receive a 10 percent discount off exhibitor package rates. For more information, [click here](#).

Call for Papers: Leadership Development for MCH Workforce

The *Maternal and Child Health Journal* is soliciting manuscript submissions to be considered for an upcoming themed issue on the life cycle of leadership development in MCH practice, policy and research across the workforce from per-professional through and after professional training. The Journal is particularly interested in submissions that further understanding of implementing the MCH Leadership Competencies. The deadline for submissions is Jun. 30. All papers should be submitted with a cover letter indicating that it is to be considered for the themed issue on MCH leadership. For more information about the *Maternal and Child Health Journal*, [click here](#).

Show Your Love: A New National Campaign

The Show Your Love campaign launched on Valentine's Day and runs through National Women's Health Week in May. The campaign targets women of childbearing age (18-44 years) with tailored materials for women who are planning a pregnancy in the next couple of years, and those who are not. There are also materials for women who already have children (and may or may not plan to have more), and couples. The campaign has produced posters, TV public service announcements, educational videos, Web banner ads, radio scripts, an image library, consumer checklists, social media and calendar, press releases, talking points, podcasts, and a campaign logo. Visit the [campaign website](#) to get involved!

CDC Presents Birth Defects Communications Toolkit

CDC has developed a new Birth Defects Toolkit, which includes a variety of communication pieces including key

Get Involved CONT.

messages and talking points, a fact sheet, a matte article, and some sample social media posts. An example of how the matte article is used is presented as a feature, Birth Defects and the Environment, available on CDC.gov. Visit the [Facebook](#) page or [Twitter](#) to view the social media pieces in action. To view the full toolkit, [click here](#).

50 Years of Newborn Screening! Celebrating the Past and Preparing for the Future

The 2013 Joint Meeting of the Newborn Screening and Genetic Testing Symposium and International Society for Neonatal Screening will be held at the Marriott Marquis Hotel, Atlanta, GA from May 5-10. The five-day international program will feature platform presentations drawn from submitted abstracts from around the world, invited oral presentations, poster sessions, exhibits, a Meet the Manufacturers session, awards luncheon, welcome reception, off-site social and an optional tour of the Georgia Department of Public Health Laboratory and the Newborn Screening and Molecular Biology Branch at CDC. The symposium will address state, national and international newborn screening systems issues, genetic testing and policy issues important to public health. For more information, [click here](#).

Looking for more ways
to support AMCHP in
achieving our goal of healthy
children, healthy families and
healthy communities?



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Resources

2012 – AMCHP Publications and Webinars

Publications

- [Fact Sheet: Health Reform: What is in it to Promote Breastfeeding?](#) (July 2012)
- [Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality: Policy and Program Options for State Planning](#) (June 2012)
- [Budget Sequestration: What It Means for the Title V Maternal and Child Health Services Block Grant and MCH Funding](#) (May 2012)
- [Women's Health Prevention Brief – The Built Environment](#) (May 2012)
- [The Affordable Care Act and Children and Youth with Autism Spectrum Disorder and Other Developmental Disabilities](#) (May 2012)
- [Data-Driven Decisions: Using Surveillance Data to Inform Infant Safe Sleep Programs](#) (February 2012)

Webinars

- [American Academy of Pediatrics Committee on Fetus and Newborns: Levels of Neonatal Care](#) (December 2012)
- [Strategies for Increasing Father Involvement](#) (September 2012)
- [Pregnancy in the Context of a Woman's Lifespan](#) (September 2012)
- [Continuing the Conversation: The Affordable Care Act after the Supreme Court Ruling](#) (July 2012)
- [Supreme Court Ruling on the Affordable Care Act Ruling](#) (July 2012)
- [Improving Birth Outcomes in the U.S.: State Efforts to Reduce Prematurity](#) (July 2012)
- [Using Evidence to Inform Efforts to Confront Childhood Obesity](#) (July 2012)
- [Emergency Preparedness and MCH: A guide to the Reproductive Health Assessment after Disaster \(RHAD\) Toolkit](#) (June 2012)
- [Using Evidence to Inform Preconception Health Initiatives](#) (April 2012)
- [Newborn Screening Recommendations for Critical Congenital Heart Disease \(CCHD\): Implications for State Programs](#) (March 2012)
- [Roles for State Title V Programs in Building Systems of Care for Children and Youth with Autism Spectrum Disorders](#) (February 2012)
- [MCH Navigator: Introduction to an Online Learning Portal](#) (January 2012)

Data and Trends

AMCHP By the Numbers: 2012

Program and Policy Activities

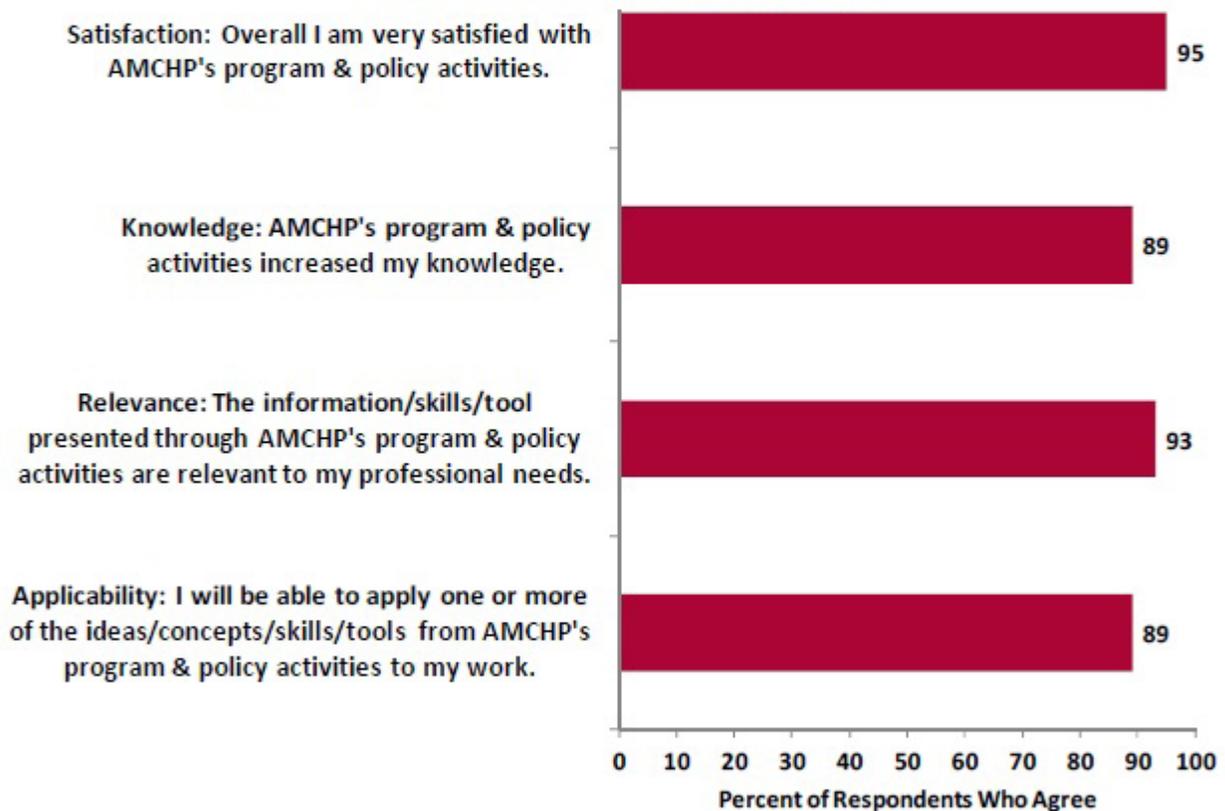
Virtual and In-Person Trainings: **40**

Total Emerging / Promising / Best Practices : **9**

Leg alerts sent: **9**

National Policy Calls: **3**

Core Evaluation Questions:



Communications: Monthly Snapshot

Average Pulse Reach (people): **13,461 (+20% from 2011)**

Average Member Briefs Reach (people): **1,352 (+26% from 2011)**

Average Visits to AMCHP.org: **8,803 (-10% from 2011)**

Total AMCHP contacts in December 2012: **19,265 (+28% from 2011)**

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Executive Committee

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Millie Jones, MPH
Wisconsin

President-Elect (2013-2015)
Sam Cooper, III, LMSW-IPR
Texas

Past President (2013-2015)
Stephanie Birch, RNC, MPH, MS, FNP
Alaska

Secretary (2012-2014)
Valerie Rickers, MSN, MS
Maine

Treasurer (2012-2014)
Lisa Bujno, APRN
New Hampshire

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Maine

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Gloria Rodriguez, DSW
New Jersey

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OPEN

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Kris-Tena Albers, CMN, MN
Florida

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Alethia Carr
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Susan Chacon, MSW, LISW
New Mexico

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Region VIII (2012-2015)
Karen Trierweiler, MS, CNM
Colorado

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Danette Tomiyasu
Hawaii

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Region X (2013-2016)
Marilyn Hartzell, MEd
Oregon

Director-At-Large I (2012-2015)
OPEN

Director-At-Large I (2013-2016)
Debra B. Waldron, MD, MPH, FAAP
Iowa

Family Representative I (2012-2015)
Eileen Forlenza
Colorado

Elected Family Representative (2011-2014)
Kris Green
Alaska

AMCHP Staff

Sanaa Akbarali, Intern, CYSHCN

Matt Algee, Senior Accountant

Julio Arguello, Jr., Program Manager, Online Media and Information Technology

Jennifer Bolden Pitre, MA, JD, Senior Program Manager, Children and Youth with Special Health Care Needs

Erin Bonzon, MSPH/MSW, Associate Director, Women's and Infant Health

Millicent Bright, Intern, Women's and Infant Health

Treeby Brown, MPP, Associate Director, Child and Adolescent Health

Tegan Callahan, MPH, Program Manager, Women's and Infant Health

Tania Carroll, Office Assistant

Sharron Corle, MS, Associate Director, MCH Leadership Development & Capacity Building

Andria Cornell, Program Associate, Women's & Infant Health

Kidist Endale, Accounting/Human Resources Assistant

Brent Ewig, MHS, Director of Public Policy & Government Affairs

Lacy Fehrenbach, MPH, CPH, Director of Programs

Michael R. Fraser, PhD, CAE, Chief Executive Officer

AMCHP Staff CONT.

Laura Goodwin, *Publications and Member Services Manager*

Piia Hanson, MSPH, *Program Manager, Women's and Infant Health*

Beth Harris, MA, *Development Director*

Veronica Helms, *Intern, CYSHCN*

Kate Howe, MPH, *Program Manager, Child Health*

Michelle Jarvis, *Program Manager, Family Involvement*

Nora Lam, *Executive Assistant*

Carolyn McCoy, MPH, *Senior Policy Manager, Government Affairs*

Carolyn D. Mullen, MS, *Associate Director, Government Affairs*

Maria Murillo, *Administrative Assistant, Programs and Policy*

Megan Phillippi, *Program Associate, Women's & Infant Health*

Alma Reyes, *Program Associate, Child and Adolescent Health*

Caroline Stampfel, MPH, *Senior Epidemiologist, Women's and Infant Health*

Rana Suliman, *Intern, Organizational Performance and Member Services*

Jessica Teel, MS, CHES, *Program Manager for Workforce & Leadership Development*

Maritza Valenzuela, MPH, CHES, *Program Manager, Adolescent Health*

Karen VanLandeghem, MPH, *Senior Advisor, National Center for Health Reform Implementation*

Calendar

[National Conference on Bullying](#)

Feb. 27-Mar. 1
Orlando, FL

[SAHM Annual Meeting: Achieving Healthy Equity for Adolescents & Young Adults](#)

Mar. 13-16
Atlanta, GA

Calendar CONT.

[14th Annual National Healthy Start Association Spring Conference](#)

Apr. 6-9
Washington, DC

[National Council for Behavioral Health Conference](#)

Apr. 8-10
Las Vegas, NV

[SOPHE 64th Annual Meeting](#)

Apr. 17-19
Orlando, FL

[Third Annual Teen Pregnancy Prevention Grantee Conference](#)

May 20-22
National Harbor, MD

[Third National Cribs for Kids Conference](#)

Jun. 25-28
Pittsburgh, PA

[NACCHO Annual 2013](#)

Jul. 10-12
Dallas, TX

[ARHP 50th Annual Reproductive Health Meeting](#)

Sept. 19-21
Denver, CO

[87th Annual American School Health Association Conference](#)

Oct. 9 - 12
Myrtle Beach, SC

[2013 American Public Health Association Annual Meeting](#)

Nov. 2-6
Boston, MA

Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).

Association of Maternal & Child Health Programs

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