



# PULSE

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

## A Look Back/ A Look Ahead

### January/February 2016

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## From the Past President

### Looking Behind in 2015

By Sam B. Cooper III, LMSW-IPR

Reflections...



I spent this last weekend at one of the beautiful state parks in central Texas. The cinderblock cabin was right on the lake’s edge, and I had an opportunity to think about the last year and the changes that are the constant of our lives. As I was watching the ducks, geese, and herons land close by my temporary home, a foggy mist tried to take over the lake. I watched as they continued with their daily routine, snapping up a fish, or contorting to polish up that last, almost unreachable feather. Then, they were off!

I thought about the focus and commitment of so many of you over the last twelve months. You were fearless with a brand new Title V reporting structure. You committed the time and energy to really assess your area’s strengths and challenges and developed a five year plan to make a difference. The foggy mist and day to day tasks did not impede your drive to make sure the women and men, children and youth, all with and without special needs, are at the heart of what you do every day.

Over this last year, your Board and the staff of AMCHP have also committed their energy and efforts to creating a Vision and a Strategic Plan that will provide opportunities and support for our membership as we face the future. The goal of course is to use this as a foundational, living document that we will all be able to use to maintain the focus on improving maternal and child health in this country.

It has been an honor to serve as your president and I appreciate the personal support that many of you have



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## From the Past President CONT.

shared during a transitional year for my family. I know that AMCHP is built on the work, commitment, and ideas of all of you. Like those feathered creatures I saw this last weekend, I am still amazed at the way you take care of the day to day, yet “fly” with such amazing grace when you are needed to focus on the health of our communities.

Sláinte,  
Sam

## From the President

### Looking Ahead in 2016

By Eileen Forlenza



Twenty-six years ago I sat in the NICU of Colorado’s Children’s Hospital wondering how/ if my fragile newborn baby Holly would live one more day. In the midst of the ambiguity, there was one certainty – her life was giving new purpose to my life. Indeed, Holly has enjoyed a vibrant life buoyed by our close-knit family, healthcare specialists, Medicaid waivers and most importantly, her persistence to thrive. Those 26 years of advocacy, education, lived experience and systems navigation have equipped me to serve as your incoming President of AMCHP - the first Family Leader in this role.

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Quite an honor. Quite a journey.

As MCH leaders we are called to exercise sentinel leadership on behalf of a broad and diverse population of our nation’s mothers, children and their families, particularly those who are the most underserved and vulnerable. Our collective leadership will assure that we develop and invest in systems of care that are equitable, accessible, effective, relevant and sustainable. With 2016 featuring a critical national election marinated by growing apathy of the civic process, we are charged more than ever to monitor the health and well-being of the MCH population.

In 2016, we will launch AMCHP’s new strategic plan, a shared vision developed by an engaged membership and dedicated board of directors. Simply put, we will focus on four strategic goals:

1. Increase the capacity of state/territories to use evidence to drive policy and program design.
2. Develop a flexible and skilled workforce.
3. Influence the alignment of resources at federal and state levels.
4. Increase the investments in maternal and child health programs.

In addition to these four goals, I am excited to promote AMCHP’s core values – solid principles that support our vision and bind us together while holding us accountable.

1. Leadership
2. Collaboration
3. Health Equity and Social Justice
4. Inclusion
5. Integrity
6. Excellence

While today’s message addresses leadership, I will feature the remaining core values in my messages to you in the Pulse Newsletters throughout 2016.

To all the parents of children with special health care needs who planted the seeds of possibility long before me, I am deeply grateful for your visionary leadership.

As your President, I am honored to link arms with you as we march over the bridge together to protect and promote the optimal health of women, children, and families. Thank you for trusting me to lead AMCHP in 2016 – I look forward to a fantastic year together!

All the best,  
Eileen

## From the CEO

By Lori Tremmel Freeman,  
BS, MBA  
Chief Executive Officer, AMCHP

The age-old saying, time flies when you’re having fun, certainly applies as we look back at 2015. This position with AMCHP and all that goes with it including working with our members, a super-talented and dedicated staff, and amazing partners is incredibly fulfilling, rewarding, and exhilarating (oh, and FUN!). Even when we at our most challenged – say, for example, when we have to cancel our premiere, showcase annual conference because Mother Nature decides to take a stand – there are always some gold nuggets that somehow appear under the murky waters! Since we did not get to be together in person for our annual AMCHP business meeting, I hope you’ll enjoy what is written here as I recap our journey together this past year and throw in for good measure my own hopes and wishes for 2016.



### Membership

We continue to provide just the right value proposition to our members year after year. Our retention rate stays strong and this support allows us to continue to produce top-notch programs, services, technical assistance, and products that help you do your jobs in your states so that you can impact your populations. Making a difference to you is a priority of AMCHP. *My wish for 2016? Please share what your biggest challenges are in your states and what you wish AMCHP could do to help you overcome those challenges.*

### Volunteer Association Committees

Our association and board committees are working for you, and they work HARD. AMCHP has strong Association and Board Committee participation, with a robust and growing volunteer workforce of nearly 150 AMCHP members. Earlier this year we released our volunteer training and orientation webinars to ensure all of our Committees – Annual Conference, Best Practices, Governance, Emerging Issues, Family and Youth Leadership, and Legislative Affairs and Health Care Financing – possess the tools they need to succeed. *My wish for 2016? That you contact me to join a Committee today – [email me](#) anytime with any level of interest!*

### Your AMCHP Board of Directors

Your Board of Directors, with broad regional, at-large, and family representation, commits extraordinary time towards ensuring AMCHP is a strong, viable organization. This year, more than any, you’ve seen the visible results of their work to engage members and inform the 2016-2018 Strategic Plan. That wasn’t enough though. They also, with great care and thought, revised the AMCHP Vision, Mission, and Core Values. These are just two important (and large) examples of the immense list of items the Board has actively addressed in 2015. *My wish for 2016? We have, with all of you, identified how AMCHP’s new strategic goals and objectives align with those in your states and are actively seeking ways to leverage our work together to achieve measurable outcomes for our nation’s moms, dads, kids, and families in their communities.*

### Partnership and Collaboration

If my first year with AMCHP was a whirlwind of meet and greets, my second year with AMCHP exceeded the first on all accounts! AMCHP is always seen as a strong collaborator and we sit at many, many tables. With our excellent staff, I am committed to maintaining this role. We were elated this past year to be honored with convening the first-ever MCH Collaboration Council comprised of more than 30 national partners working throughout the MCH system with support from HRSA/MCHB Partnership for State Title V Maternal and Child Health Leadership Community grant funding. This council recognizes that a variety of programs make up the network of foundational services that protect and promote the health and wellbeing of women, children, and families. If the leaders who support implementation of key MCH programs aligned behind shared goals, we could help significantly improve maternal and child health outcomes. *My wish for 2016? The MCH Collaboration Council discovers new and exciting ways to thread our work together, to lower any barriers, and to show other industries how a diverse and broad group of organizations truly can come together for stronger impact to their profession.*

### Operations

Our numbers are expanding and we have a strong, expert 35-member staff. With this size of staff, change is inevitable as people grow and stretch their wings. Likewise, as the organization grows and stretches ITS wings, we often have to turn inward and explore if we have the correct supports in place to address our growing needs, our new strategic

## From the CEO CONT.

plan. Highlights from this year also included a strategic focus on leadership development and supervisor training opportunities. We also spent about three quarters of the year search for the new home of AMCHP after learning that 2030 M Street will soon be redeveloped. Just in time for the New Year, we finalized our search and are now drafting a new lease for our new DC location. *My wish for 2016? We have an even stronger internal infrastructure, including a brand new communications function, that supports the organization's strategic goals and objectives*

### Finance

As I looked back at 2014 successes in light of 2015, one word pops – PROGRESS! We wrapped the year with an amazing gain in net assets over our prior year AND a successful audit with not material findings. With the gain in net assets, we also managed to address and reverse a prior year audit finding related to successive budgeted deficits. Our work is never really done here though. Challenges always remain in implementing and maintaining sound budget practices, accountability, and long-term sustainability of funding. You may recall from last year that we worked hard to negotiate a strong early lease termination agreement and that will mitigate some of this year's office move expenses. However, we also have our work cut out for us and must closely management the office relocation since it is an extraordinary expense to any organization. *My wish for 2016? We maintain our success rates with grant proposals, continue to build long-term sustainability by exploring other unrestricted funding, and that we have a beautiful new space to host our members,*

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*partners, and other constituencies.*

### Programs

Under the very capable leadership of Lacy Fehrenbach and her talented staff, we worked hard in 2015 to identify appropriate grant opportunities for AMCHP. We applied for 21 grant proposals worth \$15.2M and were awarded 16 of those grants worth \$13.5M (a tremendous 89% success)! Again, this work will NEVER be accomplished without all hands on deck. I cannot say it enough. We have a pretty amazing staff at AMCHP who work tirelessly to achieve these results. Please join me in thanking them always for their dedication, support, and can do attitudes. The Program Team's projects are fully supported and funded by our many, many partners some of whom are highlighted below. *My wish for 2016? Our existing partners, and new partners, continue their commitment to MCH by placing faith and trust in AMCHP to carry out this vital work with the help of a truly stellar group of staff professionals at AMCHP.*

Under the excellent direction of Erin Bonzon, Associate Director of our Women's and Infant Health Team; Treeby Brown, Associate Director of our Child and Adolescent Health Team; Caroline Stampfel, Associate Director of our Epidemiology and Evaluation Team; Stacy Collins, Associate Director of the Health Reform Implementation Team; and Sharron Corle, Associate Director of Workforce and Leadership Development, select highlights from the Program team's 2015 accomplishments follow.

- To support the development of skills in Quality Improvement (QI) that will assist AMCHP members with their participation in major national initiatives such as the Collaborative Improvement and Innovation Networks (CoIINs), AMCHP staff undertook three QI projects in the areas of virtual member engagement, tracking of emerging issues and technical assistance needs, and collection of best practices. To support their efforts, twenty staff completed QI training and coaching from staff at the Population Health Improvement Partners and participated in at least one of the QI teams. Additionally, we selected Jen Farfalla to become trained as a QI Advisor.
- AMCHP launched our new leadership development program: the Leadership Lab. The Leadership Lab seeks to build the leadership capacity of multiple levels of Title V staff: family leaders, epidemiologists, new directors, and next generation leaders. Participants are matched with a mentor/peer and charged with crafting an individual development plan, completing

## From the CEO CONT.

self-directed learning modules, participating in quarterly webinars, and peer-to-peer calls.

- [Health for Every Mother: A Maternal Health Resource and Planning Guide for States](#) was released. This guide was created in response to growing interest in women's health and troubling trends in U.S. maternal mortality and morbidity. The guide summarizes strategies and recommendations from more than 35 consensus statements, white papers, and reports from states and national partners. Intended to facilitate dialogue and planning, the guide includes assessment tools, a wealth of national resources, and implementation examples from more than 30 states. MCH leaders and consumers from 24 organizations were engaged as external reviewers for the guide.
- We are pleased to share that at least 31 states reported use of the National Standards for Improving Quality Systems of Care for CYSHCN to build partnerships with stakeholders, assist with strategic planning, including the development of five-year state action plans, improve the quality of care across systems serving CYSHCN, and promote policy and programmatic change. AMCHP has supported implementation of the standards via action learning collaboratives and targeted technical assistance. The Lucille Packard Foundation for Children's Health continues its support of the work to refine the Standards and facilitate further spread of their use.
- The Adolescent and Young Adult Health (AYAH) National Resource Center, which is housed at University of California San Francisco, in partnership with AMCHP, University of Minnesota, and University of Vermont, began supporting five multi-sector state teams, each of which includes a young adult, in a Collaborative CoIIN Network. The teams participated in two virtual learning sessions this summer and an in person meeting that featured presentations from national experts, training and facilitation of their states' development of a blueprint for change. Based on their state-specific plans, the CoIIN states chose national strategies around preventive services (access, uptake, quality, policies, and practices) on which they'll work collectively over the next 15 months.
- With support from the [Lucille Packard Foundation](#) and MCHB, AMCHP fielded a Title V family engagement survey. The survey, which included an MCH and CYSHCN version, was designed to identify barriers, best practices, and roles of family leaders within Title V programs. The results will be released later

this month in series of reports: compensation & support, evaluation & impact, engagement in Title V Block Grant and Needs Assessment process, and recruitment (including diverse families), training, and institutionalization of family engagement in Title V programs.

- The National MCH Workforce Development Center, housed at UNC Chapel Hill in partnership, supported two additional cohorts of state teams working on health reform implementation projects. Additionally, the National Center sponsored a 2-day learning opportunity for state MCH leaders focused on change management themes related to health improvement for MCH populations. The Academy attracted 40 Scholars from 24 states and territories, representing all 10 DHHS regions. The Scholars' professional roles were diverse, including Title V directors, division and unit heads, as well as CYSHCN directors, staff members, and family representatives. The Academy featured presentations from Judith Monroe, Director of the Office of State, Tribal, Local, and Territorial Support at CDC and Brian Castrucci from the de Beaumont Foundation.
- AMCHP, in collaboration with the AIM consortium partners (AAP, ASTHO, NGA, NASHP, NCSL, and Altarum), hosted the AIM cohort I kickoff meeting for five state teams. The states' proposed projects focus on improvements in: immunization rates, systems of care for CYSHCN, and use of post-partum contraception. This two-day event featured presentations from national experts, panel discussions, and profiles of related state efforts. State teams were given dedicated time to work on action planning. AMCHP serves as the backbone organization for the AIM Consortium.
- AMCHP is currently increasing states' capacity to conduct economic analyses through two projects: the virtual Community of Practice for Return on Investment (CoP-ROI); and the Return on Investment Analytic Action Learning Collaborative (ROI Analytic ALC) funded through W.K. Kellogg Foundation. Both projects are highlighted on AMCHP's [ROI webpage](#). The second ROI ALC kicked off in July with five state teams participating in monthly Learning Events, check-in calls with AMCHP, and expert consultations. The ROI ALC also hosted an in person peer learning meeting. AMCHP's work in this area was highlighted at APHA's Public Health Finance Roundtable this fall.

## From the CEO CONT.

- AMCHP debuted exciting enhancements to [Innovation Station](#), including a new landing page, the ability to search by the new Title V national performance measures, and a mechanism to request technical assistance via the web. All enhancements were tested by users from the Title V community. We are also pleased to announce a new practice category, Cutting Edge. Cutting edge practices are considered emerging innovations of existing or new methods and practices. Specifically, these practices may provide an innovative approach to an evolving public health issue; align with experiential evidence inside or outside of public health; show early signs of promise or success; and have an evaluation or quality improvement plan in development.
- With support from AMCHP's MCHB Partnership for State Title V Leadership Cooperative Agreement, AMCHP began a series of Implementation Roadmap webinars on related to the national performance measures (NPM). Each of the 10 webinars features highlights from Strengthen the Evidence Base's evidence compilations, AMCHP's scan of common strategies and/or approaches that states who chose the measure are taking based on review of FY14/16 Block Grant Applications, and presentations from states or national resource centers related to the NPM.

### Policy and Government Affairs

Ah, the joys and frustrations of working in our Nation's Capital! Progress can sometimes only be measured in the teensiest of ways, and then there are other occasions when we can truly celebrate movement. Under the excellent direction of Brent Ewig, Director of Policy and Government Affairs, and Amy Haddad, Associate Director for Government Affairs, this small (but mighty) team's DID have notable mentions in the win column. Two major policy wins included, first, turning a proposed \$25 million cut to Title V into a small increase, and second, helping to secure reauthorization of the home visiting, PREP and Family to Family Health Information Center programs. Amy Haddad on our staff deserves particular commendation for her work to organize the strategy to reverse the proposed Title V cut. I would like to reiterate how pleased we are to deliver these results on behalf of the families you serve and share a little perspective on what I've learned about AMCHP's advocacy program in the time I've been at AMCHP. Almost all associations in Washington, DC have a

government relations or advocacy function. And because

of the important restrictions on what funds can be used to support this, our government relations team is by necessity small but I think you will agree with me on how effective they are. This incidentally is why revenues from the annual conference and member dues are so critical to support these activities. I've seen firsthand how seriously we at AMCHP take our role to be your eyes, ears and voice in Washington. I've also learned how especially in these days of significant partisanship and divisiveness how challenging it is to be a truly non-partisan organization which is all the more reason to be proud of the policy wins we've been able to generate with bipartisan support. This could not happen without the close and careful guidance our members provide to me and our staff – particularly those on the board and our Legislative and Health Care Finance Committee. It's something that I know will continue with Eileen Forlenza, who you all know brings particular passion to this area - especially raising up the inestimable value family leaders bring to advocacy. Looking forward, we will have a new administration in exactly one year. I want to share that our board and policy committee have already begun serious dialogue at this meeting about how to best position AMCHP and the field of MCH to leverage new opportunities on the horizon. We've begun discussions on crafting a set of both practical and aspirational policy recommendations that we can share immediately with the next president's transition team and set the stage for even more MCH policy in 2017 and beyond. *My wish for 2016? I'd like for us to have even more items in the 'win' column, expanded champions for MCH among our lawmakers despite where they sit across the aisle, and (dare I say it?) a collaborative and unified approach focused on addressing this country's most egregious MCH challenges.*

Not a bad year at all, but we STILL have to march on and remain assiduous. Please join us as we set forth on a new and exciting journey in 2016 as we shape our vision, mission, new strategic goals and objectives into ACTION. Don't forget, we cannot accomplish these amazing things and further improve without your feedback, input and guidance. I welcome and embrace it.

## Feature

### Women and Infant Health Team: Health Equity in 2016

#### Health Equity in 2016

**By The AMCHP Women's and Infant Health Team**  
(Erin Bonzon, Andria Cornell, Megan Phillippi, and Christina Ratleff)

The Women's and Infant Health (WIH) program is committed to improving maternal and child health (MCH) programs and enhancing the delivery of MCH services at the national, state and local levels. The program goals are to improve the health of women and infants through increased capacity of Title V MCH programs and coordination between stakeholders. The WIH team collaborates with numerous partners to implement projects that span diverse topics such as home visiting, breastfeeding, infant mortality, health reform and health system redesign, maternal mortality, chronic disease, oral health, return on investment and preconception health. As we look back on our efforts from 2015 and gear up for an exciting 2016, we would like to highlight a few of our key projects.

#### Looking Back on Health Equity

Nationally there has been growing interest in addressing the social factors which influence health, known as the social determinants of health. Federal initiatives such as Healthy People 2020 aim to 'create social and physical environments that promote good health for all' and not only ameliorate health disparities, but achieve health equity, defined as the 'attainment of the highest level of health for all people'. Given that the greatest factors shaping health occur outside of the health care system, AMCHP's WIH team spent 2015 exploring the role of Title V in advancing health equity.

With funding from the Robert Wood Johnson Foundation (RWJF), the Women's and Infant Health team launched the AMCHP Birth Outcomes Collaborative: Building a Culture of Quality to Demonstrate Value and Improve Equity in 2015. This project builds off the work and existing infrastructure of the CoIIN and continues to develop and disseminate evidence-based practices (EBPs) to reduce infant mortality, improve birth outcomes and facilitate continued progress toward health equity across states in regions IV/VI.

Health equity and disparity in maternal outcomes continued

to be a focus for AMCHP's Every Mother Initiative in 2015. Through participation in AMCHP's Every Mother initiative, Florida, upon review of maternal death data learned that non-Hispanic black women are significantly more likely to die from pregnancy complications compared to non-Hispanic white and Hispanic women. To act upon these findings, Florida partnered with [REACHUP Inc.](#), a community collaborator and federal Healthy Start site, to focus on an upstream intervention to improve the preconception health of women of childbearing age in their state. REACHUP is increasing the capacity of Preconception Peer Educators (PPE) within the state of Florida to work with and through community partners to increase preconception health knowledge, skills and confidence. The PPE program adapts the Office of Minority Health training focused on improving birth outcomes to be inclusive of women's and maternal health outcomes and deploys the new program at multiple sites, including Historically Black Colleges and Universities.

#### Looking Ahead on Health Equity

The Women's and Infant Health Team is looking forward to continued engagement with several initiatives focused on health equity in 2016. With generous support from the RWJF, we will explore how states, and specifically Title V agencies, are addressing the social determinants of health in programs and policies. We will build upon roundtable dialogues at the 2016 AMCHP conference and identify action steps to guide states in applying a health equity lens in the design and development of Title V programs and initiatives.

AMCHP continues to serve as a key partner in the national infant mortality CoIIN and is the lead technical assistance organization for the SIDS/SUID/safe sleep and the social determinants of health (SDOH) learning networks within the CoIIN. AMCHP will support state teams in assessing their current knowledge and capacity to address social determinants of health, and supports states to select strategies from the WHO Framework to focus on in the coming year to promote health.

AMCHP is a core partner on the Alliance for Innovation on Maternal Health (AIM). The overall goal of AIM is to prevent 1,000 maternal deaths and 100,000 cases of severe maternal morbidity nationally by 2018. AIM sets out to accomplish this by collaborating with states and hospital systems to implement maternity safety bundles across birth facilities in 8 states over 4 years. AMCHP has been invited to serve on a national expert workgroup for the development of the Reduction of Peripartum Racial

## Feature CONT. Women and Infant Health

Disparities patient safety bundle and consensus statement.

In 2016, AMCHP is looking forward to assisting states in supporting and implementing MCHB's strategic plan for addressing health equity and health disparities within the MCH population. AMCHP is pleased to learn more about the MCHB Health Equity Blueprint and the strategies within it to help MCHB achieve their vision of health equity and elimination of health disparities for the MCH population.

## Feature Workforce and Leadership Development: Building upon Family Engagement and Best Practices

**By The AMCHP Workforce and Leadership  
Development Team and Data and Assessment Team**  
(Sharron Corle, Michelle Jarvis, Ki'Yonna Jones, and  
Jessica Teel)

In 2016, AMCHP looks forward to assisting states in supporting and implementing MCHB's strategic plan for addressing health equity and health disparities within the MCH population. AMCHP is pleased to learn more about the MCHB Health Equity Blueprint and the strategies within it to help MCHB achieve their vision of health equity and elimination of health disparities for the MCH population.

### Leadership Lab:

In October, AMCHP launched our new leadership development program: the Leadership Lab. The Leadership Lab (Lab) seeks to build the leadership capacity of multiple levels of Title V staff: family leaders, epidemiologists, directors and next generation leaders. The Lab requires a 10-month commitment by participants from December 2015 through September 2016. Participants are matched with a mentor/peer and charged with crafting an individual development plan, completing self-directed learning modules, participating in quarterly webinars, and peer-to-peer calls (activities vary based on preference of each cohort). One of the most important aspects of the Leadership Lab is that the model will give each cohort the benefit of an individualized track to meet their unique needs, while also providing integrated learning opportunities with all cohorts for more holistic leadership

development. The cohorts have been selected and participated in an orientation in December. This year's leadership lab has participants from 9 out of the 10 regions. As we look into the year ahead, the cohorts will have an in-person launch meeting on Friday, January 22, before the start of the AMCHP conference. There will be quarterly virtual trainings for the cohorts and then additional trainings determined within each specific cohort. The program concludes in September.

### Family Engagement:

AMCHP has re-designed our family engagement web page into an expanded web portal for family engagement. The web portal, which was designed based on requests, review and feedback from family leaders and Title V staff, includes new tabs for important information on: Family Leadership (which will contain information about AMCHP's Leadership Lab and other information related to leadership development), Family Delegates (which will contain information about the role of the Family Delegates), State Information (which will contain state specific information including state profile on family organizations) and Tools and Resources (which will contain link and uploads of a variety of tools and resources both for family leaders and related to engaging families). We solicited input from our members for the content. The solicitation occurred during November and December and was emailed to our family leaders, posted on the main landing page of the AMCHP website, and sent out in Member Briefs. The new portal officially launched in January 2016, before the AMCHP conference, and new material will be added throughout the coming year.

With support from the Lucile Packard Foundation and MCHB, AMCHP launched a Title V family engagement survey in November 2014. The survey, which included an MCH and CYSHCN version, was designed to identify barriers, best practices, and roles of family leaders within Title V programs. AMCHP has developed survey reports and case studies as part of a web-based tool kit based on some of the results of the survey. These will be posted on the AMCHP family engagement web portal.

### Best Practices:

Looking back, AMCHP and the Best Practices Committee launched a new category to the Best Practices Continuum called "Cutting Edge". This category addresses innovations that take place in rapidly changing environments and are considered emerging innovations of existing or new methods and practices. Specifically, it must provide an innovative approach to an evolving public health issue;

## Feature CONT. Workforce Development

align with experiential evidence inside or outside of public health; show early signs of promise or success; and it must have an evaluation or quality improvement plan in development. AMCHP presently has four Cutting Edge practices in Innovation Station. The Best Practices Committee also voted on the top programs received in 2015 to be presented at the 2016 AMCHP conference. The recipients are Parents as Detailers (GA) - Emerging, MotherWoman® (MA) - Promising, Family Foundations (PA) - Best Practice. Along with soliciting innovative practices, AMCHP illustrated our commitment to the replication of evidence-based practices through the Request for Applications for Best Practice Replication released in August. Minnesota and Washington State were the recipients for this project and both states are replicating New Jersey's Statewide Parent Advocacy Network (SPAN) Parent Leadership Development Program. Lastly, with the assistance of the Best Practices Committee and broader membership, AMCHP re-imagined Innovation Station and added new features and search functions. Users are able to search for a practice, submit a practice, refer a practice or request technical assistance directly online. New resources, materials and links to national centers will be added throughout the coming year.

### Coffee Talk Series:

In 2015 AMCHP and the National MCH Workforce Development Center's Change Management Core kicked off a new Coffee Talk Series. The series consisted of four archived 20 minute videos for AMCHP members to access bi-monthly at their leisure. During the alternating months, AMCHP hosted a Twitter chat on the content shared during the preceding month's archived video using the hashtag #WDCoffeeTLK to participate in the Twitter Chat. The topics of this year's series include the following.

- Coffee Talk 1: Title V Transformation
- Coffee Talk 2: Getting to the Table
- Coffee Talk 3: Leading Change
- Coffee Talk 4: Managing Change

Members enjoyed participating in this series and sharing dialogue on the different topic areas via Twitter. In 2016 AMCHP and the National MCH Workforce Development Center's Change Management Core will continue the series and focus on mindfulness in leadership. Details will be released in Late February for this series. If you missed out on this year's series you can access the archives on Transformation Station.



Looking back,

The National MCH Workforce Development Center at UNC Chapel Hill continued collaboration with AMCHP within a family engagement workgroup. The products of the group over the past year include launching Family Leader Action Learning Sets with 30 (5 groups of 5 with an additional group leader) family leaders at the AMCHP 2015 Annual Conference, creating a family leader portal on Transformation Station: <http://www.amchp.org/Transformation-Station/Family-Leaders/Pages/Home.aspx>, developing a three part series on Adaptive Leadership (in partnership with the change management core) which includes two virtual webinars to take place in July and November and an in-person workshop at AMCHP 2016 Annual Conference, a Facebook group for family leaders on the AMCHP Facebook page as a group under the AMCHP Facebook page: Family Leader Champions for Title V, and disseminating the RFA for the Population Health Symposium to family leaders (5 participants identified themselves as family leaders)

As the Center looks ahead,

The family engagement work group's goals for the year ahead include having tools and resources relevant to family leaders added to Transformation Station and AMCHP's family engagement web portal, discovering if a SharePoint site would be helpful and used by AMCHP Family Delegates, ideas and opportunities to leverage health care/reform information will be explored, current materials/tools/resources on health care will be made available more broadly for family leaders, and there will be a multi-pronged dissemination strategy to promote materials, tools and resources.

## Feature Health Reform Implementation: Looking Back, Looking Forward



**By The AMCHP Health Reform Implementation Team**  
(Stacy Collins, Atyya Chaudhry, Emily Eckert, and Carolyn McCoy)

Through national policy and program efforts, AMCHP's Health Reform Implementation (HRI) team continues to advance its goal of ensuring that health reform promotes the well-being of Title V's core constituencies - women, children, including children and youth with special health care needs (CYSHCN), and families. 2015 was a productive year for the HRI team, whose activities ranged from working intensively with state teams on health reform-related projects, to protecting the rights of vulnerable populations in the on-going regulatory modifications of the Affordable Care Act (ACA). The start of the New Year offers a chance to reflect on the successes of the past 12 months and share highlights of our 2016 agenda.

### **The National MCH Workforce Development Center:**

In 2015, the HRI team worked diligently on a variety of projects with the National MCH Workforce Development Center (NWDC) at UNC-Chapel Hill. The HRI team was heavily involved in the preparation and implementation of the three 2015 NWDC intensive trainings in Chapel Hill, Denver and DC. HRI staff served as coaches and subject matter experts, to help states move their health transformation projects forward. In addition, members of the HRI team played leadership roles in the NWDC's Access to Care and Systems Integration Cores, which developed specialized presentations and learning modules tailored to MCH audiences, including the [Affordable Care Act: A Working Guide for MCH Professionals](#), the [Health Reform State Assessment Tool](#), and the [Five-minute System Mapping Video Series](#), which introduces system

mapping tools in brief, two-to-five minute videos.

### **AIM-Access Project:**

Throughout 2015, AMCHP served as the backbone organization for the MCHB-funded Alliance for the Innovation in Maternal and Child Health: Expanding Access to Care for MCH Populations (AIM- Access) project. The project is a collaborative of six national organizations committed to working intensively with states to achieve impact in three health reform focus areas: strengthening continuity of coverage and care for pregnant women and children, improving systems of care for CYSHCN, and promoting implementation of Bright Futures. In October, the HRI team produced an AIM webinar in conjunction with the National Institute for Health Care Management Foundation (NIHCM). ["Improving Continuity of Coverage and Care for Pregnant & Postpartum Women"](#) featured speakers from the health insurance industry, women's health community, and the state health department sector. In November, AMCHP and its fellow AIM partners hosted a kickoff meeting in Washington, DC for the first cohort of AIM states. Five multi-disciplinary state teams from CA, KY, NV, PA, and RI participated in the event, which featured presentations from national children's health experts and discussion of related state efforts. AMCHP will continue to provide technical assistance to the first cohort of states throughout 2016.

### **Kellogg Foundation support for member education of MCH:**

With support from the Kellogg Foundation, the HRI team has produced a series of member educational materials on ACA provisions that directly support women and children's health. Materials include fact sheets on essential health benefits in qualified health plans (QHP) and ACA provisions that promote women's preconception health, as well as detailed issue briefs on the implementation of ACA breastfeeding provisions and the implications of the ACA for health care coverage for children and youth with Autism and other developmental disorders. The HRI team contributed to the development of [Health for Every Mother, A Maternal Health Resource and Planning Guide for States](#) that includes a menu of strategies and program and policy resources for states such as promotion of insurance coverage.

### **Health Reform Policy Efforts:**

In 2015, the HRI team worked collaboratively with the Policy and Government Affairs team to monitor and respond to Federal action on provisions of the Affordable Care Act (ACA) that impact MCH populations. Specifically, AMCHP staff submitted comments to the Department

## Feature CONT. Health Reform Implementation

of Health and Human Services (DHHS) on proposed regulations affecting women's and children's health coverage, including changes to Medicaid, the Children's Health Insurance Program (CHIP), and QHPs sold in the insurance Marketplace. AMCHP made recommendations to strengthen the proposed DHHS rules to better support MCH populations, including suggested improvements in provider network adequacy standards, benefit design, essential health benefit structure, consumer assistance programs, and special QHP enrollment periods, among others.

A core function of the HRI team's work is participation in federal policy coalitions. These coalitions bring together national experts, advocates, and other stakeholders, whose collective mission is to improve the health of women, children and families. By participating in these groups, the HRI team can discuss emerging issues and policies, stay up-to-date on health reform trends, and engage in collective action on federal issues of importance to AMCHP members. In 2015, the HRI team participated in the Essential Health Benefit (EHB) Coalition and three of its related subgroups focusing on pediatrics, maternity, and habilitative services. In addition, the HRI team participated in the Children's Health Group coalition, First Friday coalition (focused on healthcare policy), the national Preconception Health and Healthcare Committee leadership team, the National Pregnancy Workgroup and the Coalition for Whole Health (focused on maximizing access to mental health services under the ACA).

### **Looking Ahead to 2016:**

In 2016, the HRI team will continue to build on the success of the past year and delve into new opportunities to support AMCHP members.

### **Supporting members in the National Performance Measure (NPM) implementation:**

The HRI team will continue to play a central role in AMCHP's NPM member education efforts. In 2016, the team will release the ["ACA - Title V NPM Crosswalk"](#), which demonstrates how ACA provisions can support members in reaching their NPM goals. Another member education resource is the January 2016 webinar geared to states that have chosen NPM number 15: percent of children aged 0-17 who are adequately insured. This webinar will feature national experts and AMCHP state leaders discussing strategies that Title V staff can use to

improve rates of comprehensive coverage for children in their states. The webinar recording will be housed on the AMCHP website for member use throughout the year.

### **Cutting Edge-Disseminating innovative MCH practices:**

In January 2016, AMCHP's [Innovation Station](#) will feature a new MCH best practice category: Cutting Edge. These practices are considered emerging innovations of existing or new methods and practices, with a special emphasis on those that focus on health transformation activities. Specifically, Cutting Edge practices provide an innovative approach to an evolving public health issue; align with experiential evidence inside or outside of public health; show early signs of promise or success; and have an evaluation or quality improvement plan in development. The January 2016 launch features four case studies from WA, IA, GA and NY.

### **Helping members navigate the continually evolving health reform landscape:**

Keeping our members informed with the most up-to-date information is a priority of the HRI team. Health reform fact sheets and issue briefs on the team's [resource page](#), are updated regularly. New topics planned for 2016 include the impact of health reform on mental health and substance use services for MCH populations, Title V experiences with the ACA "Health Home" program, opportunities for working with state insurance commissioners, and other timely issues. The HRI team will also collect and disseminate information on member health reform activities and priorities, gathered from the AMCHP annual survey and member regional calls. And as always, HRI staff are readily available to AMCHP members for consultation and technical assistance on all MCH health reform matters.

We look forward to engaging AMCHP members and partners throughout 2016, as the scope and impact of health reform and the ACA continue to unfold.

## Feature A Year in Review: Child and Adolescent Health

**By The AMCHP Child and Adolescent Health Team**  
(Treeby Brown, Cori Flyod, Sara Beth McLellan, Kate Taft, Iliana White, and Elliane Yashar)

The AMCHP child and adolescent health (CAH) team works on projects around three main areas: adolescent health, child health (including newborn and developmental

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### Child and Adolescent Health

screening), and CYSHCN (including children and youth with ASD/DD). The primary funders of this work are the MCHB (adolescent health, SPHARC), CDC-National Center on Birth Defects and Developmental Disabilities (NCBDDD), and the Lucile Packard Foundation for Children's Health (CYSHCN—Leadership Institute, and Consensus Standards). 2015 was an outstanding year for the team as we welcomed four new staff members, developed products and enhanced websites, presented at numerous conferences and convened a number of learning collaboratives, all while addressing existing and emerging needs of members.

#### Adolescent Health

2015 marked the launch of the Adolescent and Youth Adult Health Collaboration Innovation and Improvement Network (ColIN), which is supported through AMCHP's role as a partner in the Adolescent and Youth Adult Health (AYAH) National Resource Center. After a competitive selection process in the spring, five teams from Iowa, Mississippi, New Mexico, Texas and Vermont were selected and attended a launch summit in September – with a common focus on increasing access to preventive services, ensuring AYA-appropriate service delivery, and high-quality clinical practice for these distinct populations. AMCHP, in partnership with the University of California at San Francisco, University of Vermont, and University of Minnesota, continue to work closely with states to refine action plans and address measurement and quality.

In addition, AMCHP has worked with the AYAH national resource center partners and ColIN participants to develop and help staff the national strategy teams which will drive common aims to 1) Improve **access & uptake** of preventive services; 2) Improve the **quality** of preventive services and 3) Improve **state/systems-level** policies & practices to assure access to high-quality preventive services.

*Looking ahead for 2016:* In 2016, AMCHP will continue to collaborate with the ColIN participants, as well as support the launch of a second cohort of ColIN states. As we plan to spread the lessons learned through the ColIN, we are also committed to assisting those jurisdictions that chose NPM #10, and/or developing a SPM related to the adolescent well-visit, through a new virtual Community of Practice, and a compendium of enhanced resources and tools on our website.

#### Child Health:

In 2015, AMCHP started new initiatives in newborn screening and continued work in early childhood. For newborn screening, AMCHP received two sub-awards, one is to partner with APHL on NewSTEPs 360 and their efforts to help states improve systems related to timeliness in newborn screening. In particular, AMCHP will help promote timeliness activities and resources, and assist with engagement of Title V leaders.

Through a second project, AMCHP is partnering with CDC, APHL and HRSA to bring together key stakeholders and seek input to update the [Newborn Screening Contingency Plan](#) (CONPLAN), with a focus on addressing gaps in laboratory and clinical follow-up. AMCHP has convened an Advisory Committee to help guide the updates and contribute content, and released a [public comment survey](#) to solicit broad input to help inform updates to the CONPLAN.

AMCHP continues its work to promote the importance of early childhood through support from the Doris Duke Charitable Foundation (DDCF). AMCHP and partners from CDC's Division of Violence Prevention, NACCHO, and the Healthy Heartlands Collaborative to continue efforts to disseminate and promote the "Raising of America: Early Childhood and the Future of Our Nation." Last fall, AMCHP mailed a copy of the full Raising of America documentary to each Title V director, along with a tip sheet for Title V programs on how to use the documentary to promote dialogue on these issues. AMCHP also created an infographic on ["Why Early Childhood Matters"](#) based on messaging from the Raising of America campaign. Electronic copies of the Title V tip sheet, templates, as well as state examples, are available [here](#).

*Looking ahead to 2016:* For newborn screening, AMCHP will convene an in-person meeting of the advisory committee in late February addressing the [Newborn Screening Contingency Plan](#) (CONPLAN), with a focus on addressing gaps in laboratory and clinical follow-up. For early childhood, upcoming activities include working with partners on a national webinar to highlight how states and communities have used the Raising of America to improve conditions for children and their families and highlight success stories.

#### Autism and Developmental Screening:

In 2015, AMCHP's [State Public Health Autism Resource Center \(SPHARC\)](#) developed a number of well-received resources to help Title V programs that select the

## Feature CONT.

### Child and Adolescent Health

developmental screening performance measure (NPM#6) think through action plans, potential strategies and strategy measures. These resources include:

- [Resources for Title V Action Planning: Developmental Screening Strategies and Measures](#): sample state strategies, strategy measures and data sources/resources to improve developmental screening that states could use to help inform their action plans
- [A Case Example on using the tools and resources to develop an action plan](#)
- [National Landscape](#) document on federal and national programs that have a specific objective/measure around developmental screening, including a [State/Jurisdiction Matrix](#) of which states have/had certain grant or technical assistance programs related to developmental and autism screening.

In addition, SPHARC partnered with Massachusetts to host a peer to peer exchange program on ["Considering Culture in Autism Screening and Systems of Care"](#), and partnered with seven Northeast states, AUCD, CDC and HRSA on [a Northeast Regional Developmental Screening, Referral and Response Conference](#).

In addition, AMCHP continues to support the 2014-2016 Learn the Signs. Act Early. (LTSAE) [State Systems Grantees](#) (MN, MT, OK, NJ, NM, NC and WI) through technical assistance, facilitation of connections and sharing of resources.

*Looking ahead to 2016:* AMCHP's SPHARC will continue to build on the developmental screening work and coordinate with partners to support states that selected the national performance measure (NPM#6) and other state programs looking to improve or develop screening and early childhood service systems. SPHARC will continue to support the state autism grantees through technical assistance, mentorship visits, and peer sharing, including a Peer-to-Peer exchange on diagnosis. There will be exciting updates to the SPHARC website in 2016 that will make information on the grantees' work and resources easier to access and more interactive. Stay tuned to [SPARC!](#)

In addition, AMCHP received supplemental funding available from CDC through our subcontract with AUCD to support additional LTSAE state systems grantees in FY 2016. The RFA for the 2016-18 grants focuses on increasing parent-engaged developmental monitoring by promoting the adoption and integration of LTSAE materials and training resources into programs and statewide systems that serve young children and their families. All

U.S. states and jurisdictions are eligible to apply, and AMCHP expects to award up to 12 grants. The deadline to submit an application is February 29, 2016. More information is available at on [AMCHP's website](#).

#### CYSHCN:

AMCHP addresses leadership and capacity for systems of care for children and youth with special health care needs through two major projects, the Leadership Institute for CYSHCN Directors (LICD) and the National Consensus Framework for Improving Quality Systems of Care for CYSHCN.

In 2015, AMCHP supported state CYSHCN directors through an in-person meeting of the LICD and hosted numerous webinars primarily focused on addressing performance measures in the block grant transformation. The CYSHCN listserv, supported by the LICD, continued to serve as an active, real-time platform for state CYSHCN Directors to gather information and learn from peers. Recently, conversations on the listserv have ranged from state use of various technology, addressing national performance measures, to enhancing CYSHCN program capacity to capture hearing screening data to state funding for Sickle Cell disease programs. In mid-December, the CYSHCN team disseminated to all LICD members a National CYSHCN Profile of CYSHCN State Programs. This assessment will capture data from CYSHCN Programs about family engagement, life course theory, medical home and transition initiatives, quality improvement, and financing of CYSHCN programs in their state. In 2015, AMCHP wrapped up work on Phase II of the project, National Consensus Framework for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs, supported by the Lucile Packard Foundation for Children's Health and received funding for a Phase III. To date, thirty-one states reported use of the National Standards to build partnerships with stakeholders, assist with strategic planning, including the development of five-year state action plans, improve the quality of care across systems serving CYSHCN, and promote policy and programmatic change. Results from the Action Learning Collaborative states and other were presented during a skills building workshop at the 2015 Association of University Centers on Disabilities Conference (AUCD) in Washington, DC. Additionally, these results and newly developed Implementation Guides will be presented during a skills building session at the 2016 AMCHP Conference in collaboration with several state ALC representatives.

## Feature CONT. Child and Adolescent Health

*Looking ahead to 2016:* AMCHP will continue to support the LICD through the listserv, and through both virtual and in-person opportunities, including discussion and dissemination of the results from the National Profile of CYSHCN State Programs. As part of Phase III of the Standards project, AMCHP, in partnership with NASHP, continues to focus on increased outreach to Medicaid and health plans, provision of intensive technical assistance to select states, and continued effort to condense/streamline the standards for ease of use.

## Feature Epidemiology and Evaluation: Celebrating One Year

### By the Epidemiology and Evaluation Team

*(Alexandra Harris, Jennifer Farfalla, Krista Granger, and Caroline Stampfel)*

### A Look Back

Support for MCH Epidemiology at AMCHP expands: Epidemiology and Evaluation Team celebrates one year! As we reflect back on 2015, we also celebrate a milestone. In November of 2015, Epidemiology and Evaluation completed its first year as a team at AMCHP. In that year, we also received funding for a new five-year cooperative agreement from CDC, "Maternal and Child Health Epidemiology: National and State Coalition Building to Improve Outcomes." This funding will allow us to continue our support of MCH epidemiology at the state level. The new funding started in September of 2015 and includes four strategies: (1) Identify and strengthen key MCH partnerships; (2) Train staff at state local levels to promote the capability of state and local health departments to conduct MCH epi and surveillance; (3) Create peer exchange opportunities to present research, share experiences, enhance knowledge, and discuss emerging MCH topics; and (4) Develop and disseminate clinical guidelines and programmatic recommendations. More information on the exciting new initiatives from this funding is included in our Looking Ahead section.

In addition to new funding, we added a new team member! Alexandra Harris, a recent graduate of Xavier University, joined AMCHP on December 9, 2015 as the Program \

Associate for Epidemiology and Evaluation. Along with adding a new team member, Epidemiology and Evaluation had many project successes to celebrate in 2015; a few of these are included below.

### Highlights of two cohorts of life course Technical Assistance:

In February 2015, 8 states (Alaska, Arizona, Illinois, Iowa, Louisiana, Maine, Nebraska, and Wyoming) completed the first round of Life Course Indicators Intensive Technical Assistance. The project, supported with funds from the W.K. Kellogg foundation and the Centers for Disease Control and Prevention, offered technical assistance to states calculating a subset of AMCHP's life course indicators and creating a communications product from their data. In February 2016, 4 states (Georgia, Mississippi, Minnesota, and New Mexico) will complete the second round of Life Course Indicators Intensive Technical Assistance. During the project, states attended learning events on calculating complex life course indicators, communicating health disparities, and creating communications products such as infographics. Products created in the first round include a life course section in the Title V Needs Assessment, an interactive adolescent health resource for school nurses, a presentation on concentrated disadvantage and more. States in the second round are in the process of creating products such as infographics, story maps, indicator reports, and more. One of the most successful aspects of the life course project was the virtual and in-person peer sharing between participants.

### Return on Investment Analytic Action Learning Collaborative Highlights:

Through support from the W.K. Kellogg foundation, AMCHP led the second cohort of the Return on Investment Analytic Action Learning Collaborative (ROI Analytic ALC) from July 2015 - January 2016. This second cohort is focused on the economic analysis of programs related to child and adolescent health, and included 5 state teams (Florida, Georgia, Massachusetts, Mississippi, and North Carolina). Through consultation with expert health economists and communications experts, each team completed an ROI analysis of their selected program and developed a communication product that messages their results to an intended audience. Upon completion of the ROI Analytic ALC second cohort, AMCHP will share state team examples, best practices, and lessons learned from both cohorts regarding the development, implementation, and completion of economic analyses for MCH Programs.

## Feature CONT. Epidemiology and Evaluation

### Another Successful Harvard/CDC Program Evaluation Practicum:

For the second year in a row, AMCHP staff worked in partnership with CDC's Maternal and Child Health Epidemiology Program in the Division of Reproductive Health and the Harvard School of Public Health to conduct a unique 3 week Winter Session course each January. The Program Evaluation Practicum provides an opportunity for students and state Maternal and Child Health program staff to learn essential program evaluation methods and collaborate in the development of a program evaluation plan specific to the participating MCH programs. Upon completion of the course, student participants develop a comprehensive evaluation plan that can be later utilized to conduct an evaluation of the participating MCH program.

### Partnership with CSTE:

Our second year of partnership with the Council of State and Territorial Epidemiologists (CSTE) was marked by successful collaboration on the MCH Symposium at the CSTE Annual Conference in June. The symposium, "Unleashing the Potential of Clinical Performance Measures for Maternal and Child Health," featured expert panel speakers from CMS, CDC, and University of South Florida and state presenters from Florida, Iowa, South Carolina, and Washington. AMCHP sponsored the attendance of eight state Title V staff and provided a high capacity (8GB) flash drive to each symposium participant that included AMCHP and CSTE materials, including the symposium slide presentations, the three fact sheets created through this project (QI for Epidemiologists, Economic Analysis of LARC Programs, and the Roadmap of Economic Analysis Resources), as well as AMCHP Life Course Indicators, the AMCHP Health for Every Mother Guide and the CSTE Trends in MCH Epidemiology Capacity fact sheet.

### Infographics:

A small group of AMCHP staff meet monthly to design effective AMCHP infographics. Starting in the May/June issue of Pulse, Data and Trends featured AMCHP-designed Infographics on [the well woman visit](#), [adverse family experiences](#), [perinatal and infant health](#), and [adolescent e-cigarette use](#). AMCHP has also featured infographics from AMCHP members monthly in Member Briefs. AMCHP has created a project-specific infographic highlighting the work accomplished through the AMCHP Every Mother Initiative, and will continue to create infographics for project reports, for dissemination at events or meetings, or to

promote certain initiatives to AMCHP members

### Looking Ahead

The Epidemiology and Evaluation team is moving forward with several key initiatives this year. Some are brand new, while others represent enhancements of long running AMCHP activities.

### MCH Epi Mentorship:

AMCHP's Epidemiology and Evaluation team recently launched a new opportunity for MCH epidemiologists who want to network with their colleagues, receive mentorship from seasoned Epi professionals, and hone leadership skills that will help them succeed in the workforce. This MCH Epi Peer to Peer Cohort is part of the broader Leadership Lab opportunity that allows Title V staff from across the workforce (Family Leaders, new Title V and MCH Directors, CYSHCN Directors, Next Generation MCH Leaders (age 45 or less), and MCH / Title V Epidemiologists) to learn from each other. We look forward to working with the MCH Epi Cohort from December 2015 through September 2016 to enhance their development as MCH leaders.

### Epi Support Services:

In 2016, AMCHP will launch a new way to get connected with MCH epi TA, through Epi Support Services. Through a variety of mechanisms in the past, AMCHP Epidemiology and Evaluation Team members have fielded requests for support from AMCHP members, MCH epis, and others in the field on topics such as data linkage, life course indicator analysis, survey data analysis, SAS code, and creation of data presentations.

Through Epi Support Services, AMCHP members, MCH epis, and others in the field will be able to request epi/data TA through an easy-to-use online portal. Support may be provided in the form of direct TA or the connection to an expert in the field and will occur via phone, email or on-site TA.

### Partnership with NAPHSIS:

We are looking forward to a new partnership with National Association for Public Health Statistics and Information Systems (NAPHSIS) the membership association representing state vital records and public health statistics offices in the United States. Our new partnership will harness the power of our two memberships to provide insight and feedback to our national partners on key data issues.

## Feature CONT. Epidemiology and Evaluation

### Enhancement of training activities:

AMCHP has provided on-site skills-building training for over 15 years on a variety of topics. We recognize the value of bringing people together to learn, and we will continue our partnership with CDC, CityMatCH, and the Maternal and Child Health Bureau to bring you hands-on, relevant training with excellent subject matter experts. In the coming year, we are planning to bring training, peer learning, and technical assistance to you through diverse virtual methods in addition to in-person gatherings. Look for topics such as communicating data and analysis of Medicaid and mechanisms such as virtual training modules and longer-term analytic action learning in the coming year.

### New MCH Epi Column in Pulse:

In addition to featuring highlights of relevant data displayed in infographics in Pulse and Member Briefs, the Epidemiology and Evaluation team will debut an MCH Epi column in the next issue of Pulse. The column will feature experiences and best practices of state MCH epi and data staff in an effort to highlight the great MCH epi work happening at state health departments.

## Feature View from Washington: Look Behind, Look Ahead

By Brent Ewing, MHS

Director, Public Policy & Government Affairs



The year 2015 was marked by continued divisiveness in our nation's capital and an outbreak of intense campaigning that will culminate in the selection of a new president in just ten months. Before considering what AMCHP is doing to prepare for the FY 2017 appropriations season and the next administration, it is worth looking back to celebrate two substantial maternal and child health policy wins in 2016.

Last April, Congress passed legislation providing a two-year extension of the Children's Health Insurance Program (CHIP); the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program; the Personal Responsibility Education Program (PREP); Community Health Centers (CHCs); and Family to Family Health Information Centers (F2Fs) – all at current funding levels. These extensions were attached to a larger bill repealing the sustainable

growth rate (SGR) for doctors providing Medicare services.

The vote in the Senate was a solidly bi-partisan 92-8 and in the House was 392-37. President Obama promptly signed it into law, assuring these programs are on solid ground until Sept. 30, 2017.

Together the above programs provide critical investments in the health of women, children and families. AMCHP welcomed the small measure of stability provided by this two-year extension. We are proud to have worked with a broad coalition of stakeholders supporting these programs and are gratified by the level of bipartisan support to include them in the SGR legislative package.

More recently, last December Congress passed an omnibus spending bill that provided a \$1.2 million increase for the Title V Maternal & Child Health Services Block Grant to \$638,200,000. Notably, this bill reversed the previously proposed cuts to the Special Projects of Regional and National Significance (SPRANS) line that were contained in the Senate Appropriations Committee's Labor, Health and Human Services, and Related Agencies bill last summer.

We were very pleased to help turn a proposed cut into a small increase. Turning to the coming year we are looking to increase this momentum by asking for a more substantial increase to the Title V MCH Block Grant of \$12 million to bring it to a total of \$650 million for FY 2017. Please stay tuned for opportunities to help make the case for this increase in the coming months.

While solidly focused on the upcoming appropriations cycle, we are also looking beyond the horizon to the next presidential administration and preparing to create an MCH policy agenda that the next president can begin implementing within their first 100 days in office. To this end, AMCHP's Legislative and Health Care Finance Committee is beginning deliberations now to craft a set of policy recommendations to share with the next president's top policy advisors right after the election. This will include a review of what funding levels are needed for current programs, where new programs might be needed, and how to best build upon the transformation happening with health reform now. Your ideas, suggestions and recommendations for this process are welcome and encouraged! Please share them with me at [bewing@amchp.org](mailto:bewing@amchp.org) or direct at 202-266-3041.

## Who's New

### New MCH Directors

#### INDIANA

Martha Allen  
Director for the Division of Maternal and Child Health  
Indiana State Department of Health

### NEW AMCHP STAFF

#### Alexandra Harris

Alexandra Harris joins AMCHP as the Program Associate for the Epidemiology and Evaluation team. In her role, she will be providing support to all Epi & Eval team program activities. Prior to joining AMCHP, Ms. Harris was a data collector at US News & World Report, working on the institutional research for colleges and universities that contribute to the Best Colleges, Best Graduate, and Best Online Rankings. She has also interned at the New Orleans Health Department and the Walter Reed Army Institute of Research.



Ms. Harris graduated from the Xavier University of Louisiana with a Bachelor of Arts degree in Sociology and is currently working on a Certificate in Epidemiology through the online program at Benedictine University.

## Get Involved

### Infant Mortality CoIN Virtual Learning Session 3 (VLS 3)

The third learning session for Infant Mortality CoIN state teams will occur on Tuesday, February 23 and Wednesday, February 24 from 1:00-4:30 pm EST each day. Pre-work for the learning session is due Friday, February 5. The registration deadline for VLS 3 is Friday, February 19. For more information, [click here](#).

### 2016-2018 Developmental Monitoring Within State Systems Grants Request for Applications

Through funding from the CDC National Center for Birth Defects and Developmental Disabilities, AMCHP will facilitate a competitive award process of up to \$20,000

to 12 states or territories over the next two years. The purpose of this grant is to increase parent-engaged developmental monitoring by promoting the adoption and integration of Learn the Signs. Act Early. materials and training resources into programs and statewide systems that serve young children and their families, such as Early Head Start/Head Start, child care, home visiting, WIC, Child Find, health care, etc. AMCHP will provide ongoing technical assistance, disseminate resource materials and link grantees to other states and experts in early identification of developmental delay. For more information and to apply, [click here](#). Applications are due Feb. 29, 2016. For additional questions, contact Kate Taft, senior program manager, children and youth with special health care needs, at [ktaft@amchp.org](mailto:ktaft@amchp.org) or (202) 266-3056, or Cori Floyd, program associate, child and adolescent health, at [cfloyd@amchp.org](mailto:cfloyd@amchp.org) or (202) 266-3046.

### Call for Abstracts: 2016 CityMatCH Leadership and MCH Epidemiology Conference

City MatCH invites you to submit abstracts for oral and poster presentation in two tracks: scientific research and data or program and policy issues in maternal and child health. This is an opportunity to share your successes, research, results, and lessons learned with national and global audiences. The deadline to submit an abstract is Feb. 19, 2016. To apply, [click here](#). Please contact Carol Gilbert at [cgilbert@unmc.edu](mailto:cgilbert@unmc.edu) /402-552-9589 or Maureen Fitzgerald at [mchepireg@unmc.edu](mailto:mchepireg@unmc.edu) / 402-552-9585 for any questions or concerns. The deadline to apply for a Travel Sponsorship Application is March 15, 2016. To apply, please [click here](#).

### 2016 Training Course in Maternal and Child Health Epidemiology

The Maternal and Child Health Bureau (MCHB), the CDC, and CityMatCH 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 an intensive program, combining lectures, discussion, hands on exercises, and opportunities for individualized technical assistance. Several post-training webinars will serve to build upon and extend the content of the in-person training. Applications are due no later than 11:59 pm PST on Feb. 19. For more information and to apply, [click here](#).

### Opportunity to Improve the Quality of Children's Health Care through Customized Technical Assistance

The Agency for Healthcare Research and Quality (AHRQ), in partnership with the Centers for Medicare & Medicaid Services (CMS), is offering technical assistance and peer-

## Get Involved CONT.

Medicaid and CHIP. The goal of this “knowledge transfer” opportunity is to leverage lessons learned from the CHIPRA Quality Demonstration Grant Program, which is the largest Federal investment ever made to identify effective, replicable strategies for enhancing the quality of health care for children enrolled in Medicaid or CHIP. The program aims to help participants apply lessons from the Demonstration to save time and resources and increase the potential for successful outcomes for children. Please submit an Expression of Interest Form by Feb. 25. For more information, [click here](#).

### Association of Schools and Programs of Public Health Announces New Public Health Philanthropy Fellowship Program

The de Beaumont Foundation and the Association of Schools and Programs of Public Health (ASPPH) have a new partnership to promote students or early career professionals who might like to experience the world of health philanthropy via a public health philanthropy program. Please apply by March 3 to be considered, for more information, [click here](#).

### Approaches to the Community Access, Participation, and Engagement for Children with Developmental Disabilities and their Families

The Maternal and Child Health Life Course Research Network will be hosting a webinar on April 20 from 12:00-1:00 PM EDT. The webinar will highlight and provide examples of community accessibility initiatives that serve to create opportunities for a diverse population of children with developmental disabilities and their families. To register, [click here](#).

## Resources

### AMCHP 2015 Resources

#### [Data to Action: Needs Assessment, Performance Measurement, and Practice](#)

Issue brief focused on data gathering and analysis feed into the overall needs assessment process of identifying needs to gap for MCH populations, assessing capacity to address those needs, and to accomplish the main goals of the needs assessment.

#### [AMCHP 2015 Federal Policy Agenda](#)

Focused on how AMCHP will become more involved in advocating Title V funding, reauthorize sections of the Title V Statute, reauthorize funding for the Children’s Health Insurance Program, and optimally implement MCH-related provisions of the ACA.

#### [Opportunities and Strategies for Improving Preconception Health through Health Reform](#)

This issue brief explores how states can capitalize on the opportunities presented by health reform to improve birth outcomes, particularly through preconception health. It highlights state Title V MCH programs in Michigan, Oklahoma, and Oregon that participated in an action learning collaborative and are working to strengthen partnerships to implement preconception health activities, enhance preventive care for women, explore financing options for preconception care services, and use data to inform policy and program development.

#### [AMCHP Family Delegate: Health Reform and Family Leaders](#)

This publication discusses the family leader role and responsibilities in the Title V programs (including the impact of health reform on these responsibilities); understanding of and access to information on health reform; and, learning needs/preferences for further information on health reform.

#### [Results: 2016-2020 Maternal and Child Health Needs Assessment](#)

This publication is a Title V resource from the Colorado MCH Program. The goal of this needs assessment is to collect and examine data to inform the selection of seven to ten MCH priorities that will drive state and local public health work for the next five years with the overall aim of leading to a measurable improvement in the health of the MCH population.

#### [Opportunities for Title V Programs and the Essential Health Benefits](#)

Informs Title V programs about the State EHB benchmark plan selection process, with particular emphasis on issues that are highly relevant to MCH populations.

#### [The Affordable Care Act Navigator Program: Grant Opportunity](#)

Fact sheet designed to assist in understanding the purpose of navigator programs in assisting consumers in making choices about their health care options in marketplace and other insurance affordability programs and to provide outreach and education.

## Resources CONT.

#### [National Landscape: Developmental and Autism Screening Programs and Initiatives](#)

Document focuses on several resources related to developmental and autism screening activities. Programs included have a national or multi-state/jurisdictional reach and have specific objectives and/or measures related to developmental and/or autism screening.

#### [Health for Every Mother: A Maternal Health Resource and Planning Guide for States](#)

AMCHP identified recommendations from more than 35 consensus statements, white papers, and reports published by states and national partners. The strategies in this guide represent a synthesis of the recommendations identified during the review process. While they are supported by varying levels of evidence, AMCHP presents them as ideas, innovations, and resources along with other maternal health efforts.

#### [Family Engagement in Title V](#)

Publication discussed how families can have more of an active role in Title V.

#### [SPHARC Resource Draft](#)

Resource sheet was designed to analyze data on the wide range of developmental screening activities occurring within the U.S. states and jurisdictions. The data has been shared with stakeholder groups to gather more feedback and inform the development of resources to assist states, particularly Title V programs, in building and improving developmental screening and early action identification plans.

#### [Resources for Title V Action Planning: Developmental Screening Strategies and Measures](#)

This document measures and highlights strategies, measures, and resources to help Title V develop action plans to implement and improve screening and early identification systems and impact the national performance measure on developmental screening.

#### [Emergency Preparedness and Response Resources for MCH Populations](#)

Webinar discussed disaster effects associated with the health of pregnant, postpartum, and other women of reproductive age and how the Reproductive Health After Disaster (RHAD) toolkit can be used to identify unmet MCH needs during the recovery phase of a disaster.

#### [Low-risk, Primary Cesarean Births in Medicaid: NAMD/AMCHP Issue Brief](#)

Issue brief was developed by the National Association of Medicaid Directors (NAMD) in partnership with AMCHP and lays out the key background information and the elements of state strategies to address the excessive use of C-sections for low-risk, first-time mothers. This resource seeks to provide a high-level review of state options.

#### [Making Room for Moms: Building Lactation Space and Implementing a Model Policy in State Health Departments](#)

Webinar discussed different approaches to setting up an ideal space within health department offices for milk expression and storage, as well as a model policy for developing lactation rooms.

#### [Who will be Covered for What in 2015 and Beyond? An Overview of Insurance Affordability Programs for Maternal and Child Health Populations Existing Prior to or Expanded under the Affordable Care Act](#)

This fact sheet was designed to assist state MCH programs in understanding insurance affordability programs, not including employee-sponsored coverage.

#### [The Affordable Care Act- Outreach and Enrollment](#)

Provided in formational resources and suggested steps for MCH leaders to support outreach and enrollment and help ensure improved access to care for MCH populations.



AMCHP is seeking submissions of emerging, promising and best practices in maternal and child health from all states and territories on child health. Do you have a program that fits?

- 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 [Ki’Yonna Jones](#) at (202) 266-3049 or visit [amchp.org/bestpractices](#).

## Data and Trends

### Action Learning Collaboratives (ALCs) Yield Impressive Results

AMCHP Every Mother Initiative | Cohort 1

**ALCs Convene and Engage**

PEER-SITE VISITS & e-LEARNING EVENTS fostered KNOWLEDGE TRANSFER across 6 states

31 NEW MATERNAL MORTALITY REVIEW COMMITTEE MEMBERS added to strengthen EXPERTISE & SUSTAINABILITY

**ALCs Move Data to Action**

8,400 heart health messages shared with women (MCI)

4,800 flyers shared on managing chronic conditions before pregnancy (SAI)

122 Simulation participants trained to respond to complications (EM)

62 Nurses trained to safely move sick mothers to higher levels of care (DC)

11 Rural providers trained to manage pregnancy complications (CC)

337 Providers aware of Severe Blood Pressure in Pregnancy Guidelines (NY)

20 Chronic disease specialists trained to make family planning referrals (SA)

**552 HEALTH WORKERS TRAINED to deliver QUALITY CARE**

**ALCs Accelerate Progress**

26 ORAL & POSTER PRESENTATIONS

63 NEW ANALYSES

Learn more at [www.amchp.org/EveryMother](http://www.amchp.org/EveryMother)  
Or contact: Andria Cornell, [acornell@amchp.org](mailto:acornell@amchp.org)

### AMCHP BEST PRACTICES

How can YOU Translate Innovation into ACTION?

#### WHAT IS INNOVATION STATION?

Innovation Station is an online repository for MCH Best Practices. AMCHP defines Best Practices as a continuum of practices, programs and policies that range in level of innovation, evaluation & proven effectiveness.

#### AMCHP Best Practices Categories

<b>Turning Edge</b> • Innovative solution to an existing public health issue • Aligns with aspirational evidence, needs and interests of all • Recycled benefit to all populations • Early signs of success & commitment to ongoing evaluation	<b>Emerging</b> • Strong theoretical foundation • Based on guidelines or evidence, studies or pilot projects • Evaluation plan in place • Continuous quality improvement	<b>Proven</b> • Evaluation data demonstrates effectiveness of intervention	<b>Best</b> • Peer Reviewed • Replicable in many settings • Evidence needed directly shared to practice
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5% 52% 29% 14%

\*Percentage of practices per category in Innovation Station\*

#### WHO CAN SUBMIT?

Innovators, thought leaders & subject matter experts like YOURSELF!!!

#### Who evaluates Best Practices?

The Best Practices Committee & Review Panel, composed of partners and other experts in the public health field.

**BE CONFIDENT!**

Over 90% of applications are accepted into Innovation Station

#### WHY SUBMIT?

There are many benefits to sharing a practice in Innovation Station

- Receive expert feedback
- Share successes with primary makers and peers
- Contribute to program replication
- Receive national recognition

*No one can solve a problem by using the same kind of thinking we used when we created them. -Albert Einstein*

#### HOW DO I USE INNOVATION STATION?

SEARCH LEARN REPLICATE SUBMIT

Begin your journey into Best Practices TODAY!

Get started online at [www.AMCHP.org](http://www.AMCHP.org)

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## Calendar

[National Healthy Start Spring Conference](#)

Feb. 27-Mar. 2, 2016  
Washington, DC

[Early Hearing Detection & Intervention Meeting](#)

Mar. 13-15, 2016  
San Diego, CA

[2016 Preparedness Summit](#)

Apr. 19-22, 2016  
Dallas, TX

[YTH Live \(the youth+tech+health conference\)](#)

Apr. 24-26, 2016  
San Francisco, CA

[CSTE Annual Conference](#)

Jun. 19-23, 2016  
Anchorage, AK

[NACCHO Annual Conference](#)

Jul. 19-21, 2016  
Phoenix, AZ

[Public Health Informatics Conference](#)

Aug. 21-24, 2016  
Atlanta, GA

[CityMatCH Leadership and MCH Epidemiology Conference](#)

Sept. 14-16, 2016  
Philadelphia, PA

[Congenital Cytomegalovirus Public Health and Policy](#)

Conference  
Sept. 25-27, 2016  
Austin, TX

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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