



PULSE

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

Leadership Development and Mentoring

July/August 2012

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From the President

By Stephanie Birch, RNC, MPH, MS, FNP



Throughout my career, I have been blessed to have a couple of leadership mentors who have modeled outstanding leadership behaviors. As mentors, they support my own development by providing excellent reading material and encouraging me to partake in regular training. The development of leadership skills takes intentional work and study over time. While certainly there are leaders who were born with natural talent, most leaders that I admire have worked diligently to develop their skills and abilities throughout their career.

The theme of my presidency has been around leadership development. AMCHP has regularly promoted and offered leadership development for our emerging maternal and child health (MCH) and children and youth with special health care needs (CYSHCN) leaders. Our association has done an outstanding job to develop and mentor our new MCH/CYSHCN, youth and family leaders. In addition, they ensure that leadership topics are offered each year at the AMCHP Annual Conference and through the many Web presentations sponsored by AMCHP where members highlight and share the excellent work they are doing in their states. AMCHP staff and our CEO are also often invited to lecture on leadership topics at the MCH Leadership Institute and state-sponsored meetings. With all of these offerings, AMCHP staff members have ensured that the MCH Leadership Competencies are integrated into these offerings. I am very proud of the leadership role our association has provided for us in policy, advocacy and skill development. Take advantage of what AMCHP has to offer as you develop your leadership skills! The rewards are well worth the time and effort!

From the CEO

By Michael R. Fraser,
PhD, CAE



Leadership development is a critical issue for AMCHP. Why? Because the work of MCH involves the crux of leadership: setting a vision and motivating others to work toward that vision with shared purpose. State MCH leaders set a vision for maternal and child health in their states and lead others toward meeting that vision – protecting and promoting the health of women, children and families. As such, the core definition of MCH leadership is “inspiring and bringing people together to achieve sustainable results to

improve the lives of MCH populations.” (MCH Leadership Competencies Version 3.0)

Leadership development is a passion of mine, one that I share with many of our staff and members. As a national organization, we aim to provide leadership on issues affecting women, children and families. As a membership organization, we seek to develop the leadership potential of our members so that they are better able to perform their work and improve MCH outcomes in their states and territories. Leadership for maternal and child health at the state level is critical because so much accountability and responsibility for protecting and promoting health rests within state government, bringing others together to set and share a vision for maternal and child health statewide. State MCH programs are unique in that way – while many partners contribute to your state MCH outcomes, no other entity has both the accountability and responsibility for ensuring that the needs of women, children and families in your state are met but you.

While there are many technical challenges that impact MCH in the states (what interventions to use, how to evaluate a program), I think that leadership challenges are even more critical to ensuring good MCH outcomes (what is our vision, do we all share that vision and know how to get there together). We have all worked in organizations where good leadership is lacking – you feel like you are on a rudderless ship moving from one direction to another with no shared sense of purpose or goal. Successful MCH programs share a common trait: they have good MCH leaders. That is why AMCHP and its partners focus on leadership development in many different ways.

One effective leadership development strategy we have developed here at AMCHP is mentoring. Our Maternal and Child Health Bureau (MCHB) supported New Director Mentor Program pairs a seasoned MCH leader with a new or emerging MCH leader at the state level (described in this issue of *Pulse* on page 4). Through a series of structured modules and trainings, participants in the program share and learn what it means to lead state MCH programs, equipping new leaders for success. The program has been extremely well received and highly evaluated thanks to the staff who continue to refine the program and the members who participate as both mentees and mentors.

As you confront the challenges of leadership in your state, AMCHP stands ready to support you. This issue

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From the CEO

of *Pulse* describes some of the leadership lessons many have learned as they have worked to improve the health of mothers, children, and families in their states and territories. I hope you will seize the opportunity to develop yourself as a leader and see leadership development as a lifelong process of learning, improving and sharing. We are anxious to hear what leadership strategies would be helpful to you and how AMCHP and its partners can provide meaningful ways for you to develop your leadership style. As always, we look forward to learning from and with you!

Feature Leading in Turbulent Times

By **Michael R. Fraser, PhD, CAE**
Chief Executive Officer, AMCHP

A key aspect of successful leadership is resilience – the capacity to “bounce back” from adversity and continue to lead despite obstacles and barriers to change. MCH leaders have demonstrated an incredible capacity for resilience given the many issues they face. With the myriad challenges (and opportunities) facing state MCH health programs, I thought it would be interesting to ask some of our AMCHP leaders for one strategy they use to lead in turbulent times. That is, how do they continue to focus themselves and their teams on the vision, mission and work of their programs given the many pressures and challenges in their states? Their answers below are great lessons for all of us seeking to lead through change.

Question: What is one strategy that you use to lead in turbulent times?

Stephanie Wrightsman-Birch
*AMCHP President
MCH and CYSHCN Director,
Alaska Department of Health and
Social Services*



I work to keep my sense of humor, make sure I do something fun every day and make sure I say thank you to my staff, mentioning something specific they have done

to as many folks as I can each day. This helps me stay sane and also remember why I am here doing the work.

Feature CONT. Leading in Turbulent Times



Katherine Bradley
*AMCHP President-Elect
Title V Director and Administrator,
Public Health Division, Oregon
Health Authority*

In turbulent times, the emphasis should be on frequent communications and being visible. The more people hear consistent messages, even when there is no new information or clarity, it is reassuring. And if there is information coming out in e-mail updates, staff meetings, and just walking around and listening offering consistent messaging – it makes a difference.



Lisa Bujno
*AMCHP Treasurer
Chief, Bureau of Population Health
and Community Services, New
Hampshire Department of Health and
Human Services*

I make time for fun. When things are stressful, staff need more outlets for that stress. This year, our bureau had a “Spring Fling Week” where each day there was a team building activity with a prize and some kind of ‘treat,’ hosted by one of the bureau sections. One day there were inspirational pencil flags, another day motivational pins. We had a Population Health Elevator Speech Contest and staff voted for the winner. Then we closed on Friday, with a pot luck lunch and awarded prizes, including gold medals. Staff enjoyed themselves, met others in the bureau that they didn’t know, and agreed that we need to make it an annual event.



Eileen Forlenza
*Family Representative, AMCHP Board
Director, Family Leadership Initiative,
Colorado Department of Public Health
and Environment*

One strategy I use to lead in turbulent times is to be flexible enough to shift my goals from short-term wins to long-term wins. For families, especially those who have children with special health care needs (CSHCN), long-term outcomes for the health and well-being of our children is always paramount and that same “vision setting” can be applied to systems work.

Feature CONT. Leading in Turbulent Times

Leading in turbulent times also provides me the opportunity to ask myself, “Am I keeping the *Main Thing*, the main thing?” This self reflection gives me an opportunity to explore what I am best suited for and the importance of aligning my contribution to the core issue. In my role, my contribution is to clearly articulate the family experience and to keep the Public in Public Health, and the Humans in Human Services.

Feature AMCHP Support for Mentoring Programs

By Melody Cherny

Program Associate, Children with Special Health Care Needs, AMCHP

Kate Howe

Program Manager, Child Health, AMCHP

Maritza Valenzuela

Program Manager, Adolescent Health, AMCHP

Mentoring relationships can provide MCH professionals with the opportunity to gain wisdom and input and evolve their thinking about the issues that affect them. A key feature of this relationship is that an experienced individual helps another achieve his or her goals and develop as a person (Center for Health Leadership & Practice, *Guide for Mentors*, 2003). Recognizing this benefit, AMCHP supports mentoring and workforce development through a variety of mechanisms. The New Director Mentor Program, the Peer-to-Peer Exchange Program and AMCHP support of state abstinence programs are three examples of work AMCHP champions to strengthen leadership development through mentoring.



Feature CONT. AMCHP Supports Mentoring

New Director Mentor Program

The AMCHP New Director Mentor Program (NDMP) provides new Title V directors with information, tools and resources necessary to succeed and grow as Title V administrators. During the program, new directors complete 12 self-directed modules based on the MCH Leadership Competencies. The program also offers a bridge for new MCH professionals to connect with seasoned MCH directors. New directors have regular contact with their mentors on a monthly basis to seek guidance, resource and support, as well as to foster a relationship with their mentor. We asked recent NDMP graduate – Bradley Planey, MS, MA, Arkansas Department of Health – to offer his thoughts on the benefits of mentoring:

“I recently completed the New Director Mentor Program. I had the good fortune to have Suzanna Dooley as my mentor. Suzanna was great at sharing her experiences and sorting through the practices that have proved effective for her. From these, I was able to compare and borrow from her experience. For example, Suzanna made me aware that it is possible to have a close partnership with state Medicaid and what benefits that can mean to having a more coherent approach to improving the health of women and children. I have since redoubled my efforts in this area and already see the benefit.



Having the chance to learn from someone else’s experience, especially when they are freely offering it to you, is an opportunity that should not be passed up. I found it to be a good learning experience, but also good for my sense of well-being. By well-being I mean my self-confidence and the knowledge that you are not alone in the problems and challenges you face. We all can benefit from that kind of help.”

More information about the New Director Mentor Program is available [here](#).

Peer-to-Peer Exchange Program

The State Public Health Autism Resource Center (SPHARC) Peer-to-Peer Exchange Program is a community of learners program that allows states to

Feature CONT.

AMCHP Supports Mentoring

learn from one other about building systems of care for children and youth with autism spectrum disorders, share lessons learned and best practices, and develop action plans. The program links states based on common needs and state plan goals and provides a tailored technical assistance model around the MCHB Six Critical Indicators of Quality for a System of Care for Children and Youth with Special Health Care Needs.

To date, six exchanges have taken place on the following topics: transition, medical home, screening, cultural competency, family involvement and positive youth development. Among the key components of the program are a series of topical calls, a site visit to the peer leader state and follow-up topical calls and evaluation. All materials and resources from past exchanges have been archived on the [SPHARC website](#).

State Mentoring and Youth Leadership Development Programs

New York

The New York State Department of Health incorporates mentoring as a successful strategy in adolescent pregnancy prevention programs. A number of studies have shown that mentoring is an effective way to help youth develop healthy behaviors. Mentors, serving as adult role models, can address the antecedents of sexual activity and other risk factors, including lower school performance, lack of parental communication or support, depression, substance abuse, or sexual abuse. Mentoring and/or small group education sessions can provide more in-depth coverage of specific topics and a greater opportunity for modeling and practicing healthy behaviors and appropriate responses to pressures to initiate sexual activity.

The New York State Department of Health will use funding made available through the Title V State Abstinence Education Grant Program (AEGP) to address a critical area of need among preteen youth. Funds will support community-based programs that will provide mentoring, counseling, and adult supervision activities targeted toward high-risk youth, ages 9 to 12, living in high-need communities in the state. Creating such a program initiative will extend the current continuum in New York of services designed to reduce teen pregnancies, promote sexual

health, and assist in the healthy transition to adolescence and adulthood for young New Yorkers.

These programs, designed to help young people acquire and strengthen developmental assets within a youth development framework, hold great promise in aiding their healthy transition to adulthood, including delaying the initiation of sexual activity.

Missouri

Acting on evidence that mentorship and positive youth development, including leadership development, strengthen connectedness and resilience in youth, the Missouri Department of Health and Senior Services (DHSS) supports various mentorship and leadership programs for adolescents. The DHSS Adolescent Health Program and Comprehensive Tobacco Control Program collaboratively promote and lead positive youth development opportunities with various partners across the state. One example is Missouri's Youth Adult Alliance (MYAA), a network empowering youth to make healthy decisions about alcohol and other drugs. MYAA partners recruit young leaders to serve as Youth Ambassadors to plan and implement prevention practices and programs, as well as an annual statewide youth conference. Youth Ambassadors are also expected to serve in leadership roles within their community and represent the alliance at conferences, media events and other types of engagements. For more information, visit the [MYAA website](#).

In addition, this summer, Kansas City, Missouri will be the location of the [National Conference on Tobacco or Health](#), which will feature a strong youth engagement aspect. Through several funding sources, including collaborative chronic disease and MCH grants, DHSS tobacco and adolescent health programs are covering registration and expenses for high school and college students to attend the conference, which convenes national and regional public health leaders to strategize, learn about, and implement best practices and policies to reduce tobacco use. As part of their participation, the students will be mentored by state tobacco control leaders to take a leadership role in tobacco control and prevention in their communities and to contribute to statewide efforts.

Feature

MCH PHLI: What Graduates Gained From Attending

The MCH Public Health Leadership Institute (MCH PHLI) is funded by the MCHB Division of Workforce Development through a five-year cooperative agreement. Since 2012, up to 30 mid- to senior-level MCH professionals participate each year in the institute. Jessica Foster and Gretchen Hageman completed the institute in 2011-2012.



By Jessica Foster MD, MPH
*CYSHCN Director, Medical Director,
Bureau for Children with Medical
Handicaps and Early Intervention
Services, Ohio Department of Health*

The MCH PHLI at the University of North Carolina at Chapel Hill is an “executive-education program” that develops leadership skills in MCH professionals by improving self-awareness and building practical skills in leadership and management. These leadership skills can easily be applied to the work place. MCH PHLI focuses on building partnerships. These partnerships are crucial to our success as MCH leaders. The partnerships and practical skills teach trainees to “advocate for and create the MCH systems of tomorrow.” Even more critical to our experience, MCH PHLI introduces its participants to a dynamic group of MCH leaders who work closely together on a leadership journey throughout the year. The relationships developed during MCH PHLI will last a lifetime and will continue to influence our lives as MCH leaders now and in the future.

As a leader who was very new to public health and my role as the Ohio Title V, CYSHCN Director, MCH PHLI has become a part of the fabric of my approach to MCH leadership. During the institute, we set personal leadership goals and worked with mentors, executive coaches and, of course, our amazing MCH PHLI peer group to reach these goals. Shortly after I joined my program in Ohio, we began significant work on internal reorganization merging the Bureau for Children with Medical Handicaps with the Bureau of Early Intervention Services. The intent of the change was to improve how we address the needs of the whole child and their family consistent with the broad definition of children and youth with special health care needs leading to a more seamless system for families promoting health, as well as social, emotional and developmental well-being. The personal leadership skills, organization/change approaches and MCH systems

perspective that I developed during MCH PHLI have directly informed my leadership approach to this very challenging task. Our program will require continued team building and we will work to celebrate our combined success and accomplishments, while at the same time creating an atmosphere that encourages us to study and learn from our mistakes. While much progress has been made, there is still significant work to be done related to full integration of our programs into a truly unified system. The challenge will be to keep focused on our priorities while at the same time widening our vision of how we serve Ohio CYSHCN. The leadership skills I have developed and my new connection with a cohort of talented MCH leaders and mentors will continue to influence my work and development as an MCH leader.



By Gretchen Hageman, MA
*MCH Program Coordinator, Iowa
Department of Public Health, Bureau of
Family Health*

As a new Title V leader in Iowa, the MCH PHLI provided me with structure to focus on leadership development for myself and the staff within the Bureau of Family Health – Title V program. I deliberately wanted to focus on developing my leadership skills and then, in turn, focus on developing staff leadership skills from within the bureau. MCH PHLI provided online resources, conference calls and tools that enhanced staff leadership skills – all while I continued to focus on mine.

The Iowa Title V MCH program is working on significant internal and external restructuring. The MCH restructure is focused on improving state and local partnership and identifying core services for local and state agencies to address across the life course. Iowa leadership recognized that identifying core priorities was crucial to programming. By identifying core priorities, Iowa could advance in addressing how MCH interfaces with the Accountable Care Organizations and the implementation of Iowa Medicaid Health Homes. The MCH PHLI provided me with many resources and a cadre of national experts and peer mentors to enrich my leadership approach. My experience with the MCH PHLI allowed me the opportunity to learn how to manage day-to-day tasks, as well as strengthen my ability to focus on comprehensive concepts during our bureau restructure. The restructure will continue to require

Feature CONT.

MCH PHLI

us to focus on improved state and local partnerships that focus on communication, team building and evaluation. MCH PHLI has provided me with the vital leadership skills I need and has provided me with a new network of MCH and family leaders to learn from.

Feature

PLTI Empowers Wyoming Parents: Increasing Community Awareness of Children's Health Issues



By Charla Ricciardi
PLTI Director and Child & Adolescent Health Coordinator, Wyoming Department of Health

Anne Siebert
MFH Parent Leadership and Engagement Coordinator



Maternal and Family Health (MFH), the Title V Agency in the Wyoming Department of Health (WDH), recognizes the important role of families as equal partners in the decision-making process to improve the health and safety of children and the improvement of comprehensive early childhood system in Wyoming.

In 2010, through MFH support, Wyoming piloted their first Parent Leadership Training Institute (PLTI) site in Cheyenne. Wyoming now has three successful sites across the state (including the smallest U.S. community and the first American Indian Reservation to pilot PLTI) and more than 65 parent leaders have graduated from the 20-week program and completed individual community projects. PLTI is an evidence-based program celebrating 20 years of success in Connecticut.

Though parents desire to make changes to benefit their children, they often lack the skills needed to create policy and other types of change crucial for their communities. PLTI provides parent leaders with a toolkit to help understand local/county/state systems and the knowledge to evaluate, improve and support those systems to achieve better outcomes for children. WDH

uses Early Childhood Comprehensive Systems (ECCS) federal funding to support communities in establishing PLTI and this investment has resulted in parents making positive local changes using non-traditional funding sources.

The outcomes the Public Health Division is seeing as a result of PLTI include: parents serving on local/state level boards; parent leaders partnering with local agencies to increase awareness in areas surrounding health issues and services for children; and local and state boards realizing PLTI has a connection to a growing network of leaders who understand systems and are able to eloquently bring a family voice to the table. Most recently, parent leaders have partnered with MFH by reviewing and providing valuable feedback on sections of the 2013 Title V Application. MFH plans to utilize PLTI graduates as they establish a new MFH Advisory Committee to help improve the effectiveness of the MFH Programs and Title V funding in Wyoming.

For more information about the PLTI of Wyoming, please e-mail charla.ricciardi@wyo.gov or anne.siebert@wyo.gov.

Family Scholars Program

AMCHP values family leadership and family involvement at all levels. A venue for AMCHP to develop family leaders that can actively engage in national MCH discussions is the Family Scholars Program (FSP).

An intensive 10-month program, each month of the FSP focuses on a different topic related to the MCH Block Grant such as lobbying, advocacy and education, parent-professional partnerships, life course, conflict resolution, and coalition building. The MCH Leadership Competencies are integrated throughout the activities. National partners, family leaders, and past FSP participants are engaged on these topics as presenters and resources. In addition, scholars complete stretch assignments related to each monthly topic to apply the information and skills they are gaining at the state level.

Ultimately, the focus of this program is to give family leaders the tools, resources, and connections to be stronger and more effective advocates for MCH in their state and in national forums. FSP graduates become part of a growing pool of national family leaders, who are directly impacted by funding, programs and services that AMCHP engages in a variety of ways.

Feature

Mindfulness and MCH: Cultivating the Art and Science of Inside-Out Leadership



By Christina Bethell
*Professor of Pediatrics, OHSU School of Medicine
 and Director, The Child and Adolescent Health Measurement Initiative*

Mindfulness is defined as the four-pronged capacity to 1) pay attention 2) on purpose 3) in the present moment 4) without judgment. Developing and practicing mindfulness is often referred to as “fitness for the mind” and has taken center stage in leadership training programs across the United States. As reflected in Congressman Tim Ryan’s recently released book “Mindful Nation”, the simple-sounding ability to be fully present and mindful in any moment is consistently associated with the cultivation of essential leadership skills – literally rewiring our brains and biochemistry to promote clear thinking, relaxed responses and effective communication. In fact, a mapping of national MCH Leadership Competencies and Training Goals to empirical evidence on the benefits of practicing mindfulness reveals its cross-cutting relevance to these competencies, especially self-reflection, communication, negotiation and conflict resolution, and developing others. This mapping was done as part of a new “Mindfulness and MCH” collaboration, initiated by The Child and Adolescent Health Measurement Initiative (CAHMI) in 2011. “Mindfulness and MCH” includes the convening of a national dialogue group to discuss the evidence, opportunities and methods for mindfulness training to advance national MCH health goals and includes a core group of family, clinician, program and research leaders as well as identification and development of MCH relevant mindfulness training protocols, resources and research needs and opportunities.

Consistent with the strong association between mindfulness research and MCH Leadership Competencies are findings from the Institute for Mindful Leadership, which reports that 93 percent of participants in a mindfulness training program reported improvements in taking time to reflect and creating space for discovery and innovation, as well as substantial improvements in being able to notice when they are not present and to redirect attention when it is inevitably pulled away during tasks or interactions

along with improvements in being able to say no and/or set boundaries with less harshness and sense of guilt. Nearly 90 percent reported improved listening to self and others and greater patience with self and others during stressful situations. Four out of five participants felt a greater sense of mental clarity and felt that they made better decisions.

Practices to develop mindfulness were first popularized in 1990 through the bestselling Jon Kabat-Zinn book “Full Catastrophe Living” and the development of his Mindfulness Based Stress Reduction (MBSR) eight-week training program. Since then, neuroscience and clinical research supporting mindfulness has exploded and mindfulness entered the realm of leadership and organizational effectiveness. Perhaps most unexpectedly, mindfulness (and “collective mindfulness”) has been found to be the common skill and capacity most essential to achieving High Reliability Organizations (HROs) – the leadership and management model recently adopted by The Joint Commission for improving the quality and safety of health care in the United States.

A stillness and silence practice – or simple mindfulness meditation – is the most important practice to the cultivation of mindfulness. As illustrated in the figure here, mindfulness meditation involves sitting silently with the purposeful intention to train your attention on what is happening in the present moment – which when you are still is mostly your breathing and your body and more subtle feeling sensations. A flowing

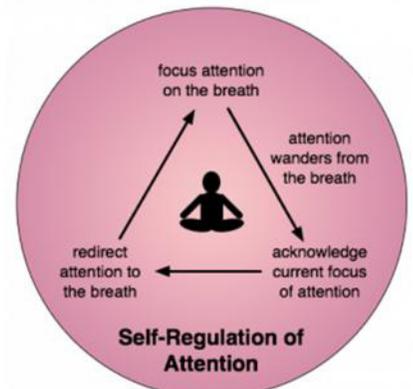


Figure 1: Mindfulness Meditation Process (Source: Daniel Siegel; <http://www.ithou.org/node/2730>)

stream of thoughts and mind chatter is to be expected and should be gently observed with curiosity and allowing what emerges to be as it is and move like clouds in the sky. The neuroscience and clinical research supporting mindfulness meditation is extensive. Mindfulness micro-practices, such as mindful driving, cooking, eating, walking, listening and breathing during daily activities, including practices as simple as pausing and taking one breath before answering the phone or before entering a room, further developing the capacity for mindfulness.

Feature CONT.

Mindfulness and MCH

While developing and maintaining mindfulness skills requires some time, its effect to improve the ability to be consciously present moment-by-moment to one's multi-dimensional inner mental, emotional and physical experience – as well as to outer and interpersonal experiences – actually leads to greater focus, productivity and a more effective use of time. Mindfulness moves us out of an autopilot, habit-driven mode and into an intentional mode where we notice non-judgmentally and choose versus simply react – especially as it relates to responses to perceived and internal stress, difficult communications and even to pleasure seeking instincts to grab for that one more cup of coffee or donut or to delay bedtime for TV.

If you are interested in how mindfulness can advance MCH leadership and health goals for the nation's women, infants and children or to participate in the Mindfulness and MCH dialogue group, contact [Christina Bethell](#). A starter resource reading packet, including a self-assessment questionnaire, mindfulness meditation guidelines and micro-practices ideas and personal planning and relational mindfulness worksheets can be accessed [here](#).

The MCH Leadership Competencies

Twelve MCH leadership competencies are organized into the three categories described in the conceptual framework. These categories include:

- I. Self
 1. MCH Knowledge Base
 2. Self-reflection
 3. Ethics and Professionalism
 4. Critical Thinking
- II. Others
 5. Communication
 6. Negotiation and Conflict Resolution
 7. Cultural Competency
 8. Family-centered Care
 9. Developing Others through Teaching and Mentoring
 10. Interdisciplinary Team Building
- III. Wider Community
 11. Working with Communities and Systems
 12. Policy and Advocacy

Each of the 12 competencies includes a definition of the competency, knowledge areas, and basic and advanced skills for that competency. For more information, visit the MCH Leadership Competencies [website](#).

Real Life Story

Witnessing, Learning and Experiencing MCH Leadership at the AMCHP Annual Conference



By Aimee Eden, MA, PhD (c)

In August of 2006, I was a pregnant and (temporarily) uninsured graduate student with a two-year old daughter. In February 2012, I was a doctoral candidate (and mother of two!) attending my first AMCHP Conference. A lot happened in between, but those moments in time are connected – my frustrating months-long experience in 2006 trying to enroll in pregnancy Medicaid and Florida KidCare led me to seek out leadership development opportunities in MCH, which led me, ultimately, to the 2012 AMCHP Conference by way of the Realityworks & Go Beyond MCH Graduate Student Scholarship. As a graduate student, it is difficult and often unaffordable to travel to conferences, so I felt incredibly grateful and lucky to be able to attend the AMCHP Conference. AMCHP meant not only professional and academic development opportunities, like so many other conferences, but also leadership development opportunities.

The conference did not let me down. On my very first day, I attended a skills-building training called *Enhancing MCH Leadership Skills Through Professional Development in Core Competencies*. As an MCH Leadership Trainee at the University of South Florida, I had worked through the competencies individually, but here was an opportunity to learn more about the competencies from the leaders who developed them, and to discuss them with a room full of practicing MCH leaders. The long list of competencies, once overwhelming and intimidating, became manageable and more realistic after this session. I began the conference with a concrete set of professional and leadership development plans.

In addition to high-profile national level leaders like AMCHP President and Alaska state leader Stephanie Birch, AMCHP CEO Michael Fraser and MCHB Division Director of MCH Workforce Development Laura Kavanagh, I met and networked with many family, state and regional

Real Life Story CONT. Annual Conference Leadership

leaders. Most conferences do not provide so many opportunities to rub elbows with such high-level leaders. I was perhaps even more impressed with the inspiring family leaders I was privileged to meet. I came away with a new appreciation and understanding of the levels and forms of leadership valued in the field of MCH. Together, these different types of leaders make a more productive, and pleasant, arena in which to work toward common MCH goals.

That AMCHP encourages and supports its members to advocate for MCH issues and the Title V MCH Services Block Grant demonstrates yet another way that the organization promotes leadership among its members. I took the opportunity to learn more about advocacy and policy making before and during the conference, and I visited my congressman on Capitol Hill while in DC. Not only was this a great learning experience, it is one that builds confidence in the advocacy side of leadership, which is too often overlooked in academic training.

Developing leadership skills requires a certain amount of dedication and motivation, but without opportunities to meet, engage with and learn from leaders in the field of MCH, it is difficult to see how to further develop and apply those skills. In these unsure political and economic times,

Feel like you are missing something?

AMCHP Members receive our member-only, bimonthly publication *Member Briefs*. *Member Briefs* is a succinct, easy-to read summary of useful information for MCH leaders. Each issue of *Member Briefs* includes plenty of news you can use including:

- Current News from Washington
- Funding Opportunities for MCH programs
- Our MCH Calendar and Events
- Leadership Lesson and Best Practices from Peers
- Opportunities to Get Involved
- And more!

Don't miss out any longer. Join AMCHP and you'll start receiving *Member Briefs* right away! To join, contact Laura Goodwin at lgoodwin@amchp.org.

I appreciated the leadership development and networking experience that AMCHP could uniquely provide. Six years have passed since, as an uninsured graduate student mother, I became a parent advocate for the Covering Kids & Families Coalition in my state. Now that I near completion of my PhD and MPH, I plan to incorporate what I have learned from the AMCHP conference and continue working towards becoming a new MCH leader.

Real Life Story MCH PHLI: Business World Practices to Develop MCH Leaders



By Claudia S. P. Fernandez, DrPH, RD, LDN

Director and PI, The MCH Public Health Leadership Institute, The University of North Carolina at Chapel Hill

The Maternal and Child Health Public Health Leadership Institute (MCH PHLI) is an executive education style program designed to significantly improve leadership skills of mid-to-senior-level leaders working in MCH fields. The program utilizes business world best practices to develop leaders that serve MCH audiences. One example of this business-world oriented leadership training is that a series of valid and reliable psychological assessment instruments form a core component of the program. These are debriefed with fellows around understanding “what makes people tick” as a basis for gaining insight into effective communication, creating collaborative team cultures, employee engagement and how to cultivate thought diversity as a core component of organizational culture.

Fellows receive progressive feedback with a total of eight assessments included in the year-long experience, including a 360-degree assessment. These “360s,” as they are referred to in the business world, are a fundamental part of corporate leadership development. Fellows in MCH

Real Life Story CONT.

MCH PHLI

PHLI experience a 360 specifically designed, researched and validated for use with public health professionals. MCH PHLI fellows also work throughout the year with a doctorally prepared, instrument-certified executive coach who is an experienced public health professional. MCH PHLI has three such executive coaches forming a deep bench of experience who work with the 30 fellows enrolled per year and teach in the program.

MCH PHLI has three residential intensive retreat sessions. At these multi-day programs, fellows stay in a state of the art facility for executive education at the University of North Carolina (UNC) Business School, where they train next to other corporate and government learners from around the globe. Fellows learn from UNC Chapel Hill faculty, both from the Gillings School of Global Public Health and the Kenan-Flagler Business School, as well as nationally and internationally recognized experts. Fellows learn in traditional sessions, as well as in four simulations throughout the year, to give them practical and experiential based training. Fellows focus their learning on a Personal Leadership Project, which they complete within the year and present at a scientific session at their final retreat. This is similar to many corporate leadership programs where participants complete significant projects either as individuals or as teams.

Graduates of the program report that participating in MCH PHLI is life-changing: both through transformation of leadership practices at work and through personal transformation. For example, at work many leaders said they changed their office hiring practices after the MCH PHLI training in corporate-style interviewing skills, which assess fit, skill and competence. Fellows made comments such as:

"I am using what I learned in the institute literally every day."

"I'm at a very different place in my life than I was when I started this program a year ago and I really attribute a lot of that to the program. For one, I have a much broader perspective on MCH issues and kind of a vision for change I hope to create in [my state]. But more importantly, I feel like I have a clearer view of my strengths and the confidence to use them."

"For me, this experience has been truly transformative." "I'm now able to impact on a much larger level within my state as an MCH leader and I now have a place at the table with legislators and policymakers".

To date, the program has graduated 54 fellows and now enrolls 30 fellows annually. The Gillings School of Global Public Health, Department of Maternal and Child Health, has created MCH PHLI in partnership with AMCHP, CityMatCH, Family Voices and the National Center for Cultural Competence to bring this program to MCH leaders.

MCH PHLI is supported in full by a Project T04 MC12783 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Real Life Story

Staff Goes **ALL IN** for National Leadership Program

By Maritza Valenzuela
Program Manager, Adolescent Health, AMCHP

In May 2012, I completed a unique leadership development program with the National Hispana Leadership Institute (NHLI), a national organization established in 1987 to address the underrepresentation of Latinas in the corporate, nonprofit and political arenas. The NHLI mission is to develop Latina women as ethical leaders through training, professional development, relationship building and community activism.

In the summer of 2011, I was selected to be one of 22 mid-level Latina leaders to participate in the third, and most recent, NHLI training program, Advancing Latina Leaders In Nonprofits (ALL IN). The program seeks to cultivate, promote, and sustain emerging Latina professionals in the nonprofit sector to develop their leadership and management skills, find their voice as effective community leaders, and build their external networks. For seven months, I engaged in a leadership journey with 21 other Latina leaders from nonprofit organizations around the country, through group in-person trainings, as well as

Real Life Story CONT. Staff Goes ALL IN

distance learning events. Instructed by a diverse range of professional, inspiring women leaders, we built our understanding of current trends in the nonprofit sector, strategic planning, using individual strengths and talents to further our leadership competencies, leading high-performing teams, fundraising, program evaluation, and new technology. In November 2011, my cohort participated in a three-day training and attended the NHLI annual Executive Leadership Training Conference. In May of this year, we gathered for a week of events in Washington, DC that included an intensive nonprofit management training from the Center for Public and Nonprofit Leadership at Georgetown University.

Providing access to role models and mentors is another key component of the program so, beginning this month, I will be mentored by a graduate of the NHLI Executive Leadership Program.

I found this program to be a rare and important opportunity to receive training in skills relevant to work in the nonprofit sector; relevant to my needs and experience as a mid-level professional; inclusive of cultural, personal and interpersonal dynamics; and acknowledging of the importance of relationship building to career success. In my experience, each of those qualities is difficult to find in a leadership program, and it is even rarer to find all three in one.

As a graduate of the program, I'm bringing back to AMCHP a variety of skills, tools, and lessons that will improve both my daily work and my long-term projects. I now have a better understanding of my strengths and the strengths of my coworkers (which we have all identified using the StrengthsFinder method), as well as how to leverage them. I have a variety of tools on effectively leading, managing, motivating and inspiring. This summer I'll be sharing those resources with the rest of the AMCHP staff and, going forward, will be taking advantage of opportunities to share the benefits of what I learned and gained from participation in the ALL IN program.

For information on NHLI and its programs, visit nhli.org.

Success Story Promoting Intergenerational MCH Leadership Development

By Kristina Risley,
DrPH, CPCC

Continuing Education Director and Clinical Assistant Professor, Maternal and Child Health Program, School of Public Health, University of Illinois at Chicago



The University of Illinois at Chicago (UIC) MCH program trains MCH leaders through their MCH graduate program, as well as through a robust continuing education program. In July 2011 at the 4th annual *UIC MCH Leadership, Legacy, and Community: A Retreat to Advance MCH Scholarship and Practice*, the MCH program assessed the workforce needs of the diverse, interdisciplinary, intergenerational group of 100 retreat participants including MCH students, scholars, family leaders, and practitioners from across the country. In return, the UIC MCH program created, in collaboration with the Retreat participants, the first ever *MCH Leadership and Legacy Community of Practice* (MCH-LLCoP) to address the identified needs. Approximately one year old, the MCH-LLCoP is a growing community of diverse MCH professionals, emerging, mid-level and senior, that is committed to addressing the individual and collective leadership development needs of its members through a wide range of online and in-person efforts.

Based on identified needs, the MCH-LLCoP is currently focused on four primary areas: 1) leading across the generations, 2) self-care, 3) leading with authenticity, and 4) leveraging differences. Members are engaged in a variety of activities and each member determines which activities will support their development. To date, the MCH-LLCoP has hosted a series of three teleconference calls focused on self-care including how to take care of ourselves in insecure times, managing stress, and being mindful leaders. The MCH-LLCoP also began a discussion group to explore what it means to be an authentic MCH leader. This group is currently discussing Brene Brown's (LMSW, research professor at the University of Houston Graduate College of Social Work) book called *The Art of Imperfection: Let Go of Who You Think You're*

Success Story CONT. Promoting Leadership Dev.

Supposed to Be and Embrace Who You Are and the implications for reaching our full potential as MCH public health professionals. All activities involve an element of intergenerational sharing and they provide opportunities for members to engage with MCH practitioners from across the country. To ensure a collaborative, supportive environment, the community developed a list of Community Agreements (have fun, speak freely and by choice, face challenging issues with an open mind, etc.) that guides how we work together.

The MCH-LLCoP is led by its members and community needs are identified and addressed by those within the community. When a member sees a gap in any of the main focus areas, s/he takes a lead role within the community to begin the process of how to best meet the needs. In this way, the MCH-LLCoP provides leadership opportunities by engaging the gifts/strengths of individual community members. The MCH-LLCoP has an online presence at www.phconnect.org, a CDC-sponsored website that provides infrastructure support for public health related communities of practice. New members are welcome anytime. For more detailed information about the Community, please visit our website at mchatuic.wordpress.com/leadership-legacy-cop/.



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contribute to AMCHP!**

Member to Member

This issue, *Member to Member* features several questions posed to two AMCHP leaders:



Katherine Bradley, PhD, RN
*AMCHP President-Elect
Administrator, Office of
Family Health,
Public Health Division,
Oregon Health Authority*



Valerie Ricker, MSN, MS
*AMCHP Board Secretary
Director, Division of
Population Health, Maine
Center for Disease
Control and Prevention*

How has being part of the committee changed your view of yourself as a leader?

KB: I have had the privilege of working with other national MCH leaders. Observing how others set agendas, manage meetings, conceptualize issues, and see opportunities for AMCHP and state Title V programs has helped me to learn and grow my own leadership skills.

VR: I joined the Workforce and Leadership Development Committee as a general member and found through the committee discussions that I was more aware of trends and longer term workforce issues than I had given myself credit. In addition, when I shared issues in my state and the approaches we took, their feedback boosted my confidence.

How has being involved with AMCHP in more than one way impacted your work?

KB: Serving on an AMCHP committee provides unique opportunities to work with colleagues from across the country, as well as MCH faculty and federal partners. While each state is unique, there are many common threads that are part of the experience of working in state government that can be learned from our colleagues. In the public

Member to Member CONT.

health field, there is much to learn from other promising practices. I often find that I leave a meeting/conference call with some new information or resource from a colleague.

VR: Being an active member of AMCHP has provided opportunities to learn from Title V professionals in states that may or may not be similar to mine. I have been involved with four committees plus the board of directors and through each I have met a different mix of Title V people (and AMCHP staff) who expose me to different issues, perspectives and solutions. Because of this exposure, when issues come up in our agency, I am quickly able to respond about ways other states address an issue

and can call or e-mail a colleague to get more specific information should it be needed.

What are the skills you think are needed to be an effective MCH leader?

KB: It is the same set of partnership and facilitation skills we all use in our public health partnership work. The ability to listen and learn, building consensus, attend to the process, and develop work plans with measurable goals/outcomes. We are in a time of change with the implementation of health reform, so AMCHP needs MCH leaders who are able to articulate both the value and health outcomes achieved through the MCH Block Grant, and to see challenges and threats as opportunities.

VR: Understanding the foundations of public health and the health care systems and having the ability to pass along that knowledge to staff and partners that may not have formal public health education. In addition, one needs a balance of including others (public health staff, families and consumers, and organizations external to the public health agency) in the development and improvement of public health policies and services. Lastly, you need to develop the ability to clearly communicate a vision that is compelling to your coworkers, and cheer people on as they accomplish milestones toward a goal.

How has being involved with AMCHP contributed to your role as a mentor?

KB: Mentoring is a two-way relationship, and it has been very rewarding to be involved in the Leadership Mentoring program. It is a gift to have a colleague that you can have frank conversations with about the challenges and issues that we all encounter. Both partners learn about programs the other is working on, state systems and, through the process of sharing and learning together, grow and develop.

VR: Because of my engagement in AMCHP, I have a broader understanding of the organization and the many resources available to support Title V staff. In addition, from having met and worked with people from across the United States I know of resources beyond my state and region that can save my mentee research time as I can direct them toward specific people or sources of information.



Do you have a successful practice that addresses MCH leadership development? Let us know about it!

AMCHP is collecting emerging, promising and best practices in maternal and child health and would like to include effective leadership development practices, including mentoring, for the MCH workforce.

Please consider sharing your program through [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- 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!

View From Washington Leadership and Advocacy

By Carolyn Mullen

Associate Director, Government Affairs, AMCHP



The fire alarms blared in the background. I yelled at the senator, “We have to evacuate the building now!” I took his constituents by the arm and led them out of the Hart Office building. A couple of minutes later my cell phone rang, “Bring the family to the Capitol, now, I want to hear their story, this is very important to me.” I opened my mouth to protest because I thought that 10 minutes was enough time for him to chat with this family but it wasn’t. This was one of my first and most valuable lessons: even when the alarms sounded the perspective of the family trumps my own security when educating a U.S. senator.

During these tough budget times, members of Congress need to hear from their constituents about the value of federal funding for maternal and child health programs. In the current environment, members hear only the loudest voices above the fray declaring that Congress must reduce the federal deficit by cutting programs. Most members do not understand how the Title V Maternal and Child Health Services Block Grant affects a child with a special health care need or helps established regionalized systems of care for the most medically fragile infants. Stories from the constituent perspective are vitally important to any advocacy campaign, adding color and life to data and funding levels. The AMCHP family scholars program affords the opportunity for families to learn more about how to be an effective advocate and share this knowledge base with others.

Grace Egun, an AMCHP family scholar, joined the program to fine tune her skills and learn new things specific to health care advocacy. “For me the family scholar program is great. Learning the 12 maternal and child health competencies skills helps me become a better leader and advocate.” Grace emphasized that it is incumbent upon MCH leaders to understand the problem, develop tools and information to inform policymakers and to share this information with other families. “Equipping myself and other parents so we are viewed as equal partners is critical in the policy-making process. It is imperative that we, the families,

are at the table alongside legislators, Title V directors and other policymakers. These efforts help build a capacity for continued efforts in this field thus improving the health and well-being of families.”

Together we must work to educate ourselves and the next generation of the MCH workforce about the importance and value of advocacy at the national, state and local levels. Without continued leadership and a voice for MCH, the very programs that we cherish will be demolished by Congress as they try to achieve budget savings. Many policymakers do not fully understand the ramifications of their actions and the impact this will have on their constituents. Remember, your voice matters and you can be a leader like the family that was more important than the alarms. Their story weighed heavily on the senator’s mind for quite some time and he developed a policy around it to help them. AMCHP staff stands ready to work with you to give you the tools and resources necessary for you to advocate on behalf of millions of women, children and their families.



Board Recap

AMCHP Board of Directors Meet to Plan for Potential Futures

The AMCHP Board of Directors and organizational committee chairs met in Denver, Colorado from Jun. 19-21 to conduct the annual AMCHP strategic planning retreat. A main activity of the meeting was to begin the strategic planning process for the next three-years (2013-2015). A key word that characterized the meeting was “uncertainty” – uncertainty about many things including the Affordable Care Act (ACA) and the role of Title V in the future, uncertainty about the federal budget, and uncertainty about the upcoming November elections. Given the amount of uncertainty in the current environment, the board used scenario planning techniques to imagine potential futures and plan AMCHP responses to those futures moving forward. Instead of developing a fixed strategic plan for the upcoming years, the board decided to use the results of the future scenarios to set short-term strategy and develop a more robust strategic plan following the Supreme Court decision on ACA and the elections in November.

Scenarios that the board considered included: ACA being upheld, partially upheld or deemed unconstitutional and cuts to the Title V MCH Services Block Grant and other federal programs at 10 percent, 30 percent or total elimination. The board was then asked: “Given each future what would AMCHP do? How can AMCHP best support the states?” It was clear that different scenarios would each require an active response from AMCHP and its members. It was also clear that uncertainty truly does characterize the next few months and that AMCHP was being proactive in imagining potential strategic responses to some very serious challenges facing state MCH programs. If you would like more information on the future scenarios the board used or the AMCHP planning process, please contact [Mike Fraser](#) at AMCHP.

In addition to its “futuring” work, the board also reviewed AMCHP progress in meeting its 2009-2012 goals. Items shared with the board included a staff report on

State Title V Programs Environmental Scan

In April 2012, staff queried AMCHP state and territorial members as part of our environmental scanning activities in preparation for the June board meeting. While not all states participated, at least one state in each HHS region completed our scan survey. Here are state responses to the question: “What current and future trends are impacting state MCH practice?”

- Life course perspective
- Medicaid redesign and changes
- Decreased federal and state funding
- Health reform implementation
- Evidence-based practice
- Increase in children and youth with special health care needs (CYSHCN) population
- Preconception health
- Weakening public health infrastructure
- MCH and chronic disease integration/collaboration
- Early childhood partnerships
- Reproductive health under attack
- Use of social media
- Workforce
- Partnerships
- Family involvement
- Home visitation
- Advances in health information technology



Board Recap cont.



AMCHP Staff Share Factors Impacting the Future Environment of AMCHP

AMCHP staff conducted a staff-wide scan of issues shaping AMCHP internal and external environment. Priority items developed by staff are listed below:

TOP ISSUES – EXTERNAL FACTORS

1. Affordable Care Act: its implementation impact on state MCH programs
2. Affordable Care Act: what if not deemed constitutional?
3. What is the Future of Title V? Title V of the Future?
4. Change in provision of direct services in states
5. Social media – it is not going away; part of communication
6. Change in population demographics in states
7. State MCH hard to message
8. Health equity – persistent gaps

TOP ISSUES – INTERNAL FACTORS

1. Potential federal cuts may impact AMCHP funding
2. Knowledge management (how we learn from each other)
3. Impact of state health agency reorganizations and what this means for AMCHP
4. Some AMCHP members not at the ACA table in their states
5. How to best learn what states do so all staff are familiar with Title V in the states
6. Increased accountability; need to show results and outcomes to funders, members and the board
7. Increased competition from other groups that are working in MCH “space”
8. Need time to plan and process

accomplishments (of which there are many!) and areas for future consideration and improvement. Key data from environmental scans and assessments were also shared, including recent AMCHP member assessment data that indicate a high degree of satisfaction with AMCHP among its members and several key suggestions for increasing member satisfaction in the future.

AMCHP board meetings are open and public meetings and AMCHP is always happy to welcome observers at board meetings. If you would like more information on the AMCHP board or would like to consider running for an open board position, please contact AMCHP President Stephanie Wrightsman-Birch via AMCHP Executive Assistant [Nora Lam](#).

Who's New

NEW MCH LEADERS

MCH AND TITLE V DIRECTOR

ARIZONA

Mary Ellen Cunningham

Chief, Bureau of Women's and Children's Health
Arizona Department of Health Services

NEW PARTNERS

Sarah Verbiest, DrPH, MSW, MPH

Senior Advisory Consultant
CDC Preconception Health and Health Care (PCHHC) Initiative

Dr. Verbiest is the executive director, UNC Center for Maternal and Infant Health and Research Assistant Professor in the OB/GYN Department at the School of Medicine at the University of North Carolina at Chapel Hill. She will be joining the PCHHC Initiative as a senior advisory consultant, bringing new, young, dynamic leadership to the movement to improve women's health and pregnancy outcomes through preconception health and health care. She has worked on the issue of preconception health through programmatic, policy and leadership activities for more than 10 years. She has been active at

Who's New CONT.

the national level, participating in the PCHHC Initiative Steering Committee, as well as the Consumer Work Group.



David W. Willis, MD, FAAP
Director, Division of Home Visiting and Early Childhood Services (DHVECS) Maternal and Child Health Bureau

Dr. Willis will join MCHB as the DHVECS director this summer. He leaves his post as the Medical Director and co-founder of the Artz Center for Developmental

Health & Audiology, a regional, multidisciplinary nonprofit organization that focuses on the demonstration of a unique clinical model for children and families – the Developmental Home in Oregon. His pediatric and early childhood leadership focuses on early brain and child development and building collaborations between the child health sector and the early childhood community that strengthen the developmental trajectories of the next generation of young children.

AMCHP WELCOMES NEW STAFF



Millicent Bright
Millicent Bright joined AMCHP as the summer intern for the women's and infant health team in May 2012. She is a MPH candidate at the Tulane University School of Public Health and Tropical Medicine, in New Orleans, Louisiana. Her concentration is in maternal and child health

within the global community health and behavioral sciences department. She participates in the MCH Leadership Training Program as a HRSA MCHB fellow. Prior to her graduate studies, Millicent received a Bachelor of Science degree in Biology from Spelman College in Atlanta, Georgia.

Vidya Venkataraman

Vidya Venkataraman, a graduate student at the University of Minnesota, School of Public Health, joined the AMCHP policy team as a summer intern. She is pursuing a MPH degree in maternal and child health, with an interdisciplinary concentration in public policy.



Vidya has an undergraduate degree in journalism and psychology from Christ University, Bangalore, India and The Asian College of Journalism, Chennai, India. In India, she worked with a nonprofit organization on an advocacy project related to tobacco control. The project's multi-pronged advocacy model has been published in journals and was recently presented at the World Conference on Tobacco or Health, 2012. During her tenure at the organization, she also planned the media advocacy campaign for the project and handled media relations for the organization. Vidya's interests lie in access to health care, maternal mortality, health law and policy, health communication, and the Millennium Development Goals.

Get Involved

Are you looking to get more involved with AMCHP? Check out the exciting opportunities below and make the most out of your membership!

Board Nominations: The AMCHP Governance Committee is currently accepting nominations for 2013 AMCHP Board positions. These leadership positions guide, direct, inform and contribute to moving AMCHP's strategic directions and goals forward. The following are the open Board of Directors positions:

- President-Elect
- President
- Director At-Large (three-year term)
- Region I
- Region VI
- Region IX
- Region X

Get Involved CONT.

Volunteer leadership is critical to the success of AMCHP. We hope that you will consider participating in the nominations process. More information about these positions, necessary qualifications and the nominations process may be found on the AMCHP website or by clicking [here](#). We ask that all nominations be forwarded to the Governance Committee by Aug. 31 to ensure that the committee has ample time to review all candidate materials. Please note: Only named AMCHP delegates may be nominated to the board. To verify your membership status, contact [Laura Goodwin](#), Publications & Member Services Manager.

Committee Appointments: One benefits of being an active AMCHP member is the opportunity to participate as a volunteer leader on AMCHP Organizational and Board Committees. AMCHP committees assist the organization in carrying out its mission, goals and strategic plan. They serve to engage members in activities, provide advice and guidance to the Board and staff, and make recommendations for policy analysis and development. They are comprised of AMCHP members and staff liaisons, and may also include representatives from federal agencies and involve partner organizations when appropriate. AMCHP is currently seeking members who are interested in volunteering to serve by being committee members.

All committee appointments are for one year. If you are currently serving on a committee and would like to be reappointed or remain on your current committee please let us know. If you are interested in volunteering for a committee or switching your current committee assignment, please indicate below which committees you are interested in joining. All committee appointments will be reviewed by AMCHP staff and committee assignments will be made by the AMCHP President in September. The following are the open Board and Organizational Committee positions:

1. Adolescent Health Advisory Committee
2. Annual Conference Planning Committee
3. Best Practices Review Panel
4. Emerging Issues Committee
5. Family & Youth Leadership Committee
6. Finance Committee

7. Governance Committee
8. Legislative & Health Care Finance Committee
9. Workforce Development Committee

Please [click here](#) to review descriptions of the committees. If you have any questions about volunteering for AMCHP, would like clarification, or would like a staff person to contact you please let us know. In order to be appointed or re-appointed to a committee, please let us know you are interested by taking our survey by Aug. 31.

Nominate Your Peers for a 2013 AMCHP Award

AMCHP recognizes leadership in maternal and child health in several ways, including awards presented to MCH leaders to honor their excellence in the field. These awards will be presented at the 2013 AMCHP Annual Conference, Feb. 9-12 in Washington, DC.

AMCHP is now accepting nominations for the following:

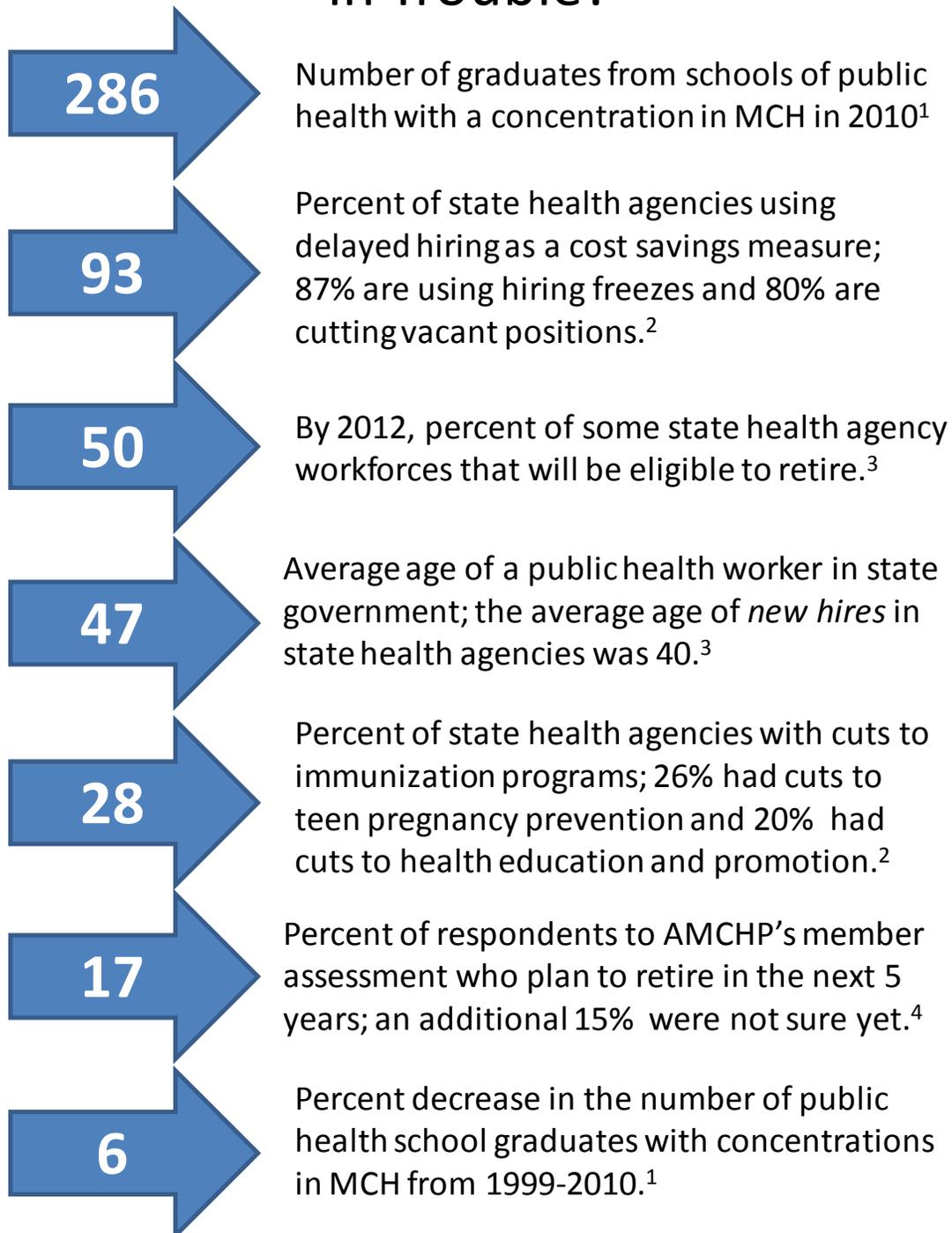
- **John MacQueen Lecture Award** for innovation in the field of maternal and child health
- **Excellence In State MCH Leadership Award** for an outstanding state MCH professional whose career has made significant contributions to the health of women, children and families in their state
- **Merle McPherson Leadership Award** for exemplary contributions to further family/professional collaboration within a state Title V Program and AMCHP
- **Vince Hutchins Leadership Award** for leadership in promoting a society responsive to the needs of women, children, youth and families
- **Young MCH Professional Award** for significant contributions to state MCH programs in promoting and protecting the health of women, children, and families in their state and/or region

For more information and the nomination guidelines for these awards, visit amchp.org/AboutAMCHP/Pages/AMCHPAwards.aspx.

Please note: All awards use the same nomination form, but a separate form must be submitted per nominee, per award. The nomination deadline for these awards is Aug. 31, 2012.

Data and Trends

Is the MCH Public Health Workforce in Trouble?



1: ASPH Annual Data Report 2010: Applications, New Enrollments, Students, Graduates, Trend Data
2: ASTHO Research Brief: Budget Cuts Continue to Affect the Health of Americans: Update May 2011.
3: ASTHO 2007 State Public Health Workforce Survey Results
4: AMCHP 2012 Member Assessment

Resources

[Association of Maternal & Child Health Programs \(AMCHP\)](#)

– National resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

- [Family Scholars Program \(FSP\)](#) – The FSP represents an opportunity to identify, encourage and train family leaders. This 10-month program strives to provide family scholars with the knowledge, tools and resources to enhance their development as family leaders, and to promote policies, programs, and systems at the national, state and/or local level that address important issues impacting the health and well-being of women, children and families, including children and youth with special health care needs.
- [New Director Mentor Program \(NDMP\)](#) – The NDMP provides new Title V directors with the information, tools and resources necessary to succeed and grow as Title V administrators. It offers a bridge for new MCH professionals to connect with seasoned MCH directors.

[Building Movement Project](#) – The goal of the Building Movement Project is to build a strong social justice ethos into the nonprofit sector, strengthen the role of nonprofit organizations in the United States as sites of democratic practice, and promote nonprofit groups as partners in building a movement for progressive social change.

- [Structuring Leadership: Alternative Models for Distributing Power and Decision-Making in Nonprofit Organizations](#) [2011] – This publication discusses foundations for distributed leadership, implementing shared leadership practices, indicators of success, challenges and more.
- [What Works: Developing Successful Multigenerational Leadership](#) [2010] – This publication looks at the key factors that build leadership and commitment across generations.
- [Next Shift: Beyond the Nonprofit Leadership Crisis](#) [2007] – This publication discusses a variety of proposed interventions from infrastructure organizations and presents an alternate to the current crisis framework.

- [Social Service, Social Change: Lessons from Detroit](#) [2005] – This report examines some of the signs of change that have surfaced in the Detroit organizations.

[CityMatCH](#) – National organization of urban MCH leaders working to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities.

- [City Leaders Program](#) – Leadership training for emerging and mid-level leaders in urban maternal and child health.

[Health Workforce Information Center \(HWIC\)](#) – HWIC provides free access to the most recent resources on the nation's health workforce in one easy-to-use online location. Resources available through the HWIC website will help health providers, educators, researchers and policymakers around the nation develop strategies to meet future workforce demands.

[Health Resources and Services Administration \(HRSA\)](#) – HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

- [Public Health Training Centers \(PHTC\)](#) – PHTCs are partnerships between accredited schools of public health, related academic institutions, and public health agencies and organizations. The PHTC Program is designed to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of current and future public health professionals.

[Leadership for a New Era](#) – Leadership for a New Era is a collaborative research initiative launched by the Leadership Learning Community that focuses on understanding how leadership can become more inclusive, networked and collective.

- [Leadership & Race: How to Develop and Support Leadership that Contributes to Racial Justice](#) [July 2010] – This publication is part of the Leadership for a New Era Series.

Resources CONT.

[MCH Leadership Competencies](#) – A collaborative website of the MCH Training Grantee Network.

[MCH Navigator](#) – Learning portal for maternal and child health professionals, students and others working to improve the health and well-being of women, children and families. The MCH Navigator provides archived webcasts and webinars, instructional modules and self-guided short courses, and video and audio recordings of lectures and presentations from university courses and conferences.



[MCH Public Health Leadership Institute](#) – Executive-education program designed to significantly expand self-awareness and quickly build practical skills for effectively leading, managing people, and building partnerships to advocate for and create the MCH systems of tomorrow.

- [Leadership Modules](#) – A series of free online learning modules are available on the MCH PHLI website, including peer coaching, creating innovative cultures, social marketing and adaptive leadership.

[MetLife Mature Market Institute](#) – The MetLife center of expertise in aging, longevity and the generations and is a recognized thought leader by business, the media, opinion leaders and the public.

- [Engaging the 21st Century Multi-Generational Workforce](#) [2009] – This study examines the relationship between engagement and age, generation, life-, and career-stage, and the factors that might affect these relationships. It also explores the drivers (predictors) of engagement for employees of different ages, generations, life stages, and career stages, including demographic characteristics, factors related to the job, and work team factors.
- [Generations in the Workplace: Engaging the Best Talent of All Ages](#) [2009] – This publication discusses transforming multi-generational workplaces.

[Public Health Foundation \(PHF\)](#) – PHF is dedicated to achieving healthy communities through research, training and technical assistance.

- [TRAIN: TrainingFinder Real-time Affiliate Integrated Network](#) – The premier learning resource for professionals who protect the public's health.

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Gloria Rodriguez, DSW
New Jersey

Region III (2011-2014)
Alisa Jones, MPH
Delaware

Region IV (2012-2015)
Kris-Tena Albers, CMN, MN
Florida

Region V (2011-2014)
Alethia Carr
Michigan

Region VI (2010-2013)
Suzanna Dooley, MS, ARNP
Oklahoma

Region VII (2011-2014)
Marc Shiff, MPA, CPCPM
Kansas

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

Region IX (2010-2013)
Les Newman
California

Board of Directors CONT.

Region X (2010-2013)
Maria Nardella, MA, RD, CD
Washington

Director-At-Large I (2012-2015)
Sam Cooper, III, LMSW-IPR
Texas

Director-At-Large I (2011-2013)
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

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

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

Millicent Bright, *Intern, Women's and Infant Health*

Treeby Brown, MPP, *Senior Program Manager, Children and Youth With Special Health Care Needs*

Tegan Callahan, MPH, *CDC Public Health Prevention Specialist, Women's and Infant Health*

Tania Carroll, *Office Assistant*

Melody Cherny, *Program Associate, Children and Youth With Special Health Care Needs*

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Kidist Endale, *Accounting/Human Resources Assistant*

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AMCHP Staff CONT.

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Adriana Houk, *Associate Director, Organizational Performance and Membership*

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

Michelle Jarvis, *Program Manager, Family Involvement*

Nora Lam, *Executive Assistant*

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

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

Vidya Venkataraman, *Intern, Policy*

Calendar

MCH Events

[Fourth National Conference of State/Territorial/Tribal Breastfeeding Coalitions](#)

Aug. 4-6
Arlington, VA

[National Conference on Health Communication, Marketing, and Media](#)

Aug. 7-9
Atlanta, GA

[Reproductive Health 2012](#)

Sept. 20-22
New Orleans, LA

[Alaska MCH and Immunization Conference](#)

Sept. 27-28
Anchorage, AK

Calendar CONT.

[2012 International Conference on Stillbirth, SIDS and Infant Survival](#)

Oct. 5-7
Baltimore, MD

[AAP National Conference and Exhibition](#)

Oct. 20-23
New Orleans, LA

[APHA 140th Annual Meeting and Exposition](#)

Oct. 27-31
San Francisco, CA

[18th Annual MCH EPI Conference Co-hosted with the 2012 CityMatCH Urban MCH Leadership Conference](#)

Dec. 12-14
San Antonio, TX

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

Apr. 13-16, 2013
Atlanta, GA

LIST YOUR EVENT ON THE AMCHP MCH EVENTS CALENDAR

Do you want to include your listing on the AMCHP MCH Events Calendar? It's easy! Just complete our easy [online submission form](#). You are welcome to submit MCH conferences, webinars, trainings, webcasts and meetings. Thanks for helping us to build our MCH Events Calendar! If you have any questions, please contact [Julio Arguello Jr.](#), Online Media & Information Technology Manager. *Please note: All event listings are subject to AMCHP approval.*



Association of Maternal & Child Health Programs
2030 M Street, NW, Suite 350
Washington, DC 20036
(202) 775-0436
www.amchp.org