



PULSE

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

Adolescent/Young Adult Health and Youth Engagement

July/August 2014

Table of Contents

From the President	1-2
From the CEO.....	2-4
An Update from the Office of Adolescent Health.....	4-5
A Look at Today's Young Adults.....	5-6
Paired Practica in State Title V Agencies.....	6-7
Health Issues Facing Young Adults	7-9
View from Washington: Recognizing a Great Public Health Achievement.....	9-10
Success Story.....	10-11
Member to Member.....	11
Who's New.....	11-12
Get Involved.....	13

From the President

By Millie Jones, MPH

“Only three things happen naturally in organizations: friction, confusion, and underperformance. Everything else requires leadership.”

– Peter Drucker



This edition of the *Pulse* affords me the opportunity to publicly acknowledge and thank the nation’s parents, families and professionals for their work in guiding our youth and young adults. The recent news events affecting our world have caused me to reflect on the importance of the work we all do in helping our youth transition to healthy adulthood. Thanks to an incredible leadership network of adolescent coordinators throughout the Title V infrastructure, the maternal and child health (MCH) community is positioned to develop an **“Adolescent Comprehensive System – ACS.”***** In the recent Title V transformation work, our adolescent leaders were in the fore front advocating for meaningful performance measures to move the needle on youth and adolescent health and wellness.

The following quote by Kristin Teipel, director of the University of Minnesota State Adolescent Health Resource Center captures the work and the opportunity for all of us as members of the maternal and child health community.

“As adolescent and young adult leaders, we have insights that can contribute to a discussion about the impact of environment as a critical factor in the health and well-being of our youth – to discuss the many socioecological factors, including racism, that are undercurrents in the lives of many young people, to explore the complexity of what we need to do to create safe, supportive, nurturing environments for all youth birth to adulthood, and opportunities to discuss how we make the important changes that need to be made (it’s



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the President CONT.

not just putting great programs in place – it’s also about safe and supportive communities, etc.)” (Kristin Teipel, August 2014)

So, like Kristin, I challenge each of us to share our insights, to engage our youth in conversations about their health and well-being, and continue to work for the development of systems throughout all of our communities that will protect and promote healthy children and youth.

****“Adolescent Comprehensive System – ACS” – Millie’s life course vision seen as a natural progression of the Early Childhood Care System – ECCS)*

From the CEO

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



Although teenage pregnancy is at its lowest rate in decades and the declines have been steep, still there were an astonishing 274,641 teen births in 2013, and U.S. teen birth rates remain some of the highest among developed countries. The socioeconomic impacts of teen pregnancy are significant and long lasting, with only 38 percent of teen moms under the age of 18 getting a high school diploma, and children of teen moms being three times as likely to become teen moms themselves. In 2010, it is estimated that teen childbearing cost the United States \$9.3 billion. You have to dig a little

From the CEO CONT.

further to understand the impact related to the teen dad, but it is no less, or arguably, even more significant. The involvement of the father deeply influences health (infant mortality, obesity, substance abuse), poverty, behavior and emotional issues, education, crime, domestic violence, incarceration and the list goes on.

Every now and then, you read about someone and you tuck it away for later use. A few months ago, the story of Devin Davis came to our attention at AMCHP. This is the story of a pretty amazing teen dad. With this issue of *Pulse* dedicated to Adolescent Health, a perfect opportunity arose to talk with Devin about sharing his story with you. Below are excerpts from our conversation.

What circumstances led you to be a youth advocate for teenage pregnancy prevention?

Devin and his girlfriend got pregnant during his sophomore year of high school in Ticonderoga, NY when he was just sixteen years old. Devin notes “Ticonderoga High School has one of the highest teen pregnancy rates in the county. Here’s an interesting thing also. My son is a fifth generation child born to a teen parent.”

Although in a serious relationship, the pregnancy and later delivery of their son took its toll on the relationship. The two parents ended their relationship one month after the baby was born and shared custody for about three months. A crucial turning point for Devin came unexpectedly when full custody was sought by the mother of their child. Devin would spend the next 18 months of his teen years fighting for joint custody. During the custody hearings, Devin says he heard over and over the argument for sole custody, “But, I am his mother...” It was at this moment that he realized that being a father actively engaged in the life of his son was of equal importance to the involvement of the mother, and worth fighting for.

Was there a defining moment after the pregnancy and/or birth when you thought you should share your story to help other teens?

The birth of his son, the long custody battle, and the reality of caring for a baby while a teenager impacted Devin’s life in profound ways. “I can’t fully go back to being a teen now, because I’m now in a parenting role,” says Devin. “Teenagers who become pregnant think they will have this little family together and that it’ll be fun. Well, having a child

Table of Contents

Resources	13-17
Data and Trends	18
Board of Directors	19
AMCHP Staff	19-20
Calendar	20

From the CEO CONT.

as a teenager is nothing like Teen Mom on the internet. Teenagers don't have any money. How can they possibly think they can have a baby and care for a baby?" Devin passionately differentiates between the financial strain and the mental aspects of bearing a child so young. He wants teens to understand both impacts. Balancing homework, school, work and taking care of the child is a tremendous effort. And, he wants teens to care most about the impact on the baby.

As he entered his senior year and was faced with selecting a required senior project, the answer was quite easy for Devin. He immediately knew he wanted to leave something of his own experience behind. Devin saw his senior project as an amazing opportunity to focus on reducing teen pregnancy rates in his high school and felt that the curriculum was a good starting point. "I didn't have a lot of confidence that I'd be able to do it," he says. In the end, he couldn't have been more wrong. Devin successfully developed and proposed a new curriculum to educate students about teenage pregnancy prevention. He successfully sought and received a donation from Realityworks (realityworks.com) for the Total Parenting Experience including comprehensive curricula and infant simulators to further enhance his proposed health class curriculum.

Tell me a little about your son. What's the best part about being a Dad? The hardest challenge?

"He's fun and can count to 10 at the age of two!" laughs Devin. "My son is my best friend. I always have this little person I can count on, trust and he fills any emptiness. I always have something to look forward to on the weekends, he keeps me positive." Devin recognizes the challenges at the same time. He notes it's not easy to do it alone, to share his son between two homes and to come to mutual agreement about how to raise a child. He constantly juggles the requirements of school, getting ready for college and work. Time management has become critical. He recognizes the value of having a good relationship with the baby's mom and that his son is "healthier and happier" from both parents working together. Devin also has a new understanding of selflessness. He no longer can always do the things he wants to do and there is sacrifice that comes with being a teen dad.

What message would you like others to know about a father's involvement in pregnancy and/or raising their child?

"Mothers have this nine month relationship with the baby long before the father gets to meet the baby," says Devin. "Fathers have to work at it a little more and earn the bond, but they have natural paternal instincts also. But both the maternal and paternal roles are crucial! I want everyone to realize that many fathers DO want to be part of their child's life, even if it is at their own pace. Even if it is a little at a time. Kids need both parents. They need to learn the role of both the mom and the dad in their life."

What is one important message you'd like school or government leaders to hear about educating teens about pregnancy?

The award-winning RealCare® Total Parenting Experience,™

Realityworks®
Live it. Learn it.™

offered by Realityworks, combines hands-on simulators and standards-based curriculum to engage students in real-life pregnancy and parenting situations. The program is used in educational institutions, social service organizations and medical settings worldwide.

For his efforts to help bring parenting lessons to life, Devin Davis and his high school received a donation from Realityworks to complete his proposed health class curriculum and enhance lessons and activities on teen parenting, the mental and physical strains of being a parent and contraceptive decision making.

The donation included:

- RealCare® Pregnancy Profile Simulation with Understanding Pregnancy Curriculum
- RealCare™ Drug Affected Baby with Understanding Prenatal Drug Exposure Curriculum
- RealCare™ Fetal Alcohol Syndrome Baby with Understanding Prenatal Alcohol Exposure Curriculum
- Five RealCare® Baby infant simulators and set of three curricula
- RealCare™ Shaken Baby with Understanding Shaken Baby Syndrome Curriculum
- Educational DVDs

For more information on starting parenting programs, visit Realityworks website at www.realityworks.com.

From the CEO CONT.

“Hands on activities are absolutely required – make it dramatic, make it impactful. Using infant simulators really give teens a taste of real life,” comments Devin. “It’s also crucial to include the mental aspects of having a baby. Get teen parents to come to the classroom and share the real story of having a baby.” He also recommends changing up the conversation about birth control. “Don’t just talk about all of the types of birth control. Talk about how teens can discover the best method or practice for them individually, so that they are completely comfortable and consistent with their choice.” Devin believes updating curriculums around teen pregnancy is an investment. “Investing in these programs now will decrease the costs associated with teen pregnancy. But, more importantly, give children more opportunities in their lives.”

In late May 2014, Devin presented his proposed curriculum to the Ticonderoga Central School District Board of Education and received full approval for implementation. He continues to share joint custody of his two-year-old son and is busy preparing for college in the fall. Devin plans to major in child development and psychology in preparation for a career as a family law attorney. With the recent approval of the new high school curriculum, he also hopes to return to the classroom to peer mentor teens on the impact of teen pregnancy.

Devin left me with these poignant words:

“I take every opportunity I can to prove that the world is changing and fathers do want to participate in their children’s lives. Everyone assumes that the fathers are losers and they have a bad reputation and I want to redeem that reputation. I want less babies to have deprived lives because their parents can’t adjust to parenthood, and for my peers to be able to do all the things they want to do because it does hurt sometimes, not being able to live my life how I want and having restrictions. There will be a time to have children and it’s not when you’re 16 and not established.”

Please join me in sincerely thanking Devin for sharing his story with us, for his honesty and forthright comments, and for his passion in advocating for education around teenage pregnancy prevention. He’s an inspiration to many, including myself.

Feature

An Update from the Office of Adolescent Health

By Evelyn Kappeler

Director, Office of Adolescent Health



As the U.S. Department of Health and Human Services (HHS) Office of Adolescent Health (OAH) approaches its fifth anniversary, I am pleased to report that we are involved in several exciting and collaborative activities to promote youth engagement, positive youth development and adolescent health.

The [Teen Pregnancy Prevention grants](#) are now entering their fifth and final year of funding. Their focus is on completing implementation, collecting evaluation and performance data, and looking ahead to ensure program sustainability. The OAH website now features a [toolkit](#) of sustainability resources for grantees and OAH plans to issue a new funding opportunity announcement in 2015.

In March 2014, OAH published findings about teen pregnancy prevention grant implementation. "[Implementing Evidence-Based Teen Pregnancy Prevention Programs: Legislation to Practice](#)," the supplement to the *Journal of Adolescent Health*, describes the program from its inception through lessons learned during the first three years of implementation. The OAH TPP program also was featured in an independent report, "[What Does it Take to Implement Evidence-Based Practices: A Teen Pregnancy Prevention Program Shows the Way](#)," by The Bridgespan Group. The report concluded that the OAH TPP program is "a model worth emulating" for supporting the growth of evidence-based programs.

In May 2014, OAH hosted a live webcast called "[Make the Connection: How Positive Youth Development Offers Promise for Teen Health and Teen Pregnancy Prevention](#)." The webcast featured a panel of experts and reviewed the research on positive youth development, its value for teen pregnancy prevention and other adolescent-focused programs, how community programs are using it and opportunities for future research.

In June 2014, OAH co-sponsored a [Teen Pregnancy Prevention Grantee](#) conference with the Administration for Children, Youth and Families and the Centers for Disease

Feature

An Update from OAH

Control and Prevention (CDC). This was the first time we held a joint conference with all of the teen pregnancy prevention grant funding agencies and it was a great learning experience. The conference was an opportunity for multiple HHS agencies to collaborate in order to highlight their efforts to eliminate disparities, promote adolescent sexual health, prevent teen pregnancy, and to provide quality training and technical assistance to their funded grantees.

In July 2014, the [Federal Interagency Forum on Child and Family Statistics](#) released [America's Young Adults](#), a special report with nationally-representative statistical information on the education, health and well-being of young adults aged 18-24 across the United States. OAH is a member of the Forum, a working group of 22 federal agencies that fosters coordination of efforts to collect, analyze and report data on child and family well-being.

OAH is working with AMCHP members, other professionals who work directly with adolescents and young adults, parents and youth on a stakeholder engagement strategy called Adolescent Health: Think, Act, Grow (TAG). TAG is a call to action for all who care about young people to promote and prioritize adolescent health. OAH is planning to unveil a new TAG section of the OAH website and additional resources in Fall 2014, so please stay tuned for more details!

Last but not least, the OAH website is updated on a regular basis and includes a number of useful free resources including:

- [Teen Prevention Program Resource Center](#)
- [Pregnancy Assistance Fund Resource Center](#)
- [E-Learning Modules](#)
- [Podcasts](#)
- [Webinars](#)
- [Training Materials](#)

All OAH activities are undertaken with the goal of improving the health and life situation of America's young people. As we continue to build on our work, I encourage you to join with us in this effort by signing up for our [Adolescent Health Insider E-Updates](#) or following us on [Twitter](#).

Feature

A Look at Today's Young Adults

By Traci Cook

Forum Coordinator, Federal Interagency Forum on Child and Family Statistics



America's Young Adults: Special Issue, 2014 has been released by the Federal Interagency Forum on Child and Family Statistics (the Forum), a collaboration of more than 20 federal agencies. The report paints a statistical portrait of young adults in the United States, ages 18 – 24, featuring data from nationally representative, federally sponsored surveys, summarized under five key themes: education, economic circumstances, family formation, civic, social, and personal behavior, and health and safety.

The conceptual framework of this special issue acknowledges the complexities of the transition from adolescence to adulthood. Recognizing that many individuals ages 18–24, who are "emerging adults," are not yet fully independent in adult roles within their families, households or the workforce, this year's reports highlights the characteristics of young adults, the current opportunities and challenges they face, and the implications of possible trajectories for their futures and their families.

Among the overarching findings, the report shows that American young adults are more racially and ethnically diverse, more likely to graduate from high school and attend college today than in 2000; however, they have more student debt than generations past, and earn less than their counterparts in the year 2000. In addition, the report found that among Hispanics in this age group, college enrollment during this time increased from 21.7 percent to 37.5 percent, the largest increase among all racial and ethnic groups.

Among other findings, the Forum report highlights the following :

- Approximately 522,000 young adults were serving on active duty in the armed forces in 2012
- The overall college enrollment rate for 18- to 24-year-olds increased from 26 percent in 1980 to 41 percent in 2012. Continuing a trend since the early 1990s,

Feature CONT.

A Look at Today's Young Adults

females are enrolling in college in greater percentages than males. In 2012, 44.5 percent of females were enrolled in college versus 37.6 for males

- The mean cumulative debt per fourth- year student for the 2011–2012 school year was \$25,400, up from \$14,700 for 1989–1990 school year, after adjusting for inflation
- The labor force participation rate for young adults was 65 percent in 2012, compared with the peak rate of 75 percent in 1986 and 74 percent in 2000
- 58 percent of young men and 51 percent of young women lived with their parents in 2013
- Birth rates for young women have reached historic lows in the United States. The birth rate for women ages 18–19 was 51.4 per 1,000 in 2012, down from 94.0 per 1,000 in 1991. The rate for women ages 20–24 fell from 116.5 per 1,000 in 1990 to 83.1 per 1,000 in 2012
- Like the rest of the population, young adults are less likely to vote in congressional election years than presidential election years. In the 2012 presidential election year, 38 percent of young adults voted, compared with 20 percent in the 2010 congressional election year
- In 2012, 20 percent of young men and 15 percent of young women smoked cigarettes, a decline for both groups. However, young White adults are still more than twice as likely to smoke as Hispanic and Blacks this age
- Between 1988–1994 and 1999–2002, there was an increase in obesity among young adults, but between 1999–2002 and 2007–2010, there was no significant change in obesity. Between 2007–2010, young women (27 percent) were more likely to be obese than young men (19 percent)

Typically, during alternate publication years of *America's Children: Key National Indicators of Well-Being*, the Forum publishes a brief report, highlighting a short selection from its 41 key indicators. A brief report also includes an at-a-glance section to show significant data changes for those indicators highlighted. Data tables for all America's Children report indicators are updated annually online at the Forum's childstats.gov website.

Feature

Paired Practica in State Title V Agencies

By Arden Handler, DrPH, Deneen Long-White, PhD and Jaime Klaus, MA

National MCH Workforce Development Center, University of Illinois-Chicago

The National MCH Workforce Development Center has launched multiple new initiatives during its first year in an



effort to increase state Title V program capacity to respond to the changing health care environment. One of these exciting new initiatives is the “Paired Practica” program. Partially modeled on the successful Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Graduate Student Epidemiology Program (GSEP), the “Paired Practica” program of the MCH Workforce Development Center exposes current MCH undergraduate students and MCH graduate students/recent graduates to state Title V agencies as they undergo a transformation to a systems integration approach. Likewise, the “Paired Practica” program directly exposes the MCH workforce “pipeline” to contemporary practice changes while providing the current MCH workforce in Title V agencies with the opportunity to both “acculturate” the future workforce and to benefit from the new knowledge and skills of current trainees. A unique feature of the “Paired Practica” program is the pairing of an MCH graduate student in a School of Public Health MCH Training Program with an undergraduate from the Howard University MCH Pipeline program. In the “Paired Practica” program, undergraduate MCH students gain first-hand experience with the career path for MCH professionals and learn how their current undergraduate training is part of the broader field of Maternal and Child Health. At the same time, MCH graduate students/recent graduates have an opportunity to mentor an MCH trainee who is their junior. As both the graduate and undergraduate students receive leadership training and skills in team building and team work, we anticipate that these MCH undergraduate and graduate student pairs will emerge from their state Title V program experiences with substantial understanding of the work of MCH practice and the effects of health transformation, confidence in their own abilities to work as part of a team to improve MCH public health, and secure in their own strengths to continue to develop as emerging leaders in the MCH public health workforce.

Feature CONT.

Paired Practica

In summer 2014, our two “Paired Practica” teams were located in state Title V programs in Iowa and Maryland. Jaimie Lea from the University of North Carolina, Chapel Hill and Quiana Washington from Howard University have been working with the Iowa Department of Public Health (IDPH) Bureau of Family Health (BFH). The student team developed more than 20 Data Detail Sheets on MCH topics for distribution to stakeholders to aid in the needs assessment prioritization processes. The pair of students has also been conducting and analyzing the results of focus groups, anticipating the Title V MCH Services Block Grant needs assessment. According to Ms. Washington, “Before I came to Iowa I had a basic knowledge of MCH, Title V and needs assessment so coming here right after I have learned about it in school and being able to apply what I have learned has been amazing and eye opening.”

Rindcy Davis from Tulane University and Brian Hicks from Howard University have been working with the Maryland Department of Health and Mental Hygiene, Office of Family Planning and Home Visiting (OPFHV). Their primary task has been to update an annual MCH data publication by collecting and analyzing existing data from diverse sources (U.S. census data, Maryland Behavioral Risk Factor Surveillance System, vital statistics, cancer registry). The student pair also assisted in the creation of a Maryland adolescent health data publication, crafting a gender neutral reproductive health plan brochure, and editing reproductive health summary briefs. Ms. Davis states: “The practicum experience has been full of great people and great learning experiences. Everyone at the Department of Health and Mental Hygiene has been very welcoming and open to teaching us about their job. I am learning a lot about the state of women’s health within Maryland.”

And from the Iowa practicum coordinator Debra J. Kane, PhD, RN, MCH epidemiologist-CDC assignee, Bureau of Family Health, Iowa Department of Public Health: “The internship program was a “win-win” experience. The interns were able to get hands-on experience with a state health



Brian Hicks (Howard University undergraduate student), Dr. Stacey Little (Preceptor, The Maryland Department of Health and Mental Hygiene) and Rindcy Davis (Tulane University graduate student)

department and learn about how Title V serves the MCH population. IDPH benefitted through the contribution that the interns made to the Title V needs assessment. Namely, with the assistance of Quiana and Jaimie, we conducted focus groups of Title V service recipients. This the first year we will be able to include qualitative data in the Title V needs assessment. These qualitative data will add to the richness of our Title V needs assessment.”

“Paired Practica” opportunities for both Title V programs in states and territories and students will be available for the 2014-2015 year; the application process will open in the fall of 2014. To learn more about the “Paired Practice” program and other National MCH Workforce Development Center activities, please contact Amy Mullenix, senior

collaboration manager, at amy_mullenix@unc.edu or 919-843-4457 or visit amchp.org/Transformation-Station/Pages/Home.aspx.

Feature

Health Issues Facing Young Adults

By M. Jane Park, M.P.H.

*Project Coordinator, National Adolescent Health Information and Innovation Center
Public Policy Analysis and Education Center for Adolescent and Young Adult Health, University of California, San Francisco*



Why focus on young adults?

Young adulthood is a critical period in the life course. Generally, young adulthood is defined as ages 18-24 or 18-25; however, some researchers use 18-29. During this time, young adults navigate the transition to adult roles, responsibilities and relationships. They make choices

Feature CONT. Young Adult Health Issues

that may involve college, employment, military service, as well as marriage and childbearing. These choices have implications for their health and well-being, as well as access to health care services. Most youth navigate these transitions successfully avoiding major problems.¹ Vulnerable populations of youth face greater challenges. Many systems, including safety net programs that serve vulnerable youth, change or end at age 18. The MCH field has long recognized the importance of facilitating a healthy transition to adult care for youth with special health care needs. Other vulnerable groups include those who are homeless, exiting the foster care system or involved in the justice system.²

What are young adult health issues?

The health care issues of young adulthood largely mirror those of adolescents. Relative to older age groups, young adults are generally very healthy and rates of chronic disease are low. As with adolescents the major health issues relate to behaviors – such as substance use, sexual behavior, driving habits, diet and exercise – that influence health in the short and/or long term.³ This is also a critical period to identify and treat mental health issues, as symptoms of 75 percent of all lifetime diagnoses emerge by age 24.⁴ Compared to adolescents, for example, young adults have higher rates of substance use, including alcohol, tobacco and marijuana use, and drinking and driving, as well as higher rates of obesity, sexually transmitted infections, motor vehicle crash mortality and homicide.³

What are young adult health care needs?

There has been little focus on young adult health care needs, compared to adolescents, despite the similarities in health care issues for these two populations. Young adults often face an abrupt change in services when they reach the age of 18. Many young adults became uninsured in the transition to adulthood. In fact, before passage of the Affordable Care Act in 2010, young adults had the lowest rate of health insurance of any age group.⁵ Young adults also had fewer outpatient visits than any age in the life span, but have higher rates of emergency room visits than all ages except for infants and the elderly.⁵ Fortunately, rates of health insurance have increased among young adults: the rate increased from 62 percent in 2010 to 69 percent in 2012.⁷ This increase is likely due in part to implementation of provisions in the 2010 Affordable Care Act.⁸

Where can I get more info and resources?

Young adult health and health care issues are receiving increasing attention in policy, programs, and research. For example, in proposed revisions of the Title V MCH Block Grant guidance, adolescents AND young adults (encompassing youth between the ages of 10 and 25) are identified as one of six key population domains. Several provisions of the Affordable Care Act focus specifically on addressing the traditionally very low rates of insurance among young adults.⁹ Multiple recent reports offer an overview of young adults, their health care needs and other issues, including the following:

- The Institute of Medicine held a workshop on young adult health in May 2013. The presentations by experts in the field addressed a range of health and health care issue and are available [here](#). A report based on the workshop is also available for free download [here](#).
- A July 2014 [report](#) from The Interagency Forum on Family and Child Statistics offers a comprehensive overview of young adults, including information on demographics, education, employment and health.
- A review of trends in adolescent and young adult health, released in July 2014, is available from the *Journal of Adolescent Health*, free of charge, [here](#).
- Several reports on young adults and the Affordable Care Act are available [here](#).
- For clinicians and health care systems, a summary of evidence-based preventive services for young adults is available [here](#).

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Feature CONT.

Young Adult Health Issues

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View from Washington

Recognizing a Great Public Health Achievement

By Brent Ewig, MHS

Director, Public Policy & Government Affairs, AMCHP



In 1999, the CDC published a series of reports highlighting ten of the greatest public health achievements of the 20th Century. Maternal and child health professionals should take great pride that "healthier mothers and babies" and "family planning" are included on that list. In 2011, the CDC revisited the list to cover the first decade of the 21st century and once again "maternal and infant health" was featured. Now, just as we are going to press with this issue of *Pulse*, the CDC released a new [report](#) showing that the teen birth rate fell an almost unbelievable 57 percent from between 1991 and 2013. Surely this will qualify as one of the greatest achievements of our time.

According to the CDC, this success "reflects a number of behavioral changes, including decreased sexual activity, increases in the use of contraception at first sex and at most recent sex, and the adoption and increased use of hormonal contraception, injectables, and intrauterine

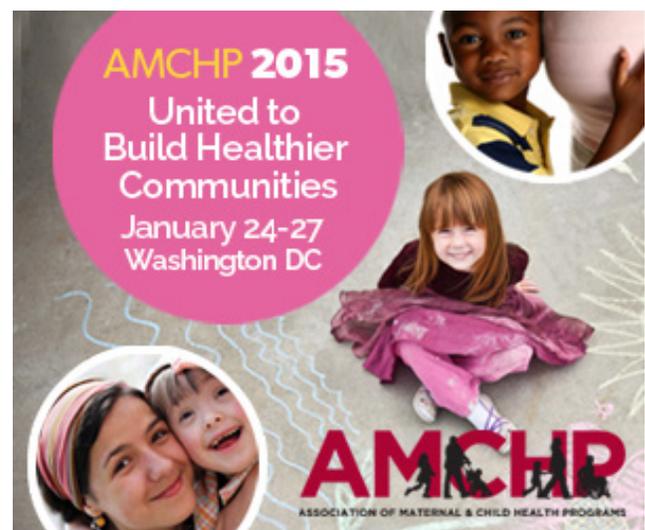
View from Washington CONT.

devices." In other words, teens are having less sex, and those who are active are much more likely to use effective contraception.

This being Washington, DC, we are wise to anticipate that policymakers will want to know what are the key factors behind this trend with an eye toward continuing "what works" and what is "evidence-based." And this is where things get interesting, because in my view this is a great case study in how there is not one silver bullet we can point to but rather the collective impact of a number of efforts.

The authors of the CDC report allude to this by noting toward the very end of the report that an increase in teen birth rates in the late 80s "led to a variety of initiatives at the federal, state, and local levels, including public, private, and joint efforts to influence the attitudes and behaviors of teenagers with a strong focus on pregnancy prevention through abstinence and, for sexually active teenagers, the use of effective contraception." They conclude by stating that "disaggregating the relative role of behavioral and other factors can be difficult, suggesting the need for further research."

It would be great if we could point to one policy or program as the game changer, such as the founding of the National Campaign to Prevent Teen Pregnancy in 1996, inclusion of teen pregnancy as a Title V national performance measure in 1997, or the inception of the president's teen pregnancy prevention initiative 2010, or creation of the personal responsibility education program (PREP) as a new section of Title V in the Affordable Care Act in 2010, or Dr. Tom Frieden's leadership in declaring teen pregnancy



View from Washington CONT.

a “winnable battle” in 2010. The reality is that each of these efforts and more have all contributed to this success. Each deserves our thanks and congratulations, as well as continued advocacy to make sure they are sustained. AMCHP looks forward to continuing to be a partner in this work, but now for just one moment, we should all celebrate this stunning success and recommit to accelerating this progress.

Success Story

By Nkem Nwankwo
*Youth Advisor, Colorado
Department of Public Health
and Environment*



From my birth in Nigeria, I have gone by the name Nkem mostly because that’s the name my parents gave me and partly because I like it. In my native tongue of Igbo it means ‘my own’ so basically my mamma was really possessive of me; that makes me feel loved! Currently, I live in Colorado because it’s an amazing state for many reasons especially the things we Coloradans are able to do for leisure. Fun for me consists of playing my guitar by the creek, or watching the sun rise or set from the top of Lookout Mountain. I would call educating younger whippersnappers in the game of basketball fun but that’s my weekend work. They call me “The Professor” now.

As a student, I am always ecstatic when I am able to fit leisure into my busy schedule; it’s not the easiest thing to balance collegiate studies in chemistry with systems-building work at the state in addition to community work. I’m not trying to write too much about myself and leisure in Colorado, I’ll skip to the meat of things, it’s still a bit about me and the work being done in God’s Country (Colorado).

Aside from playing music and sports I am a very outspoken person for youth rights. More than a year ago I was hired as a Youth Advisor for the Colorado Department of Public Health and Environment (CDPHE). As a Youth Advisor for Colorado 9to25 (CO9to25 for short) I get to advocate for youth voices to be represented at all tables that impact

Success Story CONT.

their well-being. CO9to25 is about aligning systems by creating communication and by the coordination of programs and practices across all the systems that impact youth. To find out more about CO9to25 and become part of our community, visit co9to25.org, like us on Facebook, and follow us on Twitter (@CO9to25).

A lot of my work is to travel around Colorado connecting with youth groups/councils to gain their recommendations and feedback on programs and systems. It’s not just the adults across the state that are amazed at youth creativity and insight, but my mind is often blown too at the fresh ideas I receive and the great work that youth are doing all around Colorado. The work ranges from developing advocacy training utilizing advanced technologies to connecting with their communities to create better access for those with differing abilities. Ever more as I learn from them, I am always impressed by the dedication of the caring adults that stand alongside youth providing them with the knowledge, skills and opportunities to do great work.

Often you’ll hear us preach about the importance of connection not only at the individual level but also at the familial and community level, and let me not forget the policy and systems level. Research has shown that youth that are connected to caring relationships with an adult and their community have better outcomes. That’s why I and my colleagues, who are youth and youth-serving professionals, do this work. We do it to better the outcomes of Colorado’s youth. We understand that if youth are reaching their full potential the entirety of our state will be better off.

Better outcomes for youth in the state of Colorado is why Anne Marie Braga, Audra Bishop, and Mary Jane Cassilia worked hard to hire Youth Advisors Lesley Del Rio and myself to work as their equitable partners at CDPHE and as pilots for all systems work alongside youth. We are the first Youth Advisors, but before Lesley and I were hired there were several youth working at the state in different capacities.

The Youth Advisor model was recently evaluated here at CDPHE and the report showed that CO9to25 partners value our work; they want to know how to replicate the Youth Advisor model. Many already have. There are Youth Advisors that we work with at other state agencies and

Success Story CONT.

local non-profits. As for CO9to25, we are working now to fully evaluate it to make sure that youth are truly benefiting from our work to align the systems that impact them. I personally trust that youth are benefitting, seeing that youth and young adults such as myself are involved in every nook and cranny of the work.

If I have learned anything as a Youth Advisor surrounded by people that value young people, it's that when youth are equipped with knowledge, skills and opportunities, they will produce great deliverables every time. Young people are the most passionate people on the planet. You know what I mean if you've ever seen a girl obsess over One Direction. Youth get work done! Our ideas are usually simpler, more cost effective and just plain more effective. No one knows how to engage youth like youth, but honestly we couldn't do it without the caring adults that partner with us!

Remember to like us on [Facebook](#) and follow us on Twitter. We stay on social media for the love of our community.

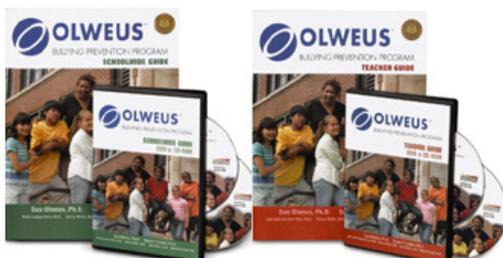
Member to Member

We asked members what they were doing to address bullying.

Virginia

The Virginia Department of Health (VDH) maintains a youth-focused bullying prevention project. Currently 16 elementary schools within three Virginia school districts are entering year two of the three year implementation and evaluation of the evidence-based Olweus Bullying Prevention Program.

VDH has successfully expanded its collaboration with the Virginia Departments of Criminal Justice Services and Education from a statewide conference discussing the difference between bullying and sexual harassment and how to manage each appropriately in



Member to Member CONT.

schools into online interactive learning modules on bullying prevention to assist school divisions in satisfying legislative requirements to provide bullying prevention education to all school personnel. This Web-based education may be accessed by stakeholders and other constituents across the Commonwealth to obtain best practice strategies for bullying prevention on the following:

- Defining bullying and contrasting it with other forms of aggression
- Preventing bullying through effective policy implementation
- Intervening effectively when bullying occurs
- Reporting, investigating and recording bullying incidents
- Distinguishing between bullying and sexual harassment

VDH also began working with experts in the field to promote the use of StopBullying.gov, a free online resource promoting best practices in bullying prevention. Efforts include the development of a collaborative to include certified Olweus Bullying Prevention trainers and community stakeholders to explore the development of a curriculum focused on accessing these resources and implementing research based strategies.

Who's New

NEW AMCHP STAFF

Atyya Chaudhry, MPP

Atyya Chaudhry joined AMCHP in August 2014 as a policy analyst. Atyya primarily supports AMCHP activities in the National MCH Workforce Development Center. She will focus on programs and activities to strengthen and support health care systems that serve women, children, and families.

Prior to AMCHP, Atyya completed a health policy internship with the Alliance for Health Reform, where she provided support for congressional briefings and assisted with qualitative research. Additionally, she worked with the Asian American Health Initiative under Montgomery County's Department of Health and Human Services



Who's New CONT.

as a program coordinator. Atyya completed her Master's in Public Policy with a dual specialization in health policy and social policy from the School of Public Policy at the University of Maryland College Park.

Rachel Briks, MPH

Rachel Briks joined AMCHP as the organizational performance & member services intern. She recently finishing her Master of Public Health in global health at George Washington University and is beginning work toward her nursing degree at Georgetown University this fall. Recently, Rachel completed an internship at the World Health Organization headquarters in Geneva, working on country health program monitoring and evaluation activities with the Results Monitoring and



Evaluation Unit. She also spent five-months studying abroad in Dhaka, Bangladesh working with a team of Bangladeshi and international students to collect and analyze qualitative and quantitative data.

NEW CYSHCN DIRECTORS

South Carolina

Jessica Drennan
CSHCN Director
South Carolina Department of Health and Environmental Control

NEW TITLE V/MCH DIRECTORS

California

Addie Aguirre
Acting Title V/MCH Director
California Department of Public Health

NEW ADOLESCENT HEALTH COORDINATORS

Georgia

Brooke Mootry, MSW
Program Consultant, Adolescent Health and Youth Development, Health Promotion and Disease Prevention Programs
Georgia Department of Public Health

Louisiana

Ty-Runet Bryant, MPH
Adolescent Health Coordinator
Louisiana Office of Public Health

Mississippi

Danielle Lampton
State Adolescent Health Coordinator
Mississippi State Department of Health

Washington

Cynthia M. Morrison MA ABS
Manager, Adolescent Health Program
Washington State Department of Health



AMCHP is collecting emerging, promising and best practices related to adolescent/young adult health or youth engagement!

Does your program address a best practice related to adolescent/young adult health or youth engagement? If so, consider sharing your program through Innovation Station, the AMCHP 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!

Get Involved

New Resources for National Suicide Prevention Week

National Suicide Prevention Week (Sep 8-14, 2014) and World Suicide Prevention Day (Sep 10, 2014) are approaching, and resources are available from the [Suicide Prevention Resource Center](#) to support events and observances in your state. In the days following the death of actor and comedian Robin Williams by suicide, [calls to national suicide hotlines and visits to support websites spiked](#), and it seems likely that this year's awareness events will receive increased attention and have the potential to reach wider audiences.

The theme of this year's **National Suicide Prevention Week** is "Suicide Prevention: One World Connected." The American Association of Suicidology's [National Suicide Prevention Week Information & Media Kit](#) gives you tools to use during that week to mobilize the public in support of suicide prevention, and to highlight your own services that may be available in the local community. The kit includes guidelines for proclamations, sample public service announcements, flyers, and op-ed pieces, as well as fact sheets on suicide and suicide prevention.

The International Association for Suicide Prevention offers a [World Suicide Prevention Day](#) toolkit, press package, and PowerPoint presentation that feature information, resources, and numerous ideas for individuals and communities around the world can commemorate this important day.

Nominate Your Peers for a 2015 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 2015 AMCHP Annual Conference, Jan. 24-27 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/state 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, [click here](#).

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 Sept. 19, 2014.

Resources

[Advocates for Youth \(AFY\)](#) – National organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health.

[American College of Obstetricians and Gynecologists \(ACOG\)](#) – Provides educational materials on pregnancy, birth, contraception, reproductive health, and women's issues such as violence against women, smoking cessation, adolescent/pediatric health, and underserved women.

[Answer](#) – Provides resources, advocacy, training and technical assistance in support of age-appropriate, balanced, comprehensive sexuality education covering topics including adolescent health, teen pregnancy and teen parenting.

[Association of Maternal & Child Health Programs \(AMCHP\)](#) – AMCHP is a 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.

- [Adolescent Health](#) – AMCHP's overview of information and resources on adolescent health.
- [Positive Youth Development and Youth Engagement](#) – Check out our resources on the benefits of engaging youth in program development and practical tools for state health departments.
- [School Health](#) – An overview and collection of resources on school health, including the connection

Resources CONT.

between student health and academic success, Coordinated School Health, School-Based Health Centers, and health education standards.

- [Health Reform and Adolescents](#) – Resources on the impacts of health reform on adolescent health and health care.
- [Webinar: Adolescent Health Activities in State Title V Programs](#)
- [Webinar: National, State, and Local Perspectives on the Value of School Health Advisory Councils \(SHACs\) for Supporting Children and Adolescents](#)
- [A Conceptual Framework for Adolescent Health](#) – AMCHP and partners provide a framework to collaboratively strengthen the capacity of U.S. states and territories to support effective adolescent health programs.
- [Making the Case: A Comprehensive Systems Approach to Adolescent Health and Well-being](#) – The goal of this white paper is to raise awareness and stimulate a consensus building dialogue among Title V programs and MCH partners around the need for a comprehensive systems approach to adolescent health.
- [System Capacity for Adolescent Health: Public Health Improvement Tool](#) – Set of assessment and discussion tools designed to assist state MCH programs in assessing six areas of capacity to support effective state adolescent health programs.

[Association of State and Territorial Health Officials](#)

[\(ASTHO\): MCH program](#) – Addresses issues affecting families, women of reproductive age, infants, children and adolescents, including those with special health care needs. The ASTHO MCH program aims to increase state capacity to develop and implement policies and programs that respond to challenges and effectively promote state MCH.

[Camp Fire USA](#) – Implements programs that include mentoring opportunities through community clubs and environmental education through direct child care services integrating gang peace programs, pregnancy prevention programs, and a course that teaches teens to provide respite care for children with disabilities.

[Centers for Disease Control and Prevention \(CDC\)](#) – CDC works to create the expertise, information, and tools that people and communities need to protect their health

through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

[Adolescent and School Health](#) – Promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults.

- The new resource [Health and Academic Achievement](#) is a synthesis of evidence showing that the health of students is linked to their academic achievement. The Health and Academic Achievement Overview and PowerPoint presentation include: Evidence linking healthy eating and physical activity with academic achievement; evidence-driven messages with specific benefits to states, school districts, schools, parents, and students; specific, feasible, and effective actions to support healthy eating and physical activity in schools; and key resources to learn more.
- [National Center for Health Statistics](#) – Collects and disseminates data on major health and nutrition indicators affecting the population. Data are presented so that specific groups, such as children and adolescents.
- [Preconception Care and Health Care](#) – Provides links to educational materials and tools from the CDC and other organizations for women and men of childbearing age.
- [Teen Pregnancy](#) – Resource site which provides fact sheets, presentations, and guidelines on various teen pregnancy prevention topics for health care providers, public health practitioners and parents.

[Child Trends](#) – Nonprofit research center that works to improve the quality, scope, and use of statistical information on children and adolescents. Statistics regarding child and adolescent health indicators, including data on adolescent pregnancy and childbearing, are available on request.

- As part of a new report on how Adverse Childhood Experiences impact health, Child Trends released a [Fact Sheet on Adverse Childhood Experiences and the Well-Being of Adolescents](#).

[Children's Safety Network](#) – A national resource center for the prevention of childhood injuries and violence. Contains resources on a wide range of injury topics to State and Territorial Maternal and Child Health (MCH) and Injury and Violence Prevention (IVP) programs.

Resources CONT.

[CityMatCH](#) – Contains tools and resources for promoting adolescent health.

[DiversityDataKids.org](#) – A new online data and analysis tool from the [Institute for Child, Youth, and Family Policy](#) that monitors progress towards improved wellbeing for children of all racial/ethnic groups through the creation and dissemination of unique indicators and analysis of the state of wellbeing, diversity, opportunity, and equity of children in the United States, and the availability, capacity and effectiveness of public policies and programs to equitably serve children of all racial and ethnic groups and reduce disparities among them. In addition to hundreds of standard measures broken down by race and ethnicity, this site generates unique, equity-focused data on known structural factors that drive existing racial/ethnic inequities among children. It allows users to zoom in from a national perspective to small levels of geography such as states, metropolitan areas, school districts, cities and counties, and in some cases even neighborhoods, providing pinpoint views of the often nuanced inequities present among children of various racial and ethnic groups.

[ETR Associates \(ETR\)](#) – Develops and distributes maternal and child health pamphlets, booklets, videos, and charts, including more than 46 pamphlets on pregnancy and childbirth. Other topics include family life education, abstinence, birth control, reproductive health, sexual responsibility, self-esteem, drug use, and sexually transmitted disease.

[Eunice Kennedy Shriver National Institute of Child Health and Human Development \(NICHD\)](#) – Research organization that conducts and supports laboratory research, clinical trials, and epidemiological studies that explore health processes related to events that happen prior to and throughout pregnancy and childhood and human growth and development across the lifespan.

[Federal Partners on Bullying Prevention](#) present the 2014 Federal Bullying Prevention Summit on Friday, August 15, 2014 in Washington, DC. This year's theme is Keeping Kids Safe: Opportunities and Challenges in Bullying Prevention. The event will also be presented as a [live streaming webcast](#) available to anyone with an interest in bullying prevention who cannot attend in person. To register to join the Summit virtually, visit: <http://www.wciconferences.com/BullyingSummit-VirtualMeeting/index.html>.

[html](#). The Federal Partners in Bullying Prevention Steering Committee is an interagency effort led by the Department of Education that works to coordinate policy, research, and communications on bullying topics. The Federal Partners include representatives from the U.S. Departments of Agriculture, Defense, Education, Health and Human Services, the Interior, and Justice, as well as the Federal Trade Commission and the White House Initiative on Asian Americans and Pacific Islanders.

[Got Transition? Center for Health Care Transition Improvement](#) – National resource center that aims to improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families. With a broad range of partners, Got Transition works to:

- Expand the use of the [Six Core Elements of Health Care Transition](#)
- Expand health care transition supports in pediatric, family medicine, and internal medicine practices;
- Partner with health professional training programs to improve knowledge and competencies in providing effective health care transition supports to youth, young adults, and families;
- Develop youth and parent leadership in advocating for needed transition supports and participating in transition quality improvement efforts;
- Promote health system measurement, performance, and payment policies aligned with the Six Core Elements of Health Care Transition; and
- Serve as a clearinghouse for current transition information, tools, and resources.

[Healthy Teen Network](#) – National resource network of individuals and organizations focused on solving problems related to adolescent pregnancy prevention, sexuality, pregnancy and parenting.

[Healthy People 2020](#) – Provides national objectives for improving the health of all Americans.

[Healthy Youth Development Prevention Research Center](#) – Collaborates with community-based, youth-serving organizations to promote youth development through research, training and advocacy.

[HHS Office of Adolescent Health](#) – Dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults.

Resources CONT.

- [Pregnancy Assistance Fund Resource and Training Center \(PAF\)](#) – Exists to provide training and technical assistance to PAF grantees and other pregnant and parenting teen service providers in the field.
- [Teen Pregnancy Prevention \(TPP\)](#) – Addresses rising teen pregnancy rates by supporting grantees in replicating evidence-based models and implementing demonstration programs to develop and test additional models and innovative strategies.

[Institute of Medicine](#)—The *Improving the Health, Safety and Well-Being of Young Adults* [infographic](#) highlights research on the development, health, safety, and well-being of young adults, and is based on the [Workshop Summary](#) of the same title. [The full workshop summary is available for free download.](#)

[Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health](#) – Conducts research that focuses on the development and evaluation of programs and policies that promote health and prevent disease among adolescents, particularly inner city and rural youth.

[Kids as Self Advocates \(KASA\)](#) – Educates society about issues concerning youth with disabilities and special health care needs and works to empower youth to learn how to self-advocate.

[MCH Navigator](#) – A learning portal for maternal and child health professionals, students, and others working to improve the health and well-being of women, children, and families. It provides a searchable, web-based resource inventory of learning opportunities, assessment tools, and learning guides to assist learners in addressing their leadership competencies. It includes a [list](#) of online trainings and resources for use by the Title V workforce for improving their understanding of issues that affect adolescents and how to increase youth engagement.

[National Alliance to Advance Adolescent Health](#) – Provides education, research, policy analysis, and technical assistance to support fundamental improvements in the way that adolescent health care is structured and financed.

[The National Association of Chronic Disease Directors \(NACDD\)](#) - Provides an [easy-to-read summary](#) of important research that was recently published on the relationship between health risk behaviors and academic

achievement. *Do Health and Education Agencies Share Responsibility for Academic Achievement and Health? A Review of 25 Years of Evidence about the Relationship of Adolescents' Academic Achievement and Health Behaviors* reviewed 122 studies in peer-reviewed journals and found that 96.6 percent of them reported statistically significant inverse relationships between health risk behaviors and academic achievement. Health risk behaviors included violence, tobacco use, alcohol and other drug use, sexual behaviors contributing to unintended pregnancy and sexually transmitted diseases, inadequate physical activity and unhealthy dietary behaviors. The study highlights the importance of leaders in education and health working together to make wise investments in our nation's school-aged youth that will benefit the entire population. The full journal article is available online [here](#).

[National Association on City and County Health Officials \(NACCHO\)](#) – The NACCHO Maternal, Child, and Adolescent Health (MCAH) Program strengthens the capacity of local health departments to effectively ensure and assess the health of women, children and adolescents by providing learning opportunities, developing tools and resources, providing technical support, and facilitating peer exchange.

[National Association of State Boards of Education](#) – NASBE recently released an updated version of its essential publication [How Schools Work and How to Work with Schools](#). This resource demystifies public education for policymakers, government officials, community members, business leaders, and others interested in partnering with schools to improve the health, safety, and well-being of all students and ensure they are successful in their academic pursuits.

[National Campaign to Prevent Teen and Unplanned Pregnancy](#) – Organization that seeks to improve the well-being of children, youth, and families through reducing the rate of adolescent pregnancy and unplanned pregnancies among young adults.

- [Virgin Territory: What Young Adults Say About Sex, Love, Relationships, and the First Time](#) – In partnership with MTV's "It's Your (Sex) Life" campaign, the National contracted with GfK Custom Research LLC to look at how young adults think and feel about love, relationships, virginity, and the first time they had sex. This report describes the surprising results.
- [National Center for Mental Health and Juvenile Justice](#)

Resources CONT.

[\(NCMHJJ\)](#) – Serves as a national resource for the collection and dissemination of evidence-based and best-practice information to improve services for youth involved with the juvenile justice system who have mental health problems.

[National Resource Center for HIV/AIDS Prevention Among Adolescents](#) – Supports adolescent service providers by providing Web-based resources, evidence-based program information, and links to training and technical assistance to help prevent HIV/AIDS among adolescents, in particular adolescents from minority and high-risk populations.

[Partnership for Male Youth](#) – Presents a Health Provider Toolkit for Adolescent and Young Adult Males. This clinical toolkit is for health care providers who serve adolescent and young adult (AYA) males between the ages of 10 and 26. It is designed to address AYA males' unique health care needs.

[Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits](#) – The third guide shares a collection of approaches states can use to better engage adolescents in staying healthy and getting regular check-ups.

[Planned Parenthood Federation of America \(PPFA\)](#) – Works to ensure access to sexuality education and family planning services to women and girls of reproductive age.

[Society for Adolescent Health and Medicine \(SAHM\)](#) – Organization of health professionals committed to improving the physical and psychosocial health and well-being of all adolescents through advocacy, clinical care, health promotion, health service delivery professional development, and research.

[State Adolescent Health Resource Center \(SAHRC\) at University of Minnesota](#) – Strengthens the knowledge, skills and capacities of state MCH professionals so they can more effectively address and improve the health of adolescents.

[State Health Facts Online](#) – Contains state-level data on more than 500 health topics. View individual state profiles or compare data for all states by category.

[University of California San Francisco National Adolescent and Young Adult Information Center \(NAHIC\)](#) – Serves as a national resource for adolescent health information and research and disseminates adolescent health-related information.

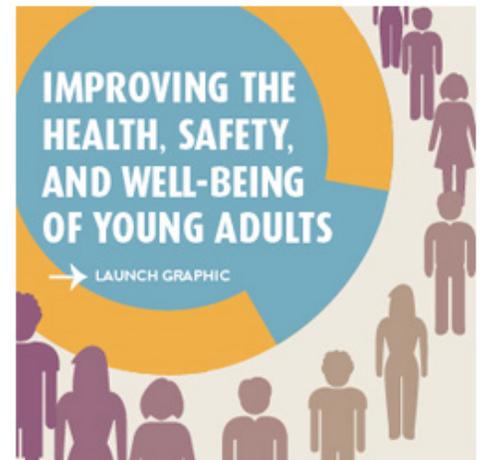
- A new [review paper](#), *Adolescent and Young Adult Health in the United States: Little Improvement and Young Adults Remain Worse Off Than Adolescents*, examines trends in key indicators of outcomes, behaviors, and health care over the past decade for US adolescents and young adults, and compares these age groups across indicators. Findings are summarized in easy-to-read tables.
- The [report](#) *A Research-Based Case for Adolescent Health Care Services*, presents recommendations from leading medical authorities on what specific health care services adolescents need and how these services can best be provided.
- A [publication](#) on chronic conditions describes the prevalence of different chronic conditions in the adolescent population and then goes on to discuss disparities, trends in chronic condition incidence, special health care needs of adolescents with chronic conditions, and the implications of chronic conditions for adolescents' families.
- The [report](#) *Physical Development and Daily Health Habits* discusses the importance of nurturing healthy habits during adolescence to support physical growth. It discusses the effects of habits including diet, physical activity, sleep, and oral health.
- The [article](#) *Young Adults' Health Care Utilization and Expenditures Prior to the Affordable Care Act* uses data from the 2009 Medical Expenditures Survey (MEPS) to compare young adults' health care utilization and expenditures to children and adolescents and to identify disparities within the young adult age group based access to care and other sociodemographic factors including race/ethnicity and income.

[White House Council on Women and Girls](#) – Focuses on ensuring that each of the federal agencies is working to directly improve the economic status of women and ensure that administrative policies aim to balance work and family, prevent violence against women, and improve women's and girl's health care.

Data and Trends

New data resources are available to help us explore health issues for young adults. Some recently released summaries include fact sheets and infographics that are great communication tools you can use in your work.

An infographic summarizing the Institute of Medicine findings from a consensus study, "[Improving the Health, Safety and Well-Being of Young Adults](#)," visually examines pathways from adolescence into adulthood and features links to videos exploring the main concepts of the study. Access the infographic at [resources.iom.edu/widgets/youngadults/infographic.html](http://iom.edu/widgets/youngadults/infographic.html).



The good news: Three million more young adults have health insurance as a result of the Affordable Care Act; many young adults, while facing challenges, are healthy, safe and successful in working toward their goals.

The bad news: Young adulthood is a period where youth are at heightened risk for unhealthy behaviors, including binge alcohol use and illicit drug use, and when the first signs of major mental illness may occur.

The opportunity: Young adults are moving from systems that supported them as children and youth, including health systems, into adult systems that lack the same level of support. There are new opportunities for MCH programs to improve transition from youth into adulthood, especially for health services.



A new fact sheet from Child Trends explores adverse childhood experiences (ACEs) and measures of adolescent well-being using data from the National Survey of Children's Health. Eight ACEs were examined, including parents' report of whether the adolescent lived with a parent or guardian who was divorced or separated, who died, or who served time in jail or prison; lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks or who had a problem with alcohol or drugs; whether the adolescent witnessed or experienced violence; and whether the adolescent had experienced

economic hardship. Access the fact sheet at childtrends.org/wp-content/uploads/2014/07/Fact-sheet-adverse-childhood-experiences_FINAL.pdf.

The good news: More than 70 percent of adolescents ages 12 to 17 have experienced either zero or one ACE, as reported by their parents.

The bad news: Nearly one in ten adolescents have experienced four or more ACEs and as the number of ACEs experienced increases, the higher the prevalence of negative measures of adolescent well-being, including high externalizing behavior, low engagement in school, household being contacted due to problems at school, grade repetition, and fair or poor physical health.



The opportunity: There are many opportunities to support resilience among adolescents in order to lessen the impact of ACEs when they are experienced, and opportunities for prevention of some ACEs by supporting families. [Positive Youth Development](#) is both a philosophy and a practical approach to working with young people that is based in research and outlines protective factors that make young people less likely to experience negative health outcomes despite ACEs.

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AMCHP Staff

Matt Algee, Senior Accountant

Brittany Argotsinger, MPH, Program Manager, Women's & Infant Health and CDC Public Health Prevention Service Fellow

Julio Arguello, Jr., Digital Communications Manager

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

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Rachel Briks, Organizational, Performance & Member Services Intern

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

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

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

Kidist Endale, Accounting/Human Resources Assistant

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Laura Goodwin, *Publications and Member Services Manager*

Krista Granger, MPH, *Program Manager, Data and Assessment, Women's & Infant Health*

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

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Maria Murillo, *Administrative Assistant, Programs and Policy*

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

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

Kate Taft, MPH, *Senior Program Manager, Child Health*

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

Lori Tremmel Freeman, MBA, *Chief Executive Officer*

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

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

Calendar

AMCHP Events

[AMCHP 2015 Annual Conference](#)

Jan. 24-27
Washington, DC

MCH Events

[ASTHO Annual Meeting and Policy Summit](#)

Sept. 9-11
Albuquerque, NM

[CityMatCH Leadership & MCH Epidemiology Conference](#)

Sept. 17-19
Phoenix, AZ

[National Academy of State Health Policy \(NASHP\) 27th Annual State Health Policy Conference](#)

Oct. 6-8
Atlanta, GA

[APHA 2014 Annual Meeting and Exposition](#)

Nov. 15-19
New Orleans, LA

[CEHN 2015 Research Conference](#)

Feb. 4-16, 2015
Austin, TX

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2, 2015
San Diego, CA

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