



PULSE

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

Life Course Perspective May/June 2012

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From the President

By Stephanie Birch, RNC, MPH, MS, FNP



This month's issue of *Pulse* covers the life course perspective.

The life course perspective provides a working framework for maternal child health (MCH) programs to address health equity issues and implement interventions addressing the social determinants of health in an integrated fashion across the life span. This approach has begun to influence how MCH programs across the nation address health disparity issues using the latest research in public health and social science literature recognizing the impact that the social, economic and physical environments have on individual and community health over the life span. State MCH programs are beginning to integrate these concepts into their work focusing an emphasis on the period of time before pregnancy and childbirth and looking beyond that time frame to improve not only birth outcomes, but affect the outcomes in infancy and early childhood. The life course framework is driving an exciting change in the direction for the field of MCH public health focused on improving outcomes and reducing disparities for all women, children and those with special health care needs and their families.

A series of articles in this month's *Pulse* will show you how other states are implementing life course in their programs and give you resources to assist in getting life course integrated into your programs.



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From the CEO

Looking Across the Life Course

By Michael R. Fraser,
PhD, CAE



Over the past several years, there has been a great deal of attention on the life course perspective in maternal and child health. Certainly from a theoretical level the perspective makes a great deal of sense: those things that influence our health as children certainly have an impact on our health as adults. One only need watch the first installment of the new HBO series *The Weight of the Nation* for an excellent example of how being overweight in childhood leads to future health problems as those kids grow to adulthood (diabetes, hypertension, etc). Clearly, working across the life course and understanding the social, as well as the behavioral, factors that impact health is a core part of maternal and child health practice.

I recently came across a billboard that does a great job describing the life course perspective from a graphical perspective. The commercial, part of Evian water’s “Live Younger” campaign, shows three adults wearing white t-shirts with an image of a baby on the front. Because of the way the t-shirt is printed, the head of the infant is the head of the adult so it looks like the image is a baby picture of the adults on the billboard ([click here](#) to see the image). It’s pretty cool!

I like the ad because it does a nice job illustrating what I see as a central tenet of the life course perspective: we carry though life things from our childhood that have an impact on our health as adults. But what I also like about the image is that you can also think about your own reproductive potential and how we pass on those things in our lives to future generations should we choose to have children. While that is an emerging area of science (epigenetics, etc.), it is definitely interesting and relevant to MCH leaders. It gives a generational spin to the life course perspective, which I think is very compelling.

After several years of thinking about the life course perspective from a theoretical perspective, we are hearing from members that they want to know more about how to implement the perspective in their work at the state and community level. What does it mean to operationalize the life course perspective in the day to day work of Title V programs? What changes? How is work organized differently? We know of several states that have embarked on a journey to re-engineer their work to maximize the cross-cutting and integrative potential of the life course perspective and we are working to collect their stories so we can share them with all states programs and partners. As we learn more about the life course perspective, we will continue to feature educational opportunities and events for members to learn more.

Do you have something you want to share, or want to talk more specifically about what the life course perspective means in your work? Definitely let us know (e-mail us at info@amchp.org)! We want to learn from you and work with you to support your life course work in the states.

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Feature

AMCHP Assessment of State Life Course Resources and Tools

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



As state Title V programs are increasingly integrating the concepts of the Life Course Perspective into MCH work, the AMCHP Emerging Issues Committee (EIC) conducted an assessment of the resources and tools that states have developed to get this accomplished. The goal of the assessment was to help foster the sharing and development of ideas to support the application of life course into Title V programs.

The AMCHP EIC provides a forum to assess the impact of new, important challenges and opportunities for state Title V leadership and determine ways that state Title V agencies may want to address such issues. Throughout the fall of 2011, the EIC held dialogue on the life course perspective and what role AMCHP (through the committee) should have in supporting state efforts. The committee identified a need to develop a central resource tailored to the needs of state programs that could collect and share tools and resources specific to state Title V programs. Thus, the committee developed a short assessment of state Title V programs, which was fielded in January. The online survey was sent to Title V/MCH and children and youth with special health care needs (CYSCHN) directors via e-mail, and information provided by states helped AMCHP develop a life course Web page to collect and disseminate resources and tools (see “AMCHP State Life Course Resource Center Launched”). The survey has since been included in *Member Briefs* and is still open [online](#).

A brief summary of the results so far include:

- 23 states and territories have responded
- 17 percent said their Title V program has adopted a common definition of life course and/or language about life course
- 19 respondents said their program has developed tools, resources or strategies to integrate life course into their work, including:
 - Educational resources (42 percent)
 - Data and assessment measures (42 percent)

- Strategic plans to incorporate life course (26 percent)
- Incorporated life course into existing or new strategic plans (42 percent)
- Personnel resources (11 percent)
- Strategies for aligning funding for the design, implementation and evaluation of life course related activities (21 percent)
- 43 percent are partnering with academic institutions or other entities on this work
- 42 percent were willing to share their resources with AMCHP to disseminate to other states

See Data and Trends in this issue for more results from our State Life Course Resources and Tools Assessment.

The resources states have already shared with AMCHP have been posted on the [Life Course Resource Center](#). AMCHP will continue to follow up with states to solicit tools and resources that can be shared. AMCHP will also look to engage the EIC in the development of resources as appropriate and for continued feedback on survey results and core themes. If you would like to share input from your program, please [click here](#) to take the survey. If you have resources to contribute or questions about this assessment, please contact [Kate Howe](#).

Feature

Website Launch: AMCHP State Life Course Resource Center

By **Melody Cherny**
Program Associate, Children with Special Health Care Needs, AMCHP



In response to a growing interest in the life course approach in MCH, and to further promote its adoption and integration within state Title V programs, AMCHP has launched a virtual State Life Course Resource Center. This website provides various tools and materials, best practices and research targeted specifically to the state level. The website also includes links to other key resources, but is designed to provide a central location for state Title V resources on the life course.

Feature CONT.

AMCHP Life Course Website

Site resources include educational materials from California, Florida, Nebraska and Rhode Island on prenatal care, preconception health, young adults and health equity; life course publications and presentations from the 2011 and 2012 AMCHP Annual Conferences; a personnel template for a director of life course health systems position; and video interviews with MCH leaders.

AMCHP supports the life course perspective and has established core principles of a life course approach to MCH. These principles state that a life course approach encourages a focus on health across the life span, and recognizes the following: 1) a stages of life theory; 2) the influence of environmental, biological, economic, behavioral, social and psychological impacts on health outcomes across the life span; 3) the potential cumulative effects of these influences on health outcomes; 4) that health promotion and prevention interventions can be targeted at different stages in life; 5) that connections exist between life stages (i.e. the relationship between adolescence and the two life stages that border it: childhood and adulthood); and 6) that efforts should be coordinated both across life stages and across the life span.

The AMCHP State Life Course Resource Center is housed [here](#). AMCHP will continue to build the website to help states learn from each other and facilitate the integration of life course into Title V programs. To contribute materials to the website or provide feedback, please contact [Kate Howe](#) or [Melody Cherny](#).

Feature

LCRN – A Profound New Way to Understand Health

By Neal Halfon, MD, MPH and
Ericka Tullis, MPP
Life Course Research Network

In October 2010, the UCLA Center for Healthier Children, Families and Communities was awarded a three-year grant from the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) to develop the MCH Life Course Research



Feature CONT.

LCRN

Network (LCRN). This project represents an exciting and unique opportunity to improve our understanding of how health develops over the life span.

LCRN is a virtual collaborative network of researchers, service providers and thought leaders committed to improving health and reducing disease by advancing life course health development research. LCRN brings together diverse expertise and perspectives to examine the origins and development of health, and to inform meaningful and evidence-based changes in practice, systems and policies affecting children and families. The specific goals of LCRN are to:

- Identify gaps in what we know about how health develops among individuals and populations
- Develop and support the implementation of a research agenda that can fill those gaps
- Promote methodologies and data that provide researchers with better tools and information
- Illuminate clinical, programmatic and policy changes that translate new knowledge into better health

As a network, LCRN provides its members with a mechanism for interacting, sharing information and engaging in collaborative and innovative projects. These projects are initiated and led by network members, with administrative support provided by LCRN staff.

In addition to supporting member-driven projects, LCRN staff undertake their own strategic efforts to advance the field of life course health development research. To date, such efforts have included:

- Creating a webinar series that examines the state of life course health development research through presentations by national and international experts
- Publishing a series of expert interviews regarding the design of the LCRN and the challenges and opportunities of life course health development research
- Authoring a variety of peer-reviewed publications related to the origins and development of health and disease
- Building a state-of-the-art website and social network where LCRN members can connect, exchange ideas and materials, and access resources, including event announcements, webinars, publications and links

Feature CONT. LCRN

Presently, LCRN staff are planning for the MCH Life Course Research Agenda-Setting Conference, which will take place in fall of 2012. This conference will bring together a diverse group of life course stakeholders in a consensus-based process aimed at developing an MCH life course research agenda and prioritizing among potential future research questions and directions. To inform and frame the meeting, LCRN has commissioned a comprehensive set of approximately 20 background papers, many of which are being developed through an innovative wiki-based “swarming” process that engages a relatively large and diverse group of authors.

Each of the background papers will synthesize existing life course health development research, identify research gaps and recommend priorities. Following the meeting, the research agenda, the background papers and a set of related commentaries will be disseminated to a wide audience using multiple modalities, potentially including peer-reviewed and/or online publication.

Membership in LCRN is free and open. The benefits of membership include:

- An opportunity to build relationships with national and international experts in medicine, public health, psychology, sociology, education, social work and economics, among other disciplines
- Timely access to new tools and methodologies as they are developed
- Eligibility for a small number of LCRN seed grants
- The chance to help facilitate a paradigm shift in how we think about health promotion and disease prevention

To join the LCRN, please visit their website. As of Jun. 15, the new website for LCRN will be: lcrn.net.

The LCRN is made possible by funding from HRSA-MCHB through cooperative agreement #UA6MC19803.

Neal Halfon is Principal Investigator for the LCRN, Director of the UCLA Center for Healthier Children, Families and Communities, and Professor in the Departments of Pediatrics, Health Sciences and Policy Studies at UCLA.

Ericka Tullis is Project Manager for the LCRN and Policy Analyst at the UCLA Center for Healthier Children, Families and Communities.

Feature Implications of the Life Course Perspective on State Title V CYSHCN Programs and All CYSHCN

By Eileen Forlenza

*Director, Family Leadership Initiative
AMCHP Board Member
Title V Colorado*



As we pulled off the highway, we made our way down a picturesque country road that welcomed us with trees with outstretched arms. It was almost as if we were getting a preemptive hug, a sense that perhaps we should prepare ourselves for a dose of emotion. I was going on a site visit to a long-term residential group home for adults with autism or other profound intellectual deficits and I was going in with my eyes wide open. I was far from my Colorado home, visiting an east coast state known for its history of excellence and dedication to children with special health care needs. My daughter Holly turned 23 this week wedding yet another year between childhood and adulthood. One more year in her unique life living with complex health care needs. As I prepared for this site visit, I convinced myself that it is logical that excellence in services for children will equate to excellence for adults – that service systems for children have mentored their counterparts in the adult system – exchanging best practices and lessons learned. However, logic does not always prevail in the complex world of children and youth with special health care needs (CYSHCN). There is no window more clearly from which to view the truth of the life course theory (LCT) than to examine the quality of life of adults with autism and other developmental disabilities.

LCT is particularly poignant for CYSHCN. Protective factors embedded in federal law on behalf of CYSHCN are demonstrated by Title V programs and the entitlement-based service delivery in newborn screening, early intervention services, special education and health services for children and youth living in poverty. The National Performance Measures (NPMs) asserted by the Maternal and Child Health Bureau are concrete protective factors that should set the rhythm by which a state designs its services on behalf of CYSHCN. While it is clear that Title V cannot do it alone, the NPMs provide the framework by which partnerships and collaborations can build effective systems. Services offered by Title V agencies clearly

Feature CONT.

Life Course Implications

offset the myriad of risk factors experienced by CYSHCN and their families. LCT states “today’s experiences and exposures influence tomorrow’s health,” which is another way of saying the trajectory of an adult with special health care needs is highly dependent on their childhood and adolescence.

With the integration of drinking fountains, schools and busses, our country also proclaimed that children should not be warehoused in state-run institutions simply due to complex health care needs. For this, we should rejoice! As individuals with disabilities were no longer cared for in large aggregate settings, they were integrated into their communities. The problem is we forgot to tell the community. Our schools, synagogues, churches, recreation centers and neighborhoods were simply not prepared. However, the focus of the bottom of the maternal and child health pyramid addresses this phenomenon. Building sustainable systems of care, anchored by population-based initiatives, ensures that CYSHCN will have positive

outcomes through the life course.

Leaving the long-term residential home, neatly tucked away in the rural countryside, I was choked with emotion. As I looked into the eyes of the nonverbal residents, I knew I was seeing the reflection of Holly. At 23 years old, she was raised in the era of an enlightened country, supported by Title V programs, the Individuals with Disabilities Education Act (IDEA) and integrated communities. And yet, this is what Holly’s adult life may look like. Isolated, tucked away, predictable and living in an environment where being nonverbal is the norm. I ponder what her choices will be and how the system will hold itself accountable during cycles of budget restraints and political warfare.

And so, to my fellow colleagues who work tirelessly to improve the health of women and children, I implore you to embrace LCT when considering the journey of CYSHCN. Let us proclaim that as a community of learners we were prepared, innovative and wise.

The Life Course Metrics Project

As MCH programs begin to develop programming guided by a life course framework, measures are needed to determine the success of their approaches. Currently, there are no standardized metrics for the life course approach. In response to this emerging issue, AMCHP launched a new project designed to identify and promote a set of indicators that can be used to measure progress using the life course approach to improve maternal and child health. This project is funded with support from the W.K. Kellogg Foundation.

This project will take a two-pronged approach to identifying life course metrics. The project will be modeled after the development of the Core State Preconception Health Indicators. First, a national expert panel will be brought together, as well as state working groups, to begin shaping the ideas and discussion. Second, comment and input on the suggested life course indicators will be invited from a variety of stakeholders and partner organizations.

AMCHP put out a call for state team applications on May 1. Applications are due Jun. 1 and state teams will be announced by Jun. 22. A proposed set of Life Course Indicators will be shared in early summer of 2013. We look forward to keeping you up to date on this project!

For more information, please visit the [Life Course Metrics Project Web page on the AMCHP website](#).

Feature CONT. Life Course Implications

By Jessica Foster MD, MPH

*CYSHCN Director, Medical Director,
Bureau for Children with Medical
Handicaps and Early Intervention
Services, Ohio Department of Health*



Title V CYSHCN programs support children facing a variety of challenges as they grow into healthy, active, independent and productive adults. Evidence suggests disparity exists in health care quality, home environment, and neighborhood and school environments for CYSHCN compared with non-CYSHCN.¹ Life Course emphasizes impact of social determinants of health across the life span in attaining health equity for our children. Access to social and economic opportunities and a child's experience growing up in their home, school and community significantly impact long-term health, development and well-being. Life course encourages programs to pursue unique partnerships and novel approaches to address these complex needs.

Ohio recently merged our Children with Medical Handicaps program with Help Me Grow Home Visiting and Part C Early Intervention strengthening connections between a medical model, home-based/family-centered early intervention and early childhood system leading to a more seamless system for families. Additionally, a network of Public Health Nurses and hospital-based care coordinators work with our families to provide support and linkage in local communities prenatally through school age and the critical transition to adulthood. We are working on medical transition in partnership with our genetics program, medical and university partners to improve care through the life span for our children who may now live into elderly years. Life Course challenges us to reach beyond our partners in medical care and to strengthen working relationships with programs addressing social, economic and environmental factors. In Ohio, we are building on linkages in local communities, which will ultimately drive the changes needed to impact social determinants of health and move toward health equity for CYSHCN.

¹Children with Special Health Care Needs in Context: A Portrait of States and the Nation 2007. U.S. Department of Health and Human Services Health Resources and Services Administration. September 2011.

By Holly Williams, RN, MS

*Director, Bureau of Children with
Special Health Care Needs, Utah
Department of Health*



The life course perspective will bring new opportunities to collaborate with our primary care and prevention partners in Utah and around the country, especially as science and medical advances allow children with disabilities to live longer. The life course perspective is an impetus to look beyond the service itself. Here is one example of what Utah is doing: The Children with Special Health Care Needs (CSHCN) Neonatal Follow-up Program, that sees young children who were born at 1250 grams or less, is partnering with the University of Utah (U of U) Department of Obstetrics to assist mothers in understanding their potential risk for a subsequent preterm birth. We have found that few mothers of premature babies are aware they are at increased risk for another preterm birth. U of U clinicians talk with mothers about risks and available treatments that may reduce that risk. The U of U will study the effects of this intervention on the outcomes of subsequent births in these mothers.

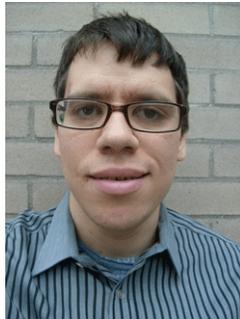
CSHCN promotes early identification of disabilities; healthy development, including relationships, of healthy behaviors; transition to adulthood, including self-reliance and self-advocacy. This perspective will enable us to ensure that children, youth and young adults with special health care needs can live to their fullest potential. Looking back at family history, as well as to the future, is helpful in understanding the possibilities of disabilities being passed from generation to generation. Children with disabilities benefit from high-quality and timely interventions to prevent secondary conditions. Children, youth and young adults have a need for increased health care access, health promotion activities, and overall life stress reduction throughout the life course, targeted to their particular disability.

Real Life Story

By Josiah Barber

Student, Portland State University

Prior to my involvement with maternal child health programs in Oregon, my home state, I had never heard of life course theory. When I learned about the life course theory, though, it made perfect sense, and I can see threads of it appearing in my social work education. After spending some time working with youth with disabilities, I believe life course is a call to professionals to look beyond the medical model and diagnosis. Seek to understand what is happening in other aspects a young person's life.



As a young adult with a disability, life course can be seen in several parts of my journey to adulthood. One piece of life course theory is timing, and how that dictates what role we play in life. From a young age, my parents encouraged me to see my disability as a natural part of my life, and taught me to seek accommodations where necessary to accomplish my goals. As I grew older, they encouraged me to take a more active role in planning my life, particularly relating to education and taking charge of my health care. This meant the role I played changed as time went on and I acquired more independence. Taking responsibility for health care became imperative as a young adult, as I undertook the task of moving away from my parents. All throughout my childhood, my parents had equipped me with skills, such as self-advocacy, so that I could collaborate with health care providers to get my needs addressed. Acquiring these skills provided me with a sense of agency, another part of life course theory.

Working with youth with special health care needs, I meet numerous families and young adults that have not considered how their health care needs may change as they age. Nor have they contemplated the transition to adult-oriented health care. The thought of having to take responsibility for their own care overwhelms them. Since life course also focuses on the timing of events, it is important to note that young adults will eventually come to an age – a time – where health care transition will be necessary. I wish that I had a better understanding of this during my own transition, perhaps I would not have

delayed it so long. So, when talking to youths and parents, I emphasize the importance of planning for that time and help them to think about what skills they may need to develop in order to gain agency in managing their care.

As a person with a disability, I have had many interactions with the health care system throughout my life. From a young age, I showed an interest in working in health care. I never dreamed I would eventually be pursuing a career that would allow me to be a leader in supporting young adults with disabilities in their transition to adulthood. My experience being the recipient of numerous health and educational services throughout my life has shaped my vision of how I want to provide services – helping to empower people with disabilities to live healthy, self-determined lives. Coming full-circle, from a recipient to a provider of services, makes me think of the emphasis life course puts on the past shaping the future.

Life course seems to be applicable in many ways working with youth with disabilities, from helping them gain a sense of agency to exploring their social and familial contexts for a better understanding of events that impact their lives. This is why it is important for health care professionals to look beyond just a disease process and have a greater sense of the strengths and challenges in a young person's life.

Have you connected with AMCHP through social media? Here's your chance to like us, follow us, be part of the AMCHP group and check out our videos on YouTube!!



Member to Member

What tips or tools do you have for state health agencies looking to implement life course?

NEBRASKA

Paula Eureka

Administrator Lifespan Health Services Unit, Division of Public Health, NE Department of Health and Human Services, Lincoln, NE



To effectively implement a life course approach, the MCH practitioner must develop an understanding of the theory within the broader public health community and build working relationships with other disciplines that have a stake in improving population outcomes – such as behavioral health, child welfare and education. This requires that the MCH community find common ground and tools that make the approach relevant. In Nebraska, useful resources and activities have included:

- Adverse Childhood Experiences Study (ACES), which brings epidemiological validity to the concept for those who need “proof”
- *Preventing Chronic Disease: A Strategic Framework* (©National Public Health Partnership, Victoria, Australia, October 2001) as a template for developing working relationships with chronic disease programs
- Small projects that cross MCH and chronic disease on topics like gestational diabetes and the risk for Type 2 diabetes, to foster shared learning
- Replace the MCH pyramid with the Centers for Disease Control and Prevention (CDC) health impact pyramid as a more generalizable and accepted model among other public health professionals.

MCH practitioners must be willing to carry the life course “message” to a wide range of partners and work to make it real and meaningful. Only then will collaborative, effective strategies be realized.

OKLAHOMA

Alicia Lincoln

PRAMS/TOTS Projects Manager

Julie Dillard

Public Health Social Work Coordinator

Change can be intimidating and overwhelming. Below are some steps Oklahoma used to help ease the transition into using life course approach in maternal and child health.

First, start by educating your staff about life course.

- Utilize the [CityMatCH Life Course Game and Facilitator's Kit](#) as a tool to introduce concepts
- Know your audience – perhaps consolidate the plethora of life course information into basic, intermediate, and advanced knowledge and start at the level of your audience
- Theory is not meaningful without practical application – personalize training by using program specific examples and personal life reflection

Second, encourage staff to view the life course not as a foreign idea, but as a next step.

- Consider how life course is part of what MCH staff already does
- Brainstorm how to add life course concepts and ideas where they are not yet incorporated



Oklahoma MCH staff take part in an exercise using the CityMatCH Life Course Game

Third, use the vocabulary consistently and often. Make it common terminology in your workplace.

- Pathways and Trajectories
- Risk and Protective Factors
- Early Programming
- Cumulative Impact
- Critical or Sensitive Periods



A View from Washington

Taking a Life Course Perspective on Advocacy

By Brent Ewig, MHS
Director, Public Policy & Government Affairs, AMCHP



It recently occurred to me that I have now spent almost the exact number of years working in health policy in our nation's capital that I did in the state I grew up in (Hello Wisconsin!). This realization caused some soul searching moments, including a) how did I get so old so fast, b) have I become cynical, jaded and disillusioned, c) do I know any more about health policy and politics now than I did in 1994, and d) what happened to the hair I used to have and is my bald spot growing?

Especially today, the temptation to become discouraged is strong. Budget pressures seem more intense than ever, the divisiveness and uncertainty over the fate of health reform is potentially paralyzing, and new threats to critical program spring up faster than the dandelions in my yard.

In times like these, I remind myself of the power of optimism and relish the concept I learned of through Magda Peck, who I believe picked up on it from former CDC Director Dr. Bill Foege, who in turn credits former diplomat Harlan Cleveland with the observation that the field of public health is fueled by “unwarranted optimism.” Dr. Foege is a true public health hero instrumental in the worldwide eradication of polio. He reminds us: “It is optimism that allows us to go beyond what seems to be possible.” Incidentally, it was recently announced that Dr. Foege is being honored by President Obama with the Presidential Medal of Freedom, along with another of my heroes, Bob Dylan.

We are going to need this optimism as we embark on the wonderful potential of operationalizing life course theory into MCH policy and practice. As Amy Fine and Milt Kotelchuck (two more public health heroines/heroes in my book) acknowledge in their excellent treatise on life course, “Translating life course theory into concrete programs and policies is perhaps the most difficult of the life course challenges.” I agree wholeheartedly with

their assessment because the very essence of what operationalizing life course theory calls for – sustained, flexible funding that focuses on building systems rather than soloed disease or body-part-focused programs – is in direct opposition to how the U.S. Congress historically has funded public health efforts.

Two cases in point, we are all painfully too aware of how funding for the Title V MCH Services Block Grant has eroded in the past decade. More recently, the transformative potential of the Affordable Care Act Prevention and Public Health Fund is consistently derided by critics as a “slush fund” rather than the visionary investment in healthier communities and futures that it truly is.

Our central challenge, in my view, will be convincing policymakers of the need for adequate resources to address the factors life course theory illustrates are outside the direct influence of the health care system, such as socioeconomic status, environmental factors, racism, and access to adequate education, housing, and transportation. To be blunt, policymakers probably are not looking to health officials for recommendations on how to improve education or expand access to affordable housing, and that indeed may not be our main area of expertise. Yet, we know that these issues are fundamental to improving public health – maybe even more vital than ensuring access to health care. So we need to think carefully how health agencies and health officials can engage in this dialogue. We know we have a role to play in improving these systems and structures, but we need to make sure we frame it in a way that adds value and optimizes the multi-sector collaborations that the life course theory requires.

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Mississippi Department of Health

CYSHCN DIRECTOR

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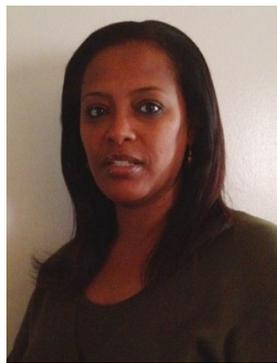
Mary Beth Vickers, RN, MSN

Acting Division Director, CMS Network & Related Programs
Florida Department of Health, Division of CMS

AMCHP WELCOMES NEW STAFF

Kidist Endale

Kidist Endale joins AMCHP as the Accounting/HR Assistant. Kidist has more than 20 years of experience working in various capacities. Prior to joining AMCHP she worked mainly in the private sector – The Marriott Corporation, Raytheon, First American Real Estate and in her family business in Ethiopia. She has an AS in Computer Programming from Northern Virginia Community College, and a BS in Decision Sciences/Management Information Systems from George Mason University.



Beth Harris, MA

Beth Harris joins AMCHP as the Development Director. Beth will be working with the current AMCHP staff to secure additional funding for new and existing programs. Previously, Beth worked at FHI 360, a global health and development organization, where she spent five years in a variety of business development roles. She has experience with proposal writing and management, client relationship management, strategic planning, and business development systems and tools. She has worked on proposals for the United States Agency for International Development, CDC, the Children's Investment Fund Foundation, and a host of smaller foundation and corporate sponsors. Prior to her time at FHI 360, Beth worked as a Public Health Analyst at the HRSA and then served as a Peace Corps volunteer in Tonga. Beth holds an MA in International Administration with a focus on Global Health & Global Economics from the University of Denver. Members and friends of AMCHP with suggestions for fundraising and development are encouraged to contact Beth at bharris@amchp.org.



Get Involved

New Women's Health Prevention Brief!

AMCHP and CityMatCH have released a Women's Health Prevention Brief that highlights the importance of addressing the built environment in order to improve maternal health and birth outcomes. This brief is the last in a series of issue briefs highlighting the priority areas (injury and chronic disease, health disparities, reproductive and maternal health, and healthy lifestyles) identified in the AMCHP/CityMatCH Women's Preventive Health Framework. Previous briefs have focused on Women's Mental Health and Women's Health Equity. This brief begins with an overview of the built environment and research on the connections between the built environment and health. Next, the biological and social impacts of an unsupportive built environment on maternal health and birth outcomes are explored. Finally, promising programs at the state and local levels are highlighted. These briefs are a continuation of the work of the AMCHP/CityMatCH Women's Health Partnership (WHP), which seeks to identify and promote unique state and local MCH roles and opportunities to improve women's health before and between pregnancies. To download the Women's Health Prevention Brief, please [click here](#).

Need Assistance Publishing Your Findings? MCHIRC Can Help!

State and local MCH agencies have a wealth of information but you often struggle to find it published because MCH agencies and their staff have limited time to publish scientific articles. MCHB, recognizing that MCH agencies needed help in getting this information disseminated, joined with CDC to develop the MCH Information Resource Center (MCHIRC). THE MCHIRC offers technical assistance and support in the development of publication-worthy articles on timely MCH topics by state and local MCH programs and agencies. The highly qualified staff and consultants of the MCHIRC can help to turn your research and evaluation findings into articles for peer-reviewed journals at no cost to you. For more information, [click here](#).

AMCHP/CDC Webinar on the RHAD Toolkit

AMCHP and CDC will host a national webinar, "Emergency Preparedness and MCH: A Guide to the Reproductive Health Assessment After Disaster (RHAD) Toolkit" on Jun. 28 from 3-4 p.m. EDT. This webinar includes a description on the importance of post-disaster reproductive health

assessments and the rationale for the creation of the RHAD Toolkit; highlights one state's experience trying to capture post-disaster reproductive health data for their MCH program; and reviews the successes, challenges and lessons learned from piloting the toolkit. Speakers will include Amy Williams, MPH, Consultant, Division of Reproductive Health/CDC; Juanita Graham, MSN, RN, Mississippi State Department of Health; and Jennifer Horney, PhD, MPH, CPH, Director, University of North Carolina Center for Public Health Preparedness. To register for the webinar, please [click here](#). For more information on the RHAD Toolkit, please [click here](#).

AAP/MCHB Time Out for Genetics Webinar Series

The Genetics in Primary Care Institute – a cooperative agreement between the American Academy of Pediatrics (AAP) and MCHB – is now offering *Time Out for Genetics*, a free educational webinar series. The objective of this 10-part webinar series is to increase awareness and education regarding the provision of genetic medicine in primary care practice. It is designed for primary care clinicians, pediatricians, pediatric sub-specialists, family physicians, nurse practitioners, genetic counselors, geneticists and other stakeholders. Upcoming webinars include: Genetics Evaluation, Referrals, and More – What To Do Next (Jun. 28 from 12-12:30 p.m. CDT); Myths of Primary Care Providers and Patients/Families Regarding Genetics – Setting the Record Straight (Jul. 26 from 12-12:30 p.m. CDT); and Heard About Genetic Counseling? What Does it Mean for You, Patients, and Families? (August 30 from 12-12:30 p.m. CDT). [Click here](#) for more information on the *Time Out for Genetics* webinar series, or to register for a webinar. Questions can be directed to [Natalie Mikat-Stevens](#).

RWJF Seeking Nominations for the Young Leader Awards

The Robert Wood Johnson Foundation (RWJF) will honor up to 10 leaders age 40 and under who offer great promise for leading the way to improved health and health care for all Americans with The Young Leader Awards. The Foundation will make up to 10 awards of \$40,000 each to outstanding young leaders. Winners will be publicly announced at a RWJF conference to be held in Princeton, New Jersey, on Oct. 25-26. The deadline for nominations is Jul. 16. For more information, [click here](#).

Resources

[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.

- [AMCHP State Life Course Resource Center](#) – To further promote the adoption and integration of life course within state Title V programs, AMCHP has established the State Life Course Resource Center. This website provides tools and resources that are targeted specifically to the state level.
- [Moving the Life Course Work Forward: Recommendations from the Life Course Town Hall Meetings](#) – This publication, commissioned by CityMatCH and AMCHP, includes key life course themes and recommendations, as well as information about creating a common language around life course, establishing a shared outcomes framework, designing educational strategies, establishing learning communities and identifying funding strategies.
- [Innovation Station](#) – The AMCHP searchable database of emerging, promising and best practices in MCH. The Innovation Station allows you to learn more about MCH programs across the United States and to benefit from the lessons learned by your peers.

[CityMatCH Life Course Toolbox](#) – The MCH Life Course Toolbox is an online resource for MCH researchers, academics, practitioners, policy advocates, and others in the field to share information, innovative strategies, and tools to integrate the life course perspective into MCH work at the local, state and national levels.

[MCH Life Course Research Network](#) – This Health Resources and Services Administration (HRSA) website provides researchers, practitioners, policymakers, and consumers with a mechanism for interacting, sharing information and tools, and engaging in collaborative and innovative projects, including the development of a life course research agenda.

[A Life Course Approach Resource Guide Developed by the MCH Training Program](#) – This HRSA website provides a number of key resources to help MCH training programs explore the implications of the life course perspective for efforts to improve the health of all women, children, youth

Resources CONT.

and families. Visit the site for fact sheets and policy briefs, peer-reviewed journal articles, presentations and course lecture series, examples of local initiatives and more.

- [Rethinking MCH: The Life Course Model as an Organizing Framework](#) – This 2010 concept paper synthesizes the best thinking on MCH life course and outlines how the theory might be used to frame the upcoming MCHB strategic planning process. The paper also provides a series of examples on how a life course perspective might be incorporated into MCH research, programs, policies, and partnerships to optimize health outcomes and reduce disparities across the population.



Do you have a successful practice that incorporates the life course theory? Let us know about it!

AMCHP is collecting emerging, promising and best practices in maternal and child health and would like to include effective life course interventions and programs, including those using life course as a theoretical foundation to improve health outcomes.

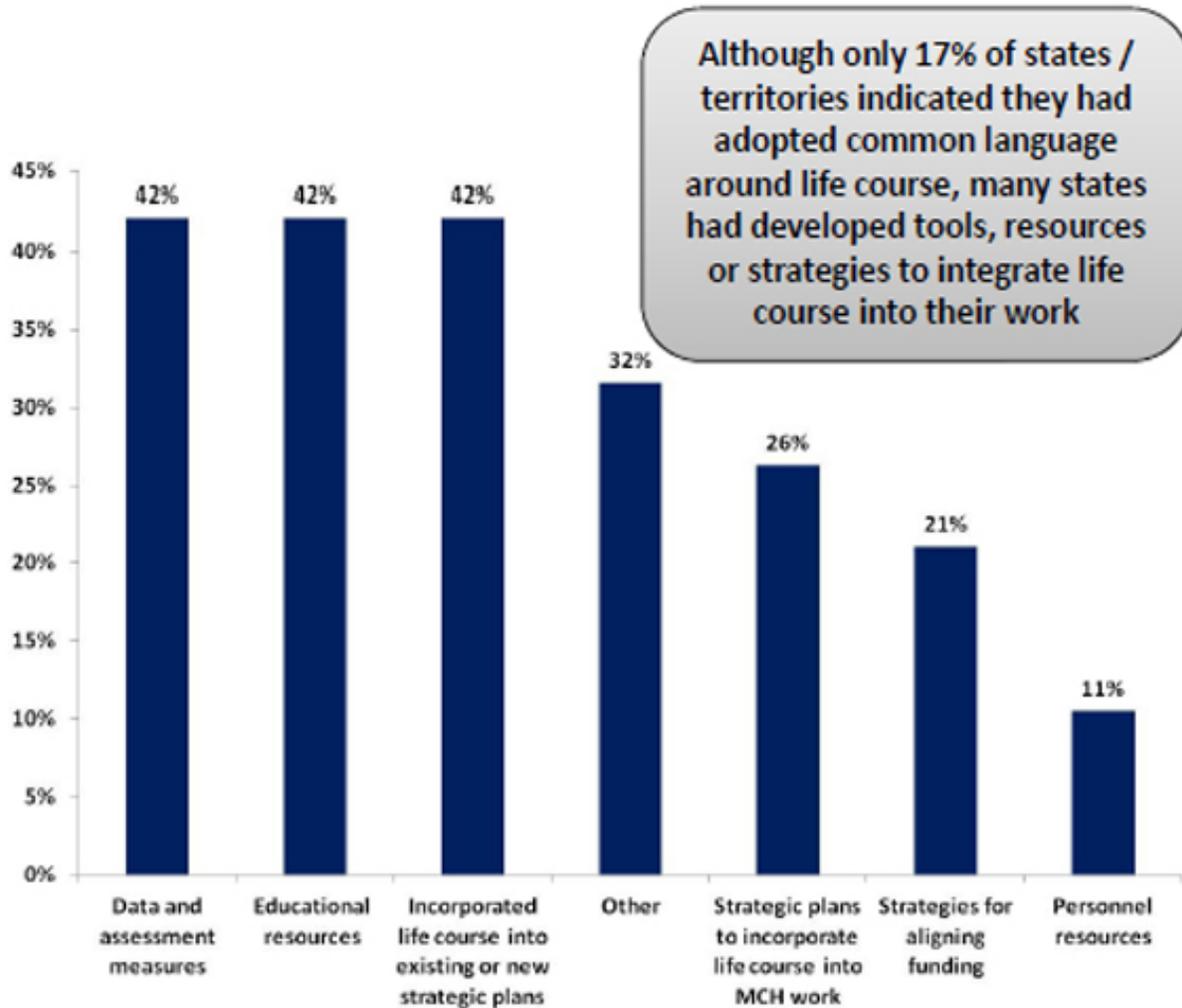
Please consider sharing your program through [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- 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!

Data and Trends



Although only 17% of states / territories indicated they had adopted common language around life course, many states had developed tools, resources or strategies to integrate life course into their work

Data and Assessment Measures: performance measures, outcomes, intermediate indicators, etc.

Strategies for Aligning Funding: for design, implementation and evaluation of life course related activities

Educational Resources: tools, presentations, materials and strategies to educate partners about life course, including policy makers, medical and public health practitioners, families, youth, advocates, community partners, etc.

Other: technical assistance requested, promoting life course in agency, staff conference for MCH section, used for program planning

Personnel Resources: dedicated staff to integrating life course, new position descriptions, organizational charts, etc.

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AMCHP Staff CONT.

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

Calendar

MCH Events

[2012 New York State Perinatal Association Annual Conference](#)

Jun. 7-8
Albany, NY

[National Fetal-Infant Mortality Review \(NFIMR\) Annual Conference](#)

Jun. 7-9
Arlington, VA

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

Calendar CONT.

[National Premature Infant Health Coalition Annual Summit-Connections 2012](#)

June 14-15, 2012
Washington, DC

[Head Start's 11th National Research Conference](#)

Jun. 18-20
Washington, DC

[25th Anniversary Meeting of the Society for Pediatric and Perinatal Epidemiologic Research](#)

Jun. 25-27
Minneapolis, MN

[APHA Mid-Year Meeting](#)

Jun. 26-28
Charlotte, NC

[NACCHO Annual Conference](#)

Jul. 11-13
Los Angeles, CA

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

Aug. 4-6
Arlington, VA

[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

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