



PULSE

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

Women's Health

May/June 2015

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From the President

By Sam B. Cooper III, LMSW-IPR



As I am writing this, National Women's Health Week is drawing to a close. Traditionally, it begins with Mother's Day. Growing up in Houston, Dad and I were outnumbered by three younger sisters and a mother who seemed to have the ability to be in three places at once. Mom was well known for her uncanny ability for early identification of potential health hazards (i.e., homemade backyard obstacle course), for her amazing sense of just when that hug was most needed, and for her supportive words of encouragement to kids that were typically pushing the farthest corners of the envelope. Mom's passing this past January has been a challenge that our crew is still trying to absorb, but we keep coming back to those gifts that she shared with us. Her strength, determination, and commitment to our family and friends sets a standard that we strive to achieve.

This edition of *Pulse* focuses on the challenges and opportunities for improving the health and well-being of our country's mothers, sisters and daughters. Many of you are putting the finishing touches on your Title V MCH Services Block Grant needs assessment, annual report, and application, addressing the six population health domains, including women's and maternal health. The articles that are included in the next pages were gathered to provide just a slice of the action that is happening now around the states and territories. Whether you choose to incorporate this information into the health care systems of your state or local organization or your own family's "system of care," make it work for you. Investing resources and energy in the health of all women can provide amazing returns for our country.

Slàinte,

Sam



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the CEO

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



This issue of *Pulse* is perfectly timed! We've just concluded celebrating Women's Health Week and Mother's Day and are eagerly looking ahead to Father's Day. You'll read in this issue how states honored Women's Health Week as well as learn about the coinciding launch of new AMCHP publication, *Health*

for Every Mother: A Maternal Health Resource and Planning Guide for States. What a wonderful time of year to recognize the role and importance of women and men's health and well-being to their children, families and communities!

As an avid reader and a lover of trivia and facts, I decided to do some exploratory work around Mother's and Father's Day for fun. Julia Ward Howe introduced the idea of Mother's Peace Day in 1872 in Boston. Julia was considered far, far ahead of the times with regard to her ideas around women suffrage, pacifism, education, and peace. According to her biography, Julia's Mother's Day idea was "envisioned as a day of solemn council where women from all over the world could meet to discuss the means whereby to achieve world peace. They would also convene as mothers, keeping in mind the duty of protecting their children." In another part of the country at around the same time, Anna Jarvis of West Virginia was busy helping to start "Mothers' Day Work Clubs" to teach local women how to properly care for their children. Anna also later organized "Mothers' Friendship Day," at which mothers gathered with former Union and Confederate soldiers to promote reconciliation. In fact, it would be Anna who later initiated the actual campaign in 1908 that resulted in President Woodrow Wilson recognizing Mother's Day as a national holiday on May 9, 1914 "as a public expression of our love and reverence for the mothers of our country."

Father's Day wasn't such an embraced concept unfortunately for many years, yet there were early glimpses of the need to honor dads. Around the same time Anna was helping to start Mother's Day in West Virginia, a woman in Washington State, Sonora Dodd, began a movement to recognize male parents because she was one of six kids raised by a widower and Civil War veteran. As a result of her work, the governor of Washington state in 1910 proclaimed the nation's first Father's Day. Many states later came on board with the idea of celebrating fathers, but believe it or not, it would be 1972 before Father's Day would become a national holiday under then-President Richard Nixon.

Mother's and Father's days have not been without controversy. Because of the heavy commercialization of the holidays even in the early 19th century, those responsible for the movements later lobbied against Mother's and Father's days! There also was an effort that started about

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From the CEO CONT.

a decade after the Mother's Day proclamation to replace Mother's and Father's Day with a single holiday, Parents' Day to recognize "that both parents should be loved and respected together." The idea, spearheaded by Robert Spere, sadly did not catch on because of the Great Depression.

Today, more than ever before, we really need to celebrate and honor moms and dads and their families. With an estimated 80.9 million families in the United States, the health of the women and men heading these families is crucial to the well-being of the family unit and the kids (and to this country). About 43 percent of families (34.4 million) have children under the age of 18 in the household. As expected, beneath the surface of these larger numbers lie some troubling statistics that are greater than can be explored here, yet cannot afford to continue to be ignored. For example, today one in four children under the age of 18 – a total of about 17.4 million – are being raised without a father and nearly half (45 percent) live below the poverty line. The more the data is stratified, the more the sad story of inequity rears its ugly head once more.

For now, please read on to learn what the most current, topical concerns and interests are in the women's health area and let's together celebrate the important role of women and their good health within their families and greater communities.

Feature Capitalizing on Health Reform to Improve Preconception Health

By **Atyya Chaudhry, MPP**
Policy Analyst, Health Reform Implementation, AMCHP

AMCHP developed an issue brief focusing on preconception health and health care. Despite improvements in the past few decades, infant and maternal deaths remain high in the United States. Preconception health and health care provide an opportunity to care for the health of a woman



Feature CONT.

Capitalizing on Health Reform

before she becomes pregnant in efforts to improve birth outcomes for mother and child. With so many unplanned pregnancies in the United States, preconception health and health care is important for all people of reproductive age. The Centers for Disease Control and Prevention (CDC) defines preconception health as "the health of women and men during their reproductive years, which are the years they can have a child. It focuses on taking steps now to protect the health of a baby they might have sometime in the future. Preconception health care is the medical care a woman or man receives from the doctor or other health professionals that focuses on the parts of health that have been shown to increase the chance of having a healthy baby." Changes in public policy and health care financing, particularly health coverage and benefits, are needed in order to improve access to preconception health care. Many states are investing resources in preconception health to improve maternal health and ensure healthy birth outcomes. The 2010 *Patient Protection and Affordable Care Act (ACA)* provides states and communities with new opportunities and resources to develop and expand preconception health efforts.

This issue brief, [*Opportunities and Strategies for Improving Preconception Health through Health Reform*](#), explores how states can capitalize on the opportunities presented by health reform to improve birth outcomes, particularly through preconception health. The issue brief provides a brief overview of provisions in the ACA that can influence access to care for women and men in the preconception period. This issue brief highlights state Title V MCH programs, particularly programs in the three states (Michigan, Oklahoma and Oregon) that participated in an action learning collaborative and two additional states (Delaware and Colorado) and are working toward improving preconception health. Several state strategies are identified including, building and strengthening state and community partnerships, improving access to and quality of primary care for women, improving financing of preconception care services, and using data to inform program development and policy change.

We hope this issue brief is a useful resource for your state MCH program. For questions or comments, please contact Atyya Chaudhry at achaudhry@amchp.org or 202-775-1474.

Feature

Historical Initiatives to Improve Women's Health: The War on Poverty and the 50th Anniversary of Medicaid

By **Stacy Collins, MSW**
Associate Director, Health Reform Implementation



In his first State of the Union address on Jan. 8, 1964, President Lyndon Johnson announced a national "War on Poverty." At that time, while the country was in a period of relative post-war prosperity, nearly a quarter of all American families lived beneath the poverty line. "The War on Poverty" became the unofficial moniker for a host of legislative initiatives proposed and implemented by the Johnson Administration. Many of these programs – Head Start, Food Stamps, Medicare, Title I, Job Corps and VISTA – remain in place today. A cornerstone of the War on Poverty was Medicaid, a program built on the belief that affordable health care is essential to lifting people out of poverty and maintaining economic prosperity. 2015 marks the 50th anniversary of the passage of Medicaid, which, over its history, has become a pillar of the U.S. social safety net – and a vital source of health coverage for women and families.

Medicaid had a profound effect on women, who make up two-thirds of Medicaid's nonelderly adult enrollees. Prior to the passage of Medicaid, most health care was privately funded. Few poor women had insurance for hospitalization or physician care, and infant mortality rates differed significantly by race and ethnicity. Over the years, Medicaid has played an important role in the lives of poor women by providing a wide range of benefits, including well-woman care, family planning and maternity care, hospital and physician care, prescription drugs, cancer treatment, and behavioral health care, among other benefits. Medicaid is the leading payer of maternity care in the United States, financing nearly 50 percent of all births. As a primary source of coverage for women of color, Medicaid is a leader in the national effort to reduce health disparities and advance health equity.

The evolution of Medicaid resulted in important coverage expansions for poor women. In 1972, family planning was added as a mandatory Medicaid benefit. Medicaid family

planning coverage expanded again in the early 2000s, at which time states were permitted federal waivers to provide family planning services to women who no longer qualified for Medicaid eligibility (e.g., those who were beyond the 60-day postpartum period). Today, Medicaid accounts for three-quarters of all publicly funded family planning services in the United States.

Over the years, federal eligibility rules have broadened to allow access to early prenatal care for pregnant women. These eligibility expansions are credited with improved health outcomes for children, including reductions in infant mortality and low birth weight. Further expansions available through the Affordable Care Act offer the possibility of more continuous Medicaid coverage to low-income women of childbearing age. This may improve access to preconception and interconception care, which in turn can advance the health of mothers-to-be and result in better infant health outcomes.

The economic benefit of Medicaid coverage is as important as the direct health services it provides. By eliminating the burden of catastrophic medical expenses, Medicaid has promoted the economic security of women and families.

Through its groundbreaking efforts, the War on Poverty acknowledged the relationship between poverty and poor health. On its 50th birthday, Medicaid faces daunting financial and political challenges, but remains one of the War on Poverty's most impactful programs in the effort to improve the health of women and children.

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Feature

The Well-Woman Visit in the Title V Performance Measurement Framework: Access, Content or Quality?

By Ashley Hirai, PhD

Senior Health Scientist, Office of Epidemiology & Research, Maternal and Child Health Bureau, HRSA

Andria Cornell, MSPH

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Senior Policy Manager, Health Reform Implementation, AMCHP



Why Include Well-Woman Visits in the Title V Performance Measurement Framework?

In the new Title V performance measurement framework, states will select eight of 15 National Performance Measures (NPMs) that are most relevant to a given state's needs and priorities across six population domains. To better document the impact of Title V, states will be developing and tracking Evidence-based/informed Strategy Measures (ESMs) to improve their selected NPMs and related longer-term National Outcome Measures (NOMs). The well-woman visit (NPM-1) was included as a women's/maternal health performance measure on the basis of a number of factors, including alignment with the HRSA and Title V mission of promoting access to preventive services, a key emphasis in the Affordable Care Act, and the opportunity to leverage and strengthen many public and private partner initiatives that promote access and quality of well-woman care as a driver of preconception health and improving maternal, perinatal, and infant health outcomes. A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies.

About the Measure

The well-woman visit, NPM-1, is defined as the percent of women aged 18-44 with a past-year preventive medical visit. The measure is based on self-report to the following survey question: "About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition." The data source is the Behavioral Risk Factor Surveillance Survey (BRFSS), which is population-based and available annually for all states, DC, Guam, and Puerto Rico. To reduce reporting burden and improve standardization, the data are pre-populated in the Title V Information System. Data are provided both by year to inform objective-setting and by various demographic stratifiers to identify program targets and opportunities for improvement. At the national level, 65.2 percent of women reported receiving a past-year preventive visit in 2013 – a rate that has remained within 64.0 percent to 66.4 percent for the past five years and indicates considerable room for improvement. For more information about this and other measures, including national estimates and SAS code to facilitate more detailed exploration in your state/jurisdiction, please visit the [Federally Available Data \(FAD\) Resource Document](#).

How Does it Align with the ACOG and QFP guidelines?

NPM-1 is a measure of access, rather than quality or content of the health care visit. The American College of Obstetricians and Gynecologists (ACOG) released comprehensive guidelines and recommendations for obstetricians-gynecologists and others caring for women on the [content of the annual well-woman visit](#), including screening, laboratory testing, evaluation and counseling, and immunizations, based on a [committee opinion](#) that was reaffirmed in 2014. Also in 2014, the CDC and the U.S. Office of Population Affairs (OPA) released the [Providing Quality Family Planning \(QFP\)](#) recommendations that describe the services to be provided in a family planning visit. These guidelines are intended to be complementary, detailing aspects of high quality and comprehensive care for women across the life span, including during adolescence, and assist the various providers that may see these patients. Although the Title V performance measure on well-woman visit focuses on access, states are encouraged to explore opportunities to enhance the quality and comprehensiveness of care in concert with efforts to improve access to preventive health care for women and adolescents. Certain dimensions of content and quality may be measurable in BRFSS, Medicaid, or

Feature CONT.

Well Woman Visit Measurement

Title X data (e.g. having a personal doctor, diabetes, blood pressure, depression, and cervical cancer screening, vaccination, and contraceptive counseling) and could serve as complementary state performance measures.

What are your strategies to support this NPM? What are the levers you are using in your state/jurisdiction to improve well-woman visit utilization? Please consider submitting your activities to the [AMCHP Innovation Station](#), so others can benefit from what you've learned. Also see the recent issue brief entitled [Opportunities and Strategies for Improving Preconception Health through Health Reform: Advancing Collective Impact for Improved Health Outcomes](#), which highlights activities of three state Title V MCH programs, in an action learning collaborative working to enhance preconception health and preventive care for women.

Feature

Health for Every Mother: A Unique Opportunity to Plan and Partner for Moms

By **Brittany Argotsinger, MPH**

Program Manager, Women's and Infant Health, AMCHP



With the 2015 transformation of the Title V MCH Services Block Grant, state Title V programs were charged with improving the health of women and mothers in new, more explicit ways. In addition to new outcome measures of maternal mortality and severe morbidity, all states are now accountable for improvements in one of two national performance measures within a

Technical Assistance Available

Monitoring and analysis of how health reform implementation/ACA will affect MCH populations is of highest priority to the AMCHP health reform implementation team. The preventive health services coverage of well-woman visits with no cost sharing or co-pay should lift many barriers to women accessing these services while also remaining the payor of last resort for women who remain uninsured. As you develop and refine your strategies to improve access to care for women across the life span, the following MCHB-sponsored technical assistance resources are available to you:

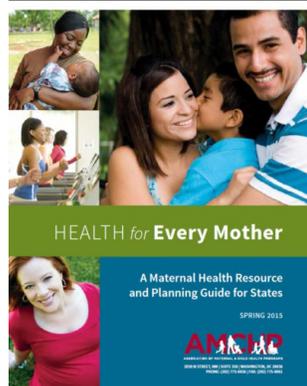
Resource	Brief Description
Infant Mortality CoIIN – Pre- and Interconception Care Learning Network	Provides technical assistance (QI, innovation, data/measurement) and a platform for collaborative learning to promote optimal women's health before, after, and between pregnancies by improving utilization and quality of postpartum and adolescent well visits with a focus on improving effective contraceptive use
Alliance for Innovation on Maternal Health (AIM)	Aligns national, state, and hospital level efforts to improve maternal health and safety through technical assistance and quality improvement efforts around maternal safety bundles, including the development of standards of care for the interconception and postpartum visit
Healthy Start Epic	Provides technical assistance, training, and capacity building to ensure program effectiveness for the 100 community-based Healthy Start Projects in 37 states working to improve birth outcomes through a focus on women's health, quality of care, family resilience, and collective impact
MCH National Workforce Development Center	Offers state and territorial Title V leaders training, collaborative learning, coaching and consultation in implementing health reform through a variety of platforms, including an analysis to determine the best areas for Title V to support the implementation of insurance protections and states' work on the well-woman visit NPM
Strengthening the Evidence Base for MCH Programs (website coming soon!) Contact: Cynthia Minkovitz, MD, MPP cmink@jhu.edu	Provides support and resources to assist state Title V MCH programs in developing evidence-based or evidence-informed State Action Plans to address selected National Performance Measures, State Performance Measures, and related National Outcome Measures

Feature CONT.

Health for Every Mother

new women's and maternal health population domain: 1) percent of women with a past year preventive (well-woman) visit; and 2) percent of cesarean deliveries among low-risk first births. Currently in the process of identifying their priorities for the next five years, Title V programs are already looking ahead to the selection of related evidence-based or evidence-informed strategy measures (ESMs) in 2016.

To support states in planning for comprehensive maternal health initiatives at the state level or in partnership with local communities, AMCHP released a new publication for MCH programs and their partners, *Health for Every Mother: A Maternal Health Resource and Planning Guide for States*. The guide was



released in conjunction with National Women's Health Week 2015 and is available for immediate download from the [AMCHP website](#). Organized by six core elements of a comprehensive maternal health initiative, the guide offers a menu of program and policy options, supplemented by a wealth of national resources. Planning tools offer a framework to assess current initiatives, their alignment with national performance measures (and the accountability standards of partners), and untapped opportunities for state and local action.

Arguably of greatest value to states are the nearly 80 implementation examples shared by Title V peers and partners in the field. In Minnesota, for example, Title V leaders have successfully implemented hard stop policies for early elective delivery and have joined the table to advance systems thinking to address social determinants of health. MCH leaders in Delaware are partnering with providers to enhance communication and quality across birthing hospitals as part of a longstanding perinatal collaborative. They also partnered to implement environmental changes that promote physical activity and nutrition, launched successful reproductive life planning campaigns, and improved access to enhanced service bundles for women at risk for poor birth outcomes. In Massachusetts, housing initiatives and support for pregnant and parenting teens address social determinants of health for those most vulnerable, while home visiting

programs – including a universal home visiting pilot – offer patient-centered approaches to maternal health screening and support. In California, data capacity and partnerships make possible the development of clinical toolkits that address leading causes of maternal morbidity and mortality. Women's cardiovascular health promotion and care management initiatives in North Carolina are complemented by tobacco cessation and other clinical interventions across the care continuum. In Washington, cross-program coordination, health care innovation, and shared decision making initiatives, among others, are in place to improve the health of mothers.

Understanding the current maternal health landscape in your state will be an important first step toward synergy and collective action across programs serving women of reproductive age. Hard copies of the guide may be requested by contacting Brittany Argotsinger, bargotsinger@amchp.org or (202) 266-3048. If your team would like assistance in putting the new guide to use, please let us know.

Feature

NAMD/AMCHP Support State-to-State Learning on the Overuse of C-Sections among Low-Risk, First-Time Mothers

By Lindsey Browning, MPP
Policy Analyst, NAMD

As a major payer and market force in MCH, Medicaid agencies are essential to innovations that improve the health of pregnant women and their children.

Recent efforts to curb early elective deliveries demonstrate the potential impact of these reforms. With the ongoing movement to pay for value rather than volume in Medicaid, states are identifying new ways to address birth outcomes and build on existing initiatives. Some states have identified an opportunity to address the overuse of cesarean-sections for low-risk births among first time mothers (low-risk, primary c-sections) to drive value in Medicaid. States are



Feature CONT. NAMD/AMCHP

targeting this in order to address the adverse outcomes that result from non-medically indicated c-sections, as well as the significant cost implications of its overuse.

To support states that are working on this issue, the National Association of Medicaid Directors (NAMD) and AMCHP created a virtual learning collaborative last December to facilitate state-to-state learning around low-risk, primary c-sections. Medicaid agency officials that were interested in this issue elected to participate in the series of virtual discussions. Many participants also brought sister state agency representatives to the table, including individuals from public health departments and Title V MCH programs. States did so in recognition that effective policy solutions often hinge on multiagency collaboration.

Over a five-month period, participants explored policy approaches to address low-risk, primary c-sections and the many complex factors that drive the unnecessary use of this service. The discussion recognized that no one-size-fits-all solution exists. Rather, states explored opportunities for sharing learning, including around four key elements of efforts to address low-risk, primary c-sections:

- Stakeholder engagement in shaping policy initiatives and sustaining them
- The role of data and quality metrics to promote transparency and inform other policy approaches
- Payment models to incentivize the use of vaginal birth and discourage overuse of low-risk c-sections among first-time mothers

Participants also explored the importance of interagency partnership within each key element of their policy efforts. For example, states discussed how interagency partnership can effectively support stakeholder engagement; each agency can involve key groups with whom it has a strong relationship, such as clinicians, hospitals, Title V programs and consumer-focused organizations, like the March of Dimes. In another instance, states explored the role of vital records data in reducing the excessive use of low-risk c-sections, and how interagency partnership is necessary for its use. To learn more about this project please contact Piia Hanson at phanson@amchp.org.

Feature Strategic Partnerships to Improve Women's Health Before, During and Beyond Pregnancy

By Keisher Highsmith, DrPH
Director, Special Initiatives & Program Planning & Evaluation, Division of Healthy Start and Perinatal Services, Maternal and Child Health Bureau, Health Resources and Services Administration; Project Director for the Maternal Health Initiative and the Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety Initiative



The rising number of maternal deaths and severe complications in the United States is an indicator of the fragmented public health and health care delivery system. The CDC reports that severe maternal morbidities have risen 50 percent in the last decade, from 7.2 to 17.8 per 100,000 live births, and estimates that 50 percent of maternal deaths are preventable. New birth certificate data (2013) show that rates of maternal morbidity were higher for cesarean than vaginal deliveries. Blood transfusion and ICU admissions were the highest among women who had a primary cesarean delivery; 525.1 and 383.1 per 100,000 live births, respectively. Significant race and ethnic disparities in maternal mortality persist and have not improved in more than 60 years. In the United States, African American women have a three to four times higher risk of dying from pregnancy-related complications than white women. In some states, this risk is as much as six to seven times higher for African American women compared to white women.

In recent years, efforts to reduce maternal morbidity and mortality have reemerged to address policy, clinical practice, surveillance and research. In 2011, the Health Resources and Services Administration (HRSA) announced its commitment to improving women's health by launching the Maternal Health Initiative, a national strategy to reduce maternal morbidity and mortality. In September 2014, to take action toward this national vision, HRSA launched the Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety

Feature CONT.

Strategic Partnerships

(AIM: Maternal Health), a national campaign to equip and empower every state, perinatal quality collaborative, hospital network/system, birth facility and maternity care provider in the United States to save women from mortality and preventable severe complications during pregnancy, labor and delivery. This will be achieved by collaborating with states and hospital systems across the nation to promote a culture of maternal safety through three primary strategies: 1) developing evidence-based patient safety bundles to reduce low-risk primary cesarean deliveries; 2) integrating maternity safety practices into birthing facilities for the three most preventable causes of maternal death: obstetric hemorrhage, severe hypertension and venous thromboembolism; and 3) promoting preconception/interconception care and utilizing postpartum and well-women visits to provide such care.

The AIM: Maternal Health is designed to complement current maternal safety initiatives in progress on a state and hospital level through:

- Alignment of national, state, and hospital level efforts to improve maternal health and safety
- Integration of system based improvement initiatives to reduce adverse maternal outcomes
- Harmonization of data-driven continuous quality improvement processes
- Access to evidence-based implementation resources to streamline maternal safety bundle implementation

The AIM: Maternal Health is a national coordinated effort of maternity provider and hospital organizations, public health groups, and women's support and advocacy organizations including: ACOG, American College of Nurse Midwives (ACNM), AMCHP, Association of State and Territorial Health Officials (ASTHO), Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), California Maternal Quality Care Collaborative (CMQCC), Society of Maternal-Fetal Medicine (SMFM), and the Council for Patient Safety in Women's Health Care. Furthermore, HRSA also partnered with government agencies including: the CDC, Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), the Indian Health Service (IHS), and the Department of Defense (DOD).

Quality improvement and practice change requires engagement of many partners, hard work and local

ownership. AIM: Maternal Health provides important support for this process and works with states to design a plan that complements existing efforts and strengthens both the public health and health care delivery systems. To learn more about the Maternal Health Initiative, please visit <http://mchb.hrsa.gov/maternalhealth/>. To learn more about the Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety campaign, please visit <http://www.safehealthcareforeverywoman.org/aim.html>.

Feature

Partnerships to Strengthen and Leverage Preconception and Interconception Health

By Elaine L. Fitzgerald, DrPH, MIA
Infant Mortality CoIIN Project Director, NICHQ

Sarah Verbiest, DrPH, MSW, MPH
Executive Director, UNC Center for Maternal and Infant Health and Senior Consultant, National Preconception Health and Health Care Initiative



The national Infant Mortality (IM) Collaborative Improvement & Innovation Network (CoIIN) officially launched in February 2015 with 53 U.S. states and jurisdictions participating in one or more of six learning networks. The learning network topics evolved after an iterative state-driven process to identify the strategies that jurisdictions prioritized most highly. Among the topics, promoting women's health before and between pregnancies was identified by 30 jurisdictions, making the Preconception and Interconception Care (PCC ICC) Learning Network the second largest learning network after safe sleep. The PCC ICC learning network aims to improve life course health for women with a focus on pre and interconception care by July 2016. Several goals were set, including: 1) Improve the postpartum visit rate 10 percent or more relative to the state baseline; 2) Improve



Feature CONT.

Leverage Pre/Interconception Health

adolescent well visit rate 10 percent or more relative to the state baseline; 3) Improve birth intention and client choice of contraceptive methods including most and moderately effective contraception; 4) Improve birth spacing and reduce the proportion of live births that were conceived < 6 and < 12 months from the previous live birth by 10 percent or more relative to state baseline and ultimately <18; and 5) Reduce racial/ethnic disparities in the above goals for non-Hispanic whites by 10 percent or more relative to the state baseline. There are four primary drivers identified to support these goals, which include: improve health equity and social determinants of pre and interconception health; heighten public awareness and acceptance of value of health care for adolescent women; provide comprehensive health care in childbearing years; and deliver valuable postpartum care.

Key partners in the field, including the National Preconception Health and Health Care (PCHHC) Initiative, ASTHO, AMCHP, CDC, and the March of Dimes, to name a few, were critical to the development of the aim statement, goals, and supporting measures. The IM CoIIN focuses on catalyzing ideas and engaging the work of national, state and local experts to support change. Efforts aim to amplify existing work, not replace it. To this end, the PCHHC and IM CoIIN team is hoping to learn more about projects, products, websites and materials that have been developed across the country to improve pre and interconception health. Share your resources directly with Sarah Verbiest at sarahv@med.unc.edu.

A two-day in person meeting for IM CoIIN participants will be held in Boston from Jul. 27-28, 2015. Participation will assist states to identify opportunities for continued improvements and innovations in reducing infant mortality; collaborate across jurisdictions and learning networks to accelerate improvement; enhance patient and family participation across multiple levels and sectors; augment state capacity to utilize data to track progress and inform areas of improvement and innovation; and to integrate health equity knowledge and strategies to address disparities in birth outcomes. There will be multiple opportunities to learn about and share resources on PCC/ICC health during the in person meeting in July, however, if you are unable to attend visit the IM CoIIN online community at imcoiin.community.nichq.org and www.beforeandbeyond.org for great resources.

Feature

Women Across New York City are Engaging Legislators and Mobilizing for Change



By Fajah Ferrer, Healthy Women, Healthy Futures Chair; Janice Minott, Co-Chair; Ekua Ansah-Samuels, Health Education/Program Coordinator; and Claudia Boykins, Engagement and Policy Director
Northern Manhattan Perinatal Partnership, Inc.

Pregnancy-related mortality in New York City is among the highest in the United States and has remained higher than the national average for the last 40 years. African American women in New York City are seven times as likely to suffer a maternal death as white women. For Hispanic women in New York City, the maternal mortality ratio is nearly twice as high as for non-Hispanic white women. These dramatic and persistent disparities are signals that more must be done at the program and policy levels to reach at-risk women and families to improve their health, especially any chronic conditions, before, during, following and between pregnancies.

Healthy Women, Healthy Futures is a citywide coalition of community-based organizations in New York City. Members of the coalition joined forces to fill the gaps in available services and improve health outcomes for women and infants. The coalition successfully acquired financial support from the [New York City Council](#), and is now providing birth and postpartum [doulas](#) to support women during and after birth with breastfeeding, parenting skills, and screenings to reduce the risk of postpartum depression.

Doula care, which includes emotional, physical, and informational support before, during, and following birth, is widely recognized as a key evidence-based strategy to improve maternal and infant health. The 2014 consensus statement by the American College of Obstetricians and

Feature CONT. Women Across NYC

Gynecologists and the Society for Maternal-Fetal Medicine, titled "[Safe Prevention of the Primary Cesarean Delivery](#)," concluded that continuous labor support by doulas is "one of the most effective tools to improve labor and delivery outcomes. Given that there are no associated measurable harms, this resource is probably underutilized."

Studies show that support by a trained doula reduced cesarean rates by an average of 28 percent. Because cesareans are associated with an increased risk of maternal and infant complications and death, doula support for vulnerable women could help to improve outcomes for those at greatest risk, while reducing disparities. Postpartum doula care complements labor support and has been associated with increases in breastfeeding initiation and longevity as well as decreased risk of postpartum depression.

The Healthy Women, Healthy Futures coalition is poised to expand services to include preconception and interconception care, which is care before and in between pregnancies. Maternal and infant health involves good health in these periods. Unmanaged chronic conditions such as diabetes, hypertension, and obesity mean that women begin their pregnancy with significant health risks for themselves and their babies. Addressing chronic conditions before pregnancy yields the best chance of a positive birth outcome.

Healthy Women, Healthy Futures is now being considered for a \$3 million dollar allocation from the New York City Council. \$2M of this allocation will be used for preconception and interconception care and \$1 million for doula care. The work of the coalition members under this initiative extends the continuum of care for women living in New York City helping to ensure that women are healthier in general and at their healthiest should they choose to become pregnant.

Please contact Fajah Ferrer at fferrer29@yahoo.com to learn more about the Healthy Women, Healthy Futures coalition.

Feature Paired Practica in State Title V Agencies

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

For the second year, the National MCH Workforce Development Center is supporting the MCH Paired Practica program. The program supports MCH undergraduate students from the MCHB-funded Howard University Pipeline Program and MCH graduate students/recent graduates from the 13 schools of public health with MCH training programs as they participate in internships designed by state Title V agencies. Each graduate/undergraduate student pair works as a team to complete a scope of work related to health transformation. A unique feature of the MCH Paired Practica program is the pairing of graduate and undergraduate students in a mentoring relationship as a way to build the skills of both



AMCHP is collecting emerging, promising and best practices related to women's health!

Does your program address an MCH best practice? 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 [Ki'Yonna Jones](#) 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!

Feature CONT.

Paired Practica in Title V

sets of students and to introduce both undergraduates and graduates to an MCH career pathway in state Title V agencies. All students participating in the MCH Paired Practica program receive training in leadership, team building, and mentoring as well as exposure to a variety of resources and learning modules focused on Title V, the Affordable Care Act, and methods and approaches for health transformation. State preceptors also receive support from Pipeline staff to facilitate a strong start and completion of the agreed on work plan.

In summer 2015, the Center is supporting seven “paired practica” teams located in Illinois, Iowa, Maryland, Michigan, Minnesota, North Carolina and Rhode Island. MCH graduate students hail from Boston University, Johns Hopkins University, Tulane University, the University of Illinois at Chicago, and the University of North Carolina at Chapel Hill schools of public health. Sample projects include: helping a state to implement the State Title V Roles in Health Reforms including ACA: A Title V State Access to Care Assessment Tool; assisting a state in conducting outreach to the next generation of more tech-

Pipeline Outreach through the National MCH Workforce Development Center

By Rebecca Greenleaf, MPH and Marcia Roth, MPH

National MCH Workforce Development Center

During spring semester 2015, the University of North Carolina (UNC) at Chapel Hill and the National MCH Workforce Development Center launched a new interdisciplinary, online course. Titled “Applied Methods for Health Transformation Implementation in MCH,” the course was designed to prepare participants to contribute successfully to state and national health reform implementation. Course participants gained essential competencies for quality improvement, systems thinking, population change management, and promotion of access to care for women, children and families.

Demand for the course exceeded expectations. Participants represented Title V programs, MCHB-funded Schools of Public Health, and other MCHB-funded training programs (for example, Leadership Education in Neurodevelopmental Disabilities [LEND]). A total of 32 masters and doctoral students completed the course for graduate credit, including students from UNC, University of Illinois at Chicago, Tulane, University of Minnesota, Ohio State and Georgia State. Seven additional participants achieved a certificate of completion. In total, 39 students (including five with direct Title V links) were engaged in weekly online learning.

By having a mixed cohort of credit-seeking and certificate-seeking participants from interdisciplinary graduate programs and state Title V programs, course participants benefited from an enthusiastic and skilled online learning community. The course was intentionally designed as a means to bring growing Center knowledge, expertise and tools into the academic setting for MCH training. Many of the modules featured recently-developed Center products, such as the Title V State Access to Care Assessment Tool and lectures/presentations on MCH financing, quality improvement, and system behavior and system change, and sought to illuminate the broader context for health transformation in MCH. Course participants were invited to apply the learning directly to their professional experiences and goals and consider implications and opportunities for Title V programs.

The course will be offered again in fall semester 2015, beginning in late August. There are no fees associated with participation. Enrollment is open to:

- Graduate students in an MCH training program
- Individuals currently/formerly affiliated with an MCH training program
- MCH professionals interested in lifelong learning

To register, please visit: https://unc.az1.qualtrics.com/SE/?SID=SV_6XrBzfUwBKG6FUN. For questions about the course, please contact Marcia Roth at marcia_roth@unc.edu.

Feature CONT. Paired Practica in Title V

savvy parents of children and youth with special health care needs while gathering information from parents about their experiences with health transformation; and working with a state to develop a Title V health transformation and systems dashboard.

“Paired Practica” opportunities will be available for summer 2016 as well, and the Center is hoping to expand to support 10 state sites with increased participation from students and states in the western region of the United States. The recruitment process for potential state sites has already begun, and the application will be available in fall 2015. For information about the MCH Paired Practica program, please visit: <http://mchwdc.unc.edu/> or contact Arden Handler at handler@uic.edu. For more information about the Pipeline Core of the National MCH Workforce Development Center, contact marcia_roth@unc.edu.

View from Washington Celebrating Moms & Improving Women’s Health

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



Every year in the run up to Mother’s Day, my two daughters and I revel in planning to celebrate my wife in high style. This year included production of about seven different hand colored cards along with homemade sea shell necklaces (from the girls) and a 90 minute visit to the spa (from me). It’s small compensation for enduring a year of my corny jokes, I know. But seriously, taking time to celebrate the moms – along with the grandmothers, sisters, aunts, and friends that make up an extended support network – is an important expression of the gratitude we feel all year long.

Mother’s Day and the subsequent national women’s health week also gives us an opportunity to take stock of how well our nation is doing to promote and protect the health of all moms and moms-to-be. This year we have both been encouraged and sobered by the increasing recognition of the maternal mortality crises in America. Of

View from Washington CONT.

the approximately 4 million births each year, an estimated 52,000 women experience severe complications and between 500 and 600 of the complications result in death. According to the Maternal and Child Health Bureau, these rates have been increasing over the past two decades and about half are considered to be preventable.

To address these challenges, we are appreciative of the leadership Dr. Michael Lu and the HRSA Maternal and Child Health Bureau are providing to forge a Maternal Health Initiative (MHI). The MHI is “a partnership of U.S. government agencies and private organizations working together to reverse these alarming and costly trends in maternal morbidity and mortality.”

Innovative Practices in Women’s Health and Preconception Health

This issue of *Pulse* contains several examples of how states are working to improve women’s health, preconception and interconception care. More examples can be found in *Innovation Station* – the AMCHP searchable database of emerging, promising, and best practices in maternal and child health. Below are some of the related practices that you will find in

Innovation Station:

Women’s Health

- [Body and Soul: A Faith Based Health Improvement Initiative](#), Florida (Promising Practice)
- [Women’s Health Now and Beyond Pregnancy](#), Wisconsin (Emerging Practice)
- [Healthy Women, Healthy Futures](#), Oklahoma (Promising Practice)

Preconception Health

- [Baby Blossoms Collaborative \(BBC\) Preconception Health Program- Now and Beyond](#), Nebraska (Emerging Practice)
- [Power Your Life Preconception Campaign](#), Utah (Emerging Practice)
- [Internatal Care Program \(ICP\)](#), Arizona (Promising Practice)

For more information about these programs and other successfully reviewed MCH practices, visit [Innovation Station](#) or the [AMCHP Best Practices homepage](#).

View from Washington CONT.

Partners – including AMCHP – are coordinating our efforts, identifying gaps and collaborating to improve in the following areas:

- **Women’s health** before, during, and after pregnancy by facilitating the implementation of key Medicaid coverage provisions in the Affordable Care Act that are important to the reproductive health of women
- **Systems of maternity care** including clinical and public health systems by strengthening state and local system’s capacity and infrastructure to identify maternal risks and enable linkages to prenatal and postpartum primary care
- **Public awareness and education** by increasing public awareness about the familial and societal burden of maternal morbidity and mortality in the United States
- **Research and surveillance** by facilitating the translation of findings from surveillance and research into practice
- **The quality and safety** of maternity care by supporting clinical guidelines and protocols for obstetric emergencies and referrals

AMCHP also is taking every opportunity on Capitol Hill and elsewhere to highlight the new performance measurement framework for the Title V MCH Services Block Grant developed as part of this program’s recent transformation. Specific to women’s and perinatal health, the new measures include priorities for well-woman care, low-risk cesarean deliveries and perinatal regionalization.

Finally, for your “what to watch radar” here’s a reminder that later this month the Supreme Court will issue its ruling in the King v. Burwell case regarding the continuation of tax-credit subsidies for coverage purchased through exchanges established by the federal government under the Patient Protection and Affordable Care Act. A ruling for the plaintiffs could result in the elimination of coverage for approximately 7 million Americans, including many women of reproductive age. AMCHP will provide analysis as the decision unfolds so stay tuned for alerts toward the end of the month.

Real Life Story Self Care for Parents of Children with Special Health Care Needs

By Tracie Hayward

Have you ever flown on an airplane, and heard the flight attendant say “In case of a decline in the cabin pressure, please put your mask on before assisting others.”? Do you know why they say that? Because, as parents, we have a natural urge to help our children before we help ourselves!

However, when you are the parent of a child with special health care needs, your role often extends beyond that of “just” a parent – we are often our child’s nurse, therapist, teacher and counselor all rolled into one.

What will happen to your child if something were to happen to you? It’s a scary thought but a necessary one, especially for parents whose child requires special care. If we as parents don’t take care of ourselves, how can we expect to effectively care for our children? It’s just as important to take care of our own health and well-being as much as we take care of our children’s. The rate of depression, stress and other health-related issues in family caregivers tends to be higher than that of the general population. But where do you find the time and resources to give yourself a break? And, can you get past the notion that self care is selfish, and give yourself permission to take a break?

Finding the time and resources to take a break from caregiving can be challenging. Even more challenging can be finding someone you trust to care for your child in your absence. If you don’t have friends or relatives nearby, try asking your child’s teachers, therapists, or aides if they know anyone, or even if they might be interested. Try posting an ad at a local college seeking students who are interested in working with children with special health care needs as a career. I know a mom who made friends with other parents of children with special health care needs through a support group, and they started a co-op where they would watch each other’s children to let the others get some free time. Even if you have no one who can care for your child other than yourself, you can carve a few minutes out of your day to take a break. You could wake a few minutes before your child each day for a cup of coffee



Real Life Story CONT.

Self Care for Parents

or some meditation. After your child goes to sleep for the evening, take some time to develop an exercise routine. There are many free, online videos that you can access for guidance.

It is important to keep yourself physically and emotionally healthy so that you can be the best parent possible to your child. I've found that what works best for my emotional health is simply the act of talking to other parents who are in similar situations to mine. If you are interested in getting connected to other parents, consider reaching out to family organizations in your state. It's nice to know that there is always someone there who understands what I am going through and who can let me know that I'm not alone.

As caregivers, it's often hard to admit that we need help, or we may find that we have trouble asking for help. Asking for help is NOT a sign of weakness. It is not selfish to focus on your own needs and desires when you are a parent of a child with special health care needs – it's an important part of the job.

Success Story

States Work to Improve Postpartum LARC Implementation

By Ellen Schleicher Pliska,
MHS, CPH

*Family and Child Health Director,
ASTHO*

Claire Mariel Rudolph,
MPH, CHES

*Senior Analyst, Maternal and Child
Health, ASTHO*

Unintended or mistimed pregnancies are associated with poor maternal and child health outcomes such as delayed prenatal care, prematurity, and negative physical and mental health effects for children. With 50 percent of pregnancies in the United States being unintended, it is paramount that women who want to prevent pregnancies have access to



Success Story CONT.

LARC Implementation

effective and reliable contraceptives. Despite the ease of use, safety, and effectiveness of long-acting reversible contraception (LARC), fewer than 9 percent of U.S. women were using LARC in 2009 ([Gutmacher](#)). Approximately half of women attend the postpartum visit six weeks after birth ([J Gen Intern Med](#)) and, despite recommendations to wait six weeks, many women resume sexual activity without a highly effective form of birth control. An option for new mothers is to discuss family planning desires during the prenatal period and make plans to receive a LARC (an IUD or implant) in the hospital before discharge.

ASTHO established a multistate LARC [learning community](#) to help identify opportunities, challenges and technical assistance needs to improve state ability to implement LARC, particularly immediately postpartum (IPP). ASTHO, with support from CDC, CMS, and OPA convened the learning community to help select states (Colorado, Georgia, Iowa, Massachusetts, New Mexico and South Carolina) with Medicaid payment policies or pilots in place to implement IPP LARC initiatives. The learning community will convene over 18 months to provide technical assistance and identify promising practices to increase IPP LARC insertion.

Since the learning community kick-off on Aug. 18, 2014, states have succeeded in developing training and guidance, enhanced partnerships and conducted outreach. Colorado created an IPP LARC provider training protocol. Georgia conducted successful trainings at residency programs throughout the state and is developing a return on investment (ROI) article to support its work. Iowa sponsored student physician practicums in Georgia to investigate best practices in IPP LARC training that could be replicated in Iowa. In Massachusetts, two physician champions advocated for providing IPP LARC, garnering nearly 200 provider signatures for a formal letter to Medicaid to change the reimbursement structure. In fall 2015, New Mexico will launch a provider education campaign in coordination with Medicaid Managed Care Organizations to educate providers on IPP LARC reimbursement. South Carolina hospitals are working to improve hospital capacity for IPP LARC by ensuring that clinical staff are familiar with the procedure and Medicaid policies for reimbursement.

While these states achieved many successes when it comes to supporting IPP LARC, participants in the learning community also faced some challenges. Based on needs

Success Story CONT. LARC Implementation

identified by the participating states, ASTHO and the CDC provided guidance to participants on domains and sample topics such as training, pay streams, consent, stocking and supply, outreach, partnerships, service locations, and data, surveillance and evaluation through virtual learning sessions and direct technical assistance.

ASTHO and the CDC look forward to continuing LARC work in the future. Cohort Two of the learning community will be selected soon, with a second round kick-off in fall 2015. These states will participate in key informant interviews to collect potential technical assistance needs and tools required to move from their recent Medicaid policy changes to fully increasing access to LARC IPP in their states. Cohort Two will join Cohort One in an additional series of virtual learning sessions. Progress made by states in implementing IPP LARC in their states will be documented online and in a publically available final report at the end of the project.

ASTHO IPP LARC Learning Community Resources: <http://www.astho.org/Programs/Maternal-and-Child-Health/Long-Acting-Reversible-Contraception-LARC/>

Success Story Forging a Comprehensive Birth Outcomes Initiative in Kansas

By Rachel Sisson, MS
Bureau of Family Health and Title V Director, Kansas Department of Health & Environment, Division of Public Health, Bureau of Family Health

Heather Smith, MPH
Special Health Services and Special Health Care Needs Director, Kansas Department of Health & Environment, Division of Public Health, Bureau of Family Health

The Title V MCH five-year needs assessment is designed to be an opportunity to review data, gather input from stakeholders, build capacity and identify priorities. The



Success Story CONT. KS Birth Outcome Initiative

Kansas Department of Health and Environment (KDHE) spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes.

In an effort to collect comprehensive input while also increasing partner awareness, KDHE launched an initiative aimed at improving the health of Kansas mothers and infants. Using a collective impact framework, KDHE partnered with the March of Dimes Greater Kansas Chapter (MOD) and AMCHP to engage more than 200 stakeholders

across the state between May 2014 and February 2015. This effort was not exclusively about health care, but instead focused on forging partnerships to collectively and comprehensively address issues families face in the context of their communities throughout the course of life. The primary goal has been to develop collaboration at the state and local levels, assessing what's working and what's not, and utilizing existing resources to guide the process. Conversations kicked off in southeast Kansas, a region that experiences the worst rates of preterm birth and smoking during pregnancy and has higher infant mortality than the state overall. Tools created for the initiative included an online inventory of services (conducted in advance), assets, priorities, and partnerships; a facilitated day-long meeting with networking and interactive exercises for public health professionals and partners including managed care organizations, early intervention and behavioral health providers, and hospitals; a pre and post assessment; meeting evaluation; and, follow up materials and resources. The group exercises engaged participants in interpreting data, identifying partnership opportunities, reflecting on services in relation to the Health Impact Pyramid, and thinking about promising MCH practices.



Success Story CONT.

KS Birth Outcome Initiative



The AMCHP birth outcomes compendium, [Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality](#), was a key resource. It was used to frame the type of information collected on the inventory; to shape the small group exercises; and, provided an opportunity to familiarize local partners with an important tool to help guide decision making around MCH priorities and services. The compendium continues to be referenced for actionable strategies and effective coordinated efforts to reduce disparities and improve outcomes. Participant feedback and pre/post assessment results indicate the initiative was successful. There was a positive change in every area measured. Partners reported increased awareness, feeling part of a “shared” agenda to improve birth outcomes, confidence in partnerships to address population health needs, and ability to impact change. Keys to success included personal outreach of the Title V director to regional stakeholders, both to complete the inventory and to attend the meeting; MOD promoting the Healthy Babies are Worth the Wait model; and technical assistance from AMCHP with meeting and materials design, data synthesis, and pilot facilitation. The Kansas initiative is well-timed to position KDHE to fully benefit from national activities such as the CoIIN to reduce infant mortality and transformation of the MCH Services Block Grant.

“I learned so much about where Kansas health care is heading...I love your ‘why not’ belief on how we can really make some changes to benefit every Kansan’s health and well-being.”

-South Central Participant

“Very appreciative of the State going out to communities & listening to agencies/people that live there. Really feel that opinions & needs & concerns were heard!”

-Northeast Participant

Member to Member

National Women’s Health Week (NWHW) is a nationwide observance led by the U.S. Department of Health and Human Services Office on Women’s Health (OWH) to empower women to make healthy choices. The 2015 NWHW was held May 10-16; during this week, the OWH and states and territories across the nation shared resources and hosted events to promote women’s health and wellness. Here are some examples from AMCHP members:

Alabama

The Alabama Department of Public Health Office of Women’s Health partnered with The Single Mothers Empowerment Conference Inc., the St. Vincent’s Health System and the city of Homewood to sponsor their Seventh Annual Health 5K Color Run and 1 Mile Family Fun Walk at Homewood Greenway Walking Trail in Homewood, Alabama on May 16. This year, the theme was “On the Move to Improve Your Health.” The purpose of the event was to increase the awareness of women’s health issues in the state of Alabama and to highlight resources available to enhance health and wellness for women in their state. To learn more about this event, [click here](#).

Arkansas

The Arkansas Department of Health partnered with Sisters United to host Celebrate Day 366, a first birthday party for new and expectant Moms in the state. This event took place on May 16 in the Arkansas Department of Health auditorium and featured “Project Runway” contestant Korto Momolu. Attendees learned about breastfeeding after the first year and how to prevent SIDS. To learn more about this event and view pictures, [click here](#).

Florida

Tobacco Free Florida offered free Mother’s Day e-cards with uplifting messaging and resources to promote smoking cessation. To view the Mother’s Day and other targeted smoking cessation e-cards, [click here](#).

New York

During NWHW, the New York State Department promoted various resources within the state to improve women’s health including a fact sheet titled, Women with Disabilities: What You Should Know About Preventive Health Care. The fact sheet encourages women with disabilities to be proactive about their overall health needs and shares some tips for achieving optimal health. The fact sheet is available [here](#).

Member to Member CONT.

Northern Mariana Islands

On May 4, Lt. Gov. Ralph DLG Torres along with Commonwealth Healthcare Corporation (CHCC) officials proclaimed May as Women's Health Month to celebrate progress made in women's health and in recognition of the work that needs to be done to advance women's health for future generations. There were several activities mark this celebration including, group prenatal care classes at the CHCC Women, Infant and Children Program, a healthy cooking demo at the WIC clinic, and a zumba party with health screenings that. Learn more about the for the first Northern Mariana Island Women's Health Month [here](#) through an infomercial created by CHCC. [Click here](#) to find more activities.

Who's New

TITLE V DIRECTOR

NEW MEXICO

Janis Gonzales, MD, MPH

Bureau Chief and Title V Director/Medical Director,
Family Health Bureau
New Mexico Department of Health

AMCHP Staff

Temi Makinde

Temi Makinde joins AMCHP as the program associate, women's and infant health. Temi previously interned at the U.S. Food and Drug Administration (FDA) where she provided direct support for reports and presentations surrounding the safety of pediatric medical devices and the efficiency of mobile medical apps. Prior to FDA, Temi held the position of vice president WETATI (Women Empowered to Achieve the Impossible), a student organization, that serves to empower women physically, mentally, financially and spiritually. Temi earned her BS in community health from the University of Maryland, College Park.



Get Involved

Emergency Preparedness and Response Resources for MCH Populations Webinar

The CDC Division of Reproductive Health (DRH) has responded to disasters for more than a decade, from the Sept. 11 attacks to the Ebola Virus outbreak in West Africa. In the aftermath Hurricane Katrina, the need for literature and resources to address critical questions regarding the impact of disasters for women of reproductive age, pregnant, and postpartum women became evident. DRH collaborated with local, state, and federal partners to develop a wide array of tools to assess post-disaster reproductive health needs and respond to them. These tools apply to a variety of disasters including natural disasters, infectious disease outbreaks, and preparedness for an anthrax bioterrorism event. In partnership with the CDC DRH, AMCHP is hosting a webinar to highlight resources available for states to assist with disaster preparedness. The webinar Emergency Preparedness and Response Resources for MCH Populations, is scheduled for Tuesday, Jun. 16 at 2 p.m. EST. [Click here](#) to register.

National MCH Workforce Development Center Coffee Talk Series – Check Out Video 3 Today!

This series will be hosted by the National MCH Workforce Development Center Change Management core on three pertinent topics benefiting the Title V workforce. The series will consist of three archived 20-minute videos for AMCHP members to access bi-monthly at their leisure. For the alternating months, AMCHP will host a Twitter chat on the content shared during the preceding month's archived video. The topics and identified speakers for each video/ Twitter chat are outlined below. [Click here](#) to learn more about each talk and to register!

Coffee Talk 1: Title V Transformation

Presenter: Lacy Fehrenbach, MPH, CPH, Director, Programs, AMCHP

Video Release: Mar. 2 – [Click here](#) to view the video

Coffee Talk 2: Getting to the Table

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

Video Release: Apr. 1 – [Click here](#) to view the video

Coffee Talk 3: Leading Change

Presenter: Karen Trierweiler, Director of Programs & Services, Prevention Services, Colorado Department of Public Health and Environment

Get Involved CONT.

Video Release: Jun. 1 – [Click here](#) to view the video

Twitter Chat: Jul. 22 2-3 p.m. EST

Coffee Talk 4: Managing Change

Presenter: Brenda Jones, DHSc, RN, MSN, WHNP-BC, Deputy Director, Office of Women's Health, Illinois Department of Public Health

Video Release: Aug. 1

Twitter Chat: Sept. 9 1-2 p.m. EST

Announcing Call for Abstracts and Save-the-Date: ACEs Southeastern Summit

The Adverse Childhood Experiences Southeastern Summit 2015: Building Resilient, Interdisciplinary Workforces, Communities & Families will be held Sept. 24-26 in Asheville, North Carolina. This conference will focus on the impact of adverse childhood experiences (ACEs) on early childhood development, long-term health behaviors and health outcomes in adulthood. Interactive speaking sessions will showcase how providers in the community, both locally and regionally, including health, social and human service, education, mental health and law professionals incorporate practical tools and evidence-based programs into their work to identify these experiences early in a child's life and give their families tools to prevent the intergenerational transmission of adverse experiences. Come to the beautiful Blue Ridge Mountains of Western North Carolina and speak or learn alongside the keynote speaker, Dr. Robert Anda, principal investigator of the landmark ACE study. To learn more about the summit, [click here](#).

Special Issue Call for Papers: Postpartum Health and Wellness

The *Maternal and Child Health Journal* is soliciting manuscript submissions to be considered for an upcoming issue on the theme of postpartum health and wellness. This important period in the reproductive life continuum provides a critical link between prenatal care and women's preventive health care as well as an essential opportunity to guide and support maternal role attainment, breastfeeding, mental health and healthy parenting. The Journal solicits manuscripts on any aspect of postpartum health and wellness, including policy briefs, original research, commentaries, perspectives in practice (clinical or public health), program development or implementation, program evaluation, and literature reviews. The deadline for submission is Oct. 15. For more information, [click here](#).

Prematurity Prevention Conference 2015

Participants from multiple disciplines will examine ways to enhance prematurity prevention efforts in the United States by sharing best practices for designing, implementing and evaluating programs and policies. The conference, held Nov. 17-18 in Arlington, VA, will be a forum for disseminating findings, sharing tools and resources, and engaging stakeholders in the effort to significantly reduce the U.S. preterm birth rate by 2030. Abstracts for poster presentations are being accepted. For more information, visit www.marchofdimes.org/conferences.

Resources

[Agency for Healthcare Research and Quality \(AHRQ\):](#)

Evidence-based information on health care outcomes; quality; and cost, use, and access. Links to evidence reports and research findings about [maternal health and pregnancy](#).

- [How are CHIPRA quality demonstration States improving perinatal care?](#): A recently released report highlights the work of Florida and Illinois as part of the CHIPRA quality demonstration. These states took on projects to improve the quality and outcomes of perinatal care, motivated by their involvement with the March of Dimes "Big 5" initiative – a collaboration among the five states in the nation with the highest birth rates to explore and promote data-driven quality improvement programs targeted at specific perinatal quality indicators.

[American College of Obstetrics and Gynecologists \(ACOG\):](#)

Information and materials about preconception and pregnancy for health professionals. Topics include health care for underserved women; perinatal HIV; maternal mortality; diabetes and pregnancy; tobacco, alcohol, and substance abuse; and women with disabilities. Note: Some resources on the website are accessible to members only. Web accessible resources include:

- [Immunization for Women](#): Updates and advisories on immunizations for adult and adolescent women, including those who are pregnant and breastfeeding. Includes information on seasonal flu and other vaccine-preventable diseases, immunization safety fact sheets, recommended immunization schedules, and practice-management guidelines.

Resources CONT.

[American Journal of Obstetrics and Gynecology](#): This online resource presents the latest diagnostic procedures, leading-edge research and expert commentary in maternal-fetal medicine, reproductive endocrinology and infertility and gynecologic oncology as well as general obstetrics and gynecology.

[American Pregnancy Association](#): The American Pregnancy Association is a national health organization committed to promoting reproductive and pregnancy wellness through education, support, advocacy, and community awareness. This online resource offers tools and patient education materials for women and families before, during and after pregnancy as well as a toll-free helpline.

[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 supports state maternal and child health programs and provides national leadership on issues affecting women and children. AMCHP's [Women's and Infant Health Team](#) carries out this mission in a number of ways and works to improve the health of women and infants through increased capacity of Title V MCH programs and coordination between stakeholders.

- [Economic Analysis of LARC Programs](#): Current research literature for the economic evaluation of LARC programs lacks specific examples of return on investment (ROI) analyses that calculate net financial gain from the provider perspective. In an effort to encourage the implementation of LARC program ROI analyses in state and local health departments, AMCHP created a resource sheet on the Economic Analysis of LARC Programs that can facilitate the process. The resource sheet summarizes previous LARC studies, describes the need for ROI analyses, differentiates ROI and cost-effective analyses, and identifies the steps to consider in implementing an ROI analysis for LARC programs.
- [Health for Every Mother: A Maternal Health Resource and Planning Guide for States](#): Complements the existing Every Mother efforts by providing tools to develop a comprehensive maternal health initiative in

your state. The new AMCHP guide is one part resource and one part planning tool. It is both a menu of options for improving women's and maternal health and a starting point for dialogue and innovation.

[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.

[Association of Women's Health, Obstetric and Neonatal Nurses \(AWHONN\)](#): Works to improve and promote the health of women and newborns and to strengthen the nursing profession through the delivery of superior advocacy, research, education and other professional and clinical resources to nurses/other health care professionals.

[Before, Between, and Beyond Pregnancy: The National Preconception Curriculum and Resources Guide for Clinicians](#): Continuing education modules, descriptions of state plans and programs for preconception and interconception care, news, key articles and guidance for specific high-risk conditions, and practice supports for physicians, nurse midwives, nurse practitioners, and physicians' assistants.

[Centering Healthcare Institute: CenteringPregnancy](#): Information about this model for group prenatal care that integrates health assessment, education, and support to empower women to choose health-promoting behaviors. Includes a bibliography of research and evaluation studies and video clips about the model.

[Centers for Disease Control and Prevention \(CDC\): Women's Health](#): Offers women's health spotlights, research studies, health and wellness resources, statistical snapshots, conferences, and events:

- [Division of Reproductive Health: Maternal and Infant Health](#): Contains links to reports, data and other resources about promoting healthy pregnancy and infant health.

Resources CONT.

- The CDC [Preconception Health and Health Care Initiative](#) focuses on prevention and wellness for men and women even if they are not planning to become pregnant.
 - The [Show Your Love](#) campaign includes multiple PSAs and educational videos presented in English and Spanish targeted toward couples looking to become pregnant, women who already have children, women who do not want to become pregnant, and all women of childbearing age.

[CityMatCH](#): Tools and resources for implementing initiatives to support the improvement of local perinatal HIV systems, mobilize urban communities to reduce infant mortality and pregnancy loss, and reduce racial inequities in infant mortality in urban communities.

[Family Planning National Training Centers \(FPNTC\)](#): Resources for Title X family planning grantees and agencies to deliver reproductive health services to the Title X community and beyond. Includes family planning guidelines, fact sheets, and other publications; webinars and courses; and information on events, the Affordable Care Act, new recommendations, and communities of practice.

[Food and Drug Administration \(FDA\): For Women](#): Information on women's health topics, fact sheets in English, Spanish, and Asian languages, product recalls and alerts, pregnancy registries, research and FDA study findings, and links to women's health information from other government websites.

[Global Library of Women's Medicine](#): Peer-reviewed clinical information/guidance on women's health for health professionals. Includes surgical video clips, diagnostic atlases, information about laboratory tests, patient-education materials, and a special section on safer motherhood.

[Health Resources and Services Administration \(HRSA\): Women's Health](#): Provides podcasts, state women's health profiles, materials on the Bright Futures for Women's Health and Welless program, women's health data books, and reports on women's health in public health school and pharmacy school curricula. The latest data book is: [Women's Health USA 2011](#).

[Health4Women.org](#): Supplies evidence-based information and preventative health guidance for women hosted by the [Association for Women's Health, Obstetrics and Neonatal Nurses](#) (AWHONN).

[HealthyWomen.org](#): Presents conditions, diseases, and women's health issues covered under health topics A-to-Z. Current medical information, news, tools, expert advice, and blog posts also provided via online "health centers" that focus on topics such as midlife, pregnancy, parenting, and breast health.

[HHS Office on Women's Health](#): The Office on Women's Health provides national leadership and coordination to improve the health of women and girls by educating professionals and the public, informing policy and supporting model programs, so that all women and girls achieve the best possible health.

- [BodyWorks Program](#): BodyWorks provides parents and caregivers with tools and information to help their family make small, specific changes in the way they eat and are physically active. These changes can help maintain a healthy weight. Research strongly suggests parents play a critical role in shaping the exercise and eating habits of their children. Therefore the primary audience for the BodyWorks program is parents.
- [Supporting Nursing Moms at Work: Employer Solutions](#): An online resource that provides businesses with cost-effective tips and solutions for any industry setting.

[HHS Office of Minority Health](#): The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

- [Office of Minority Health \(OMH\) Preconception Peer Educators Program \(PPE\)](#): As part of the OMH A Healthy Baby Begins with You national campaign, PPE works with the college age population, enlisting college students to serve as peer educators on college campuses and in the community, to help disseminate essential preconception health messages.

Resources CONT.

[Kaiser Family Foundation \(KFF\): Women's Health Policy:](#) Fact sheets, issue briefs, meeting materials, and [data](#) for policymakers, journalists, advocates, and public health professionals about women's reproductive health and access to care, including pregnancy-related care.

[Making the Grade on Women's Health: A National and State-by-State Report Card:](#) National and state data on key indicators of women's health, including access to care, wellness and prevention services, key health conditions, and living in a healthy community. It is provided by the National Women's Law Center and Oregon Health and Sciences University.

[Medline Plus: Women's Health:](#) Provides overviews of women's health issues, health-check tools, research findings, statistics, reference tools, and links.

[MCH Navigator:](#) A centralized portal for pursuing continuous learning in MCH and is designed to help emerging and established MCH professionals map professional growth pathways.

[National Healthy Mothers Healthy Babies Coalition \(NMHB\):](#) Is a recognized leader and resource in maternal and child health, reaching an estimated 10 million health care professionals, parents, and policymakers through its membership of more than 100 local, state and national organizations.

[National Institutes of Health \(NIH\): Office of Research on Women's Health:](#) Provides fact sheets, reports, podcasts, journal articles, NIH research priorities for women, and interdisciplinary initiatives that focus on gender factors in health.

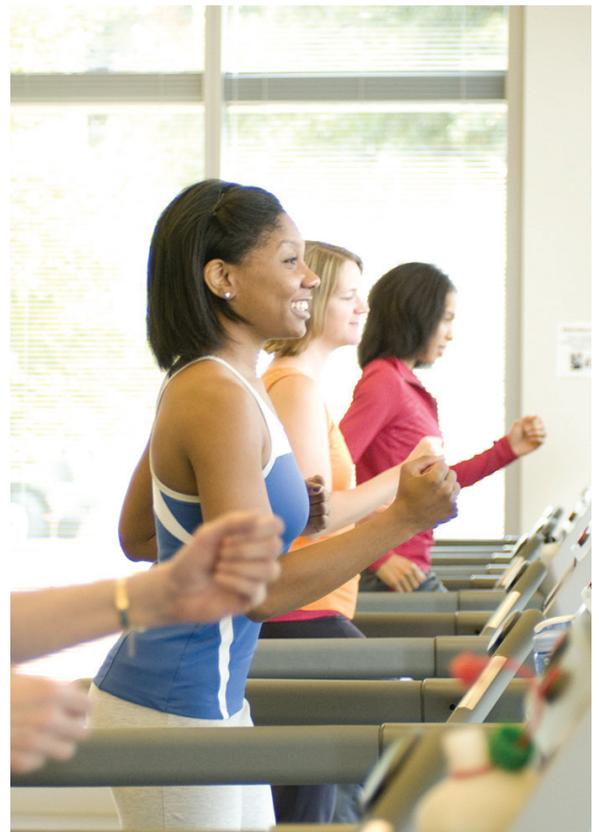
[National Institutes of Health \(NIH\): Women's Health:](#) Find links to women's health information provided by the various NIH institutes.

[National Library of Medicine \(NLM\): Women's Health Resources:](#) Resources related to health topics, research initiatives, and overarching themes of the 2011 NIH Priorities for Women's Health.

[Our Bodies Ourselves:](#) Learn of women's health programs, publications, and links to the Women's Health Information and Resource Center, which includes, excerpts from Our Bodies Ourselves series of books, Web-exclusive content, links, resources, and health news.

[Preconception Health Cafe:](#) This online course provides an overview on the importance of preconception health, with specific focus on the first six of the CDC 10 Recommendations to Improve Preconception Health and Healthcare. These recommendations include individual responsibility across the lifespan, consumer awareness, preventive visits, interventions for identified risks, interconception care and pre-pregnancy checkup.

[University of North Carolina at Chapel Hill Center for Maternal and Infant Health:](#) Preconception and pregnancy research and program information, algorithms for the management of high-risk pregnancies, screening protocols and policies, and patient-education fact sheets in English and Spanish on pregnancy topics, genetics, and serious pregnancy and fetal conditions.



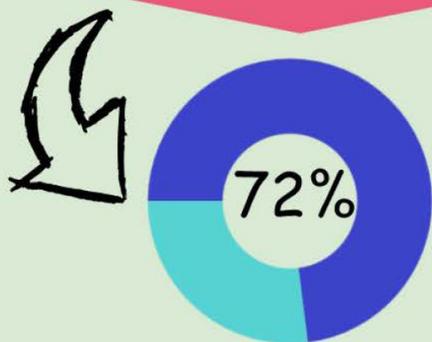
Data and Trends

Title V National Performance Measure: Well-woman Visit 2013 National BRFSS Data

A measurement of access to preventive care

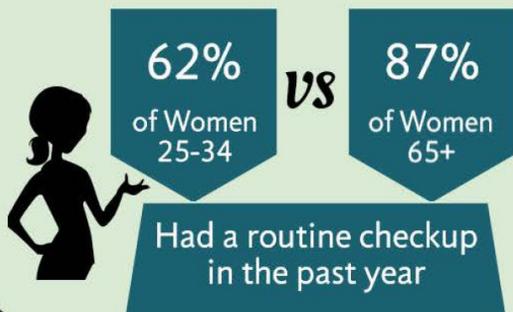
Nationwide 72% of women visited a doctor for a routine checkup in the past 12 months

About how long has it been since you last visited a doctor for a routine checkup?



Well-woman Visit Trends!
The routine checkup measure debuted in 2013. Use future BRFSS data for trend analysis.

How does age influence routine checkups in women?



Citations

1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.

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Calendar

AMCHP Events

2016 AMCHP Annual Conference

Jan. 23-26, 2016
Washington, DC

MCH Events

[CSTE Annual Conference](#)

Jun. 14-18
Boston, MA

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Calendar CONT.

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2
San Diego, CA

[NACCHO Annual 2015](#)

Jul. 7-9
Kansas City, MO

[2015 CityMatCH Annual Urban MCH Leadership Conference](#)

Sept. 27-30
Salt Lake City, UT

[2015 ASTHO Annual Meeting](#)

Sept. 29-Oct. 1
Salt Lake City, UT

[AAP National Conference and Exhibition](#)

Oct. 24-27
Washington, DC

[2015 APHA Annual Meeting & Exposition](#)

Oct. 31-Nov. 4
Chicago, IL



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