PULSE

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

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AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the President

A Picture is Worth a Thousand Words

By Millie Jones, MPH

"Children are one third of our population and all of our future." – *Select Panel for the Promotion of Child Health, 1981*

Over the past two years I have enjoyed using the **M**- the **C**- and the **H** to describe the importance of MCH, how we use Title V and all that we expect of Title V.

In 2015, we will embark on several initiatives that will require us to think "big picture vision." We will actively engage in the implementation of the transformation of Title V and AMCHP strategic planning for 2015-2018 (just two examples).

I challenge us all to continue to build on the word cloud. Have fun over the holidays by inventing a new MCH word game, engage your family and friends and let's have MCH grow into the biggest word cloud yet. Remember we must continuously help make MCH the number one priority in our nation!!

From the President CONT.

Happy and safe holidays to all.

Phrases used for the wordle: Maternal Child Health, Miracles Can Happen, Mentoring Children Helps, Making Change Happen, Making Connections Happen, Making Collaboration Happen, Managing Change (as it) Happens, Make Community Happen, Making Community Healthy, Mothers Campaigning for Hope, Maintain Community-Based Help, Movement for Children's Health, Magic Can Happen, Masterfully Cultivating Hope, Making CoIIN Happen, Mothers Campaigning for Health, Maximizing Compassionate Health, Managing Critical Healthiness, Masterfully Cultivating Healthiness, Mothers Creating Homes, Making Children Healthy, Mother Child Hope, Maternal Care Heals"

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From the CEO

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

There is a certain type of special needs child that I've always had a professional and personal interest and concern for – that of the mentally ill child. My reference here is not limited to mental illness associated directly or indirectly with intellectual and developmental disabilities, including autism, Down syndrome and fetal alcohol syndrome. The mental illness afflicting children that I'm referring to are those suffering from mood or anxiety disorders at a young age that present risk for deep depression and suicide. The added tragedy is that these types of mental illness can be created and exacerbated by environmental exposures of young children to poverty, social and economic status, child abuse, violence or bullying.

At a recent CityMatCH meeting, I heard a presentation that focused on suicide of children under the age of 12. I was drawn to this session because of my interest in the mental health of young children, but it also was nearly unfathomable such a study could be done of suicide in children under the age of 12 to produce a quality paper and presentation. Sadly, I was so very wrong.

According to the Centers for Disease Control and Prevention (CDC), suicide is the third leading cause of death for kids between the ages of 10 and 24 with nearly 4,600 lives lost each year. Although difficult to imagine, the suicide rate of children in and of itself is not the worst of the data. In a *Morbidity and Mortality Weekly Report* (MMWR) from June 2014 based on 2013 data, 39 percent of kids surveyed nationwide in grades 9-12 have either seriously considered suicide (17 percent), create a plan to commit suicide (14 percent), or have tried to take their own life one or more times within 12 months of being surveyed (8 percent). Self-inflicted injuries for children between the age of 10 and 24 at our nation's emergency rooms accounted for 157,000 treatments.

Perhaps as a precursor to the heartrending nature of these more advanced suicidal behavior figures, the same study showed that 29.9 percent of students nationwide

From the CEO CONT.

had felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities. Although not labeled as depression in the study, I would personally characterize extended feelings of sadness and hopelessness as such.

Although this small article is not meant to be a research brief, it would be really interesting to explore in another article any literature or research associated with the potential impact that children's depression has not just on self-harm, but on violence to others. It has always been frustrating to me that guns often commandeer the headlines after a public school shooting for example. Yet, when children who are in a mental crisis commit crimes against other children, we truly cower at addressing the root cause of the violence: diagnosing the depression and mental illness of these children and young adults well ahead of a tragedy. Too often, those headlines are buried days and weeks after but are always the same – "unfortunately, there were signs of distress in the child but no one paid attention or could help the child…"

What can be done? Let's face it, depression in young and adolescent children is difficult to diagnose. Most parents, and many physicians, do not have the ability to carefully distinguish between a moody child going through a life phase versus a child suffering from true depression. Conduct disorders are much easier to recognize and to diagnose. Yet, there are examples of children as young as four years of age with suicidal thoughts and tendencies to harm oneself or others but so little is known that these children are often misdiagnosed with conduct disorders or treated with drug therapies that either are not helpful or exacerbate the issues.

Awareness of the issue and its prevalence is a good first step. Education and early detection of children in mental health crisis can help ease these disturbing statistics. The mental illnesses described here are prevalent within our communities. It is a true public health emergency for our children and their families. The impacts are devastating and range from grief for the death of a child (or extended casualties if outward violence is acted upon) to the long-term impacts to the families, parents, and siblings related to coping with feelings of extraordinary guilt, failure, anger, resentment, remorse, confusion and distress over unresolved issues. Sadly, there also remains a stigma surrounding suicide and child-on-child violence that can make it extremely difficult for survivors to deal with grief while combating feelings of isolation and condemnation from community and family.

Harkening to basic good public health practice, please give some thought to your own programs supporting children and youth and families in the context of mental health. Awareness, prevention, education – where is it that you can make a difference?

The day this article was submitted for deadline, the story resurfaced of Adam Lanza, the Sandy Hook Elementary School shooter from Newtown, CT. Unfortunately, it is another long and terribly sad commentary on a child with mental health or other challenges that often were misunderstood and misdiagnosed throughout his life. In this case, the ultimate price was 20 other innocent children and six of their educators, a mother, and Adam himself. It is my fervent hope that someday, rather than waiting for a retrospective report to be released nearly two years after a massacre of this proportion, we as a society find a way to better diagnose, treat and create the correct systems of care for children like Adam early in their lives so that they do not suffer or put others at great risk.

Feature

Coming Soon: THE RAISING OF AMERICA Documentary Series on Early Childhood

By Rachel A. Poulain
Director of Public Engagement & Associate Producer, California Newsreel

The Raising of America: Early Childhood and the Future of Our Nation is a five-part documentary series that explores how a strong start for all our kids leads to a healthier, stronger and more equitable nation.

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Raising of America

[Watch the trailer!](#)

Growing scientific evidence reveals how experiences in the first years of life build the foundation for life-long physical, socioemotional and cognitive health and development – for better or for worse.

Many people and policymakers tend to blame or credit parents for their children's outcomes. But parents and caregivers are enmeshed in a broader "social ecology," or web of relations, that enhance or constrain what they can provide. For instance, the Wisconsin Study of Families and Work illustrates how growing stressors on young families – for time, money and resources – can literally get under the skin of their offspring with adverse consequences for developmental trajectories.

But the science also suggests investments in maternal health, early child development and family-work policy that can enable all our babies the opportunity for a strong start. These are critical not only to better individual outcomes, but to building a healthier, safer, better educated, more equitable and more prosperous nation.

While the studies are many, are strong and are persuasive, little or no popular media have translated these scientific findings into a compelling new narrative capable of changing the way parents, practitioners, policy makers and the public think about society's responsibilities and interest in these first crucial years. This is what *The Raising of America* sets out to do.

The Raising of America Project welcomes providers, civic groups, professional associations, advocacy groups and faith and community-based organizations to use the series and its companion tools as part of a national public engagement campaign to change the conversation about what we as a society can – and should – do to support families with young children.

[More than 350 organizations](#) (including [AMCHP](#)) have already signed up as partners to convene community dialogues, conference screenings, policy forums, town hall meetings and trainings using the series to educate, organize and advocate for a comprehensive early child development agenda and to advance their work from the local to the national levels.

[Sign up today!](#)

In addition, organizations across the country are planning [Launch Events](#) to sneak preview the signature episode prior to the PBS broadcast. The Launch Events will bring together diverse sectors of the community to explore how growing inequality is affecting their youngest children – and explore what can be done to give all babies the opportunity for a strong start.

[How can you use the series?](#)

The Raising of America is being produced by California Newsreel with Vital Pictures, producers of the acclaimed series *UNNATURAL CAUSES: Is Inequality Making Us Sick? and RACE—The Power of an Illusion*. To see the California Newsreel video collection, visit [newsreel.org](#).

Major funding for *The Raising of America* has been provided by [The W.K. Kellogg Foundation](#), [The California Endowment](#) and the [CDC](#).

Learn more about the series, the engagement campaign and subscribe to the newsletter (which will soon announce the pre-release of three of the supporting episodes): [raisingofamerica.org](#).

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Feature

Welcome Family Massachusetts: A Gateway into the Early Childhood System of Care

By Katie Stetler, MPH
CDC Public Health Prevention Service Fellow, on behalf of the Welcome Family Massachusetts Team

In September 2013, the Massachusetts Department of Public Health (MDPH), using federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds, launched the Welcome Family Massachusetts program. The program was created to improve population health and well-being and build a seamless system of care for families and young children in Massachusetts.

Welcome Family offers a one-time nurse home visit to all mothers with newborns, regardless of age, income, risk or prior birthing experience, providing an entry point into a larger system of care for all families. Research suggests that the Welcome Family model will improve health and developmental outcomes for women and families in Massachusetts, including reduced risk for infant hospital readmission;[1] increased rates of breastfeeding,[2] immunization,[3] well-child visit attendance[4] and postpartum visit attendance;[5] increased identification of families needing services[6] and connections to other services (such as MIECHV programs);[7] and reduced stigma about home visiting.[8]

Welcome Family is active in four Massachusetts MIECHV communities, with the goal of expanding statewide. The 90-minute visit by a maternal and child health nurse is offered up to eight weeks postpartum. During the home visit, the nurse conducts screenings focused on six core areas: unmet health needs, maternal and infant nutrition, substance use, emotional health, interpersonal violence, and a clinical assessment of mother and infant health. The nurse also provides brief interventions and referrals to services as needed. Families receive a Welcome Family bag with gifts and information to support mom and baby.

In the first year of implementation, 500 mothers received a nurse home visit. Nurses made a total of 1,143 referrals to community-based services in response to needs identified during the visits, with an average of two referrals per visit. An evaluation of Welcome Family is underway to measure program outcomes and impact.

MDPH is collaborating with state and community partners to implement, improve and expand the program. Through a Welcome Family Learning Collaborative, the pilot communities test and share strategies for program improvement. The Welcome Family Advisory Committee – with representatives from local agencies, physicians, hospitals, health insurers and state agencies – advises on systems building and program sustainability.

MDPH is actively pursuing third-party reimbursement to sustain Welcome Family, including studying Medicaid rates for similar universal or short-term maternal home visiting programs nationwide; developing cost projections; and outlining program benefits, including health outcomes and Healthcare Effectiveness Data and Information Set (HEDIS) measures. This will allow Welcome Family to expand across Massachusetts and continue beyond the MIECHV grant.

1 Dodge KA, Goodman WB, Murphy RA, et al. Randomized controlled trial of universal postnatal nurse home visiting: impact on emergency care. Pediatrics 2013;132(2):S140–146.
2 Bashour H, Kharouf M, Abdulsalam A, et al. Effect of postnatal home visits on maternal/infant outcomes in Syria: a randomized controlled trial. Public Health Nursing 2008; 25(2):115–25.
3 Benatar S, Sandstrom H, Hill I, et al. Best Start LA Pilot Community Evaluation: Annual Outcomes Report, Year 3. Prepared by The Urban Institute and University of California, Los Angeles. July 2012. http://www.first5la.org/files/07502_AnnualOutcomesRepor_Final_09182012.pdf
4 Braveman P, Miller C, Egerter S, et al. Health service use among low-risk newborns after early discharge with and without nurse home visiting. J Am Board Fam Pract 1996;9(4):254–60.
5 Ghilarducci E, McCool W. The influence of postpartum home visits on clinic attendance. J Nurse Midwifery 1993;38(3):152–8.
6 Svenson J, Kaplan B, Hatcher P. Evidence that Universally-Offered Home Visiting Finds Families at Risk. Presented at the 130th Annual Meeting of the American Public Health Association. Philadelphia, PA. November 12, 2002.
7 Benatar S, Sandstrom H, Howell E, et al. Effects of Welcome Baby Home Visiting: Findings From the 24-Month Child & Family Survey. Prepared by The Urban Institute and University of California, Los Angeles. August 2014. http://www.first5la.org/files/HV_24M_SurveyReport_FINAL_08152014.pdf
8 Dodge KA, Goodman WB, Murphy RA, et al. Implementation and randomized controlled trial evaluation of universal postnatal home visiting. Am J Public Health 2012;104(1):S136–143.

Feature

Dads Connecting With Dads: Dynamic!

By Greg Schell
Director, Fathers Network, Kindering

When dads take the time to connect with other dads having children with special needs, and/or chronic health conditions, the results are rather incredible. The University of Washington-Bothell conducted research regarding Washington State Fathers Network (WSFN) in late 2012, substantiating some very positive and powerful affects on fathers, their children and families. This was very encouraging information, but not totally unexpected.


The Dads Panel-A Favorite at the WSFN conference


Dads lunching & talking at the WSFN conference

Two previous research projects results also demonstrated outstanding data. One of the projects included looking specifically at Latino and Native dads in very rural areas, and African American dads from the inner city. It appears dads find connections with other dads very useful regardless of differences.

What did the latest research show? The cross-sectional design study had 146 members voluntarily and confidentially reply to 38 survey questions. The researchers uncovered some very useful data:

- Anxiety *decreased* 97 percent
- Enthusiasm toward their child *increased* 69 percent
- Family relationships *improved* 77 percent
- Feelings of joy *increased* 67 percent
- Having someone to relate to *increased* 80 percent
- Feelings of hopelessness *decreased* 57 percent

A lot of research confirms stress levels in families having children with special needs is often much higher than in typical families. It also appears from the research noted above some very positive things happen to dads, their children, and their families when dads connect. When dads proclaim they have increased enthusiasm for their children, improved family relationships, and their feelings of joy increase significantly when connecting with other dads, it seems easy to theorize this connection is valuable for everyone in the family. Maybe even to the point of decreasing overall stress.


Larry Davis teaching about Individualized Education Programs

Each October WSFN gathers dads from around the state and a few from beyond the borders to a conference only for dads. Many dads shared their perspectives of the Oct. 11, 2014 conference on their evaluations. This is what they had to say:

"I didn't come with any expectations. However, it exceeded anything I could have possibly imagined."

"This was my first time at a WSFN event. I cannot express how much it means to me. It was very insightful and helpful."

"I feel renewed."

"I recommit to being a better dad to my sons and a better husband to my wife."

"The sense of community and camaraderie was amazing. I felt a wonderful sense of support and understanding."

"Superb in all ways. Great (dads) panel and workshops."

The evidence is clear. Get dads together and great things happen! Do it!

Feature

Developmental Screening Round-up: Strategies and Efforts to Promote and Improve Developmental and Autism Screening, and Early Identification Systems

By Kate Taft, MPH
Senior Program Manager, Child Health, AMCHP

Christie Lillard
Program Intern, Children and Youth with Special Health Care Needs, AMCHP

As many as one in four children through age five are at risk for a developmental delay or disability. Title V programs and partners have long recognized the need for coordinated, comprehensive systems for developmental screening and early identification. Through state and federal efforts, there has been a strong focus on activities related to promoting early screening, identification and referral to intervention services. In 2014, AMCHP conducted an environmental scan of "State Strategies and Initiatives to Improve Developmental and Autism Screening, and Early Identification Systems." The scan provided a broad picture of state activity, including the role of Title V programs, related to developmental screening and early identification.

The scanning process included a search of the Title V Information System online database and the Title V MCH Services Block Grant Narratives. AMCHP found a total of 19 states with a current priority need specific to developmental screening/early identification, and a total of 21 state performance measures related to developmental screening/early identification in 20 states (a fact sheet on the current State Title V Performance Measures can be found here). More broadly, the scan identified common themes across state activities and initiatives, particularly related to:

- Training health care providers and early childhood professionals (around screening tools, implementing screening in practice, etc.)
- Implementing quality improvement projects and learning collaboratives
- Increasing awareness and education through outreach
- Improve systems for coordination of services
- Improve data collection and infrastructure for data systems

Engaging Early Care & Education Providers: New Watch Me! Training

Early care and education providers play a critical role in the health and well-being of children. These professionals are well positioned to help identify children who might need extra help in their development. The CDC offers a FREE, online training course called ***Watch Me! Celebrating Milestones and Sharing Concerns***. This training provides early care and education providers with tools and best practices to help them work with families to monitor every young child's development and help children with developmental delays get the early help they need to reach their full potential. The one-hour training is FREE, available online and is approved for continuing education credit.

This resource is one example of national resources available to help states promote developmental monitoring and increase capacity of professionals that work with early child care and education. To find out more and access the training, visit cdc.gov/WatchMeTraining.

Coming to the AMCHP Conference? Want to learn more about engaging early care professionals? Be sure to stop by workshop session H4 on Monday, Jan. 26 at 4:15 p.m. This workshop will highlight three state experiences on promoting developmental monitoring and screening to early child care and education providers using resources from Learn the Signs. Act Early. and other national campaigns. We hope to see you there!

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Developmental Screening

- Implement policies that promote increased screening and early identification
- Involve and engage families in promoting and improving systems of care

The full report can be downloaded on the SPHARC site here. Over the coming year, this data will be further analyzed to develop resources to assist states and Title V programs in building and improving developmental screening and early identification systems. These resources and updates will be posted on the AMCHP State Public Health Resource Center (SPHARC) website: amchp.org/programsandtopics/CYSHCN/projects/SPHARC.

There also are many federal and national partner organization efforts focused on promoting developmental screening and early identification. Just a few are highlighted below:

- **Six by '15 Campaign**: The Association of University Centers on Disabilities (AUCD) invites organizations and professionals from across the nation to join the discussion about the new Six by '15 Campaign, which celebrates 25 years of the Americans with Disability Act and 40 years of the Individuals with Disabilities Education Act. The campaign developed six goals to directly improve the lives of people with disabilities across the country, which AUCD and campaign partners hope to achieve by the end of 2015. One of these goals is related to early childhood and early screening. The early childhood goals are:
  - At least six states increase by 15 percent the proportion of children ages zero to three who receive the recommended number of developmental screenings
  - At least six states commit to improving cross-system information exchange that supports access to services for children identified by screening

  AUCD invites you to contribute to the content of the Six by '15 Campaign website with updates on efforts you are making at the state and regional level toward these goals. The Six by '15 Campaign website is an open source website and all are invited to contribute!
- **Birth to Five: Watch Me Thrive!** is a federal coordinated interagency effort to encourage comprehensive community based screening programs in coordination with the children's medical home in order to help all infants and young children receive the intervention they may need to grow and develop. Resources include a compendium of research-based screening tools; "User's Guides" for a wide range of audiences; an electronic package of resources for follow-up and support; and a Screening Passport for Families for keeping track of screenings, results and follow up steps, as well as coordinating information with multiple providers to support interventions and services.
- **CDC Learn the Signs. Act Early.**: The CDC provides free informational materials for parents about physical, social and linguistic milestones for typically developing children; these materials consist of educational videos, milestone checklists and general fact sheets about child development. The website also offers educational and training resources for early childhood educators on screening and monitoring of young children's development. In addition, current and future health care providers can participate in "Autism Case Training: A Developmental-Behavioral Pediatrics Curriculum" to learn the basics about the importance of using validated and reliable screening tools, diagnosing and referring patients who are at risk for ASD or other developmental delays.
- **Maternal and Child Health Bureau (MCHB)**: MCHB supports a number of programs that promote and support healthy development in early childhood.
  - The Autism CARES Act targets several goals related to screening including increasing awareness of autism spectrum disorders and other developmental disabilities, supporting research on autism in early childhood, encouraging the use of

Feature CONT.
Developmental Screening

valid screening tools and using evidence-based strategies to intervene on behalf of children at risk for developing a delay.

- The U.S. Department of Health and Human Services also funds **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** programs intended to assist families in low-income communities support their young children's healthy behavior and development. Home-visiting programs are voluntary, and provide parents with the skills and knowledge they need to ensure their young children are developing physical, social and language skills they need to be prepared for school. Specifically related to developmental screening, home-visiting can also help parents to keep track of their children's milestones, recognize potential delays in one or more domain and have children screened by a health care provider or other trained professional.
  - In September 2013, MCHB launched a Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). HV CoIIN is a learning collaborative for a select group of 12 state, tribal and non-profit grantees following the Breakthrough Series collaborative model pioneered by the Institute for Healthcare Improvement. It is a time-limited (three-year) learning method that brings together 35 teams from local home visiting service agencies to seek improvement in four topic areas: Maternal depression screening and care, **developmental screening and linkage to services**, initiation and extension of breast feeding, and family engagement including enrollment, retention and transitions. The main purpose is to accelerate improvements in program outcomes using small tests of change to adapt best practices across multiple grantee settings and spread the learning. The overall aim for the developmental screening related HV CoIIN will be to "increase by 25 percent from baseline the percent of children with developmental or behavioral concerns receiving identified services in a timely manner."
- **Early Childhood Comprehensive Systems**: Early Childhood Comprehensive Systems grants have strengthened state systems to promote early childhood development since 2007. Recently, the program refocused to better support current early childhood initiatives. Each program focuses on one of three strategies, one of which is to coordinate the expansion of developmental screening activities in early care and education settings statewide. There are 19 states and territories that have chosen to focus on the developmental screening strategy.

- **Project LAUNCH**: Project LAUNCH funds state, local and tribal programs who contribute to healthy development in young children around the country. These programs provide parents with information about normative child development, equip early childcare providers with the tools they need to teach young children and provide mental health services for families. Project LAUNCH grants are awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote and bring awareness to behavioral and mental health in young children ages zero to eight. One of the objectives of Project LAUNCH is to "increase access to screening, assessment and referral to appropriate services for young children and families."

As mentioned, AMHCP will be working over the coming year to produce more resources and build out links on the SPHARC website related to developmental screening and early identification. Stay tuned at: amchp.org/programsandtopics/CYSHCN/projects/SPHARC!

Feature
Tele-Intervention to Support Access to Care

By Diane Behl
National Center for Hearing Assessment and Management

Those working within the maternal and child health system are familiar with the challenges faced by families in accessing needed specialized services. This reality is particularly frustrating when paired with our knowledge that optimal outcomes for children with special needs depends on access to high quality, specialized early intervention services. For example, families of children who are deaf or hard of hearing (DHH) who require very specialized interventionists trained in the child's communication mode

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Tele-Intervention

are often only found in urban settings.
Thanks to rapidly improving video technology, receiving such specialized services is possible – even when there are no providers in the community. Tele-intervention (TI), the delivery of early intervention services via telehealth technology, has the potential to ensure children and families receive the needed intensity of services in a cost-effective manner.

To foster the use of TI, the National Center for Hearing Assessment and Management (NCHAM) – a HRSA-funded national technical resource center to support EHDI systems – created the "Tele-intervention Resource Guide" or implementing TI. This Web-based guide features information on equipment selection, how to conduct a TI session, as well as licensure and security considerations.

A tele-intervention session is conducted much like an in-person visit, with an emphasis on putting the family "in the driver's seat," reinforcing the role of families as partners in decision making. The principles of embedding intervention into every-day routines and coaching the family to reinforce their role as their child's primary teacher are key, encouraging the implementation of best practices in early intervention.

There is additional evidence to support the use of TI. Kelso, Fiechtl, Olsen and Rule (2009) provided multidisciplinary early intervention services using telehealth technologies and demonstrated savings of time and resources associated with the delivery model. More recently, a comparison group design study conducted by NCHAM and partners demonstrated that the TI group scored statistically significantly higher on the expressive language measure than the in-person group (p =.03), and parent engagement also was better.[1] Cost savings associated with providing services via TI increased as the intensity of service delivery increased.

Tele-intervention is occurring or planned in roughly 30 percent of states, according to a survey conducted with

state Part C Early Intervention Coordinators.[2] Its broader adoption is constrained by several challenges.[3] Many policymakers and early intervention administrators are skeptical that family-centered services can be provided through a computer. Licensure regulations require that most therapists be licensed in the state where their clients live, which can be costly. Privacy and security requirements under the *Health Insurance Portability and Accountability Act* (HIPAA) and *Family Educational Rights and Privacy Act* (FERPA) also are often identified by administrators as reasons for avoiding TI implementation, even though practical strategies exist to address these issues.
Then there are the very real challenges with bandwidth limitations and the cost of high-quality connectivity, particularly in rural areas.

As distance communication technologies continue to develop, maternal and child health stakeholders need to investigate new ways of reaching families, especially those that are cost effective. Tele-intervention is no panacea, but it is an important strategy in ensuring access to high-quality, family-centered services. In turn, families need to speak up about what works best for them – what truly fits within their family lifestyle and strengthens their ability to support their child's ability to develop optimally. It just might be through tele-intervention.

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2 Cason, Behl, D., & Ringwalt, S. (2012). Overview of States' Use of Telehealth for the Delivery of Early Intervention (IDEA Part C) Services. International Journal of Telerehabilitation, 5(2), 39-45. doi:http://dx.doi.org/10.5195/ijt.2012.6105.

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Feature

Oral Health Resources for Home Visitors

By Marcia A. Manter, MA
Early Childhood Committee , Association of State and Territorial Dental Directors

Tooth decay is the most common chronic childhood disease. Statistics from CDC indicate that close to 50 percent of children entering kindergarten already have decayed primary teeth, which puts them at risk for having tooth decay in their permanent teeth. If left untreated, the infection can result in pain and affect children's overall health and well-being. This can lead to difficulty with learning, concentrating and socializing. The good news is that tooth decay is almost entirely preventable. Early childhood professionals, such as home visitors, that serve families with young children have an important role in helping to increase the number of children who enter kindergarten cavity free.

The role of home visitors in promoting oral health is not only important but challenging. Families may not think they need to care for their children's primary teeth due to misconceptions that primary teeth are not important because "they will fall out." Many parents are not aware of the connection between oral health and overall health and that many of the primary teeth do not exfoliate until approximately 12 years of age. This common myth increases the necessity for home visitors to offer parents oral health guidance beginning during the first month of the child's life. As the child develops, home visitors have many oral health topics to explore with families. These include cleaning the mouth even before the first teeth erupt, safe practices for teething, toothbrushing with fluoride toothpaste to keep the teeth protected from decay, "teeth healthy" food choices and eating practices, and a first dental visit by age one. Caring for the oral health of young children with special needs may require additional counseling and referral to a pediatric dental specialist depending on the complexity of the needs.

Many home visitors report a lack of oral health knowledge and do not initially feel comfortable providing comprehensive oral health information to families. To support home visitors in adopting and expanding oral health messages and coaching for families, the Association of State and Territorial Dental Directors (ASTDD) Early Childhood Committee researched a number of online and print resources that home visitors can access to gain information, and to find lesson plans and parent educational materials.

Some curricula developed for national home visiting programs, such as Parents as Teachers and Nurse Family Partnership, imbed oral health information into infant/toddler modules covering each developmental stage. *Teeth for Tots* from Kansas Head Start Association is an oral health curriculum that provides fourteen modules covering every aspect of healthy tooth development. Each module includes evidence-based oral health information for home visitors, and 15-minute lesson plans based on Motivational Interviewing principles. The curriculum includes a CD with photos and parent handouts that can be turned into a flip chart. More information can be found at ksheadstart.org/oral-health. Another resource is *Help Me Smile* from Ohio Department of Health, which includes materials designed for home visitors to use with families including oral health risk assessments, training modules and educational resources. It is available at no charge and can be downloaded at mchoralhealth.org/materials/multiples/helpmesmile.

For home visitors looking for an oral health flip chart, Massachusetts Head Start Association offers one available in multiple languages. It can be downloaded from their website massheadstart.org/oral-health.php. University of Iowa College of Dentistry also offers a flip chart designed for home visitors and other family educators. It is available for purchase through the college website: dentistry.uiowa.edu/pediatric-fact-sheet.

Brief videos can enhance a home visit lesson plan. Tooth Talks is a website from Head Start of North Carolina, with support from the University of North Carolina. It contains twelve early childhood oral health videos featuring parents and children practicing healthy habits such as toothbrushing, food choices, weaning from a bottle, and baby's first dental checkup. It also features a video demonstrating Motivational Interviewing as a way to support parents adopting oral health practices for their young children at toothtalk.web.unc.edu.

Feature CONT.
Oral Health Resources

The complete listing of oral health materials available to home visitors identified in the ASTDD environmental scan can be found at astdd.org/docs/home-visitors-environmental-scan-11-13-2014.pdf. Additional resources can also be found on the National Maternal and Child Oral Health Resource Center's page on home visiting at mchoralhealth.org/highlights/homevisiting.html.

Feature
AAP Puts Spotlight on Toxic Stress and Resilience in Children: Promotes A Toxic Stress-Informed Federal Policy Agenda

Last June, the American Academy of Pediatrics (AAP) hosted a seminal, daylong Symposium on Child Health, Resilience & Toxic Stress in Washington, DC. The event convened federal policymakers, national thought leaders and partner organizations – including AMCHP – to discuss the emerging science demonstrating the impact of toxic stress on a child's lifelong health. The Symposium also helped "create consensus on a broad, implementable

Feature CONT.
AAP Spotlight on Toxic Stress

vision to strengthen federal policies and funding to address toxic stress and early childhood adversity."

- One of the key messages of the symposium is that the federal government plays a vital role in reducing children's exposure to toxic stress and building their resilience. The AAP is leading development of a toxic stress-informed policy agenda to comprehensively support the prevention of toxic stress and the fostering of resilience through efforts to:
  - Ensure optimal health, including physical, mental and behavioral health, through access to affordable and high-quality health care
  - Prevent exposure to violence, neglect, and other adverse experiences of childhood and strengthen the child welfare system to ensure children have long-term, stable, supportive relationships with adults
  - Promote academic attainment through the support of high-quality education beginning in early childhood
  - Support strong anti-poverty programs that expand economic opportunities and increase social mobility through: affordable, high-quality child care; tax policies that support working families; access to

Innovative Practices in Child and Youth Development

This issue of *Pulse* contains several examples of how states are working to improve child and youth development. 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 focused on child and youth development that you will find in Innovation Station:

Youth and Children & Youth with Special Health Care Needs:
- Dare to Dream, Rhode Island (Emerging Practice)
- Transition Interagency Group Envisioning Realization of Self (T.I.G.E.R.S), Colorado (Emerging Practice)
- Oregon Youth Transition Program, Oregon (Best Practice)
- Youth and Young Adult Transition-Children's Medical Service, Florida (Emerging Practice)

Child Health:
- The Boys' Health Advocacy Program, South Dakota (Promising Practice)
- Every Child Succeeds, Evidence-based Home Visitation, Northern Kentucky/Southwest Ohio (Best Practice)
- Empower Program, Arizona (Best Practice)
- First Five Parenting Kit for New Parents, California (Promising Practice)

For more information about these programs and other successfully reviewed MCH practices, visit Innovation Station at amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx or the AMCHP best practices homepage at amchp.org/programsandtopics/BestPractices/Pages/default.aspx.

Feature CONT.
AAP Spotlight on Toxic Stress

affordable housing; and anti-hunger programs that promote nutrition
- Support services that strengthen families, including parenting and literacy programs

Additional resources generated to support the symposium include:

- Archived webcast of the full event
- Symposium agenda (PDF)
- Supplemental resources and materials (PDF)
- Fact sheet: AAP toxic-stress-informed federal policy agenda
- Speaker biographies (PDF)
- Press release announcing the symposium
- AAP toxic stress policy statement and technical report
- Speaker presentations:
  - Panel 1: Dr. Andy Garner, Dr. Jack Shonkoff
  - Panel 2: Dr. Jim Marks, Dr. Rob Dugger, Esta Soler
  - Panel 3: Dr. Ileana Arias, Dr. Libby Doggett, Dr. Larke Huang
  - Luncheon speaker: Dr. Perri Klass
  - AAP Call to Action: Dr. Jim Perrin

innovation station Sharing Best Practices in MCH

AMCHP is collecting emerging, promising and best practices related to early childhood, child and youth development!

Does your program address a best practice related to these topics? 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
Promoting School Connectedness through Positive Youth Development

By Amber Arb
Region V Member

In February 2010 the Pew Research Center released a report on Millennials, the generation of teens and young adults born after 1980.[1] According to the Pew Report, Millennials are "far and away the most educated generation with over half of all Millennials (54 percent) having some college education."[1] Predicting this trend in educational attainment will continue to grow due to the demands of our current knowledge-based economy, the academic success of young people is becoming increasingly vital to the health of our country.[1] Youth advocates and researchers spend a great deal of time trying to influence youth behaviors and environments to promote positive development and a seamless transition into adulthood. Taking into account where young people spend the majority of their time, it is clear that we need to start with the schools.

Data show that youth who struggle academically engage in higher rates of risk behavior (such as substance use, early sexual initiation, violence and risk of unintentional injury), and conversely, youth who are successful in their academic life engage in fewer risk behaviors.[2,3,4] According to the CDC, School Connectedness, defined as *the belief by students that adults in the school care about their learning as well as about them as individuals*, has

1 Pew Research Center. The Millennials: Confident, Connected, and Open to Change. 2010.
2 Blum, Robert, School connectedness: Improving lives of students. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, 2005.
3 Search Institute.(1997) 40 Developmental assets for adolescents®, 1997, 2007 http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18.
4 Center for Disease Control and Prevention. (2013) Youth Risk Behavior Survey Report 2013- United States

Feature CONT.
Promoting School Connectedness

a great deal to do with this positive correlation between academic success and fewer risk behaviors in adolescents. Reviewing the research on Positive Youth Development will allow for a deeper understanding of how to facilitate School Connectedness.

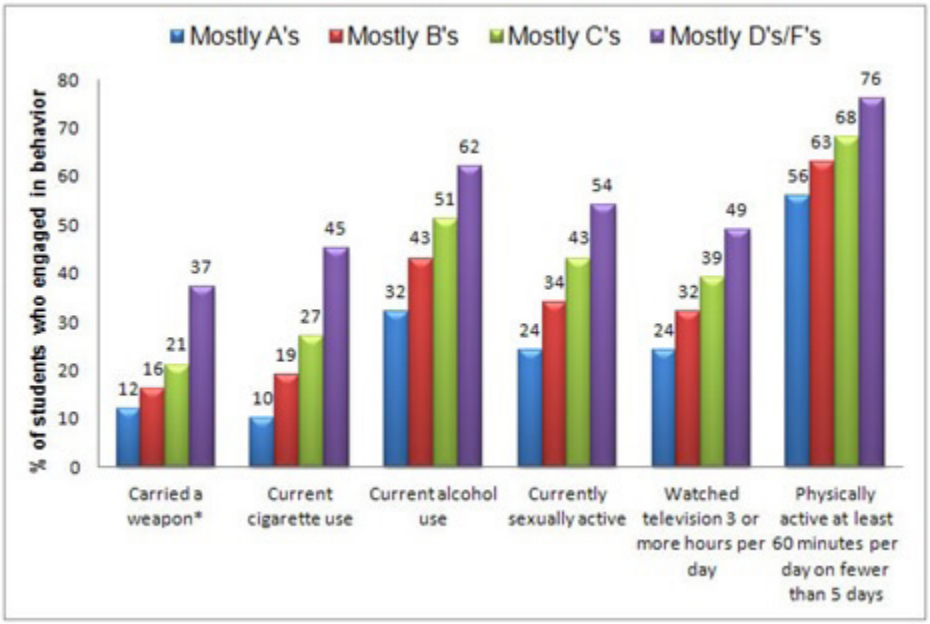
In 1990, the Search Institute published the well-known list of 40 developmental assets that became the foundation for the principles of Positive Youth Development.[3] Listed among the assets are measures echoed by the CDC strategies to improve school connectedness such as: deepening the relationships between youth and adults, promoting a caring school climate, establishing school boundaries (fair disciplinary rules), connecting youth to adult role models who have a vested interest in them personally, connecting youth to peer role models, and setting high expectations for student outcomes.[2,3,5] This overlay of youth developmental assets and school relationships and environments provides us with a beginning framework for reaching youth and keeping them actively engaged in school longer.

These changes would essentially change the school culture, which is not easy and cannot be done by just one person. Change takes sustained effort and a willingness to share power, resources and time. The CDC recommends several strategies to navigate the change process including:

- Create a decision-making process that facilitates student, family, and community engagement, academic achievement, and staff empowerment
- Provide educational opportunities that enable families to be actively involved in their children's academic and school life
- Provide students with the academic, social and emotional skills necessary to actively engage in school
- Use effective classroom management and teaching methods to foster a positive learning environment
- Provide professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, emotional and social needs of youth
- Create a trusting and caring environment that promotes open communication among administrators, teachers, staff, students, families and communities[3]

School connectedness is more than a feeling of belonging. It involves intentional actions that include youth, families, schools and communities. The sustained effort and resources to create protective spaces and relationships for youth is a challenge that, if addressed, could mediate later risk for youth and help young people navigate their place in the global knowledge-driven world.

Percentage of high school students who engaged in selected risk behaviors, by type of grades earned – United States, Youth Risk Behavior Survey, 2009



* 12% of students with mostly As carried a weapon while 37% of students with mostly Ds or Fs carried a weapon. *Source: Center for Disease Control and Prevention. (2009) Health & Academics Data & Statistics. http://www.cdc.gov/healthyyouth/health_and_academics/data.htm*

5 School connectedness: Strategies for increasing protective factors among youth. Atlanta, GA: U.S. Department of Health and Human Services; 2009.
6 Center for Disease Control and Prevention. (2009) Health & Academics Data & Statistics. http://www.cdc.gov/healthyyouth/health_and_academics/data.htm

Feature

Integrating Injury Prevention into Home Visiting

By Jennifer Allison, Ph.D.
Director, Children's Safety Network

Rebekah Hunt, MPA
Training and Technical Associate, Children's Safety Network

Injury is a leading cause of child mortality and morbidity. In 2012, injuries resulted in more than 3,320 deaths and 4.3 million emergency department visits among zero to four year olds in the United States (CDC WISQARS). Home visitors can play an essential role in raising awareness about injury hazards, identifying risk and protective factors in the home, and teaching caregivers how to prevent injuries in a culturally competent and developmentally appropriate way.

For example, research shows that home visiting can be effective in reducing intentional injuries, such as child maltreatment. While this alone is an excellent reason to support the training of home visitors in injury prevention, home visiting also offers a strategic opportunity to prevent unintentional injuries that occur in and around the home, such as falls, drowning, burns and scalds, choking, and pedestrian injuries.

With the help of the Children's Safety Network, Massachusetts and New Hampshire have already begun implementing full or half-day trainings on injury prevention for home visitors. These trainings provide information about infant safe sleep, falls, poisoning, drowning, choking, burns and scalds, safe storage of weapons, and the prevention of motor vehicle crashes, as well as many other causes of injury. Using the public health model, home visitors learn to identify injury risk and protective factors, talk to families about those risks and educate them about key injury prevention strategies by developmental stage.

Each trained home visitor also is equipped with resources and information, such as home safety checklists, hotline numbers, and infographics and pictures that illustrate injury risks, in order to help them work with families to reduce injury hazards and implement prevention strategies. In addition, the home visitors are provided with information about the American College of Preventive Medicine childhood injury risk assessment tool, developed in partnership with CDC, to assist them in working with families to improve child safety. The tool contains assessment questions and educational information on a wide range of injury topics.

If you are interested in learning more about incorporating injury prevention education into your state home visiting efforts, contact csninfo@edc.org. For facts about injury prevention by topic, visit the Children's Safety Network website, and for visual communication tools on many injury topics, check out the Children's Safety Network Pinterest page.

CSN Children's Safety Network
National Injury and Violence Prevention Resource Center

View from Washington

Putting Evidence-Based Policy to the Test – Prospects for the MIECHV Program

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

Once again we are approaching a crossroads for the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) program. As a reminder, Congress created MIECHV in 2010 to improve health and developmental outcomes for children and families who reside in vulnerable communities through implementation of evidence-based voluntary home visiting programs. The program builds on decades of research demonstrating the value of home visiting as a service delivery strategy, with an original authorization providing $1.5 billion for fiscal years 2010-2014.

Funding for this critical effort was set to expire Sept. 30, 2014, but in March Congress included an extension in a larger bill addressing Medicare payment rates for physicians (also known as the “doc fix”). Congress now needs to act by Mar. 31, 2015 to extend funding for this program.

Over the past few years, AMCHP has been working in partnership with a broad coalition advocating for continuation of MIECHV. Some of our main activities include educating members of Congress and their staff on the purpose and value of home visiting; cultivating champions to lead efforts to continue the program; and seeking data and stories that can help support our key messages.

One of our current activities is to collect signatures for a national sign-on letter that will show the depth and breadth of support for MIECHV across the nation. At press time, this letter includes more than 750 national, state and local stakeholders from every state in the union. We expect this will be an effective tool to use in our advocacy.

As for next steps, there are some indications an extension could be considered as part of the next docfix exercise sometime in the lame duck session of Congress. More likely, Congress will punt the decision until closer to the Mar. 31 deadline and, as always, the cost and sources of money to pay for the extension are expected to be sticking points.

As the process unfolds, we continue to raise the point that participating families, states and communities need certainty as soon as possible to plan for the continuation of services and to ensure that the resources invested to date are not abandoned. If you have information, success stories or compelling data that can be helpful in our efforts, please share that with me at bewig@amchp.org, and stay tuned for potential action alerts in early 2015 to add your voice to those urging Congress to continue this important effort.

Real Life Story

The Bumps in the Road

By Rylin Rodgers
Training Director, Family Leadership Coordinator, Riley Child Development Center

Looking back to my now teenage children’s early childhood, my first thought was my “white limo” fantasy. When my son was hospitalized as an infant, and the complexity of his condition was not yet clear, my husband and I saw another family leave the children’s hospital in a limousine. That family was celebrating a successful surgery, resolution of the child’s issues and a return to life as normal. This would be their last hospitalization, and they were going home for good in style. We turned to each other and pledged to do the same when our turn came, which would surely be soon. We would get through this current crisis, and we would move on with the normal life we had planned for our son. But that limo ride never came for our family, and it never will. In fact, in many ways we have instead been on a very different and unexpected road, with wide variance in vehicles and driving conditions.

What I have learned from this journey is immense. First, while raising children who have special health care needs is the road less traveled, we were not alone. The families

Real Life Story CONT.

before us forged a path. The families currently on the road with us are the most wonderful traveling companions: giving, resourceful and resilient. And after a while I started to notice the families who followed, and hoped we were smoothing some of the bumps on the road for them. And while some sections of our road are built by families alone, most of our journey has been supported by professional builders.

The providers who partner with individual families and those who are working on system-level road design have both a tremendous impact. Home visiting systems give families access to tricycles and training wheels with the support they need to travel their own paths. Primary care medical homes are more than a roadside tune-up shop. They provide whole child medical care and the partnership each family needs to navigate its course. Sub-specialty providers give the critical care for very complex needs when sudden breakdowns occur. Financing the raising of my children has been a part of the journey in a constant state of change. At the moment families have increased chances of being insured on the road, but too many still can't meet minimum coverage standards. Care coordination pilots are building the network needed to turn on the GPS system for families. The pit crew that supports our journey is extensive and endlessly important: therapists, medical equipment suppliers, teachers, community partners, even political leaders. It takes them all!

In the beginning, I didn't know what I would need to effectively parent Matthew and Laura. Frankly, I had little knowledge of the world of systems and supports that would be crucial to their success in growing and learning. What I know now is that the road system out there is not yet perfect – there are bumps, potholes, unpaved stretches and detours – but it is there, and amazing folks are working every day to smooth the journey and to build new and better highways. Your individual connection to maternal and child health is part of where we are all going. I thank you for putting on the work vest, even in less than ideal conditions. I urge you to continue to be alert to the needs of the travelers, point out the shortcuts, move the barriers and cheer the journey. Sometimes, I still wish for the limo ride, more often I am aware of what I would have missed and that my family was meant to be on this road.

Member to Member

We asked AMCHP members: How is your Title V/MCH department incorporating youth development into its work?

California

By Laurel A Cima Coates, MPA
Chief, Prevention, Policy and Program Standards Branch, Maternal Child and Adolescent Health Division, California Department of Public Health

The California Department of Public Health Maternal, Child, and Adolescent Health Division (CDPH/MCAH) received an Office of Adolescent Health, Pregnancy Assistance Fund award to implement an evidence-informed, standardized case management program that operationalizes a positive youth development resiliency framework and integrates life planning. The intervention, Adolescent Family Life Program Positive Youth Development (AFLP PYD), provides a strengths-based approach to support expectant and parenting youth and their families and works to establish a seamless network of accessible services, resources, and supports.

To operationalize positive youth development within the AFLP PYD case management program, MCAH has linked a research-based resiliency framework from the Bonnie Benard book, *Resiliency: What We Have Learned* directly with the case manager-youth interaction and developed standardized tools to support implementation. In this framework, there are three important environmental processes called protective factors that buffer risk and foster resilience: 1) forming caring relationships; 2) maintaining high expectations; and 3) providing opportunities for participation and contribution. Using positive youth development principles, case managers model protective factors and work with youth to complete a series of standardized activities that help build resilience strengths: problem solving skills, sense of purpose, autonomy and social competence. Initially, youth and their case manager work on My Life and Me activities, which helps youth identify and build their strengths, relationships, dreams and values. The case managers also utilize the My Life Plan, an interactive, youth-centered, strengths-based life planning tool, which AFLP youth complete with the support and guidance of their case managers. It is

Member to Member CONT.

designed to help youth create personal goals based on their own values and resources to improve their health and well-being and that of their child/children. Throughout the intervention, case managers use motivational techniques to support youth in life planning, handling difficult situations and in goal setting and decision making around program priorities of family planning, education and work, access to health care and healthy relationships.

Colorado

PYD at CDPHE: Changing the Way We Do Business

By Audra Bishop, MA, CACIII
Youth and Young Adult Unit Supervisor, Children, Youth and Families Branch, Colorado Department of Public Health and Environment

The journey of integrating PYD is an evolving one. Here at the Colorado Department of Public Health and Environment, we have had a few enthusiastic and persistent champions who have, through the support of research and relationships, challenged and changed the way many of us within the department do our work and the opportunities we now have available for integrating PYD into business at the state level.

As an evidence-based public health strategy, PYD includes engaging youth in authentic partnerships. Our Youth and Young Adult Unit is now in its second year of implementing its recently developed Youth Advisor model. This model was created to help institutionalize the engagement of young people within the department, in order to enhance the programs, practices and policies that impact youth health and well-being.

Authentic youth engagement has not been foreign to the department, which has funded a statewide youth advisory council for the last 14 years, but to actually hire young people as state employees came with a new set of obstacles and opportunities. Hiring youth entailed a significant paradigm shift in how we market to, engage, interview, orient and supervise. It meant helping other adult staff, including those in the state Department of Personnel Administration and the department human resources, that hiring youth was not only valuable to the young people themselves, but it was equally, if not more, valuable for the department work. These youth were not “just” interns who were there to learn from us, but rather “experts” in youth culture and therefore needed to be compensated as such. To prepare both youth and adults for this new way of doing business, guidance was provided to the department through documents, face to face trainings and creative tools for introducing the advisors and highlighting their work. Our unit is currently working on finalizing a Youth Advisor Model Evaluation Report, along with guidance on how to replicate the model within other agencies. In addition, we are in the planning phase with other state and community organizations currently committed to hiring their own youth advisors, about how we can align and integrate the roles and responsibilities of the youth advisors, as to promote cross-agency work and collaboration. Working alongside and supervising youth advisors has brought about innovation, challenging conversations and been a highlight of our unit work over the last few years.

Who's New

NEW CYSHCN DIRECTORS

ARKANSAS

Kay Baudier, BSN RN
Title V Program Director
Arkansas Department of Health

NEW AMCHP STAFF

Yadashe Belay

Yadashe Belay joined AMCHP as the program associate on the child and adolescent health team. Yadashe most recently served at the Association of Public Health Laboratories (APHL) as the senior technician. In that role, she provided technical and administrative support for the APHL Newborn Screening and Genetics Program. Yadashe has a certificate in maternal and child health communications from the South Central Public Health Partnership, and is a current MPH student at the University of Maryland, College Park. She will be providing support to all child and adolescent health team program activities.

Stacy Collins, MSW

Stacy Collins joined AMCHP as the associate director, health reform implementation. She brings two decades of experience in health care and psychosocial issues related to women, children, and families, working in direct practice settings, advocacy organizations, and membership associations. Most recently she served as Senior Practice Associate for Health Care at the National Association of Social Workers (NASW), where she lead NASW efforts related to Affordable Care Act implementation, including regulatory and legislative oversight and member education efforts. She also served as the associate director for child health at the National Association of Children's Hospitals (NACH), where she lead NACH policy initiatives and educational programming related to pediatric preventive health, including injury prevention, immunization, home visiting, substance abuse, and other issues. Stacy has a Master's degree in social work from Catholic University and a bachelor's degree in political science from the University of Virginia.

Get Involved

The BUILD Health Challenge Accepting Applications

The Bold, Upstream, Integrated, Local, Data-Driven (BUILD) Health Challenge, a partnership of the Advisory Board Company, the de Beaumont Foundation, the Kresge Foundation and the Robert Wood Johnson Foundation, is now accepting applications. The BUILD Health Challenge is a national award program designed to support community collaborations working to improve population health by addressing the upstream causes of sickness and disease. The BUILD Health Challenge will give planning or implementation awards of up to $7.5 million in grants, low-interest loans and program-related investments to up to 14 community-driven efforts addressing health disparities and the social determinants of health in low-income cities with at least 150,000 residents. Projects can focus on early childhood development, economic opportunity, regulation and policy, the built environment, transportation and infrastructure, educational attainment, public safety and housing and more. Examples include neighborhood safety, so kids can go out and play, or whether there's a grocery store in the area, so residents have the opportunity to buy healthy food. The awards are designed to strengthen partnerships among hospitals, nonprofits, local health departments (LHDs), and other community organizations, and improve health in low-income neighborhoods. In addition to grants, awardees will receive a broad range of support services including technical assistance, coaching and access to population health innovator networks. Q&A Web conferences are available for potential applicants on Dec. 2, 4 and 9, and Round 1 applications are due Jan. 16. If you have any questions, please visit the FAQs page here. You can also engage with us on Twitter at @BUILD_Health!

CSN Webinar on E-Cigarette Poisoning Among Children

Children's Safety Network (CSN) invites you to a webinar focused on e-cigarette poisoning among children and youth on Thursday, Dec. 11 at 3-4 p.m. EST. According to the American Association of Poison Control Centers, the number of cases managed by Poison Control Centers involving e-cigarettes containing nicotine rose dramatically from about 270 in 2011 to more than 3,000 in 2014. Over half of these calls involved children under age five. Nicotine can be poisonous and liquid nicotine (e-juice) refills may be harmful to children. Products come in bright colors, flavors and scents. A few drops of e-juice absorbed through the skin or swallowed can result in an ER visit and 1/3 oz. may

Get Involved CONT.

be fatal to a child. Currently, there are no federal packaging requirements for e-cigarettes or the refills. To register, click here.

Upcoming LCRN Webinar
The Life Course Research Network (LCRN) upcoming webinar, The Developmental Approach to Health Inequality, on Dec. 16 from 9-10 a.m. PST, will feature Gabriella Conti, PhD, discussing the developmental approach to health inequality. Gabriella is a Senior Lecturer in Health Economics in the Department of Applied Health Research at University College London; Research Associate at the Institute for Fiscal Studies; and Faculty Research Fellow at the National Bureau of Economic Research. Her research draws on both the biomedical and the social sciences with the aim of understanding the developmental origins of health inequalities, and the behavioral and biological pathways through which early life conditions affect health throughout the life course. Register here.

AAP Makes Recommendations for Pneumococcal Vaccines in At-Risk Children
In a new policy statement, "Immunization for Streptococcus pneumonia Infections in High-Risk Children," in the December 2014 issue of *Pediatrics*, the American Academy of Pediatrics (AAP) provides recommendations for the use of pneumococcal vaccines (PCV13), in children six through 18 years of age. After PCV vaccines were introduced, widespread reductions in invasive pneumococcal disease attributable to vaccine serotypes were seen in young children. However, older children with immunodeficiency and other high-risk conditions continued to experience invasive pneumococcal disease, illustrating the need for new vaccine recommendations to include these populations. The new recommendations from the AAP include giving a single dose of PCV13 to children six through 18 years of age who have immunocompromising conditions, including HIV and sickle cell disease. Children in this group who have not previously been vaccinated with the pneumococcal polysaccharide vaccine (PPSV23) should receive a dose at or more than eight weeks after the initial dose of PCV13. Recommendations for the use of PCV13 and PPSV23 in healthy children remains unchanged from previous AAP policy. The policy statement can be found here.

The Application Process for the 2015 Making Lifelong Connections Meeting is Now Open!
MCHB and the Making Lifelong Connections Planning Committee would like to invite trainees to participate in a unique opportunity to build leadership skills, meet other current and former MCHB trainees and enhance their career development. The Pediatric Pulmonary Centers (PPCs) at the University of Arizona and the University of New Mexico are co-hosting this one and a half day event entitled "Making Lifelong Connections: Leadership, Networking, and Career Development for MCHB Trainees" in San Antonio, TX on Apr. 23-24, 2015. At this meeting, current and former MCHB trainees will work together to enhance their leadership and presentation skills, network and develop professional connections. Priority consideration will be given to applications received by Jan. 2, 2015. The final deadline for applications is Jan. 9, 2015 at 12 p.m. CST. For questions please contact Mary McGuire at Mmguire@peds.arizona.edu or (520) 626-1569, or Lisa Rascon at LRascon@peds.arizona.edu or (520) 626-1567. All Making Lifelong Connections application and meeting information can be reviewed here.

Call for Abstracts: Academic Pediatric Association 5th Annual QI Research Conference
The Academic Pediatric Association is seeking abstracts for the 5th Annual Advancing Quality Improvement Science for Children's Health Care Research Conference on Apr. 24, 2015, in San Diego, CA. The conference will focus on methodological and technical issues of major importance in the field of pediatric health care quality improvement research, a leading component of modern health services research. Speakers and participants will focus on barriers to and facilitators of the development, extension and use of state-of-the-art methodologies and research methods for health care quality improvement research. The call for abstracts submission form can be found on the Academic Pediatric Association website under What's New.

The Safe States Alliance 2015 Annual Meeting
The Safe States Alliance invites you to join them for a dynamic Annual Meeting experience next spring on Apr. 29-May 1 at the Embassy Suites at Centennial Park in Atlanta, GA. During the annual meeting, they will highlight the concept of a culture of safety, as well as the diversity and unity of our field. All members of the Safe States Alliance will receive a special discount on registration fees. To learn more, click here.

Get Involved CONT.

NACCHO Annual 2015 Theme and Session Tracks Announced
The National Association of County and City Health Officials (NACCHO) Annual Conference Workgroup seeks sharing session abstracts for the 2015 NACCHO Annual Conference, set for Jul. 7-9 in Kansas City. The call for sharing session abstracts is now open for the NACCHO Annual 2015 meeting. The conference theme is "Envisioning the Future: Creating Our Path." Submissions addressing all aspects of public health including public health practice, infrastructure, and foundational capabilities, relevant to the conference theme will be considered. Tracks for this year's conference were informed by the CDC 10 Essential Public Health Services. Submissions should describe innovative, proven or promising evidence-based practices, programs, services, systems, research, technologies, resources, tools, partnerships and policies that attendees can take back and put in place in their departments and communities. Conference track descriptions, objectives and possible session submissions are available here.

Resources

American Academy of Pediatrics (AAP) is an organization of pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. The AAP provides information, policy statements, practice guidelines, child health resources and other publications from leading child health experts.

Association of Maternal & Child Health Programs (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.

- AMCHP Publications:
  - Promoting Healthy Weight: The Role of Title V: This issue brief highlights how state Title V MCH programs are working to promote healthy weight in their states and communities by presenting an environmental scan of Title V activities and snapshots of several comprehensive state efforts.

Resources CONT.

  - Opportunities for Collaboration between State Oral Health and MCH Programs to Improve Early Childhood Oral Health: This Issue Brief is intended to help maternal and child health (MCH) program directors and staff, state oral health program (SOHP) directors and staff, and others improve oral health within the MCH population by better integrating oral health activities and information into state MCH Early Childhood Programs. This Issue Brief focuses on MCH state-level Early Childhood Programs relevant to oral health, specifically the Early Childhood Comprehensive System (ECCS) and the Maternal, Infant, and Early Childhood Home Visiting Program (Home Visiting).
- AMCHP Best Practices: AMCHP defines "best practices" as a continuum of practices, programs and policies that range from emerging to promising to those that have been extensively evaluated and proven effective Best practices are continuously submitted to AMCHP on a rolling basis.
  - Every Child Succeeds: A collaborative program that provides home visits focused on proper child development for first-time, at-risk mothers, their babies and families on a regular basis from the time of pregnancy until the child's third birthday.
  - Alaska Childhood Understanding Behaviors Survey (CUBS): The purpose of this follow-up survey to PRAMS is to fill a gap in knowledge by collecting information related to child behavior, health, health care access and school readiness among Alaska's 3-year-olds.
  - The Boy's Health Advocacy Program: Provides health focused case management designed to meet the needs of underserved boys.

California Evidence-Based Clearinghouse for Child Welfare (CEBC) – provides child welfare professionals with access to information about related programs in the state of California, as well as the research evidence for programs in practice.

Center for Medicaid and CHIP Services (CMCS) – one of six centers within the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. CMCS serves as the focal point

Resources CONT.

for all national program policies and operations related to Medicaid and the Children's Health Insurance Program (CHIP). This website provides information on federal policy guidance, Medicaid and CHIP program information, state resources and more.

Centers for Disease Control and Prevention – offers resources and initiatives aimed at helping children grow up to reach their full potential.

- Physical Education Profiles, 2012: This document summarizes physical activity and physical education policies and practices of secondary schools (middle schools, high schools) across 26 jurisdictions (18 states, 6 large urban school districts, 1 territory, and 1 tribe). Topics include requirements, curricula and standards, instruction, student assessment, school-based intramural sports programs or physical activity clubs, teacher qualifications, and professional development.
- Child Development: This website includes information about child development, child mental health, and screening options, as well as resources such as articles, research and multimedia and tools.

Child Trends Lifecourse Interventions to Nurture Kids Successfully (LINKS) Synthesis – an online resource based on experimentally evaluated programs under the topics of program population, program outcome and program approach.

Data Resource Center for Child and Adolescent Health (DRC) – works to advance the effective use of public data on the health and health-related services for children, youth and families in the United States. The DRC website provides free, easy access to a variety of national and state level data on children's health topics.

Healthy Families American Home Visiting for Child Well-Being – a home visiting program model designed to work with overburdened families at-risk for child abuse, neglect and other adverse childhood experiences. The program offers voluntary services for three to five years after the birth of the baby to families with histories of trauma, partner violence, mental health issues and substance abuse issues.

HRSA Health IT for Children Toolkit – this resource is a compilation of health IT information targeted at the health care needs of children, ranging from pediatric electronic medical records to children's health insurance coverage. It also discusses opportunities to link other systems that serve children, including Head Start, schools and foster care.

KIDS COUNT Data Center – contains information about this national and state-by-state effort to track the status of children in the United States. Generate custom graphs, maps, ranked lists, and state-by-state profiles of child health indicators. KIDS COUNT is a project of the Annie E. Casey Foundation (AECF).

Lucile Packard Foundation for Children's Health – works to elevate the priority of children's health, and increase the quality and accessibility of children's health care through leadership and direct investment.

Maternal and Child Health Bureau (MCHB) – is part of the Health Resources and Services Administration, and is responsible for meeting the needs of the maternal and child health populations of the United States and its jurisdictions.

Maternal and Child Health Library at Georgetown University

- Child Health Knowledge Paths: Knowledge paths on maternal and child health-related topics present selections of recent, high quality resources and tools to learn more about the topic, conduct further research, locate training resources, develop programs, and stay abreast of new developments. Components of a knowledge path include links to Web sites, electronic publications, news and commentary, and databases.
- Mental Health: This knowledge path directs readers to a selection of current, high-quality resources that analyze data, describe effective programs, and report on policy and research aimed at improving access to and quality of care for children and adolescents with emotional, behavioral, and mental health challenges. Resources tap into the health, education, social services, and juvenile justice literature.
- Nutrition: This knowledge path directs readers to a selection of current, high-quality resources that present evidence-based nutrition guidance, describe public

Resources CONT.

health campaigns and other promotion programs, inform policy and legislation, and report on research aimed at identifying promising strategies for improving nutrition and eating behaviors within families, schools, and communities.

- Social and Emotional Development: This knowledge path directs readers to a selection of current, high-quality resources about promoting healthy social and emotional development in children and adolescents. Resources tap into the health, education, and social services literature. Separate sections present resources by age group and cover topics such as developmental stages; factors that impact social and emotional development; policies and programs to promote social and emotional well-being in homes and community settings; and strategies for integrating health, developmental, and educational services.
- Health Insurance and Access to Care: This knowledge path presents resources that analyze data, describe effective programs, and report on policy and research aimed at advancing health coverage and improving health care access for children and adolescents.

MCH Navigator Trainings – this database contains learning opportunities based on MCH Leadership Competencies and Categories, including:

- The Science of Child Development and the Future of Early Childhood Policy - This presentation provides a brief overview of the impact of early experience on brain development, focusing on what the brain needs to develop sturdy architecture, how toxic stress can lead to disrupted neural circuits, and why sensitive periods are important.
- Developmental Health and the Life Course - This webinar discusses how social determinants of health can base the life course progress of populations, using figures and EDI (Early years Developmental Indicator) levels to show that differences in demographics, such as socioeconomic status, help determine children's developmental capabilities.
- Children's Emotional, Behavioral, and Developmental Well-Being: New Data and Tools for the Field - This web conference covers changing trends and interventions for improving children's well-being, specifically in mental health and development.
- Child Health and Development - This 16-session course focuses on early to middle childhood growth and development. With a focus on the core processes, the course examines developmental theories, research, and issues associated with physical, social, emotional, and cognitive growth and development.

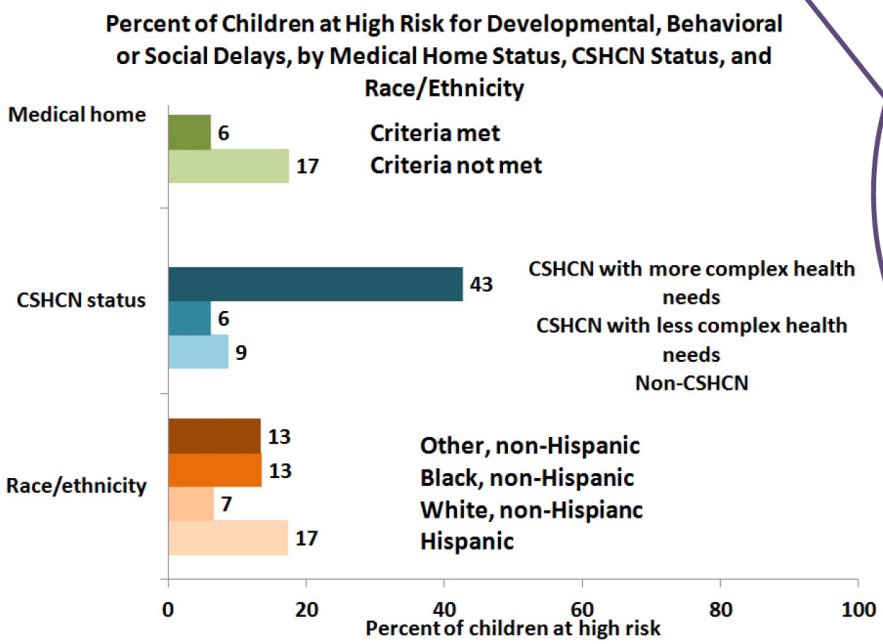
National Center for Children's Vision and Eye Health – advances and promotes children's vision and eye care, and provides leadership and training to public and private entities.

National Maternal and Child Oral Health Resource Center (OHRC): The resource center collaborates with federal, state, and local agencies; national and state organizations and associations; and foundations to gather, develop, and share high-quality and valued information and materials.

National Resource Center for Youth Development – relies on their four core principles of youth development, collaboration, cultural competence and permanent connections aid states and tribes in effectively

Data and Trends

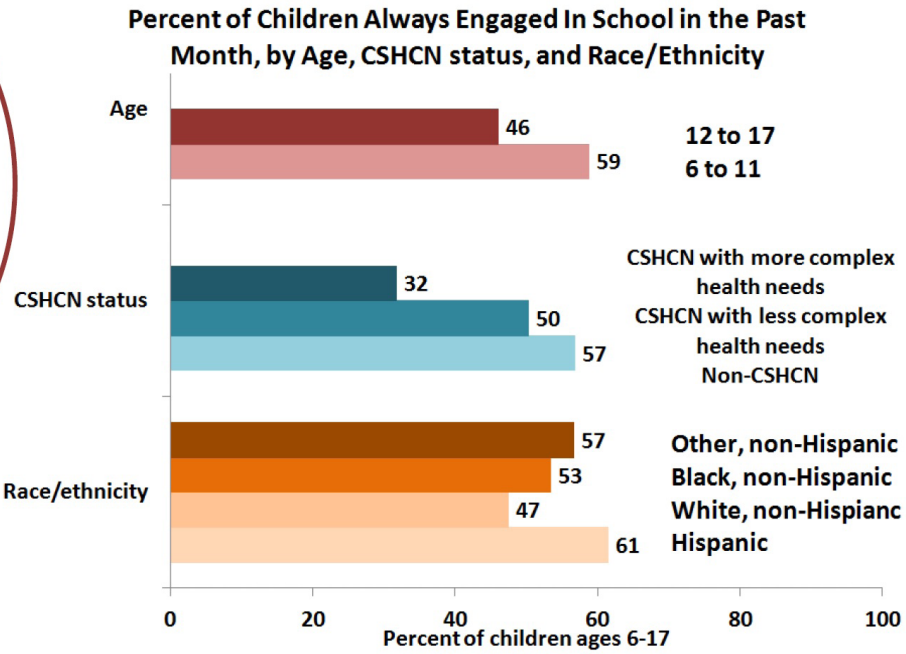
At Risk



Overall, 11% of children ages 4 months to 5 years are considered at high risk for developmental, behavioral, or social delays (95% CI 10.1-11.9)

School Engagement

Overall, 52% of children ages 6 to 17 years were always engaged in school in the past month (95% CI 51.4-53.1)



National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 11/14/14] from www.childhealthdata.org.

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Calendar

AMCHP Events
AMCHP 2015 Annual Conference
Jan. 24-27
Washington, DC

MCH Events
Public Health Law Research Annual Meeting
Jan. 14-16, 2015
San Juan, Puerto Rico

Calendar CONT.

Children's Environmental Health Network (CEHN) 2015 Research Conference
Feb. 4-6, 2015
Austin, TX

National Health Policy Conference (NHPC)
Feb. 9-10, 2015
Washington, DC

2015 Preparedness Summit
Apr. 14-17. 2015
Atlanta, GA

Society for Public Health Education 66th Annual Meeting
Apr. 23-25, 2015
Portland, OR

Safe States Alliance 2015 Annual Meeting
Apr. 29-May 1, 2015
Atlanta, GA

National Network of Public Health Institutes Annual Conference
May 12-14, 2015
New Orleans, LA

31st Pacific Rim International Conference on Disability and Diversity
May 18-19, 2015
Honolulu, HI

8th Biennial Childhood Obesity Conference
Jun. 29-Jul. 2, 2015
San Diego, CA

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

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