



AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

2025

Accomplishments Report

LEAD. IMPACT. ELEVATE.



NEW PEOPLE



- 1 Full-time staff
- 1 Intern

FUNDING



7 out of 11 proposals submitted in FY25 were awarded resulting in \$2,186,721 in funding.

Newly awarded projects renewed and deepened our partnerships with local, urban Title V, National Healthy Start, and Home Visiting Partners. They also expanded our support of life course approaches, signaled continuity of federal funding, and exemplified the trust we have earned from private philanthropic partners.

MEMBERSHIP

Streamlined Membership Application & Onboarding Process

In November 2025, AMCHP introduced a streamlined onboarding process for new membership applications and renewals for the fiscal year FY 2026 period. The new process includes electronic application and attachment submission forms, automated communications, integration of platforms, and the collection of expanded data.

The new onboarding process aims to enhance our members' experience when renewing their AMCHP membership or joining us as new members; reduce the internal processing time, allowing members to enjoy the benefits as promptly as possible; ensure consistency across internal platforms; and provide a member experience tailored to their needs and interests.

Member Engagement

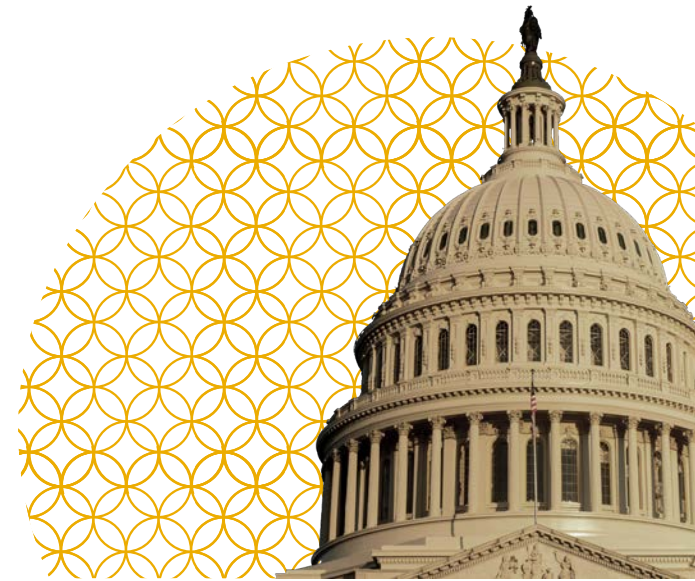
AMCHP's member convenings are a cornerstone benefit for governmental state and territorial health department staff—designed to provide timely insight, trusted connection, and real-world problem solving in an increasingly complex environment.

Throughout the year, AMCHP convened:

- ➔ **14 State & Territorial Department Member calls, reaching 1,532 individuals, with an average of 109 members per meeting, and a high watermark of 299 attendees in a single convening.**
- ➔ **5 peer-to-peer knowledge sharing calls for MCH Directors, engaging 87 Maternal and Child Health (MCH) Directors.**
- ➔ **5 peer-to-peer knowledge sharing calls for CYSHCN Directors, engaging 84 Children and Youth with Special Health Care Needs (CYSHCN) Directors.**
- ➔ **1 Family Delegate knowledge sharing call, engaging 15 advocates for all families from different states and territories across the nation.**

These convenings serve as more than routine touchpoints—they are essential infrastructure for leadership in maternal and child health. In a landscape shaped by shifting federal guidance, evolving state priorities, and on-the-ground program realities, these spaces offer members a reliable forum to stay informed, sense-make in real time, and navigate complexity alongside trusted peers.

AMCHP's State and Territorial Member calls provide timely updates on national and state developments while creating a direct feedback loop, ensuring that member experiences and challenges inform our collective understanding and action.



MEMBERSHIP

Equally important, peer-to-peer convenings for MCH and CYSHCN Directors create a protected space for candid exchange—where leaders can share strategies, troubleshoot challenges, and learn from one another in an informal, practice-based setting. These conversations foster connection, reduce isolation in leadership roles, and accelerate the spread of effective approaches across states and territories.

Together, these engagement opportunities strengthen alignment, elevate shared learning, and reinforce AMCHP's role as a trusted partner to governmental MCH leaders.



Additionally, AMCHP held:

- **25 Member Office Hours, hosted by the Government Affairs team, affording a total of 77 AMCHP members an open forum to discuss policy-related matters and ask policy-related questions.**
- **8 AMCHP Policy & Partnership Town Halls, which highlighted 11 guest partner speakers from a wide variety of professional backgrounds, and who covered topics ranging from Medicaid, the Affordable Care Act, Perinatal Substance Use Disorder (SUD), Maternal Mental Health, Youth Blindness, and more. The year 2025 saw increased participant engagement, reaching an average attendance of 275 individuals per town hall, with a record high in November at live attendees, and a record-breaking registration of 819 individuals in December.**



Member & MCH Communications

Member Briefs: published 23 Member Briefs newsletters that achieved more than 9,500 unique opens. These newsletters included announcements, updates, tools, resources, and events, all carefully curated for AMCHP's members.

Policy Digest: delivered over 21 Policy Digest newsletters that achieved more than 42,000 unique opens, aimed at enhancing subscribers' awareness of MCH policy issues across Congress, the Executive Branch, and the Judiciary Branch. Each edition provided key information and insights on the growing complexities of government affairs, the MCH policy landscape, and AMCHP's policy and advocacy initiatives.

Policy Alerts: disseminated 12 timely Policy Alerts, which were sent to nearly 7,500 individuals interested in policy-related topics. These policy alerts achieved an average open rate of nearly 40%.

Pulse: published 1 Pulse Newsletter that achieved 2,250 unique opens. This newsletter included two story-based articles on relevant MCH topics.

Unique opens and unique open rates data may include opens resulting from security software, email client settings, or Apple's Mail Privacy Protection (MPP).



BOARD MEETING

The AMCHP Board convened in Washington, DC, for its annual in-person and hybrid meeting, bringing together leaders, partners, and staff for three days of strategic dialogue, shared learning, and renewed purpose.



The meeting reflected both the complexity of the current MCH landscape and the collective determination of the Board to lead with clarity, innovation, and resolve.



Discussions opened with a review of the federal policy and funding environment, alongside approval of AMCHP's FY 2026 budget and updates on major initiatives supporting Title V programs and national MCH priorities. The Board engaged deeply in conversations spanning Medicaid and cross-program alignment, perinatal substance use disorder, emergency preparedness, and strengthening systems that support youth with autism and epilepsy. Updates on the completion of the Safer Childbirth Cities initiative and the advancement of community-rooted evidence reinforced AMCHP's commitment

to translating innovation into measurable impact for families and communities.

The central theme of the meeting was positioning AMCHP for long-term strength and sustainability. The Board explored strategies to diversify revenue, expand partnerships, and mobilize philanthropic and cross-sector investment to support a future National MCH Strategy. Through the Maternal & Child Health Appropriations Alliance (MCHAA) convening, Board members joined partners from across the field to align advocacy and protect essential federal MCH programs, reaffirming the

power of a unified voice and coordinated action.

Throughout the meeting, the Board leaned into its role as both steward and architect of the MCH field advancing strategic priorities, strengthening leadership, and deepening collaboration across agencies, sectors, and communities. The gathering closed with a shared sense of momentum and commitment to ensuring Title V and the broader MCH system remain responsive, resilient, and forward looking in service to families nationwide.

MATERNAL & CHILD HEALTH APPROPRIATIONS ALLIANCE (MCHAA)

Formally launched in spring 2025, the Maternal and Child Health Appropriations Alliance (MCHAA) is a growing coalition of MCH and MCH-related organizations focused solely on ensuring robust and sustained federal investments in MCH.

Together, leaders and subject matter experts from policy and advocacy groups, public health and governmental health agencies, clinical and provider networks, and community-based organizations partner to highlight the importance and interconnectedness of the various federal programs that support the health, safety, and well-being of mothers, children, and families nationwide. Since its launch, MCHAA has quickly established itself as a coordinated national voice advancing federal investment in MCH.

In November, MCHAA hosted one of its major convenings, bringing together senior leaders and board members from across the field for an in-person and hybrid strategy session. Participants aligned around a shared objective: protecting programs at heightened risk of funding reductions while reinforcing Congressional understanding of the distinct and interconnected roles of programs such as Title V, SPRANS, Healthy

Start, preventive services initiatives, workforce development, and surveillance efforts. The discussion emphasized the importance of coordinated, multi-pronged advocacy, including Hill visits, coalition sign-on letters, media engagement, state and gubernatorial outreach, and elevating lived and living experience in policy conversations.

As a growing coalition of policy leaders, public health agencies, provider organizations, and community-rooted partners, MCHAA is strengthening its role as a trusted resource to policymakers and a unified force for MCH. Through aligned messaging, shared intelligence, and collective advocacy, the Alliance is building durable infrastructure to protect the MCH system today while advancing sustained investment for the future.



The MCHAA Funding Week of Action

Throughout the week of December 8, AMCHP led MCHAA's Funding Week of Action, coordinating a coalition-wide funding letter; mobilizing national partners, advocates, and family leaders to meet with House and Senate appropriators to prioritize robust and sustained federal investments in MCH; and partner briefings

to reinforce the value of sustained federal investment. To kick off the week of action, AMCHP coordinated the development and delivery of MCHAA's first-ever Fiscal Year (FY) 2026 appropriations sign-on letter to House and Senate Appropriations Committee leadership.

THE LETTER:

- ➔ **Called on Congress to pass the FY 2026 Labor, Health and Human Services (LHHS) bill into law with the highest possible funding levels for the full continuum of MCH programs.**
- ➔ **Emphasized the importance of avoiding an additional government shutdown or further reliance on short-term continuing resolutions to ensure states, communities, and federal agencies that receive funds can sustain critical MCH programs, activities, and infrastructure.**
- ➔ **Underscored alarming concerns about proposed reductions for key MCH programs - including cuts to the Title V MCH Services Block Grant's Special Projects of Regional and National Significance (SPRANS) and elimination of Healthy Start funding - and urged Congress to restore SPRANS to at least \$210.1 million and fund Healthy Start at no less than \$145.25 million, consistent with the levels in the Senate FY 2026 bill.**



Throughout the Week of Action, MCHAA also created and disseminated a social media toolkit that partners used to amplify unified messages across networks. The toolkit highlighted the reach, impact, and importance of maternal and child programs and reinforced the significance of protecting federal MCH investments in the final FY 2026 LHHS bill.



The MCHAA Hill Day

In December and in conjunction with the MCHAA Funding Week of Action, MCHAA organized a targeted Hill Day that included in-person and hybrid meetings with representatives from 13 national organizations visiting with over 15 congressional offices. Efforts included orienting new Congressional health staff to critical federally-funded MCH programs, clarifying program distinctions to address misconceptions about duplication, and communicating the real-world impact of funding decisions on families and communities. Participants also underscored the importance of protecting essential agency expertise, avoiding prolonged continuing resolutions, and laying the groundwork for strong appropriations in future years. Further, MCHAA arranged additional virtual meetings with congressional offices throughout the funding week of action, with a particular focus on highlighting the voices and stories of family leaders and on-the-ground perspectives.

AMCHP
2025

1,031
IN-PERSON ATTENDEES

16
SPONSORS

43
EXHIBITORS



CONVENING MCH LEADERS AND THINKERS

The 2025 AMCHP Annual Conference

214 total sessions across 14 topical areas, including 57 workshops, 145 posters, 6 roundtables, and 6 skills builders.

The conference theme was *Partnering for Impact*. Held in Washington, DC, the conference featured several elements showcasing local DC flavor, including a Go-Go Band and a local vendor marketplace. It also hosted our first-ever AMCHP Youth Day on the Saturday pre-conference day, with 75 youth and trusted adults in attendance.

Plenary sessions included DC Youth speakers in the opening Plenary Session; family leaders and families with children and youth with special health care needs (CYSHCN) in the Second Plenary, which included their stories on parental and caregiver stress, and a vision for more robust systems of care where CYSHCN and

their families can thrive; and a Third Plenary focused on the neuroscience of storytelling.

Engagement Insights

AMCHP sent 4 standalone emails and published 8 conference newsletters, which achieved nearly 29,700 unique opens and over 6,200 clicks. These numbers include data from AMCHP 2025 newsletters published between November and December of 2024.

Through various promotional efforts, particularly those aimed at our 2025 conference, many leaders and experts in MCH signed up for the AMCHP Conference newsletter. By the conclusion of our 2025 conference, mailing list focused on the conference had more than 4,800 subscribers, marking a 45% increase compared to the total number of subscribers at the end of the 2024 conference.

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National Healthy Start Conference

FULFILLING OUR MISSION

Strengthening National MCH Coordination Across HRSA Partners

AMCHP convened the awardees of the Health Resources and Services Administration (HRSA)- funded Partnership for National MCH Leadership Cooperative Agreement, which includes AMCHP, CityMatCH, Education Development Center (EDC), and MPHI/ League of Voices, to align goals, cross-promote resources, and reduce duplication of efforts. These organizations presented jointly at the 2025 Healthy Start All Grantee Meeting, elevating coordinated federal-state MCH leadership and early childhood systems alignment.

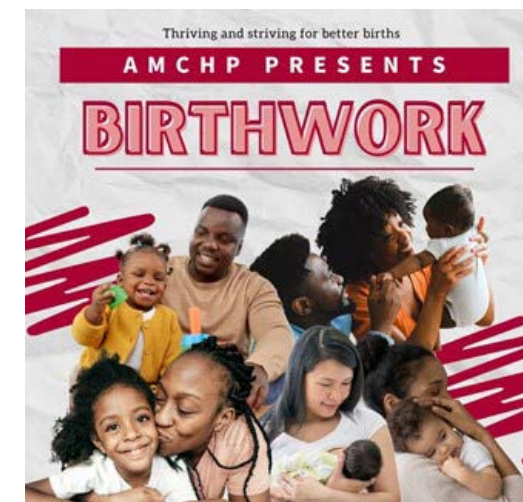
Building Leadership Capacity Across Title V Jurisdictions

AMCHP continued national Leadership Lab implementation, engaging participants and mentors across nearly all Title V jurisdictions. In 2025, AMCHP oriented 34 participants across five cohorts and sustained strong mentor demand, supporting workforce retention and leadership development aligned with MCH Leadership Competencies.

Advancing Maternal Health

AMCHP completed a comprehensive, systems-informed environmental scan of all 42 Maternal Health Innovation (MHI) awardees. In 2025, AMCHP led a national environmental scan analyzing the strategies, activities, and strengths of all 42 state Maternal Health Innovation awardees, resulting in three cohort-specific reports and one cross-cohort synthesis report delivered to NICHQ for sharing with HRSA, providing a national, systems-level view of how state health agencies and partners are advancing maternal health task forces, strategic plans, workforce investments, and innovation strategies.

AMCHP launched and completed the inaugural Maternal Health Innovation Leaders Mentorship Program, consisting of an eight-month mentorship program supporting state leaders responsible for implementing MHI awards. The program strengthened participants' confidence, leadership voice, and capacity to drive statewide maternal health innovation. Additionally, its mentorship initiative establishes a durable leadership pathway within the MHI network.



AMCHP expanded narrative change efforts by publishing two final episodes of the *BirthWork* podcast in November 2024 and June 2025, completing a six-episode series that now serves as a maternal health primer on topics such as MMRCs, doulas, and community storytelling. The June 2025 episode highlighted Project Detroit: Voices for Life and SEMQIC's use of storytelling to shift maternal health narratives and build advocacy power. With more than 300 downloads to date, the series extends SCC's lessons beyond funded cities and into broader public health and quality improvement audiences.



Aligning Prenatal-to-Three Systems

AMCHP mobilized 46 Title V leaders from 23 states in hands-on systems alignment, by hosting a skills-building session at the AMCHP Annual Conference supporting states in aligning Title V needs assessments with prenatal-to-three (PN-3) systems strategies. Participants applied tools from Healthy Beginnings with Title V, the Roadmap for Collaboration, and Birth Equity Systems Mapping to strengthen priority-setting and evidence-based strategy development. The session reinforced Title V's leadership role in advancing coordinated family health systems across agencies and partners.

AMCHP strengthened alignment between PN-3 coalitions and Title V programs nationwide by conducting targeted outreach to 12 state coalitions funded by the Pritzker Children's Initiative to intentionally connect prenatal-to-three coalitions with Title V leadership during needs assessment cycles.

This outreach facilitated new introductions in three states, renewed collaboration in two states navigating transitions, and affirmed strong ongoing alignment in five states. By bridging silos and supporting relationship-building, AMCHP helped ensure early childhood strategies are anchored in state MCH leadership structures.

AMCHP advanced Birth Equity Systems Mapping as a practical tool for state action

by supporting the application of Birth Equity Systems Mapping tools to journey mapping, collaborative measure development, and systems alignment via one-on-one technical assistance and structured engagement with state and community partners. Members are increasingly using these tools to translate equity-focused frameworks into actionable strategies embedded within Title V and broader maternal health systems.



Enhancing Emergency Management for MCH

AMCHP implemented the MCH Emergency Preparedness & Response Leadership Academy, aimed at enhancing emergency management for MCH populations. The Academy selected 10 members out of a pool of 52 applicants, who reported major improvements in their understanding of emergency management (48% increase) and in emergency communication skills (49% increase), and improvements in their understanding of relationship building and the application of Title V performance measures. Milestones by the Academy also included the establishment of networks, collaborations, toolkits and information, and the incorporation of estimators and calculators to support children and families before, during, and after disasters.

Improving the MCH Evidence Base

The AMCHP MCH Innovations Database accepted 18 practices and policies, and 2



tools, which included 11 practices and 1 policy focusing on perinatal mental health and substance use, all of which were collected via targeted outreach and referrals through a partnership with FORE and Perigee. Additionally, AMCHP created, piloted, and publicly introduced a "tool track" to the MCH Innovations Database for the Fall 2025 Review to more effectively capture tool-type submissions and to make the submission process smoother and better fit for tool-submitters.

Advancing Peer Learning and Evidence-Informed Practices



AMCHP submitted two manuscript to the *MCH Journal*; the first one, titled ***Coordinating Customized Technical Assistance to Build MCH Workforce Capacity to Use Evidence***, co-authored with the National MCH Workforce Development Center and the MCH Evidence Center, documents lessons from coordinated technical assistance to build MCH workforce capacity to use evidence, and the second, titled ***Strengthening Collaboration Between Community-Based Organizations, State Title V Agencies, and Funders by Uplifting Community-Rooted Evidence: A Qualitative Research Study***, as part of AMCHP's special issue on "Community-Led Solutions to Build Safer Places to Birth."

In partnership with MCH Journal, AMCHP advanced a peer-reviewed supplement titled ***Community-Rooted Innovation: Transforming Maternal Health Through the Safer Childbirth Cities Initiative***, spotlighting lessons from 20 community-based organizations across the country. The supplement includes three grantee-authored articles, an introduction by co-editors, and an AMCHP article advancing the field's understanding of Community-Rooted Evidence (CRE). Early engagement with the supplement is over 900 accesses.

In March 2025, AMCHP convened **33** community leaders for a national **teach-in** advancing shared expertise a pre-day convening at the AMCHP Annual Conference. The "teach-in" centered peer-led sessions on communication strategy, supporting immigrant and refugee families, and collaborative birthwork mentorship models. Rather than presenting a top-down model, AMCHP intentionally created space for community experts to teach one another, reinforcing a practice-based learning model that will continue to shape future initiatives.

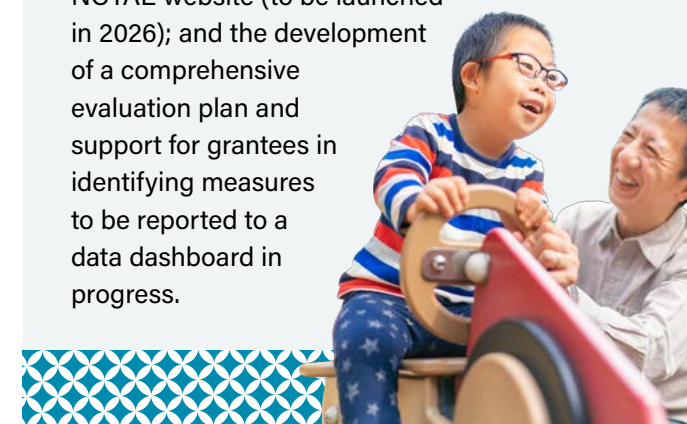
Throughout the year, AMCHP convened and facilitated a national network of **Title V Block Grant Coordinators** through quarterly virtual meetings, with agendas shaped by participant-identified priorities, and sustained an online resource hub to archive peer insights, practical tips, and shared tools from each convening, strengthening continuous learning and connection across states.

Advancing MCH Leadership in the Hunger, Nutrition, and Health Pregnancy Action Network

AMCHP, also in representation of the Title V MCH Block Grant and state Title V leaders within the Hunger, Nutrition, and Health in Pregnancy Action Network, **led the shaping of network priorities and strategic action steps to strengthen cross-sector relationships, facilitated resource sharing, and leveraged collaboration opportunities** to improve nutrition and health outcomes for pregnant people and young children.

Supporting Cross-System, Life Course Approaches to Transition for Youth with Autism and/or Epilepsy

The National Center for Youth with Autism and/or Epilepsy (NCYAE), coordinated by AMCHP, delivered 9 successful trainings to its 11 demonstration projects spanning topics such as family navigation, systems change, navigating Medicaid and SSI, and post-secondary education options, and created companion resources guides for navigating Medicaid and SSI. Other relevant action included: the launch of an intensive coaching model that assigned an AMCHP coach to each 11 grantees; the creation of collaborative online learning community site for the grantees; the development of the NCYAE website (to be launched in 2026); and the development of a comprehensive evaluation plan and support for grantees in identifying measures to be reported to a data dashboard in progress.



FULFILLING OUR MISSION



Directly Investing in Community Sustainability

In 2025, AMCHP closed out the Safer Childbirth Cities Sustainability Grant Program, marking the conclusion of **passing through nearly \$1M in sustainability subgrants to Community-Based Organization (CBO) partners, helping organizations stabilize and extend their work beyond the life of the original investment they received** as part of the Safer Childbirth Cities Initiative. These funds supported infrastructure, partnerships, and systems integration efforts designed to maintain momentum in community-based doula programs, storytelling initiatives, health information exchange efforts, and culturally responsive care models.

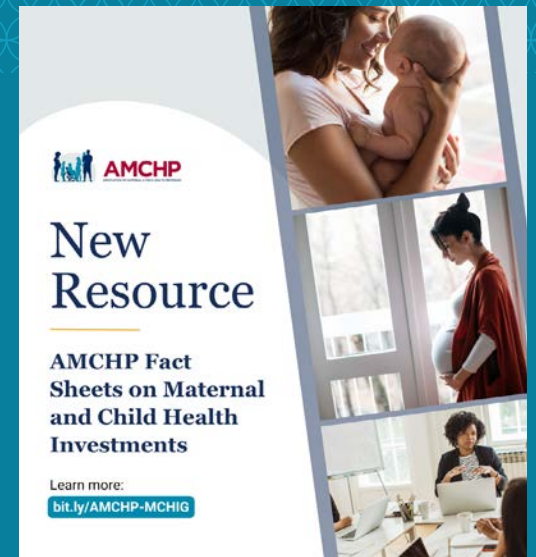
Building Bridges between Philanthropy and Government Leaders

AMCHP participated in the Grantmakers in Health Annual Conference to increase knowledge of the priorities and challenges facing the private funder community and raise awareness of the shared goals of governmental maternal and child leaders. Relationships developed throughout the year transformed into numerous 1:1 and group calls with the private funder community to raise awareness of the Title V MCH Services Block Grant and enhance coordination between governmental MCH priorities and efforts funded by philanthropy.

PRODUCTS, TOOLS, & RESOURCES

Underscoring the Importance of MCH Investments

AMCHP launched eight fact sheets that provide overviews of critical federally funded programs that complement the Title V MCH Services Block Grant and their impact on MCH populations. These fact sheets also highlight the importance of preserving and bolstering these programs.



They included:

- **Early Hearing Detection and Intervention – Complementary Programs Designed to Build Comprehensive Systems**
- **Maternal Mortality Review – Powering Prevention**
- **National Survey on Children’s Health – Essential Data for Healthier Futures**
- **Newborn Screening – Timely Prevention**
- **Pregnancy Risk Assessment Monitoring System – Informing Impact, Improving Lives**
- **State Systems Development Initiative – Turning Data into Impact**
- **State Maternal Health Innovation – Strengthening Systems**
- **Medicaid – Affordable Health Care Delivery Systems and Expanded Coverage**

PRODUCTS, TOOLS, & RESOURCES

Strengthening Title V Leadership in Early Childhood Alignment

AMCHP developed two resources to support Title V leaders in advancing early childhood systems alignment: a national webinar on using new Title V measures to strengthen early childhood work, and a practical calls-to-action guide addressing common coordination challenges. These tools help states operationalize measures and reduce fragmentation across early childhood programs. We shared these resources via a presentation at the 2025 City Match conference “Maximizing Impact: Using New Title V Measures to Advance Early Childhood Work” alongside our partners at ASTHO and CAHMI.

Building State Capacity to Advance MCH Policy

AMCHP launched a learning collaborative supporting three state MCH-led teams to strengthen readiness to advance policy solutions addressing housing instability and food/nutrition insecurity for MCH populations. Through coaching, structured learning, and a two-day in-person intensive, each team identified a 2026 policy focus or clear strategy to advance readiness. AMCHP also hosted a national webinar, *From Policy to Practice: Leveraging State Options to Strengthen Food Access and Economic Stability*, highlighting policy options for states and DC’s innovative built environment work to address nutrition insecurity.



WEBINAR SERIES

Aligning Prenatal-to-Three Systems for Impact: A Connection-Centered Learning Experience for Title V

📅 Thursday, October 23 & 30

🕒 2- 4 PM ET

🎟️ Exclusive for AMCHP members as part of their benefits

Building Stronger Medicaid and Title V Partnerships

AMCHP developed a suite of practical tools to help states strengthen and operationalize Medicaid-Title V partnerships, including a short overview video on Inter-Agency Agreements (IAAs), a companion issue brief outlining key components and strategies to reduce administrative burden, a fillable IAA Preparation Checklist to support states in reviewing and refining agreements, and a comprehensive instructional guide that walks agencies through federal requirements and real-world examples.

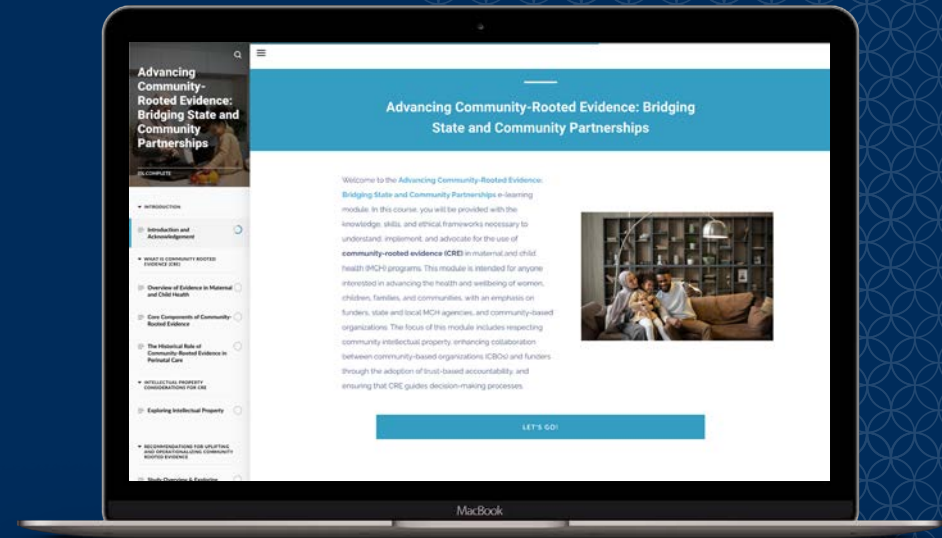
Deepening Systems Practice to Align Prenatal-to-Three Systems

Building on the national skills-building session, AMCHP hosted a two-part virtual learning series focused on strengthening members’ ability to communicate PN-3 priorities and navigate common barriers to systems collaboration. These sessions moved beyond theory to practical application, supporting members in clarifying shared goals, strengthening cross-sector messaging, and sustaining systems thinking in complex environments. The series extended learning beyond a single convening and reinforced AMCHP’s role as an ongoing technical assistance partner.

Leveraging Community-Rooted Evidence in MCH

Funded by Merck for Mothers, AMCHP developed and published a free, asynchronous e-learning module titled *Advancing Community-Rooted Evidence: Bridging State and Community Partnerships*. This module provides state and local MCH professionals with the information, skills, and ethical frameworks necessary to understand, implement, and advocate for community-rooted evidence

(CRE) in the design, implementation, and/or evaluation of MCH programs. The focus of this module includes honoring community perspectives, respecting community intellectual property, enhancing collaboration between community-based organizations (CBOs) and funders, and ensuring that community-rooted evidence guides decision-making processes.



ENGAGING FAMILIES IN TITLE V AND MCH

AMCHP's Family Engagement Community of Practice (CoP)

AMCHP kicked off a new cohort for the Family Engagement Community of Practice (CoP), which includes family leaders and other MCH professionals working on family engagement and partnership initiatives. Topics included "Setting the Stage (Internally) for Successful Engagement (Externally)" and "Demonstrating and Measuring the Value of Engagement."

INCORPORATING STORIES INTO OUR WORK

Storytelling has played a central role in fulfilling and supporting AMCHP's ongoing initiatives and strategic goals. In 2025, several projects, programs, initiatives, and efforts **incorporated the stories of families and individuals to ensure and promote improvements that truly meet the needs of the communities we serve.**

They included:

- ➔ AMCHP Conference Plenary Sessions selection, theme development, and incorporation of activities.

- ➔ AMCHP's MCH Bridges Podcast, which includes the Youth Voice Amplified (YVA) committee's podcast "What the Health!?"
- ➔ The development of a learning module on Leveraging Stories in MCH Policy, and a training session on Storytelling for Community Engagement for the MCH Emergency Preparedness & Response Leadership Academy.
- ➔ The collection of stories from members and Title V recipients via TVIS for their inclusion in testimonies for Congressional Appropriations Committees.

EXPANDING OUR REACH IN MCH & BEYOND

AMCHP continued to enhance our brand and recognition in MCH and beyond, solidifying our reputation as a trusted source of information and technical assistance in this field. In 2025, the AMCHP website attracted over **134,000** unique visits, resulting in more than **270,000** page views. By the end of 2025, AMCHP had gained over **27,000** followers across all social media platforms and more than **11,000** subscribers to our mailing lists.



ADVOCATING ON YOUR BEHALF IN WASHINGTON, DC

Advocating for Robust Investment in Title V and MCH

AMCHP submitted Bicameral Outside Witness Testimony for the House Appropriations LHHS Subcommittee Public Witness Day Hearing and to the Senate Appropriations LHHS Subcommittee. Penned by AMCHP's Board President and Family Engagement Specialist for Arizona's Title V Program, Dawn Bailey, both written testimonies urged Congress to provide robust investment in Title V, reflecting increases to both the state formula fund and Special Projects of Regional and National Significance (SPRANS). They detailed how Title V provides critical, flexible funding that enables state and territorial public health systems to most efficiently, impactfully, and cost-effectively address health gaps and respond to emerging MCH challenges.



AMCHP co-hosted, in partnership with the American College of Obstetricians & Gynecologists, the Society for Maternal-Fetal Medicine, March of Dimes, and the Maternal Mental Health Leadership Alliance, an in-person Congressional briefing that was widely attended by MCH organizations and Congressional staff on the importance of CDC's Safe Motherhood portfolio, including highlighting initiatives such as Maternal Mortality Review Committees (MMRCs) and PRAMS (Pregnancy Risk Assessment Monitoring System). A panel comprised of national partners exemplified the value of strong federal investment in these programs to the country's efforts to identify and understand trends in maternal and infant mortality and morbidity, implement community-based



policy and clinical interventions, improve health outcomes, and save lives.

AMCHP held over 75 Congressional meetings advocating about the importance of Title V and robust funding for the myriads of federal programs that support MCH populations, providers, and systems. Additionally, AMCHP partnered with other organizations to support their Congressional Hill Days.

AMCHP completed 338 forms requesting Members of Congress support increased funding for Title V, the Centers for Disease Control and Prevention (CDC)'s Safe Motherhood portfolio (MMRC, PQC, PRAMS, SUID Registry, HEAR HER, etc.), and CDC's SET-NET program.

Playing a Key Role in Coalitions to Achieve our Shared Vision of Healthy Children, Families, and Communities

AMCHP led or participated in almost 40 MCH policy-centric coalitions (in addition to spearheading the creation of the Maternal and Child Health Appropriations Alliance, MCHAA). AMCHP served as the Vice Chair of the Friends of the National Center on Birth Defects and Developmental Disabilities (NCBDDD), on the Executive Committee of the Friends of the National Center for Health Statistics (NCHS), and a steering committee member for the Home Visiting Coalition (HVC).

AMCHP signed on to over 30 coalition letters in support of various MCH/public health programs and/or robust funding of MCH/public health programs.



Leading and Garnering Support for Title V and MCH



AMCHP led external organization sign-on letters, including:

- ➔ **97** signatories supporting \$1B for Title V.
- ➔ **126** signatories opposing proposed cuts to Title V and highlighting the importance of SPRANS funding to MCH populations, providers, public health professionals, and trainees.
- ➔ **79** signatories supporting \$100M for SET-NET.
- ➔ **21** signatories for MCHAA's first-ever appropriations letter in support of the highest possible funding levels for the full continuum of MCH programs, especially Title V's SPRANS funding and Healthy Start.

- ➔ **49** signatories in a letter co-led by AMCHP, the Society for Maternal-Fetal Medicine, March of Dimes, and the American College of Obstetricians and Gynecologists urging Congress to reject any proposals to cut, restructure, or restrict access to Medicaid. The letter underscored the program's critical role in covering more than 40% of births in the U.S. and providing over 1.5 million low-income women with prenatal and postpartum care.

AMCHP partnered with Members of Congress on 6 Congressional "Dear Colleague" letters in support of:

- ➔ MCH Programs (Title V, Safe Motherhood, Healthy Start, pregnancy-related NIH research, particularly

- ➔ NICHD's Maternal-Fetal Medicine Units)
 - House: **96** Representatives (bipartisan)
 - Senate: **37** Senators (bipartisan)
- ➔ CDC's Surveillance for Emerging Threats to Mothers and Babies (SET-NET) Program
 - House: **31** Representatives (bipartisan)
 - Senate: **14** Senators
- ➔ Funding programs authorized in the Rural MOMS Act and the Maternal Health Quality Improvement Act, including the AIM Program
 - House: **4** Representatives
 - Senate: **11** Senators



SOUGHT AFTER EXPERTS



Terrance E. Moore, Chief Executive Officer, **Sherie Lou Santos**, Chief of Policy, Government Affairs, and Communications, and **Gabrielle Galusha**, Policy and Government Affairs Manager, were invited to speak at the 2025 American Public Health Association Annual Meeting. TERRANCE and GABRIELLE presented at a session entitled “Building your MCH toolkit: Strategies for effective advocacy and policy development for current times.” They addressed federal and state perspectives, including information on federal fiscal budget policy for MCH programs, and recommendations to translate action at the local level. SHERIE

LOU presented at a session entitled “Collaborating for Change: Advancing Evidence-based Perinatal substance Use Disorder Care Across Communities and Systems,” highlighting AMCHP’s leadership of the Perinatal Substance Use Disorder Implementation & Policy Hub, which aims to improve outcomes for families affected by perinatal substance use disorder (SUD) through a systems change approach and nationwide dissemination and replication of evidence-based perinatal SUD practices and policies.

SHERIE LOU was also invited to speak at the Coalition for Health Funding’s series “Keeping up with the Agencies” where she outlined the impacts of federal actions, staffing changes, budgetary cuts, and updated policies specific to the Health Resources Services Administration and how to engage in positively impactful collective advocacy.



Dr. Caroline Stampfel, Chief Strategy & Program Officer, spoke at CityMatCH’s MCH Leadership Conference, in the opening plenary session, the Magda Peck Leadership Symposium entitled Personal Leadership in Times of Crisis. Dr. Stampfel also spoke at the National Network of Public Health Institutes’ Open Forum Next Generation Conference in the Plenary Lightning Session on Recruiting and Retaining a Stronger MCH Workforce.



Anna Corona, Senior Specialist of Child & Adolescent Health Systems Building, delivered a presentation at the National Conference of State Legislatures’ MCH Fellows program highlighting the Title V MCH Block Grant and partnership opportunities, and co-presented, in partnership with ZERO TO THREE’s Evidence to Impact Center at AMCHP’s 2025 annual conference and ZERO TO THREE’s 2025 conference on how HRSA’s early childhood investments can align through complementary roles to strengthen systems, promote school readiness and flourishing, and prevent adverse childhood experiences (ACEs).

SOUGHT AFTER EXPERTS



Paige Bussanich, Associate Director of Child Health and CYSHCN, and **Mallory Cyr**, Senior Program Manager of CYSHCN, conducted six in-person and one virtual site visits to the seven state and territory teams—American Samoa, Indiana, Iowa, Louisiana, New Mexico, Utah, and Washington— that received intensive support from the Center for MCH Medicaid Partnership (CMMP) via its State Technical Assistance Cohort (STAC) to develop action plan to improve MCH outcomes through strengthened Medicaid-Title V collaboration. As part of the team, PAIGE also responded to direct technical assistance requests from additional states, ensuring that partnership building efforts translated into actionable, state-specific progress.



Lynda Krisowaty, Associate Director of Evidence and Implementation, presented on key aspects of sustainability implementation during plenary session, “Building Sustainable Systems: Community Partnership and Adaptive Planning in MCH,” at the 2025 Annual Healthy Start All-Grantee Meeting.

LYNDA, along with **Laura Powis**, Senior Program Manager of Evidence-Based Policy & Practice, were invited to participate in recorded interviews speaking about their work in implementation science, specifically on adaptation and sustainability, for the Implementation Science for Public Health Leaders resource, part of UNC’s MPH program. In 2025, they both pursued advanced training in implementation and human-centered design methodologies and participated in UNC’s Certificate Program in Implementation Practice. In addition, Lynda received a certificate in Foundations in Design Thinking from IDEO U.



Ollie Kuo, Program Manager of Evidence and Implementation, along with Lynda and Ollie, was also part of the recorded interviews on their work in implementation science, specifically on adaptation and sustainability, for the Implementation Science for Public Health Leaders, part of UNC’s MPH program.

OLLIE, along with LYNDA and **Noeli I. Vasquez**, Senior Analyst of Evidence and Implementation, supported a convening in October in Washington, DC, where professionals in MCH came together and shared about the work, as well as the strategies in place to support pregnant women and mothers with perinatal SUD.



Chery Manon, Senior Manager of Communications and Marketing, and **Eden Desta**, Senior Communications Analyst, provided technical assistance on communication strategies to the Youth Advisory Council of the Georgia Department of Health and The Social Justice Center, two of AMCHP’s Replication Projects. These strategies focused on strengthening their communications domain for the sustainability of their program, including increasing the community awareness about their program as well as elevating its value to the public.

EDEN also conducted learning sessions on Communication Strategies for the MCH Emergency Preparedness & Response Leadership Academy and for Rheumatic Heart Disease awardees.



