From the President

Annual Conference: Create, Change and Act!

By Nan Streeter, MS, RN

Do you hear the trumpets sounding the exciting notes of a remarkable time for health policy in our nation? Our theme for this year’s Annual Conference, “Launching MCH Opportunities in a New Era” proves to bring stimulating ideas and information to the new sheet of music we will create for maternal and child health.

Whether your focus is on data, maternal and women’s health, building systems of services, promoting medical homes, workforce development, or a variety of children’s health issues, the overall theme is one of remarkable opportunities as we compose the new and future maternal and child health agenda.

To be sure, we are all faced with the fiscal realities of too few resources and staff to build the structures for services that promote health and prevent long-term problems. But, we will not advance a strong agenda if we get stuck in the quicksand we too often frame as our impossible and difficult tasks. The Annual Conference allows us the chance to have important dialogues about our future initiatives. It permits us to educate others about the body of evidence that prevention must take center stage in our overall efforts to strengthen our future society. Come hear about the progress we have made in newborn screening and preconception and maternal health. Learn about the future of medical
homes and developing exciting care management programs. Participate in skills building sessions. Walk through our exciting poster sessions and hear the arias from successful stars in our states. Meet new people, talk with our sponsors and partners, listen to our families, and if possible, spend time educating your congressmen about the importance of our work.

While we hear the magnificent programs and activities that are being implemented, listen also for the work we need to do. What agenda will we create to enhance prevention, grow our workforce, and finally unite health and health care as our nation begins to transform its overall health system into the effective system for our future generations? As you attend the Conference, ask yourself what you need to do, what strengths you have to offer, and we collectively can do to frame our future.

I recently watched a show about ordinary people who became heroes in their own right. They are living their dreams to change what seems impossible. Are you inspired to create, to change, to act? Join us at our Annual Conference and begin to compose our future.

By Mike R. Fraser, PhD

“And time for reflection with colleagues is for me a lifesaver; it is not just a nice thing to do if you have the time. It is the only way you can survive.”
--Margaret J. Wheatley, Ed.D, Leadership Consultant

I love the Margaret Wheatley quotation because I think she is absolutely right: opportunities to connect with colleagues, to learn, share, and network, are not luxuries — they are necessities. AMCHP’s Annual Conference is the one big chance we have each year to connect and engage each other in conversations about what is new, what is important, and what is on our minds. It is our annual occasion to develop big ideas, exchange information, and take the time to understand how we can truly improve our practice of maternal and child health.

Ever tried to slice a tomato with a dull knife? It is hard and messy work, frustrating, and also quite dangerous because a dull knife can slip and cut your hand. A sharp knife makes the work easier, faster, and comes with a lot less risk. I see the Annual Conference as a chance to sharpen our knives – to refresh, to build our skills, and to think about the challenges and opportunities available to us in this amazing new era for our nation. I sure hope you can join us in Washington, D.C. in just a few short weeks!

This issue of Pulse highlights some of the “big ideas” on the Conference agenda. We wanted to do this for two reasons. First, we thought it would be helpful to give you some information about the meeting, what to expect, and showcase some highlights before arriving in Washington, D.C. and succumbing to the whirlwind of activities, events, and have-to-dos that is the AMCHP Conference. With so many opportunities to learn and so many colleagues to meet, the Annual Conference can
be overwhelming. We hope this issue of Pulse helps you to focus on some of the things we are going to cover together such as a look at what we can expect in the new Administration, how to better engage families in the work of Title V, and how MCH programs may be impacted by efforts to transform our child health system. Second, for those of you who are not able to attend the meeting in person, we wanted to make sure you too were included in the Conference. The features we present in this issue will give you a good idea of what we’ll be discussing and some of the sessions and events you can attend virtually after the Conference adjourns and we post videos of the workshops and plenary sessions on our website.

I am absolutely thrilled with the program our Annual Conference Committee has produced for 2009. We have a record number of sessions, workshops, and posters for you to see. We have many key partners and MCH leaders on the agenda that I know will inspire and challenge us to move maternal and child health forward in the coming year. Our exhibit hall is sold out. And it is going to be a great chance to have some fun! The social calendar is chock full of receptions, galas, and opportunities to enjoy being with and learning from each other.

With so much to do on behalf of women, children, and families nationwide we owe it to ourselves and the communities we serve to make sure we are learning, sharing, and using state-of-the-art techniques to improve our programs. The Conference is a great chance to do just that. Whether you are with us in person or with us on the Internet post-hoc, I invite you to be a part of AMCHP 2009. As Wheatley says, time for reflection with colleagues is a lifesaver. I can’t wait to welcome you to our nation’s capital and hear just how much we have to do to launch maternal and child health in this era of new opportunities.

Get Involved

AMCHP February Board Meeting
The next AMCHP Board Meeting will be held during our Annual Conference on Saturday, February 21 from 8 a.m. to 2 p.m. Additional information will be provided in the coming weeks. Board Members who will be attending should RSVP to Nora Lam or call (202) 775-0436.

MCHB Medical Home Meeting
Join MCHB and your fellow MCH and CSHCN Directors at a special Medical Home meeting on Saturday, February 21 from 2:30 to 6 p.m. to discuss medical homes and learn more about what is happening in other states and at the national level! During this session, you will hear the results from a recent AMCHP query to assess the level of Title V involvement in medical home initiatives in each state and how the concept of medical home is being used by various Title V programs nationwide. Click here to read a commentary by Marie Mann, MD, MPH, Deputy Chief, Genetic Services Branch, Maternal and Child Health Bureau.

AMCHP Business Meeting
All members, partners and staff are invited to attend a business meeting on Tuesday, February 24 from 10:15 to 11:45 a.m. during our Annual Conference.

AMCHP 2009 Annual Conference
February 21 - 25, 2009
Register today!
Member to Member

Members were asked the following question: Why Do You Come to AMCHP’s Annual Conference?

**Wendy Jones, MEd, MSW**
*Director, Children & Youth with Special Health Care Needs Project*
*National Center for Cultural Competence*

I come to AMCHP’s Annual Conference for the opportunities to learn about new and promising practices in maternal and child health via the skill-building sessions, workshops and plenaries. I also like the regional meetings because they provide a great forum for collective information sharing and problem solving. Last, but definitely not least, are the equally important opportunities for networking and reconnecting with friends and partners with whom we may have lost touch with during the year due to competing demands and ever increasing workloads.

**Patrick Simpson**
*Executive Director*
*CityMatCH*

Why do I go to the AMCHP meeting? Besides the frequent flier miles, it is a great opportunity to be part of the extended MCH family: practitioners, educators, families, funders, federal, state and local agencies. There are few opportunities each year that bring together so many like-minded people who work to improve the health of America’s women, children and families, and the AMCHP meeting is one of the best opportunities for this needed networking to happen.

**Jeanne Mahoney**
*Providers Partnership Project*
*American College of Obstetricians and Gynecologists*

AMCHP’s Annual Conference has been an important yearly event for me. My first AMCHP conference was in 1995 where I presented on a state public health perinatal tobacco control initiative. Initially, my involvement with presentations and moderating sessions kept me returning to AMCHP conferences. And the quality of the program is fantastic. However, it is the networking - schmoozing with state and national maternal and child health leaders- that keeps me returning. I always come away with plans for future collaboration.

**Featured Federal Partners**

**Centers for Disease Control and Prevention & Health Resources and Services Administration**

**Maternal and Child Health Bureau: Looking Forward, Looking Back**

Dr. Peter van Dyck, Associate Administrator for the Maternal and Child Health Bureau (MCHB) will be attending AMCHP 2009 and we look forward to his welcoming remarks and participation in the conference. Also joining us at the Conference will be other key MCHB staff members who diverse portfolios include leadership development, children and youth with special health care needs, data and epidemiology capacity building, women’s health, and technical assistance and support for state Title V grantees to name just a few. The Bureau’s vision is “a future America in which the right to grow to one’s full...”
potential is universally assured through attention to the comprehensive physical, psychological and social needs of the maternal and child health population. We strive for a society where children are wanted and born with optimal health, receive quality care and are nurtured lovingly and sensitively as they mature into healthy, productive adults. MCHB seeks a nation where there is equal access for all to quality health care in a supportive, culturally competent, family and community setting.” How this vision is implemented, and state and local roles in supporting this vision will be shared by Dr. Van Dyck and other Bureau staff throughout the Conference. Before the conference, you may want to learn more about the Bureau and its history. The Maternal and Child Health Timeline is a great resource for MCH practitioners both new and old. If you are interested in MCH history and its legacy, the timeline website is for you. Visit http://mchb.hrsa.gov/timeline for more information and to use the timeline resource. AMCHP acknowledge the partnership of the the Maternal and Child Health Bureau, part of the Health Resources and Services Administration (HRSA) and appreciates their contributions to making the conference possible.

Ties That Bind: CDC’s Center for Chronic Disease Prevention and Health Promotion

AMCHP is pleased that Dr. Janet Collins, Director of the CDC’s National Center for Chronic Disease Prevention and Health Promotion, will be attending our Conference. The Centers for Disease Control and Prevention is a diverse and complex organization with over 15,000 employees working to protect and promote the health of all Americans. The CDC is organized into several National Centers that focus on specific public health topics such as the National Center for Environmental Health or the National Center for Health Statistics. While there is no “National Center for Maternal and Child Health” most CDC Centers do some kind of work on MCH issues. AMCHP is pleased to have representatives from many CDC centers attending the conference to share their work and connect national efforts at CDC to state and local MCH programs. Within Dr. Collin’s Center is the Division of Reproductive Health, one of CDC’s major hubs of MCH activity. Before attending the conference you may want to learn more about the work of CDC and how CDC invests in Maternal and Child Health issues. Just this month Dr. Collins and her colleagues published a very comprehensive editorial on where MCH fits within the CDC structure titled “Ties That Bind.” It is a great background piece for anyone looking to learn more about MCH and CDC, and the links between MCH and Chronic Disease Prevention. To read the editorial visit http://www.cdc.gov/pcd/issues/2009/jan/08_0233.htm. AMCHP is grateful to the many CDC partners who participate in our conference and the support of both the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Birth Defects and Developmental Disabilities for their support in underwriting many of our conference activities.

Feature

Transforming Our Public Health and Healthcare

By Lauren Raskin Ramos, MPH
Director of Programs, AMCHP

Nemours Health and Prevention Services and the California Endowment have supported a group of national and state policy experts in the development of a proposal to create a 21st Century Child Health System that better coordinates health care, education, child care and wellness in a
way that makes sense for families today and helps parents raise healthy, happy and productive children. Below, Dr. Neal Halfon, Professor of Pediatrics, Public Health and Public Policy, and Director of UCLA Center for Healthier Children, Families & Communities, shares some of the rationale and components of a transformed child health system. To learn more, attend the opening session at the AMCHP Annual Conference, *A Vision for Transforming our Public Health and Healthcare System to Better Serve America’s Women, Children, and Families*, featuring Neal Halfon, Ed Shor, Debbie Chang, Charlie Bruner and Cathy Hess. The following is a summary of the key features of such a system:

**National Child Health Outcomes Framework and System Transformation Plan**

- A child-specific health outcomes framework can jump-start a roadmap for achieving system transformation goals. The framework would highlight the unique needs of children, use best evidence, present options to achieve integrated service delivery models and the rationale for more comprehensive and strategic funding mechanisms.

- Leadership from key sectors and stakeholders is critical in order to identify a set of measures and indicators that are universal (i.e., common across states, agencies and programs), and can be readily translated into improvement opportunities. A scientifically-based, consensus building process can help galvanize diverse constituencies around a common vision (e.g., National academies).

- These universal measures should have specifications that are applicable at multiple levels (i.e., provider, system, state, federal) permitting outcome measurement and monitoring at the community level as well as at higher levels. Accessibility of community level measures (in a timely manner) can facilitate engagement of appropriate stakeholders and decision makers in tracking and monitoring these outcomes, and encourage use of these metrics in planning. These tools support the notion of local (community-level) accountability, which in turn catalyzes local coordination in planning system improvements.

- A common set of measures not only engages multiple stakeholders in the process of ensuring positive outcomes, but creates more transparency about decisions and outcomes.

- Creation of a broadly-defined and high level, federal child health agency would demonstrate our national resolve to optimize child health through policy change. A comparable agency at the state level would help position a healthy child development agenda at the level where decisions are made. State, county and local level strategic planning can help to create a common vision.

- As interest in addressing the national health care reform crisis grows, launching a national reform process at the beginning of the life course might have growing appeal.

The following is a “Q&A” with Dr. Halfon:

**Q: What are some critical ways that Title V fits into a transformed child health system?**

The rich history and experience of 3/4 of a century of work is invaluable in moving forward improvements in children’s health systems. We need to find a way to reposition Title V as a more significant player at the national level (not buried so far down in the governmental food chain).

**Q: How do we build support among key players – providers, parents, advocates, elected and appointed officials at all levels, and employers – to work together to change the child health system?**

The inherent transparency and local accountability of a common/universal measurement process become the basis for engagement. Ensuring that metrics are
accessible, timely and applicable at the local level personalizes the outcomes in a way that engenders involvement. A commitment to the use of effective community engagement mechanisms (and there are many) will be needed to ensure involvement across sectors and stakeholders.

**Q: What is the one thing you want to make sure people get from your talk at the Conference?**

I hope participants leave with a keen understanding about the importance and greater yield of early investment in children, and the importance of those investments in ensuring the potential of our children and youth in ensuring the country’s future.

**Preconception Care**

By Stacey Cunningham, MSW, MPH
Associate Director, Women’s & Infant Health, AMCHP

AMCHP’s Monday morning plenary – Preconception Care: Identifying New Opportunities to Improve Women’s and Children’s Health promises to be exciting! We are thrilled to have Tonya Lewis Lee and Dr. Maxine Hayes as our speakers for this session. They will share national and state perspectives on preconception health and health care, as well as an update on federal initiatives that are promoting preconception care. You won’t want to miss it!

AMCHP asked Dr. Maxine Hayes, State Health Officer for Washington State to give our members a little insight into what they can expect from the plenary and why she feels this is such an important issue.

The following is what Dr. Hayes had to say:

**Q: Why is it important for AMCHP to host a plenary focusing specifically on Preconception Health and Health Care?**

We cannot improve our infant mortality statistics without first improving the health of families - moms/dads prior to conception. Conference attendees can expect a call to fully embrace a women’s health agenda using the lifespan approach and the social determinants of health.

**Q: In your point of view, why is it important to address Preconception Health from a national perspective? How do we get the general public more involved with this issue (i.e. via knowledge, spreading the word, etc)?**

I prefer to address preconception health rather than preconception care from a national perspective. We need it from a national women’s health agenda, but we also need performance measures on women’s health. Currently the infrastructure for women’s health is fragmented federally and spread out within many places in DHHS. A cohesive infrastructure would help.

**Q: Are there any new or innovative strategies around Preconception Health that you would like to share with Pulse readers?**

We should focus a laser on all women of child bearing age. MCH needs to work across all public health programs and collaborate with others to address the needs of women of child bearing age. For example, reach out to chronic disease, health promotion and disease prevention programs, school health, adolescent health, as well as using the social determinants ecological framework.
Healthy Baby Begins With You Campaign
In May 2007, the Office of Minority Health launched A Healthy Baby Begins with You - a national campaign to raise awareness about infant mortality with an emphasis on the African American community - as one of its efforts to end health disparities among racial and ethnic minorities. Tonya Lewis Lee is the official spokesperson and will be a speaker at AMCHP’s Annual Conference.

Family Involvement: Working Together to Launch MCH in a New Era
By Eileen Forlenza
Family Specialist, Colorado Department of Public Health and Environment

Kathy Watters
Director, Children with Special Health Care Needs Unit, Colorado Department of Public Health and Environment

We are delighted to elevate the consumer voice as it relates to AMCHP’s mission, values and vision. Integrating the community perspective has been an intentional part of the Colorado Title V Children with Special Health Care Needs (CSHCN) program priorities for over 20 years and we have experienced successful outcomes as a result. Integrating the voice of the community in our work has primarily been done in partnership with families of CSHCN, laying the foundation for the concept of family involvement. However, our focus has progressed from simply involving families to developing their leadership skills to assure meaningful contribution at all levels of policy development – including the board room, exam room and the family room.

Inviting parents, youth and families to partner in their wellness is a concept MCH programs have promoted for years. The challenge is how to grow that partnership beyond a direct care experience and into population-based impact.

Indeed, families of CSHCN may be considered pioneers in this work as they have navigated the complexities of public and private health care systems while their child’s well being lie in the balance. What we have learned from families of CSHCN is that when given an opportunity to be involved in the civic process, their voice can be the most effective related to policy change and development. Taking this model of civic leadership into all MCH programs is a win-win. Inspiring a shared vision and enabling others to act are core leadership concepts that have been the cornerstone of our work. From a professional perspective, we enjoy the recognition that our expertise and credentials afford us. However, the balance toward excellence comes when we share our expertise with families in authentic partnership. Sharing can be difficult, as it may appear that we are losing something. Without fail, our experience has been just the opposite. When we share our efforts, resources and responsibilities with families, we gain much more than we give!

Family involvement has been the constant in our program because we have seen real policy change through infusing real perspectives. Through strong family leaders in our state, Colorado has established a commitment to decreasing health disparities, promoting wellness while encouraging prevention, and maximizing the full potential of ALL children.

Supporting families to move from dependency to empowerment is our commitment to assuring better health care outcomes for all. With strategies that include civic engagement, leadership development and consumer integration, Colorado looks forward to partnering with AMCHP in this new era of change and hope!
Feature

Hall of Fame Quarterback Jim Kelly to Headline Plenary on Newborn Screening

By Lauren Raskin Ramos, MPH
Director of Programs, AMCHP

Jim Kelly, Hall of Fame quarterback for the Buffalo Bills, will share the story of his family and their quest to increase public awareness, early detection and treatment of Krabbe Disease at the AMCHP Annual Conference. Jim Kelly and his wife, Jill established the Hunter’s Hope Foundation in 1997 after their infant son, Hunter, was diagnosed with Krabbe Disease (Globoid-Cell Leukodystrophy). Despite being told that Hunter would not live past 14 months of age, Hunter lived eight years and became the inspiration for Jim Kelly to join national efforts to advocate for comprehensive newborn screening.

Jim Kelly is the only quarterback to take his team to four consecutive super bowls and one of the few National Football League quarterbacks to be inducted in the Hall of Fame on his first nomination. Jim Kelly will be joined by representatives from the March of Dimes, MCHB, CDC and the New York State Department of Health, to discuss the Newborn Screening Saves Lives Act. Visit Kim Kelly’s website to learn more about his many football achievements.

New Administration and Congress

By Brent Ewig, MHA
Director of Public Policy & Government Affairs, AMCHP

You won’t want to miss the closing plenary, A New Era for MCH: What to Expect from the New Administration and Congress on Maternal and Child Health, at this year’s Annual Conference! Come hear perspectives from national leaders on what the new President and Congress might have in store for new policies addressing the health of women, children, and families. Invitations have been extended to representative of the new administration. A panel discussion will then feature Sara Rosenbaum and Bruce Lesley with AMCHP President-elect Phyllis Sloyer.

Sara Rosenbaum is Hirsh Professor and Chair of Department of Health Policy at George Washington University and a nationally renowned expert on Medicaid and health care financing. Sara worked on health reform in the Clinton Administration, helped create the Vaccines for Children program, and among many leadership activities currently serves as co-chair of the policy workgroup of the CDC’s Preconception Care Workgroup.

Bruce Lesley is the president of First Focus, a bipartisan advocacy organization that is committed to making children and families a priority in federal policy and budget decisions. Bruce had a long and distinguished career as a legislative aide on Capitol Hill, and brings an insider’s view on how the Title V MCH Block Grant is viewed by policymakers. This panel will share ideas on what it will take for the Title V MCH Block Grant to be positioned to thrive in the future. Hear their perspectives and engage in dialogue about the potential for health care reform legislation, the future of Medicaid, and changing federal budget priorities.

View from Washington


By Brent Ewig, MHA
Director of Public Policy & Government Affairs, AMCHP

As an English major, I was taught to assiduously avoid clichés – but I can’t resist: these very well may be the best of times and the worst of times. To extend the Tale of Two Cities reference, consider this: as state capitals across the nation are facing dire budget crises and being
forced to make horrendous budget cuts, our nation’s capital is engaged in a spending spree the likes of which we have never seen.

Just last week Congress reauthorized a $32 billion expansion and reauthorization of the State Children’s Health Insurance Program (SCHIP) and began debate on Economic Recovery legislation with an $825 billion price tag. These developments along with rapidly exploding federal deficit have huge implications for the future of public health and the Title V MCH Block Grant. As we prepare to gather for the 2009 AMCHP Annual Conference, I do not think it is an understatement to say that the Title V MCH program is approaching a critical crossroads.

The SCHIP reauthorization is largely good news and while there are some dissenting viewpoints, many see this as a building block for health reform and a step towards assuring that all children in America have affordable health insurance. The implications of the unfinished stimulus bill are not as clear, but may also be considered a step towards health reform. AMCHP has compiled an initial comparison of the health provisions included in the House and Senate proposals for Economic Recovery available here.

The Senate and House proposals both include substantial new funds for prevention — $3 billion in the House and $5.8 billion in the Senate — but they take different approaches in how it would be allocated. Most striking, you will note that billions of dollars are proposed for maternal and child health issues — tens of billions when you consider that the $87 billion for Medicaid will maintain coverage for many women and children that would otherwise be forced from the roles. However, to our great disappointment neither proposal specifically includes funds for the Title V MCH Block Grant.

At this point the House has passed their bill, and the Senate is expected to begin debate on their version on February 2. An important caveat is that we do not yet know the totals and ultimate mechanisms HHS will use to get money to state and local levels. The stimulus proposals are important however because particularly in the Senate bill, they are framed as a “down payment” on the preventive measures that could be included in a health reform package to emerge later. In this sense, the exclusion of the MCH Block Grant in the House proposal is deeply troubling. However, with the Senate approach, many health programs are not specifically mentioned and instead great discretion is delegated to the HHS Secretary to allocate about $2 billion in funding. If Congress chooses this route, we think we can continue to make the case that the MCH Block Grant is an efficient and accountable funding mechanism.

A larger concern is that the huge and rapidly expanding deficit will make it impossible to sustain these investments and instead many health programs, including Title V, could be put up on the chopping block in the near future. This is something we will watch carefully, but considering what is currently included in the proposals, we see two dramatically different visions of what could happen in the near future.

Under the first scenario, the public health community could coalesce in a way previously unseen to take advantage of opportunities never before possible to extend and expand public health services. At the end of the funding cycle we could collectively say: despite the most dire economic crisis in recent history we worked together to finally fully immunize an entire cohort of children; we began to put preconception care concepts into action by screening tens of thousands of people for HIV and STD, and millions more for chronic disease risk factors; we linked millions of people to preventive care either by helping them enroll in SCHIP or Medicaid, and helped those who remain uninsured to access care in new community health centers; we improved birth outcomes and health status by helping tens of thousands of smokers to quit, and counseled millions more to never start; we finally began work in earnest to prevent injuries — the leading cause of death in children; we created health communities to address the obesity epidemic; and we began to strengthen our
View from Washington CONT.  

The Economic Recovery Act's Health Provisions

infrastructure through the investments in the public health workforce and health professions.

We need to recognize that under current proposals, State MCH Programs might not be the sole lead on any of these efforts. However, if we seize the opportunities before us, and work to forge partnerships with partners both in and out of government we can make tremendous progress in improving the health of the women, children, and families we serve. In this sense, we are presented with the chance to test the old maxim, “It's amazing what we can accomplish if we don’t care who gets the credit.”

In the second scenario, our history could be written for us and will say when the prevention money was on the table, the public health community engaged in a months long food fight arguing over who would control what. Epidemiology and public health science were thrown out the window when the programs with the best lobbyists got the most money. Fundamental state health department roles were by-passed when most funding allocations were made with no consideration of existing needs assessments or ability of grantees to link to broader public health systems. Worst of all, a lack of vision, leadership and creativity prevented us from spending the money quickly and wisely, with hundreds of millions of dollars left unspent and few results to show. Under this scenario, damaging perceptions could be created that our public health system is slow, inefficient, and ineffective. At this critical time in our nation’s history, with the health of our economy and future generations inextricably linked, the stakes are too high for us to allow this scenario to prevail.

With your help, support, and ideas, AMCHP is engaging now in a dialogue with leaders across the political and public health spectrum to assure that the collective experience, capacity, and mission of state MCH programs can be put to work to make sure that this proposed investment in prevention succeeds.

Point of View

A “Q&A” with Outgoing President Nan Streeter

Last month we interviewed President-elect Phyllis Sloyer. In this issue, we asked Nan Streeter to reflect on her tenure as AMCHP's outgoing President.

Q: As AMCHP’s outgoing President, can you tell us what you are most proud of, and why?

First of all, I am very proud of AMCHP, especially at this very important time in America's history with the many challenges we face as a nation. Being President of this organization has been quite an honor. I have enjoyed the opportunity to participate in a number of efforts on a national level, such as preconception health and health care, adolescent health, and many more. What I am most proud of is the commitment of the AMCHP Board of Directors and AMCHP staff in helping to make the organization better than ever. The Board members, our CEO, Mike Fraser, and staff have committed to hard work to advance the organization's mission and vision during the past two years. I believe that we have evolved into a stronger organization than ever before, far beyond my expectations. We have seen the evolution of the organization into a strong voice on issues that impact women, mothers, children and youth, including those with special health care needs, and families. I am proud to have been part of the growth and advancement process, along with many others who have contributed to this effort!

Q: What would you say was your greatest accomplishment during your tenure as President?

When I first assumed the role of President of the Board of Directors of AMCHP, I set out five goals to strive for: increased visibility, greater advocacy, engaging in partnerships (new and established), broaden member involvement in AMCHP’s work, and fundraising. During the past two years, I have seen each of the five goals advance through many activities and some visible results. Obviously we know that we have more work ahead to accomplish what we need to as an organization, but we are well-positioned at this time to make that happen. We invite members to join us in our efforts. It is exciting work and a great way to advocate for mothers and children on a national level.
Point of View cont.
A “Q&A” with Outgoing President Nan Streeter

Q: Can you think of two or three new opportunities that AMCHP can pursue in 2009 now that there is a new Administration?

With President Obama’s commitment to change, engaging in proactive discussions with those charged with the national health care reform efforts is vital. We need to make sure that policy and decision makers understand the important vital role of public health in promoting a healthy country, beginning with mothers and children. We need to make sure that the health care reform effort includes public health, especially for mothers and children through Title V, CHIP, Medicaid, and other funding streams. The role of public health is actually more important now than ever before. We fulfill a need that will not be solved with health care reform that is not inclusive of public health funding and efforts. As we all know, health coverage doesn’t ensure health care access and we need to make sure that public health is incorporated in any reformed health care “system.”

I think that other important opportunities will present themselves in the new administration in terms of promoting more flexible regulations and policies that will benefit mothers and children. We have already seen that the President lifted the restrictions on funding for family planning services to foreign countries. I also believe that the new administration will be more sensitive to the needs of those less fortunate than ourselves.

Q: Now that you are Past-President, what are you going to do in your spare time?

What spare time??? Actually, I will continue to be active on the Board as Past-President for the next two years to support AMCHP’s ongoing efforts. In my “spare” time, I hope to be able to focus more of my time on other national efforts, such as preconception health and health care, etc. On a lighter note, hopefully I will have more time to spend with my grandchildren.

Recognition
Recognize Our MCH Leaders!

A highlight of the AMCHP Conference is our chance to recognize MCH leaders. Please join AMCHP in sharing our congratulations with the following awardees at our 2009 Annual Conference.

Vince Hutchins Leadership Award
For leadership in promoting a society responsive to the needs of women, children, youth, and families

Awardee: Senator Ted Kennedy (D-Massachusetts)

In 1998, AMCHP launched what was then called the “AMCHP Leadership Award” to recognize outstanding individuals, living or deceased, whose work has contributed to significant societal changes that have resulted in improvements in the health of American families and their various members.

The first honoree, former First Lady Hillary Rodham Clinton, is exemplary of the stature of Leadership Award recipients. In 2001, AMCHP renamed the Leadership Award for Dr. Vince Hutchins, a beloved national leader and life-long advocate for children’s health. During fifteen years as director of the Maternal and Child Health Bureau, Dr. Hutchins expanded the federal government’s commitment to women, children, youth, and families. He also led development of new initiatives for children and families such as the Healthy Mothers, Healthy Babies Coalition.

Nominees for the Vince Hutchins Leadership Award must meet the following criteria: be a recognized national leader, living or dead, with a long record of significant contributions to society; and, demonstrate accomplishments that advance, directly or indirectly, the health of American women, children, youth, and families, including those with special health care needs.
Recognition cont.
Recognize Our MCH Leaders!

Merle McPherson Award
For leadership in promoting family involvement in state MCH programs and/or AMCHP

Awardee: Ruth Walden,
Family Specialist, New York State Department of Health

Presented for the first time in 2008, this award is developed to honor Dr. Merle McPherson. Dr. McPherson retired from MCHB in January 2007, leaving a legacy of leadership and vision for how to create a new model of family-centered health care delivery for children and youth with special health care needs. She has also led the way to expanding the family-centered care model for children with special health care needs internationally. Awardees must be a family representative or professional whose efforts have significantly increased family involvement in a state program and/or AMCHP, whose work has changed policy and procedures within a state programs and/or AMCHP to encourage greater family involvement, and who has actively contributed to AMCHP and the organization’s efforts to advance the inclusion of families. This award is administered by the AMCHP Family and Youth Leadership Committee.

Nebraska Medical Center; Director, Great Plains Public Health Leadership Institute

This annual lectureship is awarded to honor one of AMCHP’s most distinguished members, Dr. John C. MacQueen, the former director of the Iowa Child Health Specialty Clinics, the state’s program for Children with Special Health Care Needs (CSHCN). A pediatric neurologist, Dr. MacQueen achieved success at state and national levels. As an administrator and clinician, advocate, innovator, and educator, Dr. MacQueen made his presence felt throughout the country through his tireless work on behalf of children with special health care needs. AMCHP takes special pride in those accomplishments that have advanced family health programs. They include 30 years as a CSHCN state director; leadership as vice-chair of the Congressional Select Panel for the Promotion of Child Health; membership on the Advisory Panel on Technology and Child Health, Congressional Office of Technology Assessment; contributions to the Maternal and Child Health Bureau and to the Surgeon’s General workshops; and advocacy for Title V. Criteria for this awardee state that the awardee be a contributor to the field of MCH and an advocate on behalf of the MCH community. Their work must focus on or around the establishment and maintenance of healthy communities. Each year, the awardee is invited to deliver a dynamic and inspirational lecture at the Annual MacQueen Lecture Luncheon during the AMCHP Annual Conference.

John C. MacQueen Lecture Award
For Innovation in the field of Maternal and Child Health

Awardee: Magda Peck, ScD, Professor and Associate Chair for Community Health, Department of Pediatrics; Senior Advisor, CityMatCH at the University of Nebraska Medical Center; Director, Great Plains Public Health Leadership Institute

Recognizing the efforts of Members of Congress and their staff to improve the health of mothers, children, and families including children and youth with special healthcare needs.

Legislative Champions for Maternal and Child Health Award
Recognition cont.
Recognize Our MCH Leaders!

Awardees: Senator Chris Dodd (D-Connecticut) and Tamar Magarik-Haro, Senate HELP Children’s Subcommittee Professional Staff Member; Representative Lucille Royball-Allard (D-California’s 34th District) and Debbie Jessup, Legislative Assistant to Rep. Royball-Allard

The goal of the Legislative Champions Award is to celebrate the efforts of Members of Congress and their staff to improve the health and lives of mothers, children, and families, including children with special health care needs. This award recognizes efforts to support state maternal and child health programs and advocacy on behalf of children, women, and families at the national level. The award is administered by the AMCHP Legislative and Health Care Finance Committee and will be awarded for the first time in 2009.

Who’s New cont.
New Title V Directors

Montana Department of Public Health and Human Services
Alethia Carr
Director, Bureau of Family, Maternal & Child Health
Michigan Department of Community Health, Public Health Administration

Marilyn Hartzell
Director, Oregon Center for Children and Youth with Special Health Needs
Oregon Health & Science University

Ana P. Novais, MA
Executive Director of Health
Division of Community, Family Health and Equity
RI Department of Health

Alisa Olshefsky
Chief, Family Health and Systems Management
Director, Maternal and Child Health
Delaware Division of Public Health

Marc Shiff
Director, Services for Children with Special Health Care Needs
Kansas Department of Health and Environment

Debra Waldron
Co-Director & Chief Medical Officer
Iowa Child Health Specialty Clinics

Cheryl Waller
Division Director
South Carolina Department of Health and Environmental Control

Who’s New

New Title V Directors

Be sure to look out for new MCH and CYSHCN Directors at the AMCHP Annual Conference! The following individuals are new to MCH or have been promoted to a new leadership position within their organization. If you are a new director of a Title V program, please join us at the New Director Luncheon on Sunday, February 22 from 11:30 a.m. to 1 p.m. Please RSVP by email to Librada Estrada by February 9. If your program has a new Title V Director (in their position three years or less), please inform Librada Estrada.

Laurel Briske
MCH Director
Minnesota Department of Health

Denise Brunett
Children’s Special Health Services Supervisor
Data and Trends
Newborn Screening Tests

Newborn Screening Tests by U.S. States, 2007

- Green: More than 20 core conditions (41)
- Yellow: 10 – 20 core conditions (5)
- Red: Fewer than 10 core conditions (5)

Hatch marks indicate screening for additional core conditions required but not yet implemented.

Screening 29 Core Conditions
- Alaska
- Colorado
- Delaware
- District of Columbia
- Iowa
- Kentucky
- Maryland

- Minnesota
- Mississippi
- New Mexico
- New York
- Rhode Island
- Virginia
- Wyoming

Source: March of Dimes.
Data reported from NNSGRIC as of June 1, 2007. ©2007 March of Dimes Foundation. All rights reserved.
U.S. Newborn Screening

Percent of infants born in states that require* 21 or more of the 29 core conditions to be screened.

- July 2005: 38%
- July 2006: 64%
- July 2007: 88%

*Required by rule or law and implemented.
Source: March of Dimes. Data reported from NNSGRC.
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Tania Carroll, Office Assistant

Helen Cedeno, Program Associate, Meetings & Events

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Mike Fraser, PhD, Chief Executive Officer
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Adriana Houk, Associate Director, Organizational Performance & Membership
Nora Lam, Executive Assistant
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Lissa Pressfield, Program Manager, Adolescent Health
Lauren Raskin Ramos, MPH, Director of Programs
Brynn Rubinstein, Program Associate, Children with Special Health Care Needs
Darlisha Williams, MPH, Program Manager, Best Practices
Grace Williams, Senior Program Manager, Children With Special Health Care Needs

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