From the President

Change is on its Way!

By Nan Streeter, MS, RN

I was in Washington, D.C. the day after the election and I felt a lot of excitement, hope and levity in the air. Barack Obama’s election as President is an historical event in our nation's history.

During the transition, AMCHP has positioned itself proactively to promote Title V and related programs that serve women, mothers and children. AMCHP has been involved in talks with the transition team early on to make sure our issues and concerns are heard as a new administration for Health and Human Services is developed. AMCHP staff members have been actively engaged in Hill discussions to promote issues that we are concerned about, such as ensuring health care reform includes public health and maternal and child health. We all know that insurance alone doesn’t necessarily mean access to care. AMCHP is busy gathering stories to illustrate what we in Title V do that no one else does or will do with or without insurance in a health care reform environment. We need to make sure that the work we do is visible, clearly defined and effective.

As we look forward to a government with new leaders, we need to keep on doing the work we do and we need to speak up for the necessary changes we believe need
to happen, such as fully funding the MCH Block grant, more flexibility with family planning waivers, insurance for the uninsured, and so on. What can you do? Speak up – for women, mothers, children, youth including those with special health care needs, and families. Contact your state delegation to voice your concerns and needs to assist in helping our populations be healthier. We saw a record turnout for the election and we need to gather that same energy and numbers to speak up for what women, mothers and children, including those with special needs, require for optimum health and well being.

I too will be transitioning from President of AMCHP to Immediate Past President. The five goals that I identified as needed actions on the part of AMCHP are member involvement, visibility of AMCHP, advocacy, partnerships, and fundraising. I believe that we have made great progress in each of these areas and know we will see more for the future. We, of course, have more to do, but we have made great headways in these areas. I have been honored and privileged to serve as President of AMCHP and to see its revitalization. I have had many great opportunities to participate in important activities, meetings and initiatives that I probably wouldn’t have been involved with otherwise. I have met many individuals along the way and that has been wonderful. I know I have friends all over the country now!

The Board of Directors and AMCHP staff have been working hard to position AMCHP as a national leader for the health of mothers and children. We have, I believe, a better organization than ever! I want to acknowledge the hard work and efforts of the Board of Directors, Michael Fraser and his never ending energy and vision, AMCHP staff that do the work of the organization. Thanks to each and every one of you for your vital contribution to AMCHP. I have thoroughly enjoyed working with you. I encourage each of you to get involved in AMCHP and join us as we advance the critical issues for maternal and child health in our country. Thank you for a wonderful two years!

My best to you for the future.

By Mike R. Fraser, PhD

Happy New Year from AMCHP! I hope you had the chance to greet the New Year with family and friends and took time to rest and reenergize to prepare for what promises to be a very busy year for maternal and child health. Here’s a belated New Year’s toast: Let’s raise a glass for continued success and increased support of our shared work and in strengthening and improving state maternal and child health programs, cheers!

This issue of Pulse is a first for AMCHP. Not only is it our first issue of 2009, it is also our first virtual “Annual Report.” We are using this issue to share some of last year’s important milestones and provide a snapshot of what we are looking forward to in 2009. Next month’s Pulse will be slightly different too: we’ll be featuring some of the great content that is on our 2009 AMCHP Annual Conference program including resources and references for those of you who may not be able to attend the Conference in person. We hope these two issues of Pulse are useful to you, and provide you the information you need to further advance MCH in the year ahead while learning just how AMCHP is “on the move” on your behalf here in Washington, D.C. and across the country. Future issues of Pulse will continue to focus topically on areas of importance to you and your programs including adolescent health, autism spectrum disorder, state-local collaboration on MCH, infant mortality, and many others.

There is a lot in store for AMCHP in 2009. Our advocacy and policy team will continue the push for full funding for the Title V MCH Services Block Grant. We’ll be supporting reauthorizations of several important maternal and child health programs including SCHIP and WIC. And we’ll be informing health care reform by including the important work of Title V programs as
we participate in discussions about potential changes in our nation’s health care system. AMCHP’s Director of Policy, Brent Ewig, prepared a feature for this issue of Pulse that summarizes our legislative and policy progress in 2008 and sets the stage for 2009. We are well positioned to make the case for increased investments in state maternal and child health programs and we’ll be working hard with partners early in the year to monitor the 2009 and 2010 federal budget appropriations for maternal and child health. If your New Year’s resolution was to get more involved in AMCHP and our advocacy efforts we could certainly use your help – contact any member of our policy team for more information on ways you can get involved!

In addition to policy, AMCHP’s program team has developed resources, tools, issue briefs, and reports to inform your work and share your successes with colleagues and peers nationwide. AMCHP’s Director of Programs, Lauren Raskin Ramos, highlights just some of what we have accomplished in 2008 in her article in this issue of Pulse. 2009 promises to be a banner year for a number of our core programs, including our New Director Mentor program, our newly funded work to support states funded through the Combating Autism Act Initiative, work to promote adolescent, women’s and infants health, and projects to enhance state MCH epidemiology capacity. If your New Year’s resolution was to learn more about what other states do in these areas we have great resources to share with you and if you would like to contribute a best practice or two to our Best Practices program, please let our program staff know. We need your input and involvement to assure your colleagues have access to all the great work you do at the state and local levels.

In 2008, we redesigned our website and newsletters and improved how we communicate with members and partners via email notices and updates. We have invested a great deal in technology to better connect you to one another – look for more information about our AMCHP SharePoint groups early in 2009. These SharePoint workspaces will allow MCH regions to work together “virtually” and enhance how you connect with AMCHP members and partners on projects in the future. We will be rolling out our SharePoint sites in conjunction with our Annual Conference in February.

If you did not have a chance to visit our offices in 2008, we invite you to come to our brand new headquarters in 2009 – wonderful space for small meetings, get-togethers and your “home away from home.” Other operational changes in 2008 included enhancing our organizational performance by hiring several new staff and using technology to better support our membership, accounting and Annual Conference activities. These “backend” systems are often invisible to you as members and partners, but improve how we are able to support you and run an efficient and effective operation. Thank you for your patience as we updated and improved our membership database, website and phone and computer systems.

A member and I were chatting last week about all the work we have done in 2008. “What are you most excited about in 2009?” she asked. I thought about it briefly and then said “seeing all the great seeds we have planted in 2008 start to sprout, grow and bear fruit.” We laid a lot of groundwork in 2008, and I think 2009 will be a great harvest year for AMCHP in both policy and program successes. But we cannot do it alone, and I urge all of you to get more involved with our work: attend our Conference, let us know what you are thinking and doing in your state programs, and contribute to a workgroup, committee or call for applications.

As we celebrate all that we accomplished in 2008, I look forward to a busy 2009! Please continue to let us know how we are doing, what more would be helpful, and how the work that AMCHP does can better support your programs. Happy New Year!
Get Involved

Vote for Your AMCHP Board of Directors

The 2009 election for AMCHP’s open Board positions is now open. All AMCHP delegates whose programs have paid dues for the 2008-2009 membership year are eligible to vote. For information on the candidates, please visit: http://www.amchp.org/elections. All delegates whose dues are current should receive an email invitation to vote electronically by Jan. 12. Delegates and family delegates that do not vote electronically may vote in-person at the 2009 Annual Conference. If you have any questions, please contact Rachel Arculin or call (202) 266-3051.

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.

AMCHP Business Meeting

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

AMCHP Board Approves Two By-Laws Changes

AMCHP Board approved two By-Laws changes at its November 2008 meeting. The first provision changed the By-Laws so that any Director could serve as Chair of the Governance Committee. Previously, the Governance Committee could only be chaired by an At-Large Director which limited the number of potential chairpeople and did not encourage leadership development among the Board (Article XII, Section 3). The second change recognized a sunset provision meant to stagger Family Representative terms. This provision takes effect after the February 2009 Annual Conference and allows for two Family Representatives to stagger their terms so that both do not rotate off the Board at the same time (Article V, Section 3.a). Both changes will be presented at the AMCHP Business Meeting during our 2009 Annual Conference. For a current copy of the By-Laws, visit here.

Program Updates

Program Team Accomplishments in 2008

By Lauren Raskin Ramos, MPH
Director of Programs

What a fruitful and exciting year for the AMCHP Program Team! Staff worked to strengthen alignment of programmatic work with members needs, share state success stories, build capacity in Title V agencies to address key topics in women’s, infant and adolescent health, and grow our programming in children and youth with special health care needs.

AMCHP completed work on three Action Learning Collaboratives to help states address healthy weight in women, address prenatal smoking cessation, and increase screening for intimate partner violence, moved work on science-based approaches to teen pregnancy, HIV, and STI prevention forward, completed an extensive assessment of state Title V agencies programs and functions and continuing education needs, launched Innovation Station - AMCHP’s state MCH Best Practices program, and provided MCH epidemiology skills building training to nearly 280 state and local MCH staff! AMCHP programs continue to benefit from collaboration with several important national partners as detailed below.

In 2009, look for enhanced programming and new resources in several areas, including a growing database of what’s working in MCH, the launch of the State Public Health Autism Resource Center, additional efforts to strengthen family involvement and leadership in AMCHP and Title V programs, an increased focus on workforce and leadership development for state MCH professionals, identification of innovative strategies to address racism and infant mortality, and a new partnership with the state and local MCH Epidemiology professional group. The following section highlights some of the major programmatic activities of 2008 and provides a preview of what’s to come in 2009.
Women’s and Infant Health Programs

- **Eliminating Racial Inequities in Infant Mortality**

AMCHP, CityMatCH, and the National Healthy Start Association (NHSA) — with funding from the W.K. Kellogg Foundation — launched the Partnership to Eliminate Disparities in Infant Mortality to eliminate racial inequities contributing to infant mortality within U.S. urban areas. The first activity of the partnership is an 18-month long Action Learning Collaborative (ALC). The following six teams were selected through a competitive process to participate in the ALC: Los Angeles, California; Aurora, Colorado; Pinellas County, Florida; Chicago, Illinois; Columbus, Ohio; and Milwaukee, Wisconsin.

The emphasis of this ALC is on innovative approaches to reducing racial inequities in infant mortality in urban communities, with particular attention paid to the impact of racism. Teams will be combining their knowledge of evidence-based practices with local knowledge and problem solving, to move beyond what has typically been done to address infant mortality. For additional information contact Jessica Hawkins.

- **Promoting Health in Women of Reproductive Age**

As part of our Women’s Health Partnership, AMCHP and CityMatCH convened the final meeting for the Healthy Women of Reproductive Age Action Learning Collaborative in March 2008. The Women’s Health Partnership was formed in the spring of 2005 to build state and local capacity to promote safe motherhood and enhance women’s health before, during and after pregnancy. Our final report, *Promoting a Healthy Weight in Women of Reproductive Age: Experiences & Lessons Learned from Eight State/Local Health Department Teams*, details the experiences and lessons learned from the Action Learning Collaborative. The eight participating teams were given the task of developing strategies aimed at promoting a healthy weight in women of reproductive age in their communities and states. The report was designed to inform other communities and states across the nation that are interested in addressing overweight and obesity among the women they serve, to improve pregnancy and birth outcomes. For additional information or to request a copy of the report, contact Stacey Cunningham.

Adolescent Health

- **Strengthening State Health and Education Agency Partnerships to Improve HIV, STD and Unintended Teen Pregnancy Prevention**

In early 2008, the National Stakeholders Collaborative (NSC), made up the Association of Maternal & Child Health Programs, National Alliance of State & Territorial AIDS Directors, National Coalition of STD Directors, Society of State Directors of Health, Physical Education & Recreation, hosted the 2008 National Stakeholders Meeting (NSM) — a two day capacity building process with nine months of follow-up technical assistance for state teams made of NSC memberships. The main objective of the NSM was to increase communication and collaboration between state health and state education agencies in order to develop a shared vision for supporting and improving HIV, STD and teen pregnancy prevention for school-aged youth, and expanding the base of support for developing effective policies and programs. At the 2008 NSM, state teams from Alaska, Arizona, Kentucky and Massachusetts came together to engage in professional development, expand and develop strategic partnerships, and create an action plan for improving HIV, STD and teen pregnancy prevention efforts in their states. Since 2003, 33 states have participated in an NSM. In the evaluation of past participants, nearly all respondents reported the NSC strengthened communication and collaboration between state health and education agencies to support and improve HIV, STD and pregnancy prevention for school-aged youth. NSC activities, including NSMs, are supported through cooperative agreements with the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). For additional information, contact Lissa Pressfield.
• Understanding Adolescent Reproductive and Sexual Health Disparities

Significant disparities exist in adolescent pregnancy, birth, STD and HIV rates. Addressing adolescent health, specifically, sexual and reproductive health issues can contribute to reduction in teen pregnancy, birth sexually transmitted diseases and HIV. Many states have taken action by addressing adolescent reproductive and sexual health (ARSH) in state maternal and child health efforts, yet many states continue to struggle with reducing inequitable adolescent reproductive health outcomes. AMCHP is developing strategies to address our future work in health equity, specifically ARSH. Beginning with an assessment of state Title V programmatic work and capacity needs related to ARSH disparities, this effort examined the attention given to ARSH disparities, gathering information about state-level efforts planned or underway and examining capacity needs of AMCHP members around this important issue. The member assessment revealed that racial/ethnic, income and rural/urban disparities are a top concern for AMCHP members. Capacity-building support needs identified by states included structural resources, data and information systems, organizational relationships and competencies and skills. AMCHP is currently following up with a subset of states to gather more in-depth information about their efforts and capacity building supports needed to develop and/or sustain these efforts. In 2009, AMCHP will convene an advisory group of members and adolescent health partners to consider assessment results and develop strategies to meet states’ needs. For additional information, contact Sharron Corle.

• Promoting Evidence-based Approaches to Teen Pregnancy, HIV and STI Prevention

The prevention of teen pregnancies, births and HIV and STIs remains a major challenge for public health practitioners in the United States. Lack of information on evidence-based programs, scarce resources and the absence of connection between state and local practitioners have all been cited as barriers to implementing new approaches to teen pregnancy and HIV and STI prevention. For the past two years, AMCHP has been working to build state, local, community-level capacity to implement evidence-based approaches to teen pregnancy, HIV and STI prevention.

In 2007, AMCHP in partnership with CityMatCH, conducted a two-day training, Science-Based Approaches to Teen Pregnancy Prevention; What Are They and How Can We Promote Their Use?, with state, local and community-level teams from Arizona, Kansas, Montana, Nebraska, North Carolina, Ohio, Pennsylvania, Tennessee and Washington. AMCHP and CityMatCH provided support and technical assistance to the teams through 2008. Evaluation of the 2007 training demonstrated that the project met two out of three of the original goals of the training — disseminating the work of CDC and their grantees in the area of science-based approaches to teen pregnancy prevention and increasing the collaboration between and among state and local representatives working on teen pregnancy prevention. It is too early to assess the third goal, improving overall state and local efforts to reduce teen pregnancy.

In 2008, AMCHP in partnership with the National Association of County & City Health Officials (NACCHO), conducted a three-day training, Moving from Interest to Action: Evidence-Based Approaches to Teen Pregnancy and HIV/STI Prevention, with state, local and community-level teams from Colorado, Maine, Minnesota, Missouri and South Carolina. AMCHP and NACCHO will be working with the teams through 2009. For additional information, contact Sharron Corle.

Data and Assessment

• Providing Training and Epidemiology Skills-building for MCH Professionals

In 2008, AMCHP conducted six MCH epidemiology skill building trainings in partnership with the CDC’s Division of Reproductive Health, and the Maternal and Child Health Bureau. AMCHP hosted four training workshops prior to the 2008 MCH Epidemiology Conference in December and two Data Skills Building Sessions at the
AMCHP Annual conference. The trainings focused on enhancing partnerships and developing a common set of data skills for MCH data professionals and the state data program staff. Nearly 270 state and local MCH staff were trained.

AMCHP also sponsored a plenary at the conference on Translating Data into Action: Advancing MCH Evidence Based Public Health Programs and Policies. The plenary discussed translating data into action and highlighted examples of two state agencies and a local public health agency (Oregon, Michigan, and Los Angeles County public health) that have used data results to inform and drive policy, programs and delivery systems. The four two-day MCH Epidemiology data training topics included: MCH Block Grant Needs Assessment, Population Attributable Fraction, Scientific Writing, Time-Trend Analysis, Data Records Linkage and Geographic Information System (GIS). National and state MCH data professionals participated in the trainings and were led by seasoned MCH epidemiology experts. At the completion of the trainings, the participants indicated increase in knowledge on the training topics.

AMCHP also awarded seven data mini-grants to selected state MCH teams — Oregon, Pennsylvania, Michigan, Massachusetts, Washington and the Urban Indian Health Institute (UIHI) — to coordinate and conduct internal capacity-building activities in data and assessment, and two data mini-grants to states (Massachusetts and Oregon) to focus on adolescent reproductive health data. For additional information, contact Henry Maingi.

Best Practices

- **AMCHP Launches Innovation Station**

This fall, AMCHP launched the Innovation Station, a growing database of promising Best Practices in Maternal and Child Health from around the country. Innovation Station is intended to be a mechanism to share what programs are working in MCH, to contribute to program replication, assure implementation of sustainable evidence-based systems for MCH, provide a central, easily accessible resource of effective MCH programs, and provide a means for peer to peer technical assistance. AMCHP received several new Best Practices submissions from states. AMCHP convened a Best Practices Review Panel, composed of AMCHP members, partners and other experts in the public health field to review new submissions. Best Practices submissions will be accepted on a rolling basis, and awards will be given to top submissions at the AMCHP Annual Conference. For more information, contact Darlisha Williams.

**Workforce and leadership Development**

- **Title V Workforce Development Survey**

Between May and August 2008, AMCHP fielded the Workforce Development Survey to gain a national profile of the state programs’ components and functions, and identify priority training needs and preferred strategies and challenges. All 50 states and the District of Columbia provided at least one program response; of these, 49 MCH (96%) and 44 CYSHCN (86%) programs completed the survey. Four of the eight U.S. territories completed the survey. Using preliminary data results, three reports have been developed:

1) State Title V Workforce Development Survey Program Profiles Preliminary Findings;

2) State Title V Workforce Development Survey Training Needs, Professional Development and Graduate Education Strategies Preliminary Findings; and


To download the documents, visit AMCHP’s website. Further analysis will continue in 2009, and additional reports and manuscripts will be developed, including
Program Updates CONT.
Program Team Accomplishments in 2008

profiles for each state. For additional information, contact Librada Estrada.

- **New Director Mentor Program (NDMP)**

In 2008, seven states (Colorado, Delaware, Florida, Maine, Oregon, Rhode Island, and Utah) participated in the New Director Mentor Program (NDMP) either as a New Director (four) or as a Mentor (three). Each of these relationships will continue through 2010. The New Director-Mentor relationship among Colorado, Maine, and Utah has developed into a learning collaborative focusing on community systems building. Since meeting first in August 2008, the collaborative has held monthly calls to share ideas, resources, and processes with each other. Representatives from each state in the collaborative and Champions, Inc will be presenting on their partnership to date at the 2009 AMCHP Annual Conference, Title V CYSHCN Program Evolution: Achieving a Community-Based System of Services by 2010.

AMCHP worked to grow the NDMP, by streamlining the application process, improving outreach to new directors, and strengthening the evaluation component. Internal policies, procedures, and forms continue to be updated. AMCHP continues to follow up with new directors to inform them of the NDMP and to encourage participation. To assure consistency between workforce programs, the applications for the NDMP have been updated to reflect the functions listed in the Title V Workforce Development Survey. For additional information, contact Librada Estrada.

- **Supporting Family Involvement and Leadership**

In 2008, AMCHP supported 10 scholars from Arkansas, Connecticut, Massachusetts, Michigan, New York, North Carolina, Oklahoma, South Carolina, Texas and Washington and five mentors to attend the AMCHP Annual Conference. Family Scholars and mentors participated as session presenters, networked with state Title V staff, parent professionals, and other families, visited Congressional or Senate members on Capitol Hill, and provided input on program activities. Family

Program Updates CONT.
A Look Ahead: AMCHP Program Team in 2009

Scholars and mentors gained a deeper understanding of Title V programs, as well as national MCH and CYSHCN issues.

**Women’s and Infant Health Program**

- **Developing Resources on Women’s Preventive Health**

As part of the Women’s Health Partnership, AMCHP will continue to partner with CityMatCH to address the issue of healthy weight among women of reproductive age. In 2009, the Women’s Healthy Partnership will support and provide technical assistance to the eight state teams who have been creating resources and implementing projects as part of the Health Weight for Women of Reproductive Age Action Learning Collaborative over the last two years and translate lessons learned and create tools for all states to help with program replication. The Women’s Health Partnership will also develop a series of issue briefs based on the five priority areas included in the Women’s Health Framework: Injury and Chronic Conditions, Health Disparities, Reproductive and Maternal Health, Healthy Lifestyles, and Access and Financing. For additional information, contact Sara Fahey.

- **Creating State Tools on Smoking Cessation**

As part of the Smoking Cessation for Women of Reproductive Age Initiative, AMCHP along with the American College of Obstetricians and Gynecologists (ACOG) and the Planned Parenthood Federation of America (PPFA) will create a comprehensive toolkit that will serve as a framework to assist states interested in creating collaborations similar to this one. The goal is to provide states with resources, examples, models and recommendations to increase provider referral to the state tobacco Quitlines and encourage providers to discuss tobacco use with their clients. In addition, the project will evaluate the overall Initiative which included an Action Learning Collaborative launched in 2005 and two sets of state mini-grant projects launched in 2006 and 2007. This evaluation will assess the projects and outcomes of the 13 states that have participated in this
Program Updates cont.

A Look Ahead: AMCHP Program Team in 2009

initiative as well as the partnership’s ability to build state capacity around smoking cessation programs for women of reproductive age. For additional information, contact Stacey Cunningham.

Adolescent Health Programs & Women’s and Infant Health Program

• Focusing on Preconception Care and Adolescent Women Initiative

AMCHP’s Women’s and Adolescent Health Programs are collaborating on a two-year initiative that will explore the integration of preconception health into state-level adolescent health efforts and support AMCHP’s lifespan approach to women’s health. AMCHP will work with a small practice collaborative that will consider how states can create, implement and evaluate preconception care efforts with adolescent women. The practice collaborative will consist of four demonstration sites, each composed of four team members that would include an Adolescent Health Coordinator, Maternal and Child Health Director, Family Planning or Title X representative and one other representative (i.e. WIC Coordinator or School-Based Health Coordinator). Demonstration sites will be selected through a Request for Proposal (RFP) process. Teams will be tasked with focusing on several of the 10 CDC Recommendations for Preconception Health — Individual Responsibility across the Lifespan; Consumer Awareness; Interventions for Identified Risks; and Public Health Programs and Strategies and Health Care — to determine how they will integrate preconception care into current adolescent health efforts. Within the next several months AMCHP will convene a small advisory group to provide assistance with developing the RFP and fine tuning the project plan. For additional information, contact Sharron Corle.

Adolescent Health Programs

• Revisiting, Recharging, and Renewing State Health and Education Agency Partnerships to Improve HIV, STD and Unintended Teen Pregnancy Prevention for School-Aged Youth

The National Stakeholders Collaborative (NSC), made up the Association of Maternal & Child Health Programs, National Alliance of State & Territorial AIDS Directors, National Coalition of STD Directors, Society of State Directors of Health, Physical Education & Recreation, will be hosting the first ever National Stakeholders Meeting Reconvene (NSM-R) in January 2009. The NSM-R will bring teams that participated in 2003 and 2005 NSMs back together to take current collaborative efforts around HIV, STD, and teen pregnancy prevention for school aged youth to the next level. The Reconnvene is a three day capacity building process with twelve months of follow-up technical assistance. On January 12-15, 2009, teams from California, Kansas, Missouri, and Michigan will participate in needs-based workshops and action planning activities aimed at enhancing knowledge, skills, and collaboration. The NSM-R is supported though cooperative agreements with the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). For additional information, contact Lissa Pressfield.

• Supporting State Efforts to Implement Autism Plans

AMCHP is launching the State Public Health Autism Resource Center (SPHARC) to provide a central site for states to learn about state autism activities and resources, share promising practices, link to federal and national partners, and follow the Combating Autism Awareness Initiative activities. SPHARC will serve as a means to facilitate communication among states to learn from successes and challenges as states develop state autism plans and work to strengthen services for children, youth and families with autism spectrum disorders and other developmental disabilities. SPHARC will also serve as a technical assistance site to the six MCHB-funded state autism implementation grants, providing a shared workspace and listserv for those states. AMCHP will highlight the work of the six implementation grantees on an ongoing basis, creating resources for all states to learn from the experience of the implementation states. For additional information
Program Updates CONT.
A Look Ahead: AMCHP Program Team in 2009

or to share ideas about SPAHRC, please contact Lauren Raskin Ramos.

Workforce and Leadership Development

- Providing Leadership training to Title V Programs

To continue to improve and strengthen New Director Mentor Program (NDMP) delivery, AMCHP will develop a curriculum for New Directors linked to the MCH leadership competencies to provide additional support and resources for new directors as well as a means to create a peer network for new directors. AMCHP will continue to provide technical assistance to the states that are currently participating in the NDMP and to those states interested in engaging in the program. AMCHP will also collaborate with the recipient of the MCH Leadership in Public Health Program to develop leadership and continuing education to management staff in Title V programs. For additional information, contact Librada Estrada.

Family Involvement

- Strengthening Family Involvement in Title V

The AMCHP Family & Youth Leadership Committee (FYLC) is developing three products in 2009 to assist states and AMCHP to better support family involvement in Title V programs. The three products are:

  - Family Delegate (FD) Profile — this document will outline the potential role of a FD and can be a tool for states to recruit individuals into this position. The purpose is to inform the potential candidate of possible responsibilities, support and resources that might be available from the state and to serve as a recruitment document.

  - AMCHP Recommendations — this product will provide recommendations for what AMCHP as an organization should consider doing to train and enhance the competency of Family Delegates and increase family involvement.

- Family Involvement Issue Brief — this product will highlight five states that successfully engage family delegates in Title V work. The issue brief will feature the family involvement programs in Colorado, Missouri, New Hampshire, New York and Washington.

For additional information, contact Librada Estrada

Data and Assessment

- Working with State MCH Epidemiology Group

AMCHP is pleased to increase work with the new State and Local MCH Epidemiology Professional Group. AMCHP will support this group in their efforts to more formally organize and develop the network. Specifically, AMCHP will assist with communication efforts by providing a shared virtual workspace for the group and hosting regular conference calls. AMCHP looks forward to this new relationship and to increased involvement of state MCH epidemiologists in our work.

Advocacy Updates

AMCHP Policy Team Year in Review

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

This past year AMCHP made tremendous strides in building advocacy capacity to strengthen your voice in our nation’s capital. Our policy team has been guided by the vision of the Board to increase AMCHP’s visibility, strengthen our advocacy effectiveness and increase member involvement. We also took strategic direction from AMCHP’s Legislative Committee, which set an ambitious eight point legislative agenda early last year.
The following is an update on how each of these priorities fared in the 110th Congress, with highlights of what AMCHP has done on your behalf in support of our shared mission to support state MCH programs and provide national leadership on issues affecting women and children.

Increase Title V MCH Block Grant Funding to $850 million

In 2008, AMCHP made solid progress in raising the visibility of the Title V MCH Block Grant program on Capitol Hill. This peaked in April when Sen. Chris Dodd (D-CT) led passage of a non-binding budget resolution amendment recommending an increase in MCH Block Grant funding. Speaking on the Senate floor, Senator Dodd stated “The MCH program is critical to the health and well-being of millions of families across this country, including some of the most vulnerable members of our society. Years of funding cuts and level funding have stretched maternal and child health programs to their limits...On behalf of Senators Hatch, Schumer, Durbin and others, we hope that members will be in favor of something that has enjoyed broad support.”

AMCHP conducted 51 visits with staff of key Congressional Appropriations Committee members to share state profiles and our key messages on why full funding for the Title V is needed. Despite these efforts, a sour economy and record high federal deficit is putting extreme pressures on Congress to limit discretionary spending. For FY ’09, the Senate Appropriations Committee recommended flat funding the MCH Block Grant at $666 million while the House Appropriations Committee proposed a modest increase to $675 million. In response to threats from the White House to veto any spending bills that exceed the president’s request, the Congress passed a Continuing Resolution in September that provides flat funding for all federal programs through March 2009.

At press time, reports indicate that the Congress is assembling an omnibus package of all unfinished FY ’09 appropriations bills (including Labor-HHS) and is poised to complete action in early January with President-elect Obama expected to sign it into law shortly after taking office. AMCHP is advocating now for the slightly higher House proposal and will continue our push for full funding of $850 million in fiscal year 2010 bill. While we are not satisfied with these results, we feel confident that more policymakers on Capitol Hill are aware of the funding plight of Title V than ever before. In the year ahead, we will build on this momentum, and hope that if you are planning to attend the AMCHP Annual Conference that you will make visits to Capitol Hill (in accordance with your state’s advocacy rules) to tell the story of how Title V is making a difference for women, children and families in your state!

Support Newborn Screening Legislation

The Newborn Screening Saves Lives Act became law on April 24, 2008. This act authorizes about $45 million to improve education and expand newborn screening programs to improve detection and treatment and to implement recommendations for all states to screen for a minimum of 29 disorders. AMCHP staff worked closely with the March of Dimes and others to push for passage of the bill by conducting meetings with key Congressional offices, calling additional Congressional offices to urge support, signing on to coalition letters urging passage, and releasing a press statement asking for Congressional action and thanking the lead sponsors. A summary of the bill’s provisions is now posted on our website.

For FY 2009, the House proposed $5 million while the Senate bill proposes to fund newborn screening activities at the FY08 level of $1.8 million. The Senate bill also creates a separate budget line item to fund the Newborn Screening Saves Lives Act. We continue to work with March of Dimes in a coalition seeking appropriations to implement the bill, and will conduct an annual meeting plenary session in February to highlight how the bill became a law and what to expect with its implementation.
Support Universal Health Care Coverage and Access

In 2008, AMCHP’s Health Care Finance and Legislative Committees engaged in an ongoing dialogue about how to best position AMCHP to be an effective advocate for inclusion of a specific focus on MCH in any national health reform plans that may emerge. The Committees conducted a review of the AMCHP Principles of Health Reform and Framework for Analyzing Health Care Reform Plans that were produced in the early 1990’s, and produced a new set of AMCHP Principles for Health Care Reform that the Board approved in their November meeting, along with our A 100 Day Policy Agenda to improve the health of women, children and families. We have shared both documents with the Obama Transition Team.

On the health reform front, things are moving very quickly in Congress, and we recently conducted 11 meetings with key Congressional staff working on health reform legislation. Sen. Max Baucus (D-MT), Chair of the Senate Finance Committee, expects to have health reform bill language ready in early January. We have shared information with his staff and others on how Title V helps accomplish coordination between programs through its systems building function. We also shared how states conduct their MCH needs assessment, including a focus on unmet preventive health needs. We discussed how states invest some block grant funds in both primary and secondary prevention and because Title V funds are so limited we have discussed how states weave programs like Title X, WIC, and numerous CDC grants into a statewide system of preventive services for MCH populations. Based on the guidance of AMCHP’s Board, we did not discuss any specific future amendments to Title V but rather focused our conversations on the opportunity to use health reform legislation to strengthen the enabling, population-based prevention, and systems building/infrastructure functions of Title V.

All of the staffers with whom we have met understand and agree MCH programs should be strengthened in future health reform work. They also acknowledge that despite the clear need to shift toward a preventive health focus there is no clear path yet to assure that stable and adequate funding will be available for public health programs in the future. We will continue to watch closely and advocate for strengthening MCH at every opportunity we have in the future.

Protect Medicaid Funding and Repeal Harmful DRA Provisions

In February 2008, AMCHP submitted comments to the Centers for Medicare and Medicaid Services (CMS) opposing their regulation proposing to make changes to Medicaid Targeted Case Management services. This regulation went into effect in March 2008, but due in large part to widespread and vocal opposition from a broad coalition of organizations, including AMCHP, Congress passed a moratorium on six Medicaid regulations, including Targeted Case Management. The moratorium prevents the implementation of these regulations until April 1, 2009.

AMCHP has done additional analysis and communication with our committees and membership around the impact of the targeted case management rule and the moratorium. We continue to work with the other groups in coalition to advocate for the permanent repealing of the Targeted Case Management regulation as well as any other regulations that would negatively impact services for women and children.

Address Autism and Other Developmental Disabilities

In FY 2008 the Combating Autism Act was proposed to be funded at $162 million. AMCHP continues to be a vocal advocate for all children, particularly those with special health care needs, to have access to a medical home. We signed on as a member of the Patient Centered Primary Care Collaborative (PCPCC) in order to represent the voices of children and families in the fast moving, payer-focused medical home movement.
AMCHP leadership and staff are also coordinating with the American Academy of Pediatrics (AAP) on initiatives to advance the medical home concept both in policy and practice. AMCHP staff has discussed opportunities to collaborate and coordinate efforts on the AAP-led National Center for Medical Home Implementation.

We have met with leaders from MCHB to discuss AMCHP’s role in assisting state MCH leaders in advancing medical home in their states. By tracking the work of demonstration projects, both through the work of the National Academy of State Health Policy and the Centered Primary Care Collaborative, as well as conducting outreach to our members to determine their involvement with medical home in their state health programs, AMCHP has strived to keep members abreast of medical home implementation in state health programs.

**Partner to Support Comprehensive Approaches to Chronic Disease (with emphasis on programs addressing the childhood obesity epidemic)**

The majority of our activity in this area has been linked to participation in two coalitions – the National Advocates for Nutrition and Activity and the Partnership to Fight Chronic Disease. AMCHP also signed on to a June 19 letter organized by the National Alliance for Nutrition and Activity to House and Senate Appropriators in support of increased funding to $65 million for CDC’s Division of Nutrition, Physical Activity, and Obesity to enable CDC to fund all states at a minimal level. The Farm Bill reauthorization included some provisions promoting better nutrition policy, however no other significant legislation was moving on this issue in 2008.

**Support Efforts to Promote Safe Communities and Prevent Childhood Injuries**

In May, AMCHP released a press statement at a Congressional hearing on childhood injury calling on full funding of the MCH Block Grant and increased funding for CDC’s Injury Center. We continue to explore opportunities with the STIPDA affiliate, Safe Kids Coalition, and others for opportunities to increase advocacy in this area.

**Make Contraceptives More Affordable and Eliminate the Need for States to Seek Medicaid Family Planning Waivers**

AMCHP stayed up to date on this issue in 2008 through our Women’s Health coalition partners. As of December 2008, there were 27 states that sought the Medicaid Waiver for family planning services. AMCHP included expansion of SCHIP and Medicaid programs to cover comprehensive family planning services as part of our A 100 Day Policy Agenda for the new Administration and Congress. No significant legislation was moving in 2008 specific to contraception or Medicaid family planning.
Advocacy Updates cont.
A Look Ahead: AMCHP Policy Team in 2009

AMCHP’s Legislative and Health Care Finance Committee is beginning now to craft our 2009 legislative priorities. While there is great hope that a new Congress and Administration will be more supportive of funding for proven and effective public health programs including the Title V MCH Block Grant, the expected record federal deficit will create monumental challenges for increased funding. Now more than ever it is crucial for those who are able to join us in making the case with Congress on why Title V is essential to assuring that services and systems are in place to improve the health of all women and children.

At the same time, prospects for health reform will create tremendous opportunities to create a more equitable and efficient health system. AMCHP is working diligently on your behalf to make sure that the programs you run and populations you serve through Title V will be considered and strengthened as Congress moves forward on this historic undertaking. The opportunities and challenges before us are substantial. With your active engagement and support, we feel strongly that AMCHP is in a great position to succeed in our mission to provide leadership on issues affecting all women and children.

In Memoriam cont.
A Tribute to Dr. Gil Buchanan

Children with special health care needs and the maternal and child health community lost one of our leading advocates, Dr. Gil Buchanan, who died on December 6, 2008, in Little Rock, Ark., at age 74. A pediatrician, he served as Medical Director for Children’s Medical Services, the Title V agency for CSHCN, in the Arkansas Department of Human Services, from 1979 until he retired in 2005. While serving in this capacity, he also maintained a private practice and was a partner in the Arkansas Pediatric Clinic.

Gil was well known to AMCHP members and staff. He served as Region VI Councilor for many years, co-chaired the Children with Special Health Care Needs Committee and served on the Health Care Financing Committee. Gil joined AMCHP officers in personally greeting Hillary Rodham Clinton when the First Lady gave the keynote address at the 1998 AMCHP annual meeting. He was tireless in his work on AMCHP’s Board and frequently represented the association at national meetings, notably the MCH-Medicaid Technical Advisory Group, which enhanced the relationship and understanding between state Title V directors and state Medicaid directors. He provided advice to the Maternal and Child Health Bureau as well as the Centers for Disease Control and Prevention on various subjects affecting the lives of children with special health care needs. Gil also served as Core Faculty for 15 years to the Children with Special Health Care Needs Continuing Education Training Institute in Columbus, Ohio, a project funded by the Maternal and Child Health Bureau. The Institute helped prepare a new generation of leaders in state CSHCN programs from throughout the nation.

Dr. Buchanan always made time to take a call from AMCHP, fellow state Title V directors, or families. As Cathy Hess, former AMCHP Executive Director recalls, “Gil was a very sweet, committed doctor and policy advocate. He put a lot of time and energy into the AMCHP board, his regional responsibilities, the MCH Medicaid TAG, and many other national activities with us as well as AAP.” Gil will be remembered for his professionalism and advocacy on behalf of children with special health care needs and their families, but on a more personal level for his love of crossword puzzles, travel and antique collecting.

Phyllis Sloyer, President-elect of AMCHP, recalls Gil’s passion about assuring that children received medically necessary services, the importance of EPSDT, and his desire to make sure families were first in the health care equation. An AMCHP meeting wasn’t the same without Gil’s presence.

Gil was also active with the American Academy of Pediatrics and served as President of the Arkansas Association of Pediatrics.
In Memoriam CONT.
A Tribute to Dr. Gil Buchanan

Chapter, served on the Bright Futures Guideline Review Committee, Child Health Finance Committee and others. He was also active with Easter Seals Arkansas, twice served on the Board of Arkansas Advocates for Children and Families and in 1996 received the Child Advocacy Volunteer Award from Voices for America’s Children.

Dr. Buchanan is survived by his wife Helen, daughter Dr. Kate Mitchell and her husband Justin, and son Clay Buchanan, and seven grandchildren. Memorials may be made to Arkansas Advocates for Children and Family, Union Station, Suite 306, 1400 W. Markham, Little Rock, Arkansas 72201 or to Pulaski Heights United Methodist Church Foundation, 4823 Woodlawn, Little Rock, Arkansas 72205. Condolences may be sent to his family at: 24 Saint Johns Place, Little Rock, Arkansas 72207.

Point of View CONT.
With AMCHP Incoming President Dr. Phyllis Sloyer

Q: As AMCHP’s incoming President, can you tell us what you are most excited about, and why?

I am extraordinarily excited about the potential changes that can occur in our nation with a new administration, especially the opportunities to frame a new agenda for children and their families.

Q: As we embark upon a new year, what are the most pressing MCH issues that need to be addressed?

I tend to look at this question in two parts: What needs to be addressed immediately and what changes are needed to create long term positive results. On the immediate horizon, we must attend to the funding shortfalls that threaten the very fabric of our organizations and people, including the reauthorization of the state children’s health insurance program. Ironi-}

Q: Looking back on 2008, what was the greatest challenge that AMCHP faced in working toward its mission? What was the greatest success?

AMCHP had to re-establish itself as a prominent face for the greater maternal and child health community and I believe through our CEO, president, board, and a re-vitalized AMCHP staff, we have successfully weathered that transition. AMCHP’s attention to the advocacy arena and to its revised methods of communication was successful strategies to achieving the goals in our strategic plan. The membership committees are much more energized with a clear plan to develop meaningful products that will benefit all of us. I believe our CEO understands the need for establishing productive networks, promoting our organization and its mission and engaging our members in the organization’s activities.
Q: What do you hope to accomplish during your tenure as President?

I have two primary goals. First, I earnestly want to see a strong MCH focus in any effort to reform our health care system, including the necessary resources for a robust MCH system in our communities and throughout the nation that is framed by a 21st century MCH agenda. Second, I believe the strength of any organization rests with its members and as such our activities and products should focus on the needs and input of our members. We are a diverse and spirited group of individuals who approach our careers and our lives with a great deal of passion for what we do. What a precious gift we have to offer.

Q: When you are not busy leading AMCHP and working in your state, what do you like to do for fun?

I am blessed to have a wonderful husband who enjoys traveling as much as I do. I love learning about the different social fabrics in states and countries. I also appreciate the arts and spend some of my free time volunteering at my favorite art gallery in Tallahassee. Of course, my friends and family know it also serves as an excuse to locate an unusual piece of “art” jewelry.

2008 Annual Conference
Making a Difference: Looking Back at AMCHP 2008

By Mike R. Fraser, PhD

The 2008 Annual Conference was certainly an event to remember and I remember it well since it was the first AMCHP Conference I ever attended! The Conference was a jam-packed week of meetings, sessions, receptions, early morning “fun” walks (as fun as fun can be at six o’clock in the morning!) and getting to know the wonderful diversity of people, backgrounds, and expertise that comprise AMCHP today. A highlight was getting to know members that I had not yet met due to distance. For example, it was truly a pleasure to meet our members from Guam and other members from the Pacific Islands. They literally traveled for two days to get to Washington, D.C. — now that is dedication to MCH!

The theme of AMCHP’s 2008 Conference was “Making a Difference” — a theme that captures the spirit of state maternal and child health programs and their staff. We heard from experts across the country on how maternal and child health programs are having an impact on the health of the women, children and families in their states. Plenary sessions on cultural competency, using data to inform policy, and the need for health care reform rounded out our general sessions. Particularly moving was the presentation of the first-ever Merle McPherson Family Leadership award — awarded to Bob Cook of Illinois for his work to promote family leadership in his state and across the country. Also honored were Dr. Peter van Dyck of the Maternal and Child Health Bureau with the Vince Hutchins Leadership Award and Dr. William Hollinshead of Rhode Island with the AMCHP President’s Award. In recognition of how world events are shaping our MCH programs, AMCHP honored Dr. Victor Sidel with the John MacQueen Lecture Award and we were all treated to Dr. Sidel’s luncheon address and workshop on “War is Not Healthy for Children and Other Living Things.”

Like so many conferences, “work” took place not only in the general sessions but in the hallways, meeting rooms, breakouts and workshops — and yes, even the lobby bar. Walking through the conference hotel I heard everything from casual conversations among old friends to new graduates having job interviews, lively debates on MCH policy for the future, to ways that states deal with emerging issues and budget cuts. The exhibit hall was chock full of good resources, new contacts, and cutting edge information — including the release of the much anticipated National Report on Children with Special Health Care Needs. It was hard to focus on which workshops and skills building sessions to attend because there was so much on the program and so much in which I was interested. Having participated in many conferences in the past, I had a vague idea what to expect at AMCHP — but I had no idea of the breadth of the topics included on the program, and was so
impressed with the commitment everyone had to their work — folks were literally working well into the night talking, sharing data, and working on joint projects. It was a great to see everyone together learning, laughing, leading and taking advantage of every minute the Conference afforded us.

One of the most important functions a national association plays is bringing together members from across the country to share ideas, learn new things, and network with colleagues and peers. AMCHP’s convening and connecting work is a large part of what we hear members value about their membership in AMCHP. The Conference is a major way that we move our strategic plan forward — it offers opportunities for workforce development, partnership, and professional enrichment and yes, even raises funds for AMCHP’s activities throughout the year. All told, I believe our Annual Conference to be one of the most important things we do. The Conference takes months to plan, involves our entire membership, and connects us to the work of others in local, state and federal agencies, academic institutions, other for-profit and non-profit affiliated MCH groups.

I look back fondly on AMCHP 2008, maybe as a debutante looks back at her “coming out ball.” Being new to AMCHP, the whole event was a great way to get to know you and find out about all the great work you do. Planning for our 2009 Conference is now in the final stages and hopefully you are making plans to attend. Our next issue of Pulse will feature some of the great content to be shared this February in addition to a number of the many networking and social events that make an AMCHP Conference fun. I hope to see you in Washington!

Content from AMCHP’s 2008 Conference is posted online! See what you may have missed, and get ready for AMCHP 2009!
Data and Trends

AMCHP on the MOVE!

To document AMCHP’s progress this year, the Data and Trends portion of Pulse will highlight the distribution of 2008 AMCHP Mini-Grant and Action Learning Collaborative (ALC) States, Title V Agency Site Visits, the New Directors/Mentors and Family Mentors/Family Scholars.

The following states participated in 2008 AMCHP programmatic work:

Data & Assessment Mini-Grants
HI, MA, MI, ND, OR, PA, WA

Kellogg ALC Teams
CA, CO, FL, IL, OH, WI

Safe Families Mini-Grants
ME, MA, MO, NM

Tobacco Mini-Grants
KY, MI, RI

Healthy Weight ALC
AZ, CA (2), FL, MA, MN, NE, UT

Evidence-Based Approaches to Teen Pregnancy Prevention
CO, ME, MN, MO, SC

National Stakeholders
AK, AZ, KY, MA

AMCHP staff visited the following Title V Agencies:
AZ, CA, CO, DE, FL, HI, IA, ME, MD, MA, MS, MT, NJ, NM, NY, OH, OK, OR, PA, RI, TX, UT, VA, WA

AMCHP would also like to highlight the HRSA 2008 Grantees for the following grants:

- State Implementation Grants for Improving Services for Children and Youth with Autism Spectrum Disorder (ASD)
- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Grantees
- First-Time Motherhood/New Parent Initiative Grants
- Community-Based Doula Program Grant
Data and Trends CONT.

AMCHP on the MOVE!

Legend for AMCHP on the MOVE!

Data & Assessment Mini-Grants
Kellogg ALC Teams
Safe Families Mini-Grants
Tobacco Mini-Grants
Healthy Weight ALC
Evidence-Based Approaches to Teen Pregnancy Prevention
National Stakeholders
Title V Site Visits
AMCHP Distribution of the New Directors/Mentors and Family Mentors/Family Scholars

LEGEND

**New Directors**
- ME
- OR
- UT
- RI

**Mentors**
- RI
- CO
- FL

**ND/M:** RI

**Family Mentors**
- TX
- MI
- NM
- NY
- OH

**Family Scholars**
- SC, NC
- MI
- MA, TX, AR
- NY
- CT, WA, OK

**FM/FS:** NY, TX, MI
Resource Bank

AMCHP Publications

Women's & Infant Health

The AMCHP-ACOG-PPFA Partnership Mini-Grant Project Report describes state Action Learning Collaborative and Mini-Grant team experiences, lessons learned, and recommendations for states interested in increasing provider referrals to State tobacco quitlines.

Preconception Health Case Study - California. - This case study provides an overview of innovative approaches to preconception health and health care implemented by the Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health.

MCH and Chronic Disease Fact Sheet - This fact sheet examines the effects of chronic disease on women of reproductive age, the importance of integrating MCH and chronic disease, and the existing state performance measures that address chronic disease.

Safe Families Report - In this report, the Association of Maternal & Child Health Programs (AMCHP) and the Family Violence Prevention Fund (FVPF) discuss strategies to address IPV by increasing public awareness and public and provider education and training. This report also outlines a few of these innovative strategies, which emerged from the efforts of four states—Maine, Massachusetts, Missouri and New Mexico—as part of AMCHP’s Safe Families Initiative.

Women's Health Watch - The second annual Women's Health Watch report highlights AMCHP’s efforts to advance the field of women’s health and to strengthen Title V programs. In this year’s report, AMCHP’s Women’s Health and Infant Health Program provides an overview of some of today’s most compelling women’s health issues, including smoking cessation and intimate partner violence (IPV). The Women’s Health Watch report provides new resources on smoking cessation and IPV, as well insightful perspectives from states and other partners on these important issues.

Workforce & Leadership Development

Preliminary Findings from the AMCHP Workforce Development Survey

Program Profiles - This document provides a national level glimpse of the MCH and CYSHCN program areas, functions and leadership.

Professional Development - This document presents preliminary findings related to training needs and professional development strategies.

Graduate Education - This document presents preliminary findings related to training needs and graduate education strategies, preferences and barriers.

Public Policy & Government Affairs

AMCHP's 100-Day Policy Agenda for the New Administration and Congress - AMCHP staff and Legislative and Health Care Finance Committee recommendations for the new administration's first 100 Days. Contains a “menu” of policy steps that would most impact the health of women, children, and families.

AMCHP's Principles for Health Reform - Put together by AMCHP staff and AMCHP's Legislative and Health Care Finance Committee, these Principles should be incorporated into health reform to assure the health of women, children, adolescents, families, and children with special health care needs.

Policy Brief: MCH Block Grant Gets Highest Effectiveness Rating in Review of Federal Programs - A policy brief highlighting the Maternal & Child Health Block Grant for receiving the highest possible rating for effectiveness when reviewed by the White House Office of Management and Budget. This effectiveness rating establishes the MCH Block Grant as having ambitious goals, achieving results, being well managed, and improving efficiency.
January is National Birth Defects Prevention Month

Every year the National Birth Defect Prevention Network selects one area of focus in an effort to increase awareness of a topic and to spark prevention activity across the country. This year, the Network chose “Obesity Prevention and Weight Management – Before, During, and After Pregnancy.” Obesity has been identified as a leading public health concern in the United States and has been associated with birth defects such as heart, neural tube, and limb defects and an increased risk of pregnancy complications. Resources for addressing maternal obesity as a risk factor for birth defects are listed below. In addition, the packet resources are available here: http://www.nbdpn.org/current/resources/bdpm2009.html.

The National Birth Defects Prevention Network (NBDPN) is a group of individuals involved in birth defects surveillance, research and prevention. It was created to establish and maintain a national network of state and population-based programs for birth defects surveillance and research. The Network assesses the impact of birth defects upon children, families, and health care; identifies factors that can be used to develop primary prevention strategies; and assists families and their providers in secondary disabilities prevention. Important information about birth defects include the following:

- Birth defects are the leading cause of infant mortality in the United States, accounting for more than 20 percent of all infant deaths.
- The estimated lifetime cost to care for the number of children born in the United States each year with common birth defects exceeds $8 billion.
- While the causes of nearly two-thirds of all birth defects are unknown, effective preventive strategies can be used to obtain a better understanding of what factors are associated with birth defects.

More information is available on the NBDPN website at: http://www.nbdpn.org/index.html.

January 5-11, 2009 is National Folic Acid Awareness Week

The National Council on Folic Acid (NCFA), a coalition of national organizations and associations, state folic acid councils and government agencies whose mission is to improve health by promoting the benefits and consumption of folic acid, has resources for National Folic Acid Awareness Week available on its website: http://www.folicacidinfo.org. NCFA works to empower and educate its members by providing tools for member use in reaching everyone who would benefit from folic acid. More information is available on the NCFA website at: http://www.folicacidinfo.org/.

RESOURCES

Highlighted Birth Defects Resources — January 2009

Addressing Maternal Obesity as a Risk Factor for Birth Defects

Highlighted Resources for Women and Health Care Professionals

What to Expect at your Prenatal Visits: https://www.med.uvm.edu/vchip/Downloads/PrenatalCarePoster.doc
A Healthy Baby is Worth the Weight: http://www.healthy-baby.org/HowMuchWeight.htm


Preconception Check List-March of Dimes: http://www.marchofdimes.com/printableArticles/19583_4182.asp

Nutrition Tools and Resources: https://www.med.uvm.edu/vchip/TB1+BL.asp?ContentItemID=10154&SiteAreaID=669

Fitness for Two-March of Dimes: http://www.marchofdimes.com/printableArticles/14332_1150.asp


Baby Your Baby: http://www.babyyourbaby.org/duringpregancy/weightgain.htm

BMI — Body Mass Index: http://www.cdc.gov/nccdphp/dnpa/bmi/

Adult BMI Calculator—Adults—English: www.cdc.gov/nccdphp/dnpa/bmi/


Resources Related to Obesity, Diabetes and Pregnancy


Advances in Understanding the Molecular Causes of Diabetes-Induced Birth Defects

Resources for Education by Health Professionals
Risks of Being Overweight for Women of Reproductive Age: http://www.ci.minneapolis.mn.us/dhfs/reproductiveweight.pdf

A Call to Action: Obesity and Pregnancy—Women’s Health Policy Brief
By Laura Riley, MD, Massachusetts General Hospital Winter/Spring 2006

January is Birth Defects Prevention Month…but any month is the month to prevent birth defects By Hema Joshi and Debra L. Thompson. Georgia Epidemiology Report. January 2006, Vol 22, No. 01. Published by the Georgia Department of Human Resources, Division of Public Health.

WEBTREATS: Diet, Weight Management and Obesity. Refer to the WEBTREAT on Exercise and Physical Fitness for related links. pvh/mash 3/19/2008. For further information, contact Mary Hyde, Pamela Van
Pulse
A monthly newsletter of the Association of Maternal & Child Health Programs

Resource Bank CONT.

Hine, or Jean Riedlinger at resources@acog.com

Pregnancy-Related Nutrition
By Geraldine S. Berry, Colette L. Zyrkowski, Linda D. Clark, and Stella Yu. Reproductive Health of Women is a part of From Data to Action and CDC’s Public Health Surveillance for Women, Infants, and Children.

Resources Related to Obesity and Prepregnancy

Prepregnant Obesity and Risks of Selected Birth Defects in Offspring

Trends in pre-pregnancy obesity in nine states, 1993-2003


Prepregnancy Obesity as a Risk Factor for Structural Birth Defects

Weight Control: Eating Right and Keeping Fit: ACOG Education Weight Control Eating Right and Keeping Fit. mht [ISSN 1074-8601]

Resources Related to Obesity and Pregnancy

Maternal Obesity and Risk of Neural Tube Defects: A Metaanalysis

Birth Defects Research: http://www.cdc.gov/ncbddd/bd/research.htm

Is Maternal Obesity a Risk Factor for Anencephaly and Spina Bifida?

Obesity during Pregnancy Threatens Health of Both Mother and Fetus, March of Dimes Says: http://www.marchofdimes.com/printableArticles/10651_12183.asp

Maternal Obesity and Risk for Birth Defects


(Medical Perspective on Prematurity) Prepared by the Office of the Medical Director April 6, 2005.

Overview of Clinical Perspectives and Mechanism of Obesity
Resource Bank cont.

Teratology Public Affairs Committee Position Paper: Maternal Obesity and Pregnancy

The Implications of Maternal Overweight and Obesity on the Course of Pregnancy and Birth Outcomes
Resources about Medication Related Risk of Birth Defects
Popular blood pressure drugs may increase risk of birth defects

Major Congenital Malformations after First-Trimester Exposure to ACE Inhibitors

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