Childhood Obesity Prevention
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From the President

Childhood Obesity Prevention

By Phyllis J. Sloyer, RN, PhD, FAHM, FAAP

This month’s issue focuses on one of the most significant threats to the future of our children: obesity. The data is alarming and the elimination of this epidemic involves multiple concurrent strategies. I never thought I would see the day when we are asked to consider and approve bariatric surgery for children with morbid obesity that have chronic illnesses that typically are perceived as illnesses in an older adult. Indeed the future of children with obesity should be of concern to us as a nation. There are children who are at-risk prior to birth and certainly bear long-term developmental and educational challenges.

The airwaves have been full of messages concerning the data and the need for changes at multiple levels. In this issue you will read about the need for parental and community interventions, increased activities, policies around snacks in schools and other settings, portion control, etc. There has never been a clearer need for partnerships and policies to reverse the damaging trends we witness today and virtually save the futures of our children.
By Michael R. Fraser, PhD CAE

Having grown up as the proverbial “fat kid” I relate to the topic of this month’s Pulse at both the personal and professional level. As a child I was very overweight – my jeans were “husky” sized and my shirts were always extra, extra large. I shied away from sports and activity because of my size, and the fact that I was always the last one picked for a team and the first one teased on the playground reinforced my aversion to physical activity leading to a vicious cycle of continued weight gain through my adolescent and high school years. My weight today at 40 is significantly less than my weight was at 14. Yes, I was a big kid.

Reducing the rise in childhood obesity is a challenge that is going to take all of us because the roots of the issue are multi-faceted. There is no one intervention that any of us can employ that will simply solve the problem. I know this first hand. While my physician encouraged me to lose weight for most of my childhood and told my parents I was too heavy every visit, the time in his office was brief and his advice wasn’t enough to motivate me. At school we had gym class twice a week but it was geared to kids who were already active and not necessarily those of us who wanted to try but weren’t good athletes. I hung out in the library instead of going to gym. After school it was easier to walk to the fast food joint and buy a hamburger on my dollar allowance then it was to get a ride to the local gym, pay my entry fee, and participate in an exercise class or other activity that I really didn’t want to do anyway. Our meals at home were generally healthy, I just ate too much and never thought about portion size or nutritional content. And of course my own mind and motivation were part of the problem: I loved junk food. What kid doesn’t? And there was plenty of it everywhere I went.

To address the problem of childhood obesity is to take on some of the most pressing economic, social and public health agencies today’s MCH professionals face. What’s the one thing MCH programs are uniquely positioned to provide on this issue? Leadership. MCH programs link public health and primary care – leadership that connects clinical practice and public health interventions. MCH programs bridge chronic disease, nutrition, WIC and physical activity programs – within agency leadership. MCH programs can leverage state resources to join health, education, economic development and land use – leadership that cuts across state government and bring all interested parties to the table. None of us can do this alone, and working together will pay dividends in future health outcomes.

Of course if I knew how good it would feel to lose 100 pounds I would have done it a lot earlier in life. The switch in my mind went off in my early 30s and I was strong willed enough and committed to lose the weight I had carried around with me for so long, but I also had advantages that helped. My neighborhood had sidewalks and safe places to exercise, my income allowed me to join a gym, and my grocery store stocked fresh fruits and vegetables. This issue of Pulse shows many of the ways states are actively addressing the problem of childhood obesity for families of all backgrounds. MCH programs have the reach, the experience, the partners and the leadership to address this issue. As the First Lady’s campaign suggests – “Let’s Move” and address this important public health problem together!
The prospect of a generation of children living sicker and shorter lives than their parents is a crisis that requires urgent action. To combat the growing childhood obesity crisis in the United States, first lady Michelle Obama launched the Let’s Move! campaign in February 2010. This campaign will work to build on effective strategies, through a comprehensive approach to mobilize public and private resources. The first lady’s leadership offers a significant opportunity to focus on making real and sustainable changes to prevent and eliminate childhood obesity.

AMCHP was pleased to represent state maternal and child health (MCH) programs in early stakeholder meetings with the first lady’s staff and provide input to the president’s Task Force on Childhood Obesity, established by President Obama to develop an interagency plan to work the Let’s Move! campaign work forward. AMCHP highlighted the importance of a strong state role in coordinating programs and an approach that included the whole family in obesity prevention. We also highlighted examples of obesity prevention programs taking place in several states including Arizona, Florida, Missouri, Virginia, and Washington.

In May 2010, the Task Force released its report to the president, which included a plan and recommendations to address childhood obesity. The recommendations focus on the four priorities and form the “pillars of the first lady’s Let’s Move! campaign: (1) empowering parents and caregivers; (2) providing healthy food in schools; (3) improving access to healthy, affordable foods; and (4) increasing physical activity”. Of particular interest for state MCH programs are those recommendations specifically addressing early childhood, which is a critical window of opportunity for obesity efforts. We’ve highlighted some below:

- Recommendation 1.1: Pregnant women and women planning a pregnancy should be informed of the importance of conceiving at a healthy weight and having a healthy weight gain during pregnancy, based on the relevant recommendations of the Institute of Medicine.
- Recommendation 1.2: Education and outreach efforts about prenatal care should be enhanced through creative approaches that take into account the latest in technology and communications. Partners in this effort could include companies that develop technology-based communications tools, as well as companies that market products and services to pregnant women or prospective parents.
- Recommendation 1.3: Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly hospital standards.
- Recommendation 1.4: Health care providers and insurance companies should provide information to pregnant women and new mothers on breastfeeding, including the availability of educational classes, and connect pregnant women and new mothers to breastfeeding support programs to help them make an informed infant feeding decision.
- Recommendation 1.5: Local health departments and community-based organizations, working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need from other mothers who have breastfed.
- Recommendation 1.6: Early childhood settings should support breastfeeding.

State health agencies can play an important role in addressing childhood obesity and can provide coordinated leadership and support for childhood obesity prevention efforts, particularly those focused on high-risk populations and those focused on health weight for pregnant women.

AMCHP commends the administration for already modeling this cross-agency approach in its creation of the Task Force on Childhood Obesity. The first lady’s Let’s Move! initiative and the Task Force on Childhood Obesity offer a significant opportunity for our country to focus on making real and sustainable changes to prevent and eliminate childhood obesity. With the leadership of state officials...
Feature cont.
Let’s Move

and maternal child health experts, AMCHP is committed to being active partners in reversing the course of childhood obesity. For more information on the Let’s Move! campaign, please visit here.

AMCHP Recommendations for First Lady’s Obesity Prevention Initiative

The following observations and recommendations are based on the experience of state MCH program leaders:

- **Recognize that Leadership and Education on Healthy Eating and Active Living is Essential and an Important First Step.** Based on the continuing rise in obesity rates, guidelines that simply tell people to eat better and move more are ineffective. Individuals need supportive environments that facilitate affordable, healthy choices. Efforts to change individual behaviors are likely to be more effective if pursued along with changes to the policies that address the environmental factors influencing eating and physical activity patterns. This initiative should begin with calling for personal responsibility for healthy eating and active living and continue with support for community and governmental responsibility to create supportive environments with access to healthy foods and opportunities for daily exercise.

- **Shift Focus from a Medical Model to a Public Health Approach.** Change requires multiple partners working together, from health care provider guidance, to community leaders making environmental changes, to support systems offering behavioral health guidance and local, state and national health impact policies. America now has millions of well-insured but overweight and obese kids, whose inevitable future chronic diseases will become the major driver of future health care spending unless we shift investments to public health approaches.

- **Build on the Capacity of State Public Health Agencies.** State health agencies are essential to providing coordinated leadership and support for childhood obesity prevention efforts, particularly those focused on high-risk populations. State level support and leadership is essential to assure that policies and services are in place state-wide and that expertise and resources are integrated from all related programs (i.e. Maternal and Child Health, Women’s, Infant, and Children’s (WIC) Nutrition programs, Chronic Disease and Health Promotion, Oral Health, Injury Prevention, Environmental Health, etc). State health leadership regularly interfaces with colleagues in education, transportation, early child care and agriculture. Through these collective partnerships we are well positioned to support the prevention of childhood obesity.

- **Involve Parents, Families, and Community Representatives from the Beginning.** A hallmark of state Title V MCH programs is the involvement of parents, families, youth and community representatives throughout the policy and program development process. This assures that health messages and programs are culturally-sensitive and have local support.

- **Develop strategies that target children with special health care needs, a particularly vulnerable population.** Children and adolescents with physical and cognitive disabilities have a higher prevalence of overweight compared to their non-disabled peers. The health risks posed by obesity in this population can lead to a greater number of related secondary conditions (e.g., fatigue, pain, deconditioning, social isolation, difficulty performing activities of daily living) and can impose significant physical, emotional and economic hardship on the child and family in addition to increasing the costs associated with their health care.

- **Link Benchmarks to Sufficient Resources.** Since 1997, all states receiving Title V MCH Block Grant funds have been required to report annually on their progress toward achieving the targets for 18 National Performance Measures, including a measure on the percentage of children, ages 2 to 5 years, and receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile. However, since 2003 the Title V MCH Block Grant has been reduced by nearly $70 million. Not surprisingly, states have shown little progress on this measure despite indications that it is a priority.
Senate Passage of Child Nutrition Reauthorization Bill

By Michelle Alletto, MPA
Associate Director, Public Policy & Government Affairs, AMCHP

On August 5, the U.S. Senate passed the Healthy, Hunger-Free Kids Act of 2010 by unanimous consent (for full text of the bill, visit here). The child nutrition reauthorization bill expands eligibility for school meal programs; establishes nutrition standards for all foods sold in schools; and makes changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program (see full summary below). The House must now pass its version of the reauthorization language before the programs expire on September 30. To see how the Healthy, Hunger-Free Kids Act of 2010 coincides with the White House Task Force on Childhood Obesity report, visit here. AMCHP will continue to update you on reauthorization as it moves forward. For any questions, please contact Michelle Alletto.

Highlights of Healthy, Hunger-Free Kids Act of 2010 (S.3307): From the U.S. Senate Committee on Agriculture, Nutrition and Forestry.

- Connecting More Eligible Low-Income Children with School Meals: Children whose families receive Supplemental Nutrition Assistance Program (SNAP) benefits are directly certified for free school meals. This provision will expand the direct certification process to include Medicaid in select districts in the Unite States. CBO estimates that by 2015, approximately 115,000 students annually will be newly certified for free school meals as a result.

- Performance Bonuses for Direct Certification: This section will establish performance benchmarks for states to improve their direct certification methods and provide incentive bonuses to states to encourage improved performance. According to CBO, states will newly certify approximately 4,500 students per year, on average, through this provision.

- Automatically Enrolling Foster Children for Free School Meals: This section will add foster children to the list of those that are automatically eligible for free meals, eliminating the need for foster children to demonstrate their income when applying for school meal benefits. According to the U.S. Department of Health and Human Services, 463,000 children were in foster care in 2008.

- Promoting the Availability and Locations of Summer Meal and Breakfast Sites: This provision will require school food authorities to coordinate with institutions operating the Summer Food Service Program to develop and distribute materials to families to inform them of the availability and location of summer meal sites and school breakfast sites.

- Piloting Innovative Methods to Provide Nutrition to Hungry, Low-Income Children: The bill provides mandatory funding to test pilot projects to improve methods of providing nutritious foods to hungry children, including during out-of-school times.

- Supporting Breastfeeding in the WIC Program: The fiscal year 2010 agriculture appropriations bill provided mandatory funding for a program to
Feature cont.
Passage of Child Nutrition Bill

recognize exemplary breastfeeding practices at the WIC clinic and state agency levels. The Healthy, Hunger-Free Kids Act permanently authorizes this program within child nutrition law and expands the collection of WIC program data on breastfeeding rates.

- Allowing WIC to Share Educational Materials with Other Programs: This section permits the Special Supplemental Nutrition Program for WIC to share existing informational and educational materials with CACFP providers to reduce administrative burdens on CACFP and harmonize the programs’ educational message to families with young children.

- Modernizing WIC by Implementing Electronic Benefit Transfer (EBT): This change will increase efficiency and reduce participant stigma by transitioning from paper coupons to EBT, as the SNAP has successfully done.

- Promoting Nutrition and Wellness in Child Care Settings: This section establishes nutrition requirements for child care providers participating in the CACFP and provides guidance and technical assistance to help providers improve the health of young children.

Feature cont.
New MCH Nutrition Council

nutrition for everyone in the United States. The association works to strengthen policy, programs, and services related to food, nutrition, and health through communication, education to prevent and control diet and physical activity-related conditions.

ASTPHND recently formed the new Maternal and Child Health (MCH) Nutrition Council. It offers leadership for achieving optimal well-being through healthy eating and active living for women, children and families, including those served by the Title V MCH Services Block Grant.

MCH Nutrition Council members are interested in nutrition policies, programs, and services that promote the wellbeing of women, infants, children, adolescents and families. The Council is intent on addressing policy, programs and services that include promoting nutrition wellbeing across the lifespan for women (preconception, perinatal, breastfeeding and general wellbeing), infants, children, youth including those with special needs and families.

The MCH Nutrition Council Goals are to:

- Promote the importance of healthy eating and active living among women, children and families in prevention and sustainable health
- Raise awareness of the importance of evidence-based public health nutrition within MCH
- Engage in advocacy and public policy development that influences healthy eating and active living among women, children and families
- Develop leadership skills by participating in Council and ASTPHND activities
- Participate in projects that support and achieve the nutritional well being of the MCH population, including improving health literacy
- Network with peers through annual meetings, conference calls and council work
- Share resources, ideas and information with peers

The MCH Nutrition Council has two types of membership. One is a general membership open to any ASTPHND member interested in maternal and child health. The other is a state-appointed MCH Council Member who serves as a liaison between the Council and state-level MCH and nutrition programs. The state-appointed MCH Nutrition Council Member, known as the MCH Nutrition Council.
Liaison, will help strengthen the collaborative relationship between members of ASTPHND and AMCHP. To date, there are 28 MCH Nutrition Council Liaisons in place. To learn more about ASTPHND and see who the members in your state, visit here. If you have any questions or would like more information the MCH Nutrition Council Liaison, please contact Helen Kent.

**Special: Celebrating the 75th Anniversary of Title V**

By Kathy Peppe, RN, MS  
*AMCHP Past President (1999-2001)*

Let me take you back to the last two years of President Bill Clinton's second term in office (1999-2001). Those years coincide with my presidency of AMCHP. That time in America was one of economic growth and wellbeing, low unemployment and relatively low inflation. Life was pretty good for the majority of Americans (although certainly the impoverished remained a huge concern) and most states then enjoyed fairly stable state budgets.

In this national climate, AMCHP and MCHB strived to strengthen the federal-state partnership to carry out the legislative requirements for Title V programs. Together, the bureau and AMCHP had already weathered many political storms and time was devoted to trying to forecast and anticipate future changes in the political climate and funding. At the federal level, MCHB concentrated on improving its administration, accountability and data/information systems, factors that later helped Title V survive unforeseen federal budget cuts and policy shifts. At the state level, we struggled to implement the federal requirements for measurability and data collection. We concentrated on interpreting the MCH Pyramid for program planning and budgeting and used the Title V Information System.

During my tenure as president, strengthening partnerships was the focus for AMCHP. We faced considerable turnover in MCH/CSHCN leadership in the states as well as within the association's staff. We welcomed the opportunity to bring new faces into AMCHP leadership ranks and started a New Director Orientation and Mentoring Program that was well received. We sponsored the first-ever Capitol Hill briefing on adolescent health and SCHIP in partnership with the National Adolescent Health Information Center, and it was very well attended by congressional leaders and staffers. Our collaboration with the Women and Children’s Health Policy Center at Johns Hopkins University School of Public Health culminated with the 2001 release of CAST-5, a self-assessment tool for state Title V programs organized around core public health functions and essential maternal and child health services. We adopted position papers on Family Planning, Folic Acid and HIV counseling and testing. We completed an issue brief on oral health and another on CHIP outreach and unveiled the first ever AMCHP Annual Report to the membership at the 2000 annual meeting.

In partnership with the Senate leadership in 2000, AMCHP was successful in increasing the Title V Authorization level to $850 million; the appropriation level was then $709 million. And we also found the time to initiate a Public Health Branding Campaign in collaboration with the Public Health Foundation, NACCHO, ASTHO, ASPH, APHL and APHA. AMCHP also collaborated with a coalition of national partners and won passage of the Child Health Act of 2000. Our members helped craft the final language in key sections of the Healthy Start and Safe Motherhood provision of this Act and secured permanent authorization for the Healthy Start infant mortality prevention program. Also in 2000, AMCHP issued the Care Coordination Working Group’s report, Care Coordination for Children with Special Health Care Needs and their Families in the New Millennium.

And finally, we heaved a collective sigh of relief when we realized that none of the dire predictions for the inoperability of computer systems at the turn of the millennium materialized. Perhaps for that reason, we selected Using Data for Action: Leading Title V into the 21st Century as the theme for our 2000 annual meeting and had U.S. Surgeon General Dr. David Satcher as our keynote speaker.

One of my fondest memories as AMCHP president was providing the keynote address in 1999 to the U.S. Virgin Islands maternal and child health program annual staff meeting. My topic? Increasing family involvement in
Feature CONT.
Celebrating the 75th of Title V

Title V programs through partnerships. What a setting in which to speak! Another thrill for me was in 2001 when I gave oral testimony before the House subcommittee on appropriations urging an increase in funding for Title V for FY 2002 to the $850 million authorization level. We weren’t successful but testifying is one memory I’ll never forget.

Throughout my involvement with AMCHP, I considered the late Dr. Vince Hutchins, former MCHB Director, to be my personal hero. He was a quiet, soft-spoken man who gave generously of his knowledge and political savoir-faire (not to mention survival skills), mentored and served as a role model for so many people throughout his career. He never tired of lending a helping hand, giving advice, connecting us to people who could help us get things done and he always gave a huge smile and welcoming hug. He was a champion of families, mothers and children and was never content with what is currently in place. Reaching and stretching to improve the future wellbeing for America’s mothers, children and families and children and youth with special health care needs is the legacy that Dr. Hutchins has left us to carry forward. May each of us do so with as much grace and humility as he did.

Member to Member

In your Title V program, how do you promote positive nutrition and reduce obesity in children [working in partnership] with Women, Infants and Children (WIC) Program, Chronic Disease Directors and Public Health Nutrition?

Joan Wightkin, DrPH
Maternal & Child Health Program Director
Louisiana Office of Public Health, DHH

The MCH and CSHCN programs in Louisiana share a full time Registered Dietitian (RD) assigned from the Public Health Nutrition Program (which includes the WIC Program). This RD serves on the Louisiana Obesity Council, created by state legislation. The Council was instrumental in helping
to pass several pieces of legislation, including: the requirement of physical activity for students (K-8, at least 30 minutes per day) and establishment of School Health Advisory Councils in each city, parish and other local public school board; an amendment to the 2005 School Vending Bill to provide 100 percent (previously 50 percent) of high school beverages adhere to healthy guidelines; providing for health-related fitness assessments to determine physical fitness levels of students in schools.

MCH is planning a childhood obesity prevention program in childcare programs across the state. The childcare program will include a Registered Dietitian working with childcare settings to implement the Nutrition and Physical Activity Self-Assessment for Child Care program, designed to enhance policies, practices, and environments in child care by improving the nutritional quality of food served, the amount and quality of physical activity, staff-child interactions, and the facility nutrition and physical activity policies and practices and related environmental characteristics.

Linda Kenney, MPH
Director, Bureau of Family Health, Kansas Department of Health and Environment

Kansas Keeps Moving!
We have a long history of promoting healthy food choices and behaviors to reduce childhood obesity. In collaboration with WIC and other public health partners, we provide consumer education materials via our website. We facilitate continuing education for local and state staff on breastfeeding management and support, appropriate methods of obtaining and monitoring anthropometric measurements and the latest research surrounding childhood obesity. Every year, we pitch in on Kansas Kids Fitness day, a statewide event to promote physical activity among third-grade students.

Kansas shares information regarding childhood obesity, physical activity promotion, and healthful eating with local staff through newsletter articles and e-mails. Educational resource materials that promote healthy food choices, family meals, and physical activity for families are made
available to all local health departments. We help health departments identify funding streams to support nutrition and physical activities at the community level.

Deborah Aquino  
Title V Maternal & Child Health Program Manager  
Bureau of Child, Family and Community Wellness  
Nevada State Health Division

Our Title V program is working with many of our partners to address the growing problem of childhood obesity. We work closely with the Breastfeeding Coordinator from Nevada WIC in order to promote healthy nutrition from the start. We also recognize that in order to choose preventive activities and interventions that will work for our population, we need to assess the scope of the problem and identify what is already working well. For the third year, the Title V program has partnered on a kindergarten survey that includes collecting BMI information. Our Wellness Coordinator has worked with our State Health Officer to develop recommendations based on findings from a 2009 State Legislative mandated collection of height and weight data from a representative sample of Nevada’s fourth, seventh and 10th-grade students. Among their recommendations are implementing a Statewide School Wellness Rating System that would allow Nevada to evaluate the implementation level of the State’s School Wellness Policy implemented in 2005. Lastly, Nevada’s Chronic Disease Coalitions and others continue to advocate on behalf of our children for healthier school lunches, adequate time for recess and physical education in our schools and safe routes to schools for biking and walking.

Cathy R. Taylor, DrPH, MSN, RN  
Assistant Commissioner  
Tennessee Department of Health

Tennessee’s Title V, WIC, Chronic Disease and Nutrition sections are aligned with state and federal initiatives to combat child obesity. Comprehensive health promotion, WIC services and nutrition counseling are provided in all of Tennessee’s 95 county health departments. Providers, home visitors and TennCare/Medicaid outreach staff facilitate referrals to WIC, participate in initiatives such as Coordinated School Health and the Gold Sneaker program (recognized as a best practice by the National Governor’s Association for promoting healthy innovations in child care centers). Also, a statewide awareness program, called GetFitTN was created to address the rising epidemic of Type 2 diabetes and risk factors that lead to diabetes, like obesity. This program includes an interactive website, www.getfittn.com, which features interactive games and trivia to teach kids and adults to choose healthy foods and portion sizes and has tips on ways to move more throughout the day. The website also includes sample lesson plans for teachers who want to incorporate fitness and nutrition information into the classroom. An additional program, Project Diabetes, is a $22 million initiative administered by the chronic disease and nutrition staff to target diabetes and obesity reduction via locally-designed and implemented programs across the state. Lastly, there are exciting new Title V-HRSA grantee collaborations that have produced opportunities for provider-focused nutrition and fitness education. For example, one promising collaboration targets obesity prevention among children and youth with special health care needs and their families.

Success Story

Communities Putting Prevention to Work

By Kate Franken, MPH, RD  
Healthy School Meals Project Supervisor, Office of Statewide Health Improvement Initiatives, Minnesota Department of Health

In March 2010, the Centers for Disease Control and Prevention awarded $372.8 million in Communities Putting Prevention to Work grants to 44 communities for public health efforts to improve nutrition, increase physical activity, reduce obesity, and decrease tobacco use — four critical actions to combat chronic disease and promote health. Improving nutrition, increasing physical activity, reducing obesity and decreasing tobacco use are, of course, critical concerns for state maternal and child health (MCH) programs. And, in the states, many MCH programs are working closely with their chronic disease programs on
Success Story CONT.
Putting Prevention to Work

these efforts. The following success story outlines one of these collaborative efforts in Minnesota.

As children consume 20 to 50 percent of their daily calories at school, the school food environment is an important platform from which to address the disparate rates of childhood obesity. Yet, school nutrition professionals are faced with significant barriers in their attempts to improve the nutritional value of foods served, including the higher cost of fresh, healthy foods; limited space, time and equipment to prepare creative meals; and few opportunities for adequate training.

The Minnesota Department of Health and seven statewide partner organizations are implementing a program to address these barriers. The program is supported by a $2.3 million grant from the CDC and is part of a comprehensive public health strategy called Communities Putting Prevention to Work – State and Territories Initiatives which aims to improve nutrition, increase physical activity, and decrease smoking.

The program, called the Great Trays Partnership, supports Minnesota schools and their nutrition professionals by:

- Inviting more public schools to take advantage of significant food cost savings through the Minnesota School Food Buying Group, a nonprofit food cooperative that negotiates with manufacturers to lower the cost of healthier foods, particularly fruits, vegetables and whole grain foods, and processed foods that are lower in sodium and saturated fat.

- Training schools with skill-based strategies to maximize efficiency and prepare nutritious meals that appeal to kids. Participants will learn techniques that have been researched, tested and proven to result in high quality meals, a balanced budget and improved customer satisfaction.

Trainings begin in 2011; program outcomes and a sustainability plan will be published by 2012.

For more information, contact Kate Franken at the Minnesota Department of Health.

View from Washington
A National Grade on Childhood Obesity

By Brent Ewig, MHS
Director of Policy & Government Affairs, AMCHP

As we contemplate the annual back to school migration, it’s timely to consider our national grade on childhood obesity. The good news is that our mark for effort is improving – with much national momentum and new leadership from both federal and state governments, schools, philanthropy and other key stakeholders.

The recent passage of the Affordable Care Act catalyzes the potential to address the obesity epidemic through a number of prevention and wellness provisions, expanding coverage of clinical preventive services to millions of uninsured Americans, and creation of a mandatory and reliable funding stream through the creation of the Prevention and Public Health Fund. Perhaps most specifically the law authorizes new Community Transformation grants which have the potential to expand existing evidence-based disease prevention programs; provides $25 million annually in grants for childhood obesity demonstration grants created by the CHIP reauthorization; requires chain restaurants to implement menu labeling; and specifies that children gaining new coverage should receive the range of obesity screening and counseling included in the Bright Futures guidelines.

On a separate front, President Barack Obama created a White House Task Force on Childhood Obesity, which issued a new national obesity strategy with specific roles for nearly every federal agency. First lady Michelle Obama also launched the Let’s Move! initiative to solve childhood obesity within a generation. This level of White House leadership is unprecedented.

States are also taking action. The recent annual “F As in Fat” report issued by the Trust for America’s Health reports that “twenty states and DC set nutritional standards for school lunches, breakfasts and snacks that are stricter than current United States Department of Agriculture requirements. Five years ago, only four states had legislation requiring stricter standards. Twenty-eight states and DC
also have nutritional standards for competitive foods sold in schools on à la carte lines, in vending machines, in school stores, or through school bake sales. Five years ago, only six states had nutritional standards for competitive foods.” The report also highlights that very state has some form of physical education requirement for schools, but notes these requirements “are often limited, not enforced or do not meet adequate quality standards.” Additionally, 20 states have passed requirements for body mass index screenings of children and adolescents or have passed legislation requiring other forms of weight and/or fitness related assessments in schools. Five years ago, only four states had passed screening requirements.

Despite these major efforts, our outcomes are not matching our intent. TFAH reports that in the past year adult obesity rates increased in 28 states, while only DC recorded a decline. By now, nearly everyone is aware that nationally, two-thirds of adults and nearly one third of children and teens are currently obese or overweight. The alarm bells have been ringing about the tripling and quadrupling rates for children, and the threat this poses to our national future. Here at AMCHP, we’ve been looking to engage and apply the MCH capacity within state public health agencies to provide leadership in implementing policies and programs that prevent and reduce the burden of obesity and related chronic diseases across the lifespan. We are exploring opportunities to work with partners to identify and highlight opportunities for states to create environments that promote healthy eating and active living; to intervene early to promote healthy nutrition and physical activity habits in families with young children; and enhance efforts to promote healthy weight among women of reproductive age.

We are also highlighting state MCH programs that help lead community efforts to address chronic disease, including obesity in women, children and families. Based on the 2005 Title V Needs Assessments we know that of the 59 states and territories, 48 have identified addressing obesity, promoting nutrition, or increasing physical activity in children and families as one of their top Title V MCH program priority needs. We expect the current round of needs assessments will expand this priority to virtually all states.

We’ve also highlighted that while state MCH programs recognize the priority, they have been severely hampered by eroding resources. The reduction of the Title V MCH Services Block Grant by nearly $70 million over the past seven years has forced states to make cuts when they should be re-doubling efforts to address this threat. Additionally, the limitations in the CDC budget require that less than half of all states receive a grant for a core physical activity, nutrition and obesity prevention program. As we look to the future, AMCHP will continue to advocate for adequate resources to help states and communities optimize opportunities to prevent obesity across the lifespan.

Who’s New

AMCHP Welcomes Two New Interns!

Kate Howe is currently getting her Master’s degree in Public Health in Maternal and Child Health from the George Washington University. This internship is practicum experience. Kate also works full-time at the Association of Schools of Public Health (ASPH) as a Program Coordinator. Kate will be working on a variety of Women’s and Infant Health projects, including evaluations, report writing and more.

Our second intern is Gabby Molinolo Comb, who is currently getting her Master’s degree in Public Health in Epidemiology from the University of Maryland, School of Public Health. This internship is practicum experience. Gabby also works part-time as a Graduate Research Assistant in the Department of Epidemiology and Biostatistics at the University of Maryland, School of Public Health. Gabby will be focusing specifically on doing an analysis and report on the Title V Needs Assessments.
Who’s New CONT.
New CDC Injury Center Director

Dr. Linda C. Degutis, DrPH, MSN, has been selected to serve as Director of CDC’s National Center for Injury Prevention and Control effective November 7, 2010. Her expertise crosses a broad spectrum of public health and injury disciplines. Dr. Degutis is currently an Associate Professor in the Department of Emergency Medicine and School of Public Health, and Associate Clinical Professor of Nursing at Yale University. She is the Research Director for Emergency Medicine, and directs the Yale Center for Public Health Preparedness, as well as the Connecticut Partnership for Public Health Workforce Development in the School of Public Health. From 1998-2002, she was the Director of the New Haven Regional Injury Prevention and Control Program. She is a Past President of the American Public Health Association, as well as Past Chair of its Executive Board, and Chair of the Injury Control and Emergency Health Services Section. At the state level, Dr. Degutis served as the Chair of the Connecticut Coalition to Stop Underage Drinking, which focuses on environmental and policy change, and served on various committees and workgroups that focused on trauma system development in Connecticut. In addition, Dr. Degutis serves on the Institute of Medicine’s Advisory Board for the Robert Wood Johnson Health Policy Fellowship Program and the Executive Boards of Advocates for Highway and Auto Safety and the American Trauma Society. Learn more about CDC’s National Center for Injury Prevention and Control.

Who’s New CONT.

at Tulane University and in public health initiatives in southern Louisiana. At Tulane, he directed several public health training and education initiatives for support personnel, early childhood development initiatives, health communications and health education programs, preconception social marketing initiatives, and evaluation programs. His research has included health policy tracking in Louisiana, service learning and efficacy in public health workforce preparation, fence-line community health status, and rural health. He has been an active leader in reestablishing neighborhood and community services following Hurricane Katrina. His doctorate and master’s degrees in public health are from Tulane University. He also holds a Master of Education from Northwestern State and a Master of Arts from Notre Dame.

Get Involved

Celebrating Title V at 75 Nationwide – September 8!

Please join AMCHP and MCHB in a national webinar to celebrate the legacy of the Title V MCH Services Block Grant and share thoughts on its future on September 8, 2010, at 3 p.m. EST. The webcast is designed to “virtually” connect MCH leaders across the country at the same time and kick off this fall’s commemoration of Title V in Washington, DC, and other state and local festivities. Plan an event in your agency around this important and informative webinar and join in the national celebration! More information will be forthcoming, including a “celebration guide” with ideas for activities to engage your state and local MCH leaders and helpful resources on Title V to help plan your own event. For more information, contact AMCHP at info@amchp.org, visit www.amchp.org or www.hrsa.gov/mchb75. Online registration is required, visit www.mchcom.com to obtain dial-in and webinar information!
AMCHP Call for Presentations

The 2011 Annual Conference of the Association of Maternal & Child Health Programs (AMCHP) will take place February 12-15, 2011, at the Omni Shoreham Hotel in Washington, DC. The conference will be co-located with the Family Voices National Conference (February 13-15, 2011), with the shared theme of Working Together to Improve Maternal and Child Health: The 2011 AMCHP and Family Voices National Conferences. The AMCHP and Family Voices co-located conferences are the ideal venues to present your ideas, research, innovative programming, best practices and effective outreach strategies to MCH and other public health practitioners, family leaders, researchers, federal officials, advocates, healthcare providers and directors of state programs. Click here for complete information about submitting your proposal and for the online submission system. Through this system you can submit a session proposal for the AMCHP conference, the Family Voices conference, or a shared session period to reach both audiences. The deadline for session proposal submissions is August 23. You will be notified about the outcome of your submission by October 15, 2010. If you have questions about the session proposal submission process, please contact Colleen Campbell or call (703) 964-1240, ext. 16.

AMCHP’s Governance Committee is currently accepting nominations for 2011 AMCHP Board positions. These leadership positions guide, direct, inform and contribute to moving AMCHP’s strategic directions and goals forward. Positions that will be open in the 2011 election include:

1. President-Elect
2. Director-At-Large
3. Family Representative
4. Region II
5. Region III
6. Region V
7. Region VII

Volunteer leadership is critical to AMCHP’s success. We hope that you will consider participating in the nominations process. More information about these positions, necessary qualifications and the nominations process may be found on the AMCHP website or by clicking here. We ask that all nominations be forwarded to the Governance Committee by September 30 to ensure ample time for the Committee to review all candidates’ materials. Please note: Only named AMCHP delegates may be nominated to the Board. To verify your membership status, contact Julio Arguello, Publications & Member Services Manager.

Get Involved CONT.
Nominations for AMCHP Board

PUSHING FOR CHANGE?
HERE’S THE ROAD MAP.

Co-authored by AMCHP keynote speaker Dan Heath

• #1 New York Times bestseller
• #1 Wall Street Journal bestseller

Read the first chapter FREE at www.heathbrothers.com/switch
Obesity Distribution in the States, 2008

Obesity has become the new emerging health problem for families in the last 20 years in the United State health system. Obesity which is defined based on the body weight and height becomes a major concern when the body mass index (BMI) of 30 or greater is noted. This provides an indicator of body fatness and weight that may lead to health problems such as risk of hypertension, cardiovascular disease, cancers and other unhealthy conditions. Families are involved in programs to address this health problem, particularly affecting MCH populations and children and youth with special health care needs. The following maps show the prevalence of obesity distribution by state and race in 2008. For more details visit: http://www.cdc.gov/obesity/data/trends.html#Race

<table>
<thead>
<tr>
<th>2008 State Obesity Rates</th>
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</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
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<tr>
<td>Alabama</td>
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</tbody>
</table>
### 1. Obesity by Race/Ethnicity 2006-2008

#### White Non-Hispanic

<table>
<thead>
<tr>
<th>State</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>26.1</td>
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<tr>
<td>Arizona</td>
<td>24.8</td>
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<tr>
<td>Arkansas</td>
<td>28.7</td>
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<tr>
<td>California</td>
<td>23.7</td>
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<tr>
<td>Colorado</td>
<td>18.5</td>
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<tr>
<td>Connecticut</td>
<td>21.0</td>
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<tr>
<td>Delaware</td>
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<td>Washington DC</td>
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<tr>
<td>Florida</td>
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<td>Georgia</td>
<td>27.3</td>
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<td>Hawaii</td>
<td>22.6</td>
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<td>Idaho</td>
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<td>Iowa</td>
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<td>Kansas</td>
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<td>Kentucky</td>
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<td>Louisiana</td>
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<td>Maine</td>
<td>25.2</td>
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<tr>
<td>Maryland</td>
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<td>Massachusetts</td>
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<td>Michigan</td>
<td>28.9</td>
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<tr>
<td>Minnesota</td>
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<tr>
<td>Mississippi</td>
<td>32.8</td>
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<td>Missouri</td>
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<td>Nebraska</td>
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<td>Nevada</td>
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<td>New Hampshire</td>
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<td>New Mexico</td>
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<td>New York</td>
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<td>North Carolina</td>
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<td>North Dakota</td>
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<td>Ohio</td>
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<td>Pennsylvania</td>
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<td>Rhode Island</td>
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<td>South Carolina</td>
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</tr>
<tr>
<td>Wyoming</td>
<td>24.6</td>
</tr>
</tbody>
</table>

**Note:** The map represents the obesity rates across the United States, with different colors indicating the percentage of adults with obesity. The legend indicates the range of obesity rates.
Data and Trends CONT.

**Hispanic**

**Black Non-Hispanic**
Resources

Ad Council: Childhood Obesity Prevention - View public service announcements and ad campaigns regarding childhood obesity prevention.

American Academy of Pediatrics (AAP) - Prevention and Treatment of Childhood Overweight and Obesity: Contains policy statements, program and reimbursement information, distance-learning opportunities, and other resources about overweight and obesity prevention and treatment. Recent resources include:

- **Recommendations for Prevention of Childhood Obesity** (2007): This report reviews the most recent evidence regarding behavioral and practice interventions related to childhood obesity, and makes recommendations to health care providers. This report also suggests approaches for clinicians to use to encourage obesity prevention among children.

- **Assessment of Child and Adolescent Overweight and Obesity** (2007): This report provides a comprehensive approach to assessment for clinicians. The discussion and recommendations are based on more than 300 studies that examine assessment tools.

- **Hot Topics: Pediatric Obesity**: This online learning module presents recommendations about the prevention of childhood obesity through increased physical activity.

- **New Spin on Childhood Obesity**: This online learning module focuses on pediatric overweight and obesity, with exploration of factors associated with the full range of excess weight.

American Heart Association (AHA): Childhood Obesity: Presents scientific statements and guidelines, statistics, journal articles, program information and encyclopedia entries about overweight and obesity in children and adolescents and early onset of cardiovascular disease. Recent publications include:


American Medical Association (AMA): Obesity: Presents conference proceedings, professional-development materials, and recommendations about overweight and obesity in children and adolescents.

CDC’s Division of Adolescent and School Health (DASH): Childhood Overweight: Contains data, science-based strategies, policy guidance, and information about national, state, and local programs to address child and adolescent overweight and obesity. Resources and initiatives include:

- **Make a difference at your school! CDC resources can help you implement strategies to prevent obesity among children and adolescents** (2008): This guide provides key strategies for schools to prevent childhood obesity.

- **Making It Happen! School Nutrition Success Stories**: Comprises an online database of schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages sold outside federal meal programs. You can search the database by nutrition strategy, state and grade level.

American Dietetic Association (ADA): Contains food and nutrition resources on topics like healthy eating habits and weight management. The site also includes information about conferences, meetings and professional development and an online directory of nutrition professionals.
Resources cont.

- **School Health Index**: Contains a self-assessment and planning tool that schools can use to improve their health and safety policies and programs.

- **School Health Policies and Programs Study (SHPPS)**: Presents information about this national survey conducted every six years to assess school health policies and programs at the state, district, school, and classroom levels. SHPPS was most recently conducted in 2006. Downloadable fact sheets, journal articles, and state-level summaries present SHPPS results. Data files, survey documentation and archives are also available.

- **Center for Health and Health Care in Schools (CHHCS) - Schools and Childhood Overweight**: Presents information about the problem of child and adolescent overweight and obesity and discusses the role of school health professionals in responding to this threat.

- **Childhood Obesity - Assessment, Prevention, and Treatment**: Presents an online curriculum about overweight and obesity in children and adolescents for health professionals who work with women, infants, children and adolescents. The curriculum is presented by the Leadership, Education and Training (LET) Program in Maternal and Child Nutrition at the University of Minnesota School of Public Health, with funding from the Maternal and Child Health Bureau (MCHB). Also see LET’s Guidelines for Adolescent Nutrition Services (2005) and the chapter, Overweight Adolescent.

- **Childhood Obesity Action Network (COAN)**: Presents meeting information and materials for this network of health professionals formed to share knowledge and successful practices to accelerate improvement in the prevention and treatment of child and adolescent overweight and obesity.

- **Children’s Health Fund (CHF)**: Presents health-education materials about nutrition, physical activity, and weight management that are available in English and Spanish and produced in accordance with low-literacy writing and design conventions. The site also offers journal articles, white papers and other academic publications on health topics that include overweight and obesity in children and adolescents. CHF is committed to providing health care to the nation’s most medically underserved children and their families.

- **Children’s Nutrition Research Center (CNRC)**: Presents research and training information, articles, an interactive healthy eating calculator, and an electronic newsletter on nutrition topics that include overweight and obesity in children and adolescents. CNRC is a cooperative venture between the Baylor College of Medicine, Texas Children’s Hospital, and the Agricultural Research Service (ARS).

- **Data Resource Center for Child & Adolescent Health - 2007 Childhood Obesity State Report Cards**: This link provides a U.S. map with each state’s childhood obesity report card.

- **Just for Kids!**: This program helps children make changes in diet, physical activity and communication. Just for Kids! Is the nation’s leading obesity prevention and health education program for all children.

- **Let’s Move! Campaign**: First Lady Michelle Obama’s campaign to solve the challenge of childhood obesity within a generation. The Let’s Move! campaign takes a comprehensive approach and engages every sector impacting the health of children, providing schools, families and communities with the tools they need to help kids be more active, eat better and get healthy.

- **National Farm to School Program**: Presents program and funding information, news, discussion forums and publications about connecting schools with local farms to serve healthy meals in school cafeterias, improve student nutrition, provide nutrition education and support local small farmers.

- **Office of the Surgeon General - Childhood Overweight and Obesity Prevention Initiative**: Visit this site to take the Surgeon General’s Pledge, and find resources and checklists for parents, schools and communities.

- **Partnership for a Healthier America**: This foundation serves as a partner to the First Lady’s Let’s Move! Campaign
by linking and mobilizing the private sector, foundations, thought leaders, media and local communities to action and further the goals of curbing childhood obesity within a generation.

Robert Wood Johnson Foundation (RWJF): Childhood Obesity. Offers research and program information, data, program evaluations, project reports, and news summaries from RWJF and its grantees about preventing overweight and obesity among children and adolescents. Resources include:

- **Balance - A Report on State Action to Promote Nutrition, Increase Physical Activity and Prevent Obesity** (2006): This report reviews legislative and industry efforts to stop and reverse childhood obesity, increase physical activity and improve access to healthier foods.

- **Childhood Obesity Prevention Summit - Connecting Leaders to Support Healthy Children**: Presents a webcast of an October 2007 summit that brought together elected officials and other policy leaders from all levels of government to discuss innovative partnerships, promising practices and research that can support their efforts to create healthier communities. Leaders shared the policy approaches they have taken to prevent childhood obesity, improve access to affordable healthy foods, increase opportunities for safe physical activity, and improve the social environments that shape how children perceive and relate to healthy eating and active living.

- **F as in Fat: How Obesity Policies are Failing in America** (2007): This is the fourth in a series of annual reports that examine trends in obesity rates in the United States and policies to address the problem. The report also includes findings about potential strategies for dealing with obesity from two surveys. Accompanying the report is a collection of briefs containing state-specific obesity data and an update of obesity-related legislative action in states.

USDA - Team Nutrition: Provides schools with nutrition-education materials for children and families; technical-assistance materials for school food service directors, managers, and staff; and materials to build school and community support for healthy eating and physical activity.

Team Nutrition is an initiative of the USDA's Food and Nutrition Service (FNS). Resources and initiatives include:

- **CDC's Guide to Community Preventive Services - Obesity**: Contains information about a systematic review of the effectiveness of school-based interventions to promote healthy growth and development in children and adolescents.

- **Action for Healthy Kids**: Offers tools and resources for policymakers, educators, and researchers to help support positive changes with nutrition and physical activity in the school environment to address the problem of child and adolescent overweight and obesity. Composed of 51 state teams and a national coordinating and resource group, this nationwide initiative receives guidance and direction from more than 50 national organizations and government agencies representing education, health, nutrition, and physical activity.

U.S. Department of Health & Human Services We Can!: Ways to Enhance Children's Activity & Nutrition (We Can!) is a national movement designed to give parents, caregivers and entire communities a way to help children 8 to 13 years old stay at a healthy weight.
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Calendar

SPECIAL EVENTS

Celebrating Title V at 75 Nationwide
September 8
Washington, DC

MCHB 75th Anniversary of Title V Commemoration
October 20
Washington, DC

Looking to the Future: What are the Opportunities and Challenges of Health Reform for Improving Maternal and Child Health?
October 21
Washington, DC

AMCHP 2011 Annual Conference
February 12-15
Washington, DC

More MCH Events

CityMatCH Urban MCH Leadership Conference
September 11–14
Chicago, IL

AHRQ’s 2010 Annual Conference
September 27-29
Bethesda, MD

Registration Now Open: 16th Annual MCH EPI Pre-Conference Data Skill Trainings
December 13-14
San Antonio, TX

16th Annual CDC MCH EPI Conference
December 15-17
San Antonio, TX

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