From the President

A Year in Review and a New Beginning

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

What does one say about 2009 and actually the first decade of the 21st century? 2009 certainly was a year of tremendous change and many would agree the window of health policy opportunity opened and the debate will continue in 2010. We witnessed the inauguration of a new president and I believe an increasing interest in forging much stronger partnerships among our federal agencies. The AMCHP leadership and staff have been hard at work keeping Title V at the table whether the discussion was focused on stimulus dollars for prevention, responses to H1N1, increasing attention on women’s health, the Title V connection with injury prevention and chronic disease prevention, beginning work on child health quality measures, home visiting initiatives and important work with our partners on medical homes, perinatal care, etc. I must say I can’t remember many times during the first decade of the 21st century where we had so many opportunities.

It has also been a year where we once again didn’t see an increase in our block grant. If there is any consolation to that statement it is that most block grants saw no increase and some saw reductions. The tendency to focus on a particular issue seems to be the policy du jour. For those of us outside the beltway, the level funding of the block grant may seem like a tremendous WIN. Many of us continue to struggle with reductions in state budgets and fiscal challenges in 2010. I am sure that we will be looking for analyses of federal policy changes on our state budgets.
and that information will be important for AMCHP as we move into the next federal budget cycle.

As we enter the second decade of the 21st century, we await a conclusion to the federal health policy debate and our call to action for those elements of the national health reform proposal that affect the health of women and children. We have the opportunity to color outside of our comfort zones and boxes and look at new approaches and strategies that resonate with the future landscape of maternal and child health. So, our ticket is waiting. Let's not miss this flight. There isn't one after it.

It seems like everyone has a list of the top five or 10 things from 2009 of some sort just in time for New Year's – from best books and music, to best news and photographs of the year. Instead of a list of “top” things from 2009, however, I wanted to be a little more prospective and think through what the top five “Things to Watch” in 2010 may be for AMCHP members. Of course this list is not all inclusive but rather what is on my mind right now. Without a crystal ball it is indeed hard to predict the future but these are educated guesses that I think are pretty solid. As we get deeper in to 2010, be sure to ask me how the list may have changed!

1. Health Reform

2009 ended with a major “bang” when it came to health reform. The historic bills passed in the House and Senate now need to be melded and the final version passed again in both houses before the President can sign the bill into law. What to watch? With all that is in the bill there is a lot to watch as conference negotiations take place. What is crucial to MCH programs? How will the proposed home visiting programs end up? Will MCH programs be eligible for new monies to be made available via a proposed Public Health Investment Fund? How will Medicaid changes and other coverage proposals and requirements impact women, children and families – and especially children and youth with special health care needs? AMCHP is positioning itself to provide technical assistance and support to states when a final health reform bill is passed. January and February will be crucial months for health reform in Washington so stay tuned for more!

2. The Life Course Perspective

Everyone seems to be talking about the life course perspective these days and that will continue in 2010. In sum, the life course perspective posits that events early in life have profound health effects later in life. What does that mean for MCH? Definitely more emphasis on programs that promote preconception health for young women and
girls, and more emphasis on the social determinants of health including racism, lack of access to health care and other social goods, and health inequity. Also look for new ways of integrating programs in your agencies that address life stages or developmental periods (e.g., all programs that support pregnant women, or programs that work with children aged 0 to 5). The life course perspective is more about vertical thinking (trajectories) and less about horizontal categories (silos). Therefore we may see more about health across the life span and less about the MCH pyramid of services. With so much going on at the theoretical level, this year needs to be the year that theory is translated into practice. In 2010, AMCHP will work with partners to make the theoretical aspects of the life course perspective real for MCH practice in the states.

3. MCH Services Block Grant Advocacy

We have had a tough go of it trying to get full funding for Title V, and other block grant programs have also been flat funded over the past several years. Why? The amorphous nature of a block grant coupled with political interests in promoting specific initiatives and/or addressing targeted problems makes a block grant a less attractive vehicle than new legislation. AMCHP will be testing some new advocacy messages and methods in 2010, and working even harder to talk about the specific ways the block grant addresses MCH issues with the hopes of increasing the overall funding level for Title V. But also look for new, categorical programs that address specific MCH needs (such as home visiting) rather than more funding specifically for the block grant. What does this mean for state MCH programs? We will potentially see funding increases for MCH at the state level, but these will most likely be categorical, not increases to the block grant itself.

4. Best Practices & Evidence Based Programs

Reinventing the wheel is so…2009. In 2010, MCH programs need to find the best of the best and tailor programs that work for their own states. Federally, there is great interest in funding programs that demonstrate evidence of effectiveness – the proposed home visitation legislation is a good example of that. With cuts in funding forecast to continue in 2010, the need to efficiently use existing (limited) resources is even greater. 2010 will be the first full year of AMCHP’s new Innovation Station, an online database currently being populated with best practices from across the country. We want the Innovation Station to be your source of best practices for MCH and will continue to update and expand it in the future. Also important – worst practices. Share what isn’t working with colleagues and peers so they don’t make the same mistakes and can look for new solutions with you. We need to hear from you so we can continue to build our capacity to share best practices and provide you with useful resources and tools to make your work even more effective.

5. Leadership

2010 promises to be a year of major change for many health care and public health programs. National, state, and local MCH leadership of all kinds is going to be needed to leverage the opportunities of these changes and create a vision for where MCH programs need to be in a reformed health system. MCH programs will be completing statewide needs assessments in 2010 and these can be used by partners and coalitions to press for support for important MCH needs in your state. State MCH leadership will be needed to bring together coalitions and leverage resources to sustain lasting improvements in maternal and child health building on interest and activities related to MCH needs. Family leadership will be critical to making new programs work and maintaining crucial elements of legacy programs. AMCHP will continue to support state Title V leaders through its various programs and services, including our annual conference and other leadership development activities.

As we look to 2010, we have lots of successes from 2009 on which to build. This issue of Pulse focuses on a number of those successes including a listing of resources that we have developed over the past year. Also of note is the final version of AMCHP’s Strategic Plan which will guide our activities over the next several years. We look forward to hearing more about what you would like to see us do on your behalf in 2010 as we move our strategic plan forward and carry out our mission of supporting state maternal and child health programs and providing national leadership on issues affecting women and children. Happy New Year!
Program Updates
AMCHP Program Team Accomplishments in 2009

By Lauren Raskin Ramos, MPH
Director of Programs, AMCHP

Implementing preconception health for adolescents, strengthening leadership development for Title V staff, providing MCH epidemiology skills-building and training, addressing emerging issues such as H1N1, providing resources to support state systems for autism and developmental disabilities, defining a comprehensive system for adolescent health, identifying state models implementing preconception health, creating a central database of MCH programs that work, providing training on evidenced-based approaches to teen pregnancy prevention, and supporting state and local capacity to reduce racial inequities in infant mortality address racism – these are among the many and exciting accomplishments of AMCHP’s Program Team in 2009.

Throughout 2009, AMCHP’s Program Team continued to assure alignment of our work to the most pressing and ongoing state MCH needs through resource development, training, and capacity-building activities. The Program Team worked to tailor efforts to the changing realities of state budgets and travel constraints, to maintain and build partnerships with other national organizations, and to coordinate and leverage resources to improve MCH outcomes at the state and local levels. We received new grant funding through both governmental and private sources, and we expanded staff capacity in Children and Youth with Special Health Care Needs (CYSHCN), including establishing a new position focused on family involvement.

In the coming year, we look forward to continuing the work listed above and to launching new efforts such as working with chronic disease programs around integration of MCH and chronic disease, defining the future of our data and assessment support to state and territorial programs, implementing enhanced workforce and leadership development programs through both the New Director Mentor Program and the Family Scholars Program, expanding support to states around autism and developmental disabilities through peer to peer exchange, growing Innovation Station, our database of effective MCH models, and implementing a comprehensive evaluation and assessment plan for all of AMCHP’s programmatic efforts. We are pursuing new technology and new ways to reach states with resources and trainings; we are exploring supports for states around implementation of a life course perspective across Title V programs; we are excited about increasing efforts to support peer to peer technical assistance around adapting best practices; we look forward to identifying state tools to reduce infant mortality; and to working with partners to support medical home implementation.

Below is a snapshot of 2009 highlights from each of AMCHP’s programmatic areas and a preview of some of what you can anticipate seeing from AMCHP programs in the year ahead. We look forward to learning more about your training, resource, and information needs and to working with you in the coming year to improve MCH outcomes!

ADOLESCENT HEALTH

- **New Adolescent Health Funding from the Maternal and Child Health Bureau**
  In 2009, AMCHP was awarded a new five-year cooperative agreement, The Partnership to Promote Adolescent Health in States from the Maternal and Child Health Bureau to create information and resources that will assist AMCHP members in developing improved approaches for delivering adolescent and young adult health programs at the state level. Over the next five years, AMCHP will be working in partnership with other grantees, the State Adolescent Health Resource Center/Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota and the National Adolescent Health Information and Innovation Center at the University of California, San Francisco, along with the National Network of State Adolescent Health Coordinators, to build state-level maternal and child health program capacity to improve the health and safety outcomes for adolescents and young adults. For additional information, contact Sharron Corle.

- **Adolescent Health System Capacity Assessment Tool**
  AMCHP’s Adolescent Health Project revised the Adolescent Health System Capacity Assessment Tool
Program Updates CONT.

Program Accomplishments in 2009

to assist state Title V programs in assessing capacity to support effective state adolescent health programs. Modeled after CAST-V, the Adolescent Health System Capacity Assessment Tool is a set of assessment and discussion tools that address six areas of capacity to support effective state adolescent health programs: commitment to adolescent health; partnerships for adolescent health; program planning and evaluation; surveillance and data systems; education and technical assistance; and, policy and advocacy. AMCHP, in partnership with the National Network of State Adolescent Health Coordinators and others, originally released the tool in 2005. Recently, AMCHP and key partners created a strategy to revise the tool that would make it more “user friendly.” New features include separate facilitator pages, participant pages, and handouts. For additional information, contact Sharron Corle.

• Evidence-based Approaches to Teen Pregnancy, HIV and STI Prevention
As we’ve seen by the recent rise in teen pregnancy and the steady rate of STIs and HIV among adolescents, the prevention of teen pregnancies, births and HIV and STI infection remains a major challenge for MCH programs. Since 2007, AMCHP has been working in collaboration with key public health partners such as CityMatCH and the National Association of County and City Health Officials (NACCHO), to build state and local MCH program capacity to implement evidence-based approaches to teen pregnancy, HIV and STI prevention. In 2009, AMCHP and NACCHO partnered to work with three state-local teams, Massachusetts, Minnesota and Pennsylvania, to enhance the collaboration between health and education partners to support the use of evidence-based approaches to teen pregnancy prevention. In addition to awarding seed money to support the state team efforts, AMCHP and NACCHO staff also provided in-state trainings to increase awareness and support of evidence-based approaches to teen pregnancy, HIV and STI prevention, and plan future meetings to help the teams strategize collaborative practical next steps that will propel the success of their efforts related to teen pregnancy. Look for “success stories” from this effort in the near future! For additional information, contact Sharron Corle.

• National Stakeholders Meeting – Reconvene
Many states implement efforts to address HIV, STD, or pregnancy prevention among school-aged youth; however, agency structures, funding requirements, and limited time can inhibit collaboration and coordination between various programs. Recognizing that in this time of economic uncertainty there is greater need to increase collaborative efforts, pool and leverage resources, increase communication between diverse stakeholders, and use new technology to effectively implement innovative solutions to prevent HIV, STDs, and unintended pregnancies among adolescents, AMCHP continued to partner in the National Stakeholders Collaborative (NSC), a partnership between AMCHP, the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Coalition of STD Directors (NCSD), and the Society of State Directors of Health, Physical Education and Recreation (Society). In January 2009, the NSC hosted the National Stakeholders Meeting – Reconvene (NSM-R). This meeting launched a year long capacity-building process by bringing together teams of state health agencies, state education agencies, and other stakeholders who had previously participated in a National Stakeholders Meeting to strengthen their partnerships and enhance strategies for improving adolescent reproductive and sexual health programs and policies. California, Kansas, Michigan, and Missouri participated in this process, which included knowledge and skills building workshops, strategic action planning for collaborative work aimed at comprehensively addressing adolescent sexual health, and ongoing technical assistance including webinars and mini-grant opportunities. State snapshots of some of the efforts from this project will be available in the New Year. For additional information, contact Lissa Pressfield.

• Preconception Health and Adolescents Action Learning Collaborative
AMCHP’s Adolescent Health and Women’s Health Teams, in partnership with the Association of State and Territorial Health Officials (ASTHO), began work to bridge the gap between women’s and adolescent preventive health efforts through a new Action Learning Collaborative. The overall goal of the Preconception Health and Adolescents Action Learning Collaborative (PHA ALC) is to work with state Title V programs to build partnerships and create strategies that focus on wellness across the lifespan. State teams from Mis-
souri, Oregon, Ohio, Pennsylvania, South Carolina, and Utah – composed of state departments of health and education staff, members of community-based organizations, youth leaders, and other key stakeholders – came together for an intensive meeting in November 2009 to develop goals and strategies to integrate the CDC’s Preconception Care Guidelines into adolescent health. The meeting kicked off an 18-month project aimed at building a foundation for the development and implementation of innovative efforts around this topic. The state teams identified common priorities and established goals, such as: educating and motivating teens to choose and practice healthy behaviors now and in the future so that there will be healthy pregnancies, healthy babies, and healthy families; developing a model policy for integrating youth with disabilities in preconception health efforts; and developing strategies to integrate preconception health concepts into the department of education core health curriculum. States will work with youth, parents, primary caregivers, and/or educators to raise awareness about preconception health and the lifespan approach. AMCHP is committed to supporting these teams and working to disseminate information about the strategies, successes, and challenges, so that other states can learn from this cutting edge work. For additional information, contact Sharron Corle.

• Making the Case: A Comprehensive Systems Approach to Adolescent Health and Well-Being
In 2008, AMCHP’s Emerging Issues Committee formed the Adolescent Health Workgroup (AHWG)—an ad hoc committee of members and experts on adolescent health. This group was formed in response to state challenges around fragmented approaches to adolescent health issues, and a growing need to establish a comprehensive framework that would more effectively support adolescent health, development, and well-being. The AHWG created a white paper, building on the concepts of the Early Childhood Comprehensive Systems Initiative and the life course perspective, which provides a foundational framework and justification for systems work at the state level as an effective approach for improving adolescent health. It is clear that the priority health issues for adolescents, reflected in the Title V state performance measures, Healthy People 2010 and Healthy People 2020, cannot be addressed by the health sector alone; but rather must be approached with dedicated support from various sectors. State public health agencies, in particular MCH programs, have a unique leadership role in improving the health of all MCH populations, including youth, and can be the innovators for a comprehensive approach to adolescent health and well-being. In late 2009, AMCHP’s Board of Directors approved the white paper which includes four main recommendations for moving this work forward. Opportunities to engage in follow-up work are available! For additional information, contact Lissa Pressfield.

BEST PRACTICES

Over the past year, AMCHP made significant progress towards the goal of becoming a central resource for state Title V programs on “what’s working” in MCH. Through our Best Practices project, Innovation Station, AMCHP collected 25 new practices from across the United States covering diverse topics and populations, from infant mortality reduction, to injury prevention, to transition for CYSHCN, and promoting preconception health. AMCHP is especially excited about the recent launch of the Innovation Station, an online, searchable database of emerging, promising and best practices. Other key achievements in 2009 include highlighting promising practices during AMCHP’s annual conference by bestowing Best Practice awards to California, Colorado and Virginia, and launching a collaborative with national partner organizations interested in best practices to develop a plan to leverage our diverse organizational knowledge and expertise to advance and promote best practices. For additional information, contact Darlisha Williams.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

• State Public Health Coordinating Center for Autism
AMCHP completed its first year of implementation of the State Public Health Coordinating Center for Autism (SPHCCA) to support state efforts to strengthen systems and services for children and youth with autism spectrum disorders and other developmental disabilities. A key activity of 2009 was the launch of the State Public Health Autism Resource Center (SPHARC) to provide a central online site for states to learn about state autism activities and resources,
Program Updates CONT.
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share promising practices, link to federal and national partners, and follow the Combating Autism Awareness Initiative activities. SPHARC serves 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. Accessed through the AMCHP website, SPHARC provides autism resources, promising practices, and state snapshots accessible for all states. AMCHP also created a password-protected part of SPHARC to serve as a technical assistance site to the nine MCHB-funded state autism implementation grantees: Alaska, Illinois, Missouri, New Mexico, New York, Rhode Island, Utah, Washington, and Wisconsin. A key activity in 2009 was the launch of technical assistance audiocalls for state grantees on the issues of cultural competency, incentivizing providers to screen for autism and developmental disabilities, and standards for care coordination. Each of the technical assistance calls was recorded and is available on the SPHARC web site. AMCHP also developed its first document, “AMCHP Environmental Scan: State Title V Program Response to Autism Spectrum Disorder and Other Developmental Disabilities,” and along with MCHB and the Association of University Centers on Disabilities, planned and participated in the 2009 Combating Autism Awareness Initiative (CAAI) grantee meeting, including organizing a special session for state grantees. For additional information, contact Treeby Brown.

EMERGENCY PREPAREDNESS AND RESPONSE

• Identifying the Role of MCH in H1N1 Response
Through the guidance of AMCHP’s Emerging Issues Committee, AMCHP fielded a short assessment of all state maternal and child agencies in August to understand the role of MCH programs in H1N1 preparedness and response. Findings from this survey were summarized in a short issue brief, entitled, The Role of MCH Agencies in H1N1 Response, which also includes roles that state MCH programs can continue to play in preparedness and response efforts throughout the fall and winter. It is available here. Subsequent to the release of the issue brief, AMCHP convened an ad hoc advisory group to assist the CDC’s National Center on Birth Defects and Developmental Disabilities in understanding key communication, resource and other needs in addressing special populations, in particular CYSHCN. For additional information, contact Lauren Raskin Ramos.

EVALUATION AND ASSESSMENT PROJECT

In 2009, AMCHP staff continued efforts to define a uniform approach to evaluating all AMCHP programmatic activities. This extensive effort entailed compiling existing evaluation tools and questions into a single database, adopting a core set of evaluation measures to be used across AMCHP based on AMCHP’s mission and goals, and creating an internal work group to serve as an ongoing resource as AMCHP formally implements the evaluation and assessment plan in the coming year. Once implemented, AMCHP will be able to regularly analyze the impact of programmatic activities and report to members and funders on AMCHP member satisfaction with activities, whether efforts are relevant to members’ work, and how AMCHP is increasing member knowledge, skill and capacity through programmatic activities. For additional information, contact Lauren Raskin Ramos.
Program Updates CONT.
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SETTING HEALTH PRIORITIES

- **Using Health Dollars Wisely: What States Can Do to Create the Health Systems They Want**
  Since 2005, AMCHP has collaborated with the Association of State and Territorial Health Officials (ASTHO), the National Governors Association (NGA), the National Conference of State Legislatures (NCSL), the National Association of County and City Health Officials (NACCHO) and CityMatCH to convene an annual Health Priorities Meeting - Using Health Dollars Wisely: What States Can Do to Create the Health Systems They Want. The overarching goals of this seminar, sponsored by the Maternal and Child Health Bureau, are to improve the understanding of maternal and child issues by key state decision-makers, foster their collaboration, and help them identify specific steps they can take together in their own states to improve the health status of women and children in their states. In 2009, AMCHP again partnered in this effort and worked with seven state teams, which included the Title V Director, from Arizona, California, Florida, Illinois, Michigan, Nevada and Ohio.

WOMEN’S AND INFANT HEALTH

- **Eliminating Racial Inequities in Infant Mortality**
  In 2008, 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 our nation’s urban areas. The following six teams are participating in the 18-month long Action Learning Collaborative (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. During 2008-2009, representatives from the six teams attended two onsite meetings of the ALC designed to build upon one another to address the concepts of race, racism and the impact of stress on birth outcomes. Teams have also increased their skills around communicating about race, racism and culture in order to build support and engage partners and developed strategies to take on as a part of this work. During the remainder of the project, which will conclude in 2010, staff and teams will evaluate their work and produce recommendations for communities looking to undo racism and decrease racial inequities for women of childbearing age. For additional information, contact Jessica Hawkins.

- **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 and the Planned Parenthood Federation of America created a comprehensive toolkit that serves as a framework to assist states interested in creating state collaborations. The toolkit includes screening and referral recommendations, sample projects and lessons learned from the Smoking Cessation for Women of Reproductive Age Initiative. For additional information, contact Jessica Hawkins.

- **A Focus on Preconception Health**
  To share strategies in preconception health, AMCHP launched a series of case studies highlighting states that are working extensively on promoting preconception health. To date AMCHP has released case studies on California and Hawaii that include a focus on the leadership role Title V agencies can play in promoting preconception health. Additional case studies will be released in the coming year! For additional information, contact Vanessa White.

- **Providing Training and Epidemiology Skills-building for MCH Professionals**
  In 2009, AMCHP conducted five MCH epidemiology skill building trainings in partnership with the CDC’s Division of Reproductive Health and MCHB. AMCHP hosted three training workshops prior to the 2009 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. Over 190 federal, state and local MCH staff was trained. Training topics included the Practical Approaches to State MCH Data Records Linkage Practice: Supporting Policy and Programs; Concentration in Basic Geospatial Methods (GIS) for Public Health Professionals training; Communicating
Program Accomplishments in 2009

Epidemiology Research Results Effectively to Intended Audiences; Community Health Assessment for MCH Programs and Policy Practice; and Practical Approaches to Evidence-Based Evaluation Practice in Public Health. For additional information, contact Henry Maingi.

• Data and Assessment Mini-Grantees
AMCHP awarded data mini-grants to state MCH teams in Nebraska, Kentucky and Minnesota to coordinate and conduct internal capacity-building activities in data and assessment to inform programmatic and policy practices. AMCHP also awarded data mini-grants to Michigan and Alaska to focus on adolescent preconception and reproductive health data. For additional information, contact Henry Maingi.

• State & Local MCH Epidemiology Professional Group
AMCHP increased efforts to support the newly formed State & Local MCH Epidemiology Professional Group by providing resources to assist in communication, such as funding conference calls and creating a collaborative workplace using SharePoint. This group, working with key national partner organizations like AMCHP is working to strengthen MCH epidemiology at the state and local levels and to strengthen and improve the health outcomes of MCH populations. For additional information, contact Henry Maingi.

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. The final version of the Title V Survey Instrument is available on the AMCHP website, as well as regional graduate and continuing education and training needs tables. To download the documents, visit AMCHP’s website. A workgroup of Title V professionals and academic partners is developing final tables based on the national data and a peer reviewed journal article is under development. In early 2010 additional tables will be posted. For additional information, contact Librada Estrada.

• New Director Mentor Program (NDMP)
In order to strengthen the New Director Mentor Program, AMCHP worked over the past year to revise the program to consist of a 12 month curriculum that also incorporates the Maternal and Child Health Leadership Competencies. A workgroup of the AMCHP Workforce Development Committee, consisting of new and seasoned Title V Directors and a family representative is guiding this effort. The self-directed curriculum will contain 12 modules, each focusing on at least one competency and will compliment the ongoing mentoring activities of the NDMP. The revised program will be introduced at the AMCHP Annual Conference. For additional information, contact Librada Estrada.

• MCH Public Health Leadership Institute
The University of North Carolina at Chapel Hill was awarded a five year grant to develop a Maternal and Child Health Public Health Leadership Institute. AMCHP, along with CityMatCH, Family Voices, and the National Center for Cultural Competence, is an active partner in the Institute, contributing to the development and marketing of the executive-education program. The program will combine three on-site retreats and distance education components and is intended to develop mid and senior level leaders serving MCH populations. For more information, visit the program website or contact Librada Estrada.

FAMILY INVOLVEMENT

• Family Scholars Program
In 2009, AMCHP supported 11 scholars from Connecticut, Florida, Iowa, Illinois, Kentucky, Maine, Minnesota, New Jersey, North Carolina, and Oregon, and Wisconsin and three mentors from Alaska, Illinois and Wisconsin to participate in the AMCHP Annual Conference. During the Annual Conference Family Scholars and Mentors participated in several sessions, networked with state Title V staff, parent professionals and other families, visited legislators and aides on Capitol Hill, and provided input on program activities. AMCHP revised the Family Scholars Program (FSP) this year to consist of a 12 month curriculum to provide additional leadership skills development to Family Scholars centered on seven of the MCH Leadership Competencies. The curriculum will include monthly webinars, conference calls,
required readings, an Individual Development Plan, networking, and a mentoring relationship. Through their participation Family Scholars and Mentors will continue to develop as family leaders as they gain a greater understanding of Title V and how it works in their state or territory; increase their involvement in Title V in an advisory, voluntary or staff capacity; expand their professional network; and increase their understanding of current and emerging issues impacting women, children and families at the national level. For more information, visit the Family Scholars Program or contact Librada Estrada.

• Strengthening Family Involvement in Title V
The AMCHP Family & Youth Leadership Committee (FYLC) developed a publication, “AMCHP Family Delegate Fundamentals Fact Sheet.” The purpose of the fact sheet is to address questions regarding what is an AMCHP Family Delegate, outline a Delegate’s potential roles and responsibilities including how a Family Delegate can support families and programs, what states and territories should keep in mind in identifying an individual for this position, and examples of support states might provide to an AMCHP Family Delegate. The fact sheet is available here. If you would like to know who the AMCHP Family Delegate for your state or territory is or have questions about family involvement, contact Grace Williams.

Over the last year AMCHP has continued to identify how states and territories are engaging families and youth and developing family leaders. Five states that successfully engage families and family delegates in Title V work will be highlighted in a “Family Involvement Issue Brief.” The brief, which will be released shortly, features the family involvement programs in Colorado, Missouri, New Hampshire, New York and Washington. For more information about this publication, contact Treeby Brown. The FYLC developed recommendations specifically for AMCHP on how an organization AMCHP should consider training and enhancing the competency of Family Delegates and increase family involvement. Each AMCHP committee and workgroup now involves at least one family member to assure that the family perspective is represented throughout the organization. For more information, contact Librada Estrada.

ADOLESCENT HEALTH

Adolescent Reproductive & Sexual Health Disparities Summit
AMCHP will hold the Adolescent Reproductive & Sexual Health (ARSH) Disparities Summit — a day-long learning and skills-building opportunity on Saturday, March 6 during the AMCHP Annual Conference. One of the priority objectives of this innovative Summit is to provide the opportunity to bring together key MCH leaders, adolescent health partners, and others to explore the issue of adolescent reproductive and sexual health disparities and how state MCH programs can work more effectively on this issue.

The ARSH Disparities Summit is the culmination of over two years work by AMCHP staff and partners to identify key capacity supports needed by state MCH programs. A critical need identified by AMCHP members was related to data, specifically how to use data effectively. In addition to the skills-building session on how to frame/re-frame data for decision makers, the Summit agenda will include a keynote address by Dr. Robert Blum, from Johns Hopkins University, a perspectives panel of key federal, national, state and foundation partners and future planning sessions with participants.

BEST PRACTICES

In the coming year look for additional emerging, promising and best practices to be included in Innovation Station as AMCHP strives to collect at least one submission from every state. AMCHP will also pursue efforts to evaluate the Best Practices program and begin connecting states through peer to peer technical assistance to learn how to adapt and implement practices from other states.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

In 2010, the State Public Health Coordinating Center for Autism (SPHCCA) will continue to refine and develop the public and private State Public Health Autism Resource Center (SPHARC) website to provide more resources and references for autism grantees and other states as well as greater sharing and dissemination of best practices and policies in developing systems of care for children and youth with ASD. In addition, SPHCCA will continue to hold technical assistance calls on such subjects as
state financing systems for autism services, the uses of telehealth in systems of care for children and youth with ASD, and approaches to transition services for children and youth with ASD. SPHCCA is also in the process of developing a peer-to-peer training program matching grantee states with non-funded states which it hopes to launch in spring 2010. Stay tuned to get involved!

PARTNERING TO IMPLEMENT MEDICAL HOMES

AMCHP will be working with MCHB and national partners to gather information to assist Title V agencies with building medical homes for children, including those with special health care needs. AMCHP will be hosting a meeting on March 10, 2010 after the AMCHP Annual Conference in partnership with MCHB, the National Academy for State Health Policy (NASHP) and the American Academy of Pediatrics (AAP) to convene six state teams (including a Medicaid representative, Title V representative, and another stakeholder) to discuss how Title V and Medicaid agencies are collaborating to build medical homes and link all children and youth through policy and systems change. AMCHP will also be collaborating with AAP on resources, such as a joint issue of Pulse focused on medical home to identify and promote effective medical home practices.

WOMEN’S AND INFANT HEALTH

• Reducing Infant Mortality
AMCHP will continue efforts to support states identify effective practices to reduce infant mortality. From 2004-2006, AMCHP supported the State Infant Mortality Collaborative (SIMC) project to address the U.S. international ranking in infant mortality, underlying factors contributing to this mediocre performance, and future infant mortality reduction challenges and opportunities. In 2010, AMCHP will follow-up with five states that participated in SIMC (Delaware, Hawaii, Louisiana, Missouri and North Carolina) to gain insights on states’ materials and products developed following the collaborative, as well as the institutionalization of collaborative partnerships and program improvements. In addition, AMCHP will partner with the Association of SIDS and Infant Mortality Programs on a series of webinars focused on SIDS/SUID. For additional information, contact Jessica Hawkins.

• Chronic Disease & Maternal and Child Health Program Integration
AMCHP is partnering with the National Association of Chronic Disease Directors’ Women’s Health Council and the Centers for Disease Control and Prevention’s National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health on an initiative called “Healthy Women across the Lifespan.” The overarching vision for the partnership is that maternal and child health and chronic disease programs are working together to improve health outcomes for women and children. A pilot project on gestational diabetes mellitus (GDM) is currently under development. The project will bring together state teams to foster integration of MCH and chronic disease programs in the development of initiatives that work to delay or prevent Type 2 diabetes among women with a history of GDM. For additional information, contact Vanessa White.

• Defining the Future of AMCHP’s Data and Assessment Activities
AMCHP will pursue several efforts to gather input and guidance to help inform future directions for AMCHP’s Data and Assessment activities. AMCHP will convene a State Data Translational Work Group to identify ways, including training, where AMCHP can enhance its data support to states to strengthen data trainings and build data capacity at the state and local public health agencies. In addition, AMCHP will conduct a comprehensive retrospective evaluation of the MCH EPI and AMCHP annual data skills-building trainings held between 2005-2009. This information will be essential in enhancing AMCHP’s data and assessment training program. For additional information, contact Henry Maingi.

WORFORCE DEVELOPMENT

• Providing Leadership Training to Title V Programs
AMCHP will introduce the revised New Director Mentor Program at the 2010 AMCHP Annual Conference. A cohort of new directors will initiate the program in the summer of 2010. AMCHP will also continue to collaborate with the University of North Carolina Chapel Hill in the development of the MCH Public Health Leadership Institute. Additional tables related
Program Updates CONT.
A Look Ahead: Program in 2010

to the Title V Workforce Development Survey will be developed and posted on AMCHP’s website. As new AMCHP training and educational activities are developed, the MCH Leadership Competencies will be integrated. For additional information, contact Librada Estrada.

FAMILY INVOLVEMENT

• **Strengthening Family Involvement in Title V**
  In 2010 the AMCHP Family & Youth Leadership Committee (FYLC) will develop a formal definition for family leadership for AMCHP and will assist AMCHP staff implement internal recommendations for how to better engage AMCHP Family Delegates. AMCHP will also implement the first year of the expanded Family Scholars Program. For additional information, contact Grace Williams.

Advocacy Updates

AMCHP Policy Team Year in Review

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

The past year was filled with exciting MCH policy developments, including some thrills, some disappointments, and ending on the cusp of historic action on health reform. Through it all, AMCHP’s advocacy was led by our Legislative and Health Care Finance Committee, ably guided by President Phyllis Sloyer (FL) and now chaired by Dr. Jim Bryant (OH). To guide our work, this Committee developed both the AMCHP Legislative Agenda as well as our Principles for Health Reform. Together this provided the foundation upon which we built our advocacy for state Maternal and Child Health (MCH) programs. The following are some of the highlights of our work that supported our top priorities of funding for the Title V MCH Block Grant and assuring a focus on MCH in health reform:

**ADVOCACY FOR INCREASED MCH FUNDING**

- AMCHP staff conducted 49 visits with staff of key members of Congressional Appropriations Committees advocating exclusively for increasing the Title V MCH Block Grant.
- A delegation led by President Phyllis Sloyer and past president Nan Streeter met with Sen. Chris Dodd (D-CT) on February 25, 2009, to personally present him with the AMCHP Legislative Champion for MCH Award. The meeting provided an opportunity to hear his perspectives on health reform, thank him for his leadership advancing funding for the Title V MCH Block Grant, and underscore the importance of these resources for states.
  
- On March 18, 2009, President Phyllis Sloyer also led a delegation to present Rep. Lucille Roybal-Allard (D-CA) with an AMCHP Legislative Champion for MCH Award. We again thanked her for support of Title V and asked for continued leadership in her role on the House Appropriations Labor HHS Subcommittee.
- On March 18, 2009, President Phyllis Sloyer testified before the House of Representative’s Appropriations Health Subcommittee on the need for increased funding for Title V.
Advocacy Updates CONT.

Policy Team Year in Review

- On April 2, 2009, AMCHP again worked with Sen. Dodd and Sen. Hatch (R-UT) to support successful passage of an amendment to the non-binding Congressional Budget Resolution calling for an increase in the MCH Block Grant. The amendment was adopted unanimously.
- During AMCHP’s 2009 Annual Conference we facilitated approximately 60 Capitol Hill visits for members and friends to advocate for increased MCH funding. The visits were preceded by two advocacy training conference calls, as well as an Annual Meeting legislative briefing session.

AMCHP developed the following publications and resources to support MCH funding advocacy over the past year:

- AMCHP’s Title V Appropriations Fact Sheet describes the function and effectiveness of the MCH Block Grant and makes the case for increased investment.
- An analysis of MCH funding levels in the federal budget, beginning with the President’s proposed 2010 budget detailing proposed funding for programs affecting women and children. It was distributed to all members and posted to AMCHP’s website, then updated as Congress completed appropriations action in December.
- AMCHP State Title V Program Profiles were updated for 2009 – including a new section on Title V grantees in each state. Each snapshot provides concise information on how the MCH Block Grant works in specific states. The profiles detail the Federal funds appropriated to each state, state match, specific programs funded, numbers of people receiving services and state health needs.

ADVOCATING FOR MCH IN HEALTH REFORM

AMCHP also developed numerous resources and publications over the past year that highlight the work of state MCH programs and support our message of the need for increased resources and inclusion in health reform. These include:

- AMCHP’s Principles for Health Reform.
- Creation of a Health Reform Resource Hub on our web-site to centralize MCH in health reform information.
- Our Power of Prevention report which provides examples of effective MCH interventions supported by the Title V MCH Block Grant and makes the case for increasing prevention investments in health reform.
- AMCHP compiled concise summaries of the key MCH provisions included in both the Senate and House health reform bills.
- AMCHP developed and approved a position statement supporting national expansion of home visiting programs and has consistently and aggressively advocated that a new program be included in health reform legislation and placed within the Title V MCH program. AMCHP sent letters to Capitol Hill in support of home Visiting in Title V.
- AMCHP issues seven Legislative Alerts or updates in 2009, including a major legislative alert on June 17th urging members to contact Congress in support of full funding for the Title V MCH Block Grant and an October 21st alert asking members to advocate that the maternal and child home visiting provisions and the Public Health and Prevention Fund are essential elements that must be included in any final health reform package. People were asked to share feedback of who they contacted with AMCHP, and alerts were further disseminated via NACCHO’s newsletter, the APHA MCH Section Newsletter, and Healthy Mothers Healthy Babies Monday Morning Memo.
- Finally, we participated in numerous meetings and briefings convened both by the White House and Congressional health committees to share our views on health reform legislation and advocate that it prioritize the needs of women, children and families, including those with special health care needs.
INCREASED COMMUNICATIONS EFFORTS

Over the past year, we made deliberate efforts to expand our communications across multiple media to provide all members and partners with the most up to date and accurate information on federal policy developments affecting state MCH programs.

- We provided regular updates on federal budget actions, health reform progress, and other health legislation through our Advocacy webpage, the “Legislative Corner” of our bi-weekly member only online newsletter Member Briefs, and a monthly topical column entitled a “View from Washington” in this Pulse newsletter.
- In May, AMCHP distributed a press release entitled “AMCHP’s Policy Prescriptions for a Happy and Healthy Mother’s Day.” This document, sent to the entire Congress, cited the lack of progress made in key health indicators including infant mortality and called on Congress to fully fund the block grant. We also highlighted the need to include MCH provisions in health reform.
- AMCHP also sponsored a series of National MCH Policy Updates for all members. These calls have focused on federal funding for MCH programs, health reform, medical home expansions, and proposed home visitation program expansions.

Despite these intensive efforts, we were disappointed that the President proposed and the Congress ultimately adopted flat funding of $662 million for Title V in FY 2010. Plans are underway now to adjust our funding advocacy strategies and adapt to a new post-health reform appropriations environment, although with projected record federal deficits its clear we face continued challenges. Now more then ever it is crucial that Members of Congress and their staff understand clearly what state MCH programs do and what your resource needs are. Stay tuned for more information of advocacy opportunities at the 2010 AMCHP Annual Conference as well as throughout the FY 2011 appropriations process.

Finally, the outcome of health reform is still not set as of this writing. As we’ve summarized in previous publications, the provisions in the proposed bill affecting MCH are extensive, and potential health reform passage could set in motion a revolution in both health care and public health. Right now AMCHP is planning actions to shift from advocacy to supporting states in the myriad implementation opportunities and challenges that lie ahead, with final plans contingent on the outcome of the reform debate.

Look to AMCHP for more on health reform as the drama unfolds, and here’s looking forward to an exciting 2010!

VOTE FOR AMCHP’S BOARD OF DIRECTORS!

The 2010 election for AMCHP’s open Board positions is now open. All AMCHP delegates whose programs have paid dues for the 2009-2010 membership year are eligible to vote. For information on the candidates, please visit, http://www.amchp.org/elections. Delegates and family delegates that do not vote electronically may vote in-person at the 2010 Annual Conference. If you have any questions, please contact Rachel Arculin or call (202) 266-3051.

AMCHP’S CAREER CENTER

The Career Center is the premiere online job board for individuals seeking employment in Maternal and Child Health programs. Whether you are looking for an entry-level position or are a more seasoned professional looking for new opportunities, AMCHP’s Career Center has great openings for great people! Searching our database is free and open to all job-seekers. AMCHP members receive a discount on job-postings — so sign up today!
The Association of Maternal and Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP’s members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. Our members directly serve all women and children nationwide, and strive to improve the health of all women, infants, children and adolescents, including those with special health care needs, by administering critical public health education and screening services, and coordinating preventive, primary and specialty care. Our membership also includes academic, advocacy and community based family health professionals, as well as families themselves.

AMCHP builds successful programs by disseminating best practices; advocating on their behalf in Washington; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.

GOAL 1: AMCHP will be an effective voice to strategically communicate the critical importance of maternal and child health issues.

STRATEGY 1.1: Develop and implement an annual legislative agenda with a maternal and child health focus.

STRATEGY 1.2: Develop and implement a comprehensive communication plan to share the critical role of MCH programs in improving maternal and child health outcomes in states and territories.

STRATEGY 1.3: Develop strategic alliances to achieve AMCHP’s goals platform and communicate the critical importance of MCH issues to a broad audience of stakeholders, interest groups, and the public.

GOAL 2: Improve maternal and child health outcomes by promoting a life course perspective and sharing effective and promising practices with state and territorial MCH programs.

STRATEGY 2.1: Identify, collect, and disseminate promising practices from local, state, regional, and national MCH programs and partners and support state and territorial MCH programs engaged in effective and promising practices, including evidence- and science-based practices.

STRATEGY 2.2: Support the dissemination and diffusion of effective practices and innovation with AMCHP members and stakeholders, including the promotion of a life course perspective to maternal and child health.
GOAL 3: State and territorial MCH programs will have a diverse and effective workforce with competent leaders at the national, state and local levels.

STRATEGY 3.1: Sustain and build up a diverse and competent MCH workforce within state and territorial MCH programs through partnership, collaboration, and the development of tools and resources to grow MCH leaders.

STRATEGY 3.2: Develop and implement a family and youth leadership pathway with ongoing training and mentorship for family and youth leaders that defines family and youth roles in state and territorial MCH and programs.

STRATEGY 3.3: Develop and mentor the state and territorial MCH workforce at all levels of experience by supporting MCH programs’ efforts to recruit and train new MCH staff, retain and nurture mid-level professionals, engage seasoned MCH leaders to share experiences and skills, and plan for transitions and succession within MCH programs.

GOAL 4: AMCHP will be an effective and efficient organization and partner in support of state and territorial MCH programs.

STRATEGY 4.1: Develop and implement a comprehensive development and fundraising plan to assure AMCHP’s long term financial sustainability

STRATEGY 4.2: Diversify and expand strategic partnerships in support of state and territorial MCH programs.

STRATEGY 4.3: Increase member, family, and youth participation in AMCHP planning, advocacy and programmatic activities including volunteer leadership opportunities within AMCHP.

STRATEGY 4.4: Position AMCHP to respond proactively to member needs in addressing emergent and emerging maternal and child health issues within their states and territories.

STRATEGY 4.5: Continuously evaluate and improve organizational support for and effectiveness of AMCHP’s operations.
Get Involved

AMCHP Text4Baby Webinar Recording and Presentations Available

On December 3, 2009, AMCHP hosted a webinar for Title V agencies on Text4Baby, a free mobile information service designed to promote healthy birth outcomes among underserved populations. Speakers included: Sabrina Matoff-Stepp, Health Resources and Services Administration; Judy Meehan, National Healthy Mothers, Healthy Babies Coalition; Paul Meyer, Voxiva; and Joan Corder-Mabe and Debra Harris, Virginia Department of Health, Title V Program. Text4baby is made possible by a public-private partnership that is coordinated by the National Healthy Mothers Healthy Babies Coalition (HMHB), Johnson & Johnson, Voxiva, the CTIA Wireless Foundation, the White House Office of Science and Technology Policy, and the U.S. Department of Health and Human Services.

A recording of the webinar, along with the speaker presentations is available on AMCHP’s website. For technical assistance on Text4Baby and information about connecting to partners in your state, please contact Lauren Sogor at HMHB. AMCHP will continue to provide updates on national launch of Text4Baby in the coming weeks and will hold follow up webinars to share information about state activities.

AMCHP’s Member Assessment is Coming!

Assessment is one of the core functions of public health and across the nation, AMCHP members, state maternal and child health (MCH) programs, are working with partners, parents and others to conduct their next five year comprehensive, statewide needs assessments. As the national organization that supports state MCH programs and others working to improve the health of women, children, youth and families, including those with special health care needs, AMCHP is gearing up to conduct a needs assessment of our own – of ourselves! As a member organization we exist to serve you – our members. With this goal in mind, AMCHP is launching a short scan to learn more about your needs and how you feel about the job we are doing to serve you. AMCHP will use a variety of methods to solicit member feedback about key organizational activities, including an on-line survey of the full membership and follow-up interviews with select individuals. Additional assessment activities include AMCHP organizational partner and internal assessments. AMCHP will use needs assessment results proactively to identify opportunities to improve performance and continuously as an ongoing component of a continual quality improvement process. AMCHP will launch the membership assessment at the AMCHP Annual Conference in March. Keep on the lookout for the survey – we want to hear from you!

AMCHP March Board Meetings

The next AMCHP Board Meeting will be held during our Annual Conference on Saturday, March 6 from 8 a.m. to 5 p.m. (EDT) and on Wednesday, March 10 from 8 a.m. to Noon (EDT). 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, March 9 from 8 to 9:15 a.m. (EDT) during our Annual Conference.

NICHQ’s Forum for Improving Children’s Healthcare and Childhood Obesity

The National Initiative for Children’s Healthcare Quality (NICHQ) will host its annual “Forum for Improving Children’s Healthcare and Childhood Obesity Congress” on March 8-11, in Atlanta, Georgia. To register and to learn more, visit here.
To document AMCHP’s progress this year, the Data and Trends portion of Pulse will highlight how we worked and supported you in 2009!

**AMCHP is working with all 10 HRSA Regions!**

**AMCHP MCH Program Support**

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**AMCHP staff in your neighborhood!**

**Conferences, site visits and other meetings**

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HRSA Regions
Resources

AMCHP PUBLICATIONS

Adolescent Health System Capacity Assessment Tool: The Adolescent Health System Capacity Assessment Tool, modeled after CAST-V, is a set of assessment and discussion tools designed to assist state maternal and child health programs in assessing their capacity to support effective state adolescent health programs.

AMCHP Family Delegate Fundamentals: The AMCHP Family & Youth Leadership Committee (FYLC) developed a fact sheet to address questions regarding what is an AMCHP Family Delegate, outline a Delegate's potential roles and responsibilities including how a Family Delegate can support families and programs, what states and territories should keep in mind in identifying an individual for this position, and examples of support states might provide to an AMCHP Family Delegate.

Father Involvement in MCH Fact Sheet: This fact sheet explores the programmatic strategies that Title V programs are using to incorporate father involvement into MCH programs and outlines recommendations for improved service delivery in fatherhood programs.

Preconception Health Case Study- Hawaii: This case study provides an overview of innovative approaches to preconception health and health care implemented by the Hawaii Department of Health.

The Role of MCH Agencies in H1N1 Response: Summarizes findings from a short assessment of all state maternal and child agencies to understand the role of MCH programs in H1N1 involvement in H1N1 preparedness and response.

Women’s Health Prevention Brief – Women’s Mental Health: This Prevention Brief is the first in a series of five Briefs produced by the AMCHP and CityMatCH Women’s Health Partnership. This Brief highlights the importance of building comprehensive systems of mental health support and services to improve the overall status of women’s health.

TRAINING MATERIALS

Data and Assessment Training Materials: This site includes resources from past Data and Assessment Trainings held by AMCHP.

WEBINARS

Adolescent Health Information Series Webinars: AMCHP held quarterly webinars on emerging issues in adolescent health. Webinar topics included:

- What are Title V Programs doing to address the “A” in MCAH?
- Awareness, Inclusion, and Prevention: How to Resonate with Lesbian, Gay, Bisexual and Questioning (LGBQ) Youth about Sexual Health Issues
- Bridging Two Worlds: Working with the Latino Community to Prevent Teen Pregnancy and Improve Reproductive Health
- Wise Guys: Involving Males in Teen Pregnancy Prevention

Text4baby: AMCHP hosted a webinar for Title V agencies on Text4Baby, a free mobile information service designed to promote healthy birth outcomes among underserved populations. Speakers included: Sabrina Matoff-Stepp, Health Resources and Services Administration; Judy Meehan, National Healthy Mothers, Healthy Babies Coalition; Paul Meyer, Voxiva; and Joan Corder-Mabe and Debra Harris, Virginia Department of Health, Title V Program. A recording of the webinar, along with the speaker presentations is available on AMCHP’s website.

Women’s and Perinatal Preventive Health Information Series Calls: AMCHP held quarterly webinars on women’s and perinatal preventive health. Calls held in 2009 included:

- Worksite Wellness Programs for Women’s Health & MCH;
- Maternal Mortality: still a critical issue in the U.S.; and
- Fatherhood Involvement in Maternal and Child Health.
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