From the President

Social Media: A Driving Force for the Next Generation

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

While I admit I am a baby boomer, I am not a baby when it comes to the use of technology (although I really like my colleagues to believe I am clueless). Social media was a driving force in recent elections and it is a driving force for the next generation of professionals who will work in the maternal and child health field. I recall in my doctoral program, taking a course on globalization and was struck by how easy it is to communicate with my colleagues across the world. Remember the cost of a long distance call and the reluctance to spend too many minutes on the phone (especially if you were paying the bill)? Today, I sit in meetings and watch people Twitter continuously. It happens in just about every field.

I find the tools to be a great way for individuals to communicate and support each other on a variety of topics. It isn’t the wave of the future. It is here and it is extensively used in all walks of life. Facebook is used for some of the youth development and mentoring strategies. It is used for families to communicate with other families. While there are significant advantages to the wireless airwaves and the messages we send over them, there are also some issues we have to deal with or we will create a form of social isolation. For example, we speak about health literacy, but there is also e-literacy and I frankly listened to a mother who set an example for what we don’t want to do.
From the President CONT.

Social Media: The Next Generation

through wireless communications. Messages can and will be misinterpreted and some of those are critical to our well-being. My colleagues in the child protection field will also caution us about the use of this technology for exploitation. So, I urge you to think about all of the ways it can benefit you and at the same time proceed with some caution and remember cultural competent and literate messages. From my galaxy to yours!

A Special Note from the President

Dr. Fraser recently was conferred the Certified Association Executive credential through the American Society of Association Executives. Less than five percent of all association executives have achieved this extraordinary mark of excellence and we are so privileged to have our CEO attain it! The certification process is not an easy one and there is quite a challenging examination after months of study and preparation. For those of us who participate on association boards, we recognize the complexity of running an association, including its leadership, networking, fiduciary, legal, association development, marketing, and ethical facets. This credential also requires ongoing continuing development and recertification. For those of us who know Dr. Fraser, we have witnessed first-hand his unique talents in developing our association. We are so honored to know that he has achieved this milestone and that it serves AMCHP in many, many beneficial ways. If you have an opportunity, send a quick congratulations to Dr. Fraser. Mike, you grace us with your skills and talents and you keep us mindful about our mission for women, children and families. THANK YOU AND CONGRATULATIONS!

Social Media for All

By Mike R. Fraser, PhD

I am not that old, I mean, I just received a “Young and Aspiring CEO” award in November (to be honest I made the cutoff by 17 days) but nothing makes me feel older than the topic of social media. Why? I can certainly remember a time before computers, iPhones, and DVDs. A cell phone was where you got your one phone call in jail before lock up. One had to use the telephone to reconfirm an airline reservation, and seat assignments were stickers that were glued to your boarding pass. We had to type memos using a typewriter and I even remember carbon paper and white out. A facebook was a printed pamphlet that all first year students at my college received and we flipped through pages to find friends, their phone numbers, and hometowns. Twitter was a verb to describe something your heart did when you were in love, not a noun. Boy, thinking about all that really does make one feel old, doesn’t it?

But social media is not just something for the young and techno-savvy: social media is for all of us. And that is what this issue of Pulse is all about – how to leverage social media to meet our urgent maternal and child health challenges. What if you were able to send text messages to all new families in your state with links to information and resources? What if you were able to create communities online for various partner groups and get real-time feedback from advocates using Twitter? What if you had a Facebook page for your agency that allowed you to discuss current MCH issues in your communities, share information easily among your constituents, and learn from those you are engaged with statewide, and share nationally? These are all uses of social media that are happening now in some states and being contemplated by others. It is time for all of us (including AMCHP) to evaluate the gains we could make by adopting a social media strategy.

Social media provides a great outlet to extend and expand the reach of your programs to more people, faster, and more cheaply than many other methods. We would be silly not to use these new techniques to our advantage. The features in this issue of Pulse highlight some of the ways
From the CEO CONT.
Social Media for All

that technology and social media have been adopted and used by MCH program and partner organizations. I hope they give you some idea of the power of social media for your programs, and our shared work. And while I feel old thinking about the way things used to be, it is refreshing that even I can proudly say I have a Facebook page, can chat and text like a champ, and truly enjoy thinking about how to use these technologies and many others to Make Change Happen for our nation’s women, children, and families.

Feature

Social Media 101

By Julio Arguello Jr.
Publications & Member Services Manager, AMCHP

What is Social Media?
According to Ron Jones, President and CEO of Symetri Internet Marketing, “Social media essentially is a category of online media where people are talking, participating, sharing, networking, and bookmarking online. Most social media services encourage discussion, feedback, voting, comments and sharing of information from all interested parties.” Social media is more like a two-way conversation versus more traditional media (i.e., newspapers, television and film) which is more like a one-way conversation.

A plethora of social media tools are out there for you to use for free, including Facebook, Flickr, LinkedIn, Twitter and YouTube. The following is a brief definition of some of the most commonly used social media tools now available.

- **Facebook**. Is a social networking website that is operated and privately owned by Facebook, Inc. Since September 2006, anyone over the age of 13 with a valid e-mail address can become a Facebook user. Users can add friends and send them messages, and update their personal profiles to notify friends about themselves. Additionally, users can join networks organized by workplace, school, or college. The website’s name stems from the colloquial name of books given to students at the start of the academic year by university administrations in the United States with the intention of helping students to get to know each other better.

- **Flickr**. Is an image and video hosting website, web services suite, and online community. In addition to being a popular website for users to share and embed personal photographs, the service is widely used by bloggers to host images that they embed in blogs and social media. As of October 2009, it claims to host more than 4 billion images.

- **LinkedIn**. Is a business-oriented social networking site. Founded in December 2002 and launched in May 2003. It is mainly used for professional networking. As of February 2010, LinkedIn had more than 60 million registered users, spanning more than 200 countries and territories worldwide.

- **Twitter**. Is a social networking and microblogging service that enables its users to send and read messages known as tweets. Tweets are text-based posts of up to 140 characters displayed on the author’s profile page and delivered to the author’s subscribers who are known as followers. Senders can restrict delivery to those in their circle of friends or, by default, allow open access. Since late 2009, users can follow lists of authors instead of following individual authors. All users can send and receive tweets via the Twitter website, Short Message Service (SMS) or external applications. While the service itself costs nothing to use, accessing it through SMS may incur phone service provider fees.

- **YouTube**. Is a video sharing website on which users can upload and share videos. Three former PayPal employees created YouTube in February 2005. In November 2006, YouTube, LLC was bought by Google Inc. for $1.65 billion, and is now operated as a subsidiary of Google. The company is based in San Bruno, California, and uses Adobe Flash Video technology to display a wide variety of user-generated content video content, including
movie clips, TV clips, and music videos, as well as amateur content such as video blogging and short original videos. Unregistered users can watch the videos, while registered users are permitted to upload an unlimited number of videos.  

This is just a sampling of social media sites that are currently out there and by no means represents all that are available for you to use. The best way to learn more about how to use social media is to actually subscribe to the services and explore their full potential in helping to market your products and services to your MCH members, partners and affiliates.

Endnotes

Text4baby - Why go Mobile? And the Virginia Experience

By Arlene Remick, MPH
Program Director, text4baby
National Healthy Mothers, Healthy Babies Coalition

Joan Corder-Mabe, Director
Division of Women’s and Infant’s Health
Office of Family Health Services
Virginia Department of Health

Deborah Harris, MPH, RD, CDE
Women’s Health Coordinator
Division of Women’s and Infants’ Health
Virginia Department of Health

Pregnant women and new moms can get health information delivered free to their mobile phones through a new innovative program called text4baby. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides women with information to help them care for their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY to 511411 (or BEBE in Spanish) receive free SMS text messages each week, timed to their due date or baby’s date of birth.

Mobile phones have potential to play a significant role in health care by delivering information directly to those who need it most. Text messaging can deliver the right health information at the right time to pregnant women and new moms, and can be particularly helpful in reaching underserved populations. While not everyone has access to the Internet, 90 percent of Americans have a mobile phone. Wireless carriers are voluntarily providing the critical communications link of the initiative, distributing text4baby messages to recipients at no charge.

Text4baby is made possible through a broad, public-private partnership that includes government, corporations, academic institutions, professional associations, tribal agencies and nonprofit organizations. Founding partners are HMHB, Voxiva, CTIA - The Wireless Foundation and Grey Healthcare Group (a WPP company). Johnson & Johnson is the founding sponsor, and premier sponsors include WellPoint, Pfizer and CareFirst BlueCross BlueShield. U.S. government partners include the White House Office of Science and Technology Policy, the Department of Health and Human Services and the Department of Defense Military Health System. The mobile health platform is provided by Voxiva and free messaging services are generously provided by participating wireless service providers. Implementation partners include BabyCenter, Danya International, Syniverse Technologies, Keynote Systems and The George Washington University. MTV Networks is a media sponsor.

Text4baby partners are critical to the success of this program. In April 2009, the Virginia Department of Health (VDH) became the first state to become a text4baby outreach partner. State Health Commissioner Dr. Karen Remley designated key staff in the Maternal Child Health Program to partner with HMHB to bring this project into Virginia. VDH created an implementation team that included key stakeholders and members of the existing
Feature cont.

Text4baby - Why Go Mobile?

Health Commissioner’s Infant Mortality Workgroup. Representatives from the Department of Medical Assistance Services/Medicaid, Virginia Section/ACOG, Virginia Chapter/AAP, Virginia Section/AWHONN, Virginia WIC, Richmond City Healthy Start, Virginia Healthy Start Initiative/Loving Steps, Inova Health System (a private practice located in eastern Virginia), and the United Way serve on this team.

Each organization offered to disseminate materials to their clients, promote the text4baby launch to their constituents and encourage service use among their own organization’s employees with a goal for women to receive information about text4baby from multiple sources. Because over 40 percent of all Virginia births are covered by Medicaid, it is particularly important that the Department of Medical Assistance Services (DMAS) is involved in outreach efforts. DMAS revised their new enrollee letter for pregnant women to include information about the service and enrollment. It is hoped this letter will promote early contact with the service. New enrollees began receiving this letter in February. The Medicaid Managed Care Organizations have also developed plans to distribute promotional materials through their existing systems of communication with pregnant women.

Prior to the national launch, the Implementation Team also conducted a beta test of the text4baby service. One private practice site and two Healthy Start sites offered their clients the option of enrolling in text4baby and completing a survey about the service. Findings showed that clients felt the messages were clear, timely and helpful. All respondents reported that they would recommend text4baby to a friend. A few even noted that the messages helped encouraged them to take action, e.g. “eat healthier.”

On February 11, 2010, Secretary of Health and Human Resources of Virginia, William Hazel, MD announced Virginia’s launch of text4baby. He spoke about Virginia's involvement as a national model and highlighted its accomplishment as an unprecedented public/private partnership. Following the launch, multiple organizations have expressed interest in joining the Virginia Implementation Team. Virginia will continue to collaborate with the National Healthy Mothers, Healthy Babies Coalition and its partners to promote text4baby throughout the state of Virginia.

Are YOU Part of the Conversation?

By Beverly Robertson, MLS, MA

National Director
Pregnancy & Newborn Health Education Center, March of Dimes

I know you have heard about social media. Twitter is everywhere and so is Facebook. Folks are posting pictures on Flickr, videos on YouTube and writing blog posts that can make you cry. Forty-two million women in the United States are online doing some form of social media every week. The statistics show the explosion of social media with a 1,107% increase on Twitter alone from 2009-2010.

The March of Dimes jumped on board in 2004 when we created Share Your Story an online community for NICU families. We now have a Fan page on Facebook, several Twitter accounts, News Moms Need and Nacersano blogs and a channel on YouTube. Everything we do is also in Spanish. Our presence across all these social media platforms allows us to push our mission messaging; listen to what our consumers are saying; take part in the conversation; build relationships; promote awareness; drive traffic to our content; encourage action for our advocacy issues, and create a buzz. That’s right. We need you.

Social media is about engagement and the March of Dimes truly cares about a two-way conversation; what you are doing, thinking, feeling; what your day-to-day experience is like; how we can help alleviate some of the concern and angst of a NICU family, new mom or mom-to-be.

If you are looking for a way to report on your programs, demonstrate success, reach your constituency, show how funds are being used, connect to partner organizations or get new supporters, social media may be the right path for you.

If you do not have a presence in social media, I encourage you. Think small to start. Twitter and Facebook are free. Yes, there are challenges but what you stand to gain is worth it. If you have questions, please drop me a note at brobertson@marchofdimes.com or follow me on Twitter!
Feature cont.

Going Viral: How CDC is Using Social Media to Improve Public Health

By Michelle Alletto, MPA
Senior Manager, Public Policy & Government Affairs, AMCHP

Facebook has over 400 million users and there are over 50 million Tweets posted to Twitter every day. With access to such a vast audience, it is no wonder that public health agencies are beginning to recognize the advantage of social media. The Centers for Disease Control and Prevention (CDC) are certainly leaders in this arena. In 2009, CDC web buttons and badges had over 2.5 million clickthroughs, and its website, CDC.gov, had 800,331,892 page views!

Even before H1N1 hit last spring, CDC had built a variety of web and social media tools to interact with the public and collaborate with partners. CDC had already established a presence in the blogosphere and could be found on MySpace, Facebook and Twitter. For its 2008-2009 seasonal influenza campaign, “Get Vaccinated,” CDC featured important health information in blogs, invited people to visit CDC.gov by using web buttons and badges, and designed health eCards for people to remind their friends and families to go and get their flu shot.

The H1N1 outbreak and the salmonella peanut butter recall were two major events in 2009 that moved CDC’s health messaging systems to kick into high gear. The H1N1 outbreak has required real time situational updates, the reinforcement of prevention information, and specific vaccination guidelines to reach non-traditional audiences — all easier and more effectively achieved with social media.

Throughout the ongoing H1N1 outbreak, the number of CDC’s Facebook fans has increased as have their Twitter followers. In fact, Twitter has been one of the most effective tools for CDC in providing timely situational updates. CDC has also hosted successful webinar and blogging activities, one in particular engaging parents of children with special health care needs. During this bloginar, one of the parents participating posted real time Tweets — multiplying even further the reach of the information provided. This is an example of what Holli Seitz, one of CDC’s social media specialists, describes as one of the great powers of social media — enabling and empowering the public to become health advocates — hopefully influencing their peers to take positive action.

In his own blog, CDC’s Dr. Jay M. Bernhardt articulated the importance of employing social media to achieve public health aims: “The effectiveness of our public health interventions to reach and impact target audiences is directly related to the level of audience participation in the intervention planning, development, and implementation. Whether we call it public participation, public engagement, customer centricity, or another name, establishing and ensuring deep audience engagement is a fundamental part of effective public health.”

Of course, pioneering the new territory of social media doesn’t come without challenges. CDC has to constantly innovate to effectively reach the people most in need of health information. With all of the social media tools available, CDC must be strategic when deciding what types of media to use, whom to target, and when. CDC considers two types of audiences when implementing their social media efforts — those that know and use CDC.gov and those that haven’t. CDC has a strong web presence but recognizes the advantage of using social media to capture new audiences. All the while, the CDC eHealth Marketing Team is working alongside internal subject matter experts to ensure that the information is provided quickly, without sacrificing the accuracy that CDC is known for.

State health departments stand to benefit from CDC’s expertise in social media — either by using CDC’s best practices and guidelines to build their own social marketing campaigns or by tapping into CDC’s vast amount of public material to enhance their web presence. In difficult budget times, it may be hard to imagine investing in new social media tools. But there are low budget ways to utilize social media — some tools are even free. Ms. Seitz recommends first identifying which audience your health department is trying to reach. From there, decide what activities fit within your budget and what staff time will be needed to launch a successful social media activity. Outlets like Facebook and Twitter are very low cost or free, but do require a commitment in staff time and are maximized when an agency commits for the long haul, in order to build a following and make it a successful venture. Hosting a webinar series or starting a blog may require more substantial content development.
Feature cont.
How CDC is Using Social Media

For health departments that can’t afford to create their own tools and content, CDC has a wide variety of tools available for use by partners that can help to reach their constituents and communities. CDC offers syndicated content, such as peanut related recall information, that can be posted on other websites at no cost. Syndicated content is updated and updated content automatically appears on the partners’ website. CDC also has a range of web buttons and images in a public health image library which can be posted to health department websites to promote important messages about influenza prevention and more.

For more information on CDC’s social media campaigns, visit here.

Member to Member

How is the Utah Department of Health currently utilizing social media and what is the value?

Kathy Paras
Utah Department of Health

Debbie Miller, RN
PEHP WeeCare Program

At the Utah Department of Health’s MCH program we use Twitter and Facebook to reach and engage members in our programs and services. It has been an effective channel for communicating to certain segments of our population who regularly use these tools. We are also finding many ways to integrate these tools into our new and existing programs and activities. For example, all health assessment sessions are posted on Facebook a week before to remind members to make an appointment. In respect to one of our new activities, Wellness Warriors, we work with and follow eight members’ experiences over two months to help them achieve a wellness goal, such as to lose weight or to train for a marathon, etc. The Warriors post their “stories” and photos on Facebook to inspire other members who have set similar goals. Twitter is used to get out simple health messages, promote health assessment sessions, and direct members to our website to check out what’s new. Our participation numbers have started low, but using these tools has helped us reach a demographic that would otherwise be difficult to communicate with. I’m optimistic our numbers will continue to increase as we incorporate these tools into more programs.

Also, we started a pregnancy case management blog for members of our public health plan, PEHP, in a program we call WeeCare. We encourage all pregnant members to enroll in WeeCare for support and education throughout their pregnancy and lactation periods. We started the blog in November of 2008. It has been tremendously successful as a way to reach the target population of women in their childbearing years. We present information a couple of times a week and I like to update the themes monthly to keep it fresh and interesting, highlighting healthy foods of the month, healthy snack ideas and seasonal items like flu vaccine information.

We use it to place many links to referral agencies, websites, books and online videos. We use a “folksy” and personal format, including an occasional commercial link when we find something unique, unusual and/or of interest to our moms at a good price. We encourage input from the readers and sometimes get feedback of other suggestions they have come across. One example is the post about breast pumps. Since this can be a big-ticket item, we researched and found some reliable online sources where good ones could be found at discounted prices. I received a comment from one of our moms who delivered nine months previously and had used a particular pump I had mentioned. She gave her own review of the product and in this way it becomes a sharing experience. Incidentally, she was still coming back to the blog long after she delivered her baby, validating our idea that this would be a regularly visited and reliable site.

After seeing the popularity of the blog we realized it was beneficial to all women; not just those enrolled in PEHP insurance plans, so it is open to all. We do mention specifics about PEHP, but we let them know that while everyone is welcome, any insurance benefits mentioned apply to PEHP members only. We have received nothing but positive comments in the 16 months of its existence. I believe it allows us to get information out in a very non-threatening, ecologically-friendly way, that meets people where they are. Sometimes as I speak with clients and suggest a resource they ask, “Is it on the blog?” and when I reply in the affirmative, they say, “OK, then I have it.” This lets me know they consider it a good resource to find other information and can use it as a type of directory
Member to Member CONT.

How is Utah Department of Health using social media?

for pregnancy-related needs. Because they continue to come after the baby is born, we also include references to pediatric information and child safety. I also include a list of recalled items for safety concerns (if they relate to moms and babies).

Blogging is a little bit different than standard websites in that we can be more casual and often even use the first person in writing and sharing experiences. This makes it more personal and I believe makes us more “real” to the reader. The March of Dimes has a blog and the author is a mother who shares her own experiences as she discussed topics of interest. We decided we liked that feel so we sometimes include similar blogs. We also include links to a few other “mother blogs” of interest from writers around the country. I believe this makes people feel connected with each other - even strangers. Sometimes the social element is lacking for new moms and they look to these sources for reassurance, help, friendship and support. To view the PEHP blog, visit here.

Success Stories

Louisiana

Karis Schoellmann  
MCH Health Education/Communication Director  
Louisiana Office of Public Health

The Stork Reality Campaign - The Louisiana Office of Public Health, MCH program has developed and incorporated a preconception health campaign into its Partners for Healthy Babies social marketing project. The importance of preconception health is well known and understood within the health community, but largely under recognized among the average American population. It is becoming clearer to health professionals, that prenatal care cannot address lifelong chronic disease, stress, poor access and utilization of healthcare that affects many women in Louisiana. In Louisiana roughly 50 percent of pregnancies are unplanned. It is important that the message of preconception health and its effects upon pregnancy outcomes be understood more widely. The target audience for The Stork Reality Campaign is primarily females, 18-34, statewide, who are not actively trying to get pregnant.

Sammy the Stork spends many evenings with his flock, (a street team) swooping in and out of neighborhood bars throughout the state, making new friends and spreading the word about the importance of preconception health. The campaign’s strategic approach combines traditional marketing methods (advertising and website) with grassroots efforts, supported by social media and online tactics. All drive traffic to TheStorkReality.com website. The website houses a series of videos where Sammy is interacting with the target audience. Besides a seven foot stork, a street team, social media (Facebook, Twitter and MySpace) and the website, other tactics to reach the audience in an unexpected way include indoor placements (bars, etc) of posters, coasters, along with TV/radio spots and interactive media. The campaign was initiated in the fall of 2009. The project monitors and evaluates all tactics. So far, results are being used to define clearer target audience segments and fine-tune strategies. Pre and Post test surveys have provided insight as to what parts of the “preconception health” message are more readily absorbed, and for which there is more resistance. For more information, please contact the Louisiana MCH program at (504) 568-3504.

Maine

Mallory Cyr  
Youth Coordinator  
Healthy & Ready to Work (HRTW)

In an age where technology is evolving faster than we can keep up, it only makes sense that we begin utilizing some of the social networking sites that keep popping up, as a true networking tool- especially with the younger generations.

In the state of Maine, we use a Facebook group as a way to connect with our youth advisory council. While it does not replace phone calls, or emails to relay important messages, it is an additional way to get bursts of information to the entire group, as well as providing the youth leaders with a way to connect with each other. During the meetings, there is minimal amount of time for social interaction, so having a source of virtual networking, gives the youth an opportunity to further bond with each
other on a personal level and share their thoughts and interests beyond the agenda of the meeting. This helps create a stronger sense of trust within the group and creates a setting in which the youth feel more comfortable sharing stories and experiences about the system and their transition. Connecting with Facebook also adds a more personal touch as it allows us to upload photos from the meetings, which shows others the sort of activities that we do.

“For me, the Facebook group has helped with being updated with important messages or information about the meetings. It works as a friendly reminder, because the majority of the group members are likely to be on Facebook more than their email,” says YAC member, Noelle Lent.

We have also utilized the group to post current events or share resources that may be useful. This helps to continue dialogue within the group in between the face-to-face meetings. With someone serving as a moderator, to facilitate and supervise activity, Facebook and other social networking sites can be a very valuable tool for engaging youth.

In addition to a NING profile, KASA has a Facebook group that we use to help us connect our membership with one another. People that have joined our Facebook group can keep up on current advocacy issues through messages and wall posts, otherwise known in KASA as “instant advocacy.” People in the group can also talk to one another about how they are doing personally. Having the Facebook group has also managed to get more people interested in KASA and the great work that we are doing. Overall, through using social networking websites, we have learned organizational skills and how valuable our strong network of supporters are to us because without those two things we wouldn’t be where we are today.

**New Mexico**

**Danielle Fellguth**  
*Kids As Self Advocates (KASA)*  
*Board member, with input from the KASA Board*

National Kids As Self Advocates (KASA) uses two social networking websites, NING and Facebook, to help us stay organized and reach out to our network. NING is a social networking site where people can create a “NING group” that they then use to connect with other members of the group using their group’s profile page. Members of that group can post blogs, send messages to other members of the group, start and participate in discussions, send out event invitations, upload photos and more. KASA’s NING group has proven to be extremely beneficial to us mainly because it helps us stay organized. We use the blog feature to post our Board call minutes and/or any other notes we may have. This puts them all in one place and makes it easy for us to find specific information when we need to. KASA uses the event invitation feature to keep track of the times and dates of our Committee and Board calls and to remind people of upcoming calls. By doing this, we ensure that no call is scheduled on the same day or at the same time as another call and that everyone knows when their calls are scheduled. One lesson that KASA has learned by using NING is that you save a lot of time when looking for specific information if it’s all organized and in one place.

Oregon

**Jennifer Young, MPH, RD**  
*Nutrition and Physical Activity Coordinator*  
*Office of Family Health*  
*Public Health Division, DHS*

Oregon’s WIC and Adolescent Health sections set up and administer a Facebook page to educate about marketing of junk food to kids. The Facebook page is for the *Too Many Ads: Marketing Junk Food to Kids Campaign* that the Nutrition Council of Oregon is running. The Office of Family Health is one of the members of the Nutrition Council of Oregon. There are well over 800 fans and the Facebook site continues to grow. This effort has been implemented in combination with a poster campaign on MAX and Trimet buses, and posters sent to pediatric medical and dental clinics, child care providers, preschools, Head Start, WIC programs, and most recently, libraries. In addition to the posters, the campaign has produced bookmarks to promote the Facebook site. To learn more about this innovative use of Facebook, visit [here](#).
Success Stories CONT.

Washington

Michele Roberts, MPH, CHES
Health Promotion and Communication Manager
Immunization Program CHILD Profile Washington
Department of Health

Yuchi Yang, MS, RD, CD
Nutrition Consultant
Children with Special Health Care Needs Program
Washington

The Washington State Department of Health started using Twitter in late summer 2009 as part of an effort to get West Nile virus messages out in real time. In the fall the agency broadened its approach by adding H1N1 information. This was especially helpful in getting messages out to MCH populations - like pregnant women - and reminding parents to get children under 10 years of age two doses of vaccine. In fact, the message about kids needing two doses was one of the H1N1 tweets that got the most activity after it was posted. The department has promoted the site through news releases and links on its online newsroom page. It also uses the Twitter site to give advance notice of some upcoming news releases, which gives reporters an extra incentive to sign on. As a result, the agency has seen the number of online “followers” grow from a handful in the summer to more than 300 today. Many of the followers are “retweeting” agency information regularly, which helps the agency reach thousands more. Like other social media tools, the more you put in to it and the more timely and relevant your information is, the more your followers will get out of it and share information with others. The agency is tracking the time spent, resources and lessons learned from this initial effort. Communications staff is using that information as it works on agency-wide guidelines. You can follow the Washington State Department of Health here.

Also, DOH sponsored a recent Tribal H1N1 Public Service Announcement, which is posted on YouTube and the Washington State Maternal and Child Health Office has shared/promoted text4baby to local health departments in the central region. Additionally, Washington State has posted legal issues on the state agency use of social media here.

View from Washington
Health Reform Legislation Passes!

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

On March 21, the view from Washington changed in a seismic way when the U.S. House of Representatives passed a health reform package consisting of the Patient Protection and Affordable Care Act by a final vote of 219 to 212 and the Health Care and Education Affordability Reconciliation Act of 2010, also by a final vote of 220 to 211.

Throughout this debate, AMCHP has used electronic media to try to keep our members, partners and friends in touch with the latest news from our nation’s capital. While we may not be on the forefront of Facebook, Twitter, and other emerging social media, we have tried to use the trusty stand-bys of email, our website – particularly our Health Reform Resource Hub – and interactive audio-conferences to offer multi-media options to learn what health reform means for state MCH programs.

So What Happens Next?

President Obama signed the Patient Protection and Affordable Care Act into law on March 23. The Senate will begin debate on the final budget reconciliation changes approved by the House soon after. Once the Senate bill is signed it will set in motion the process to expand health insurance coverage to 32 million Americans – including close to 9 million children and 12 million women of reproductive age in 2014. This will happen regardless of the fate of the reconciliation bill in the Senate, although that action could be completed in the next week or two.

More immediately, a number of the insurance reform consumer protections, prevention and public health investments will begin this year including the new Title V home visiting state grant program. A summary of the changes that take effect within the next year is available here, and a longer implementation timeline through 2014 provided by the Ropes and Gray law firm is here.
As a reminder, an official summary of the final budget reconciliation changes is [here](#), and AMCHP's summary of MCH-related highlights from the Patient Protection and Affordable Care Act is [here](#). Pending Senate completion, we will quickly work to combine these into one final summary. A more extensive summary of the prevention, public health and workforce related provisions in the bill is available from the Trust for America’s Health [here](#).

**Immediate Impact for State Title V MCH Programs**

As reported by AMCHP over the past several months the passed bill adds a new Section to Title V of the Social Security Act and provides $1.5 billion over five years for Maternal, Infant and Early Childhood Home Visiting Programs. The bill will require states, as a condition of receiving the MCH block grant funds for FY2011, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs within six months of passage. This means the clock could start ticking as early as March 23.

A summary of the home visiting program provided by the Senate Finance Committee is [here](#), and the full legislative text for the home visiting program is [here](#). The statutory requirements for the elements to be included in your state needs assessments are listed on pages 561-564. We will be working with Federal partners to get as much information as we can about next steps for your program and share that with you. The law specifies that the program will be jointly administered by the Maternal and Child Health Bureau and the Administration for Children and Families (page 580). The law also specifies that eligible entities to receive the grants are “a State, an Indian Tribe, Tribal Organization, or Urban Indian Organization, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.”

Because of the lack of specificity, we assume that MCHB and ACF could issue guidance asking state governors to designate a lead state agency, but we do not know that this is the case and will be seeking clarification. It may be a good idea for you to connect with your state health agency leadership and key partners from other agencies including child welfare, early education, child care, Medicaid, and others to lay the groundwork for the collaboration that will be needed to optimally implement this in your state.

**What Else is Specifically in Health Reform for Title V MCH Programs?**

Among the many important provisions, the bill adds two additional new sections to Title V: Section 512 providing an initial grant of $3 million to support Services to Individuals with a Postpartum Condition and their Families and a new Section 513 providing $375 million over five years also through ACF for Personal Responsibility Education Grants for state programs “to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy.” The bill also restores funding for the Section 510 abstinence education grant program. There is no word yet on how this program will mesh with the new evidence-based teen pregnancy prevention funds. Finally, the bill restores the Section 501 Family to Family Health Information Center Funding.

The bill also creates a $7 billion Prevention and Public Health Fund (over five years) but specifically indicates that only programs authorized by the Public Health Service Act are eligible. Since Title V is under the Social Security Act it will likely not be directly eligible for support for this fund, but those resources may support many of the CDC and other HRSA programs that address MCH needs. Stay tuned for additional information on what health reform means for state MCH programs and our plans to support state MCH roles in implementation.

**CONTINUING EDUCATION AT AMCHP 2010!**

Continuing education was provided by the Centers for Disease Control and Prevention (CDC) at the AMCHP Annual Conference. The evaluations for CE credits are now available and **must be completed by April 12, 2010.**

For more Continuing Education information, please visit [here](#).
Who’s New

AMCHP Welcomes New Program Associate Melody Gilbert

Melody joins AMCHP as the new Program Associate for the Program Team. She will be working to support the State Public Health Coordinating Center on Autism and our general Program team activities. Melody recently graduated from the University of Washington with a Bachelor of Science in Psychology. Melody has worked at the University of Washington’s Department of Communication as a Research Assistant on an anti-trafficking project and as a Research Volunteer at the University of Washington Autism Center. She also has experience as a Communications Fellow at the Partnership for Public Service and has worked as a nanny for a child with autism.

Get Involved

Call for Feedback

The Disability and Health team at Centers for Disease Control and Prevention is in the process of improving its website. This improvement project includes the development of an online interactive database application to store and display data about people with disabilities compared to those without disabilities across a variety of health topics. As part of this preliminary work on this project, they are conducting a survey to find out your information needs, what features would be useful to you, and how this tool can be most effective and user-friendly. The survey deadline is March 31. For more information, contact Marcia Miller. To complete the survey, visit here.

AAP Call for Abstracts

The American Academy of Pediatrics (AAP) is calling for abstracts for its 2010 National Conference and Exhibition to convene on October 1. AAP is interested in case presentations that address how practicing pediatricians have used health information technology to improve healthcare quality in their practices. The deadline to submit an abstract is April 16. To learn more, visit here.
Data and Trends

The following chart documents the generational differences in online activities from the Pew Internet & American Life Project.

<table>
<thead>
<tr>
<th>Generational Differences in Online Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Teens</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Go online</td>
</tr>
<tr>
<td>Teens and Gen Y are more likely to engage in the following activities compared with older users:</td>
</tr>
<tr>
<td>Play games online</td>
</tr>
<tr>
<td>Watch videos online</td>
</tr>
<tr>
<td>Get info about a job</td>
</tr>
<tr>
<td>Send instant messages</td>
</tr>
<tr>
<td>Use social networking sites</td>
</tr>
<tr>
<td>Download music</td>
</tr>
<tr>
<td>Create an SNS profile</td>
</tr>
<tr>
<td>Read blogs</td>
</tr>
<tr>
<td>Create a blog</td>
</tr>
<tr>
<td>Visit a virtual world</td>
</tr>
<tr>
<td>Activities where Gen X users or older generations dominate:</td>
</tr>
<tr>
<td>Get health info</td>
</tr>
<tr>
<td>Buy something online</td>
</tr>
<tr>
<td>Bank online</td>
</tr>
<tr>
<td>Visit gov’t sites</td>
</tr>
<tr>
<td>Get religious info</td>
</tr>
<tr>
<td>And for some activities, the youngest and oldestcohorts may differ, but there is less variation overall:</td>
</tr>
<tr>
<td>Use email</td>
</tr>
<tr>
<td>Use search engines</td>
</tr>
<tr>
<td>Research products</td>
</tr>
<tr>
<td>Get news</td>
</tr>
<tr>
<td>Make travel reservations</td>
</tr>
<tr>
<td>Research for job</td>
</tr>
<tr>
<td>Rate a person or product</td>
</tr>
<tr>
<td>Download videos</td>
</tr>
<tr>
<td>Participate in an online auction</td>
</tr>
<tr>
<td>Download podcasts</td>
</tr>
</tbody>
</table>


Sources for online adult data: Pew Internet Project Surveys conducted August 2006, Feb.-March 2007, Aug.-Sept. 2007, Oct.-Dec. 2008, August 2008, November 2008, and December 2008. Margin of error for all online adults is ±3% for these surveys. The average margin of error for each age group can be considerably higher than ±3%, particularly for the "Matures" and "After Work" age groups. See Methodology for average margins of error for each generational group.

Most recent teen data for these activities are from the Pew Internet Project Teens and Parents Survey conducted Oct.-Nov.
Organizations and Social Media

- **Academy for Educational Development (AED):** Addresses critical social problems and improve the lives of people around the globe. AED gives people tools to build their own future and to begin making lasting social change through its Center for Social Marketing and Behavior Change. It employs consumer research and competitive analyses and draw on marketing, product development and policy strategies to make change easier and more appealing for identified audiences.

- **Advocacy for Youth Organization:** The Center for Population Options, Advocates for Youth champions’ efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believe that it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

- **Benton Foundation:** Works to ensure that media and telecommunications serve the public interest and enhance our democracy. We pursue this mission by seeking policy solutions that support the values of access, diversity and equity, and by demonstrating the value of media and telecommunications for improving the quality of life for all, by articulating a public interest vision for the digital age and demonstrates the value of communications for solving social problems.

- **Center on Media and Child Health (CMCH):** A joint initiative of Children’s Hospital Boston, Harvard Medical School, and Harvard School of Public Health, the center provides scientific research, clinical interventions, and education on the subject of media and their effects, positive and negative, on the physical, mental, and social health of children and adolescents. The center offers a free searchable database of scientific research on media effects, publishes research findings, produces guidelines for parents and teachers concerning safe and constructive uses of media, and publishes an electronic newsletter.

- **Communications Consortium Media Center (CCMC):** Uses media and new technologies as tools for change.

- **Crozer-Keystone Healthy Start Organization:** Ensures a sound beginning of community’s most fragile citizens - its infants and children. It addresses the variety of complex health, social and environmental problems which contribute to poor pregnancy and birth outcomes, by improving maternal health and birth outcomes by increasing access to services for participants through outreach, education and care coordination of a range of services including medical, social, educational and housing services . As part of its campaign to keep Pennsylvania’s families healthy, through its Health Advocacy Center invites families take action for Health.

- **Johns Hopkins Center for Communications Programs (CCP):** Partners with organizations to design and implement strategic communication programs to influence political dialogue, collective action, and individual behavior and to enhance information access to improve health and health care.

- **March of Dimes Organization (MOD):** Promotes the health of babies by preventing birth defects, premature birth, and infant mortality. Supports research, community services, education and advocacy to save babies’ lives using March of Dimes researchers, volunteers, educators, outreach workers and advocates work together to give all babies a fighting chance against the threats to their health: prematurity, birth defects, low birth weight.

- **MCH Library at Georgetown University:** Provides accurate, timely information including the weekly newsletter MCH Alert, resource guides, full text publications, databases, and links to essential MCH resources on social media.
Resources cont.

- **Megaphone Organization**: Provides voices of under-served communities and those who advocate for them in order to increase political access, inspire action and create social change. The project accomplishes this through message development, media production, and targeted media distribution. Its focus is in the city of Baltimore, Maryland.

- **National Association of County and City Health Officials (NACCHO)**: Supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. Through its Communications department, NAACHO offers a chance to connect with each other, using popular social media tools.

Publications on MCH Social Media

- **Center for Health Care Strategies**. “Case study: Vermont’s Campaign to Improve Children’s Oral Health.” This information package contains materials used in a social marketing and media campaign to improve public oral health education in Vermont. The materials include a report on the campaign’s research and findings, the first of four print ads used to promote good oral health care for children, and the campaign timeline.

- **The Future of Children**. "Using the Media to Promote Adolescent Well-being." This policy brief discusses adolescents' use of electronic media and proposes a strategy to provide adolescents with positive messages that they can access electronically. The brief discusses adolescents' use of electronic media, the role of parents, and social marketing and media, including examples of programs that promote adolescent well-being through electronic media.

- **National Institute for Health Care Management Research and Educational Foundation**. “Recommended Adolescent Health Care Utilization: How Social Marketing Can Help.” This paper examines ways in which social marketing can help promote adolescents' use of recommended health care services.

- **Pew Internet and American Life Project**: “The Social Life of Health Information: Americans’ Pursuit of Health Takes Place Within a Widening Network of Both Online and Offline Sources.” This publication describes a national survey about the social impact of the Internet on health care. Topics include types of Internet or traditional sources used by consumers, how information gathered is used to communicate with health professionals, and who is likely to be using which services.

CDC Websites on Social Media

The CDC develops its social media support for social change of its population served and posts them under its Current Social Media Campaigns website. These may include:

- **Health Marketing Musings**
- **Social Media Guidelines and Best Practices**
- **The Social Media Collaboration**
- **Using Social Media to Increase the Impact of CDC’s Science / Forum One Web Executive Seminar**
- **Using Social Media to Meet CDC’s: H1N1 Flu Response**
Board of Directors

Executive Committee

President (2009-2011)
Phyllis J. Sloyer, RN, PhD, FAHM, FAAP
Florida

President-Elect (2009-2011)
Stephanie Birch, RNC, MPH, MS, FNP
Alaska

Past President (2009-2011)
Nan Streeter, MS, RN
Utah

Secretary (2010-2012)
Loretta Fuddy, ACSW, MPH
Hawaii

Treasurer (2010-2012)
Vacant

Board Members

Region I (2010-2012)
Lisa Bujno, ARNP
New Hampshire

Region II (2008-2011)
Linda Jones Hicks, DO, FACOP, FAAP
New Jersey

Region III (2008-2011)
Melita Jordan, CNM, MSN, APRNC
Pennsylvania

Region IV (2009-2012)
Daniel Bender, MHS
Mississippi

Region V (2008-2011)
Kathy Stiffler
Michigan

Region VI (2010-2012)
Suzanna Dooley, MS, ARNP
Oklahoma

Region VII (2008-2011)
Melinda Sanders, MS(N), RN
Missouri

Region VIII (2009-2012)
Karen Trierweiler, MS, CNM
Colorado

Region IX (2010-2012)
Les Newman
California

Board of Directors cont.

Region X (2010-2012)
Maria Nardella, MA, RD, CD
Washington

Director-At-Large I (2009-2012)
Annette Phelps, ARNP, MSN
Florida

Director-At-Large I (2009-2011)
Katherine J. Bradley, PhD, RN
Oregon

Family Representative I (2009-2012)
Eileen Forlenza
Colorado

Family Representative I (2008-2011)
Mary Marin
Michigan

AMCHP Staff

Matt Algee, Accountant

Michelle Alletto, MPA, Senior Manager, Public Policy & Government Affairs

Rachel Arculin, Program Manager, On-line Media & Information Technology

Julio Arguello, Jr., Publications & Member Services Manager

Joshua Brown, Senior Manager, Public Policy & Government Affairs

Treeby Brown, Senior Program Manager, Children and Youth With Special Health Care Needs

Tania Carroll, Office Assistant

Sharron Corle, Associate Director, Adolescent Health

Michael Dugger, Administrative Assistant

Librada Estrada, MPH, CHES, Associate Director, Workforce & Leadership Development, Family Involvement

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

Mike Fraser, PhD, Chief Executive Officer

Melody Gilbert, Program Associate, Program Team
AMCHP Staff CONT.

Jessica Hawkins, MPH, CHES, Program Manager, Women’s and Infant Health
Adriana Houk, Associate Director, Organizational Performance and Membership
Nora Lam, Executive Assistant
Henry Maingi, MA, Senior Program Manager, Data & Assessment
Lissa Pressfield, MHS, Program Manager, Adolescent Health
Lauren Raskin Ramos, MPH, Director of Programs
Vanessa A. White, MPH, Associate Director, Women’s & Infant Health
Darlisha Williams, MPH, Program Manager, Best Practices
Grace Williams, Senior Program Manager, Children With Special Health Care Needs and Family Involvement

Sponsors

2010 Annual Conference Diamond Level Sponsor

2010 Annual Conference Silver Level Sponsors

Abt Associates Inc.