From the President

Adolescent Health & Teen Pregnancy

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

Welcome to this issue of Pulse and the topics of teen pregnancy and adolescent health; the foci of recent grant awards. Because I tend to frame a particular aspect of health within the context of a system of care, I thought it would be interesting to conduct an internet search on adolescent health and comprehensive systems of care. The first 25 hits involved mental health systems and subsequent hits didn’t really identify the incorporation of issues around teen pregnancy and adolescent health within the context of a comprehensive system of care for adolescents and young adults.

Data concerning the rise in teen births and potential deleterious outcomes of teen births will be presented in this issue. For example, CDC has posted the following information:

- Preventing teen childbearing could save the U.S. about $9 billion per year;
- Teen mothers face higher rates of preterm birth;
- Infants of teen mothers have higher rates of low birth weight and infant mortality;
- Children of teen mothers are more likely to have learning problems and chronic medical conditions. They are also more likely to drop out of high school.
From the President CONT.
Adolescent Health & Teen Pregnancy

This issue is also about adolescent health; a broader topic encompasses the need for focused health education, and interventions to reduce risky behaviors and promote positive development into adulthood. The good news is that there are several states that have developed promising practices that integrate reduction of risk-taking behaviors with other aspects of adolescent health. In addition, there are several sustainable science-based approaches to the prevention of teen pregnancy.

Of particular note, AMCHP staff has prepared an excellent white paper concerning the need to develop comprehensive systems of services for adolescents and young adults that weaves the science-based approaches into a highly integrated model.

I know that you will find a great deal of useful information in this issue of Pulse. Enjoy!

Table of Contents

Who’s New.................................................. 12-13
Get Involved.................................................. 13
Data and Trends.......................................... 14-16
Resources..................................................... 17-19
Board of Directors....................................... 20
AMCHP Staff............................................... 20-21

From the CEO
Investing in Our Future

By Mike R. Fraser, PhD

I recently had the chance to be part of a meeting in North Dakota with a group of people who really, really care about adolescent health. They were passionate. They were dedicated. They knew where adolescents were coming from – a few were parents of teenage children and they used examples from their own lives to inform our conversation. The group was excited, the work we were doing was innovative and brought together representatives from health, education, and other groups to think through what a comprehensive statewide approach to adolescent sexual health could look like for their population of young people. I left the meeting energized and impressed with the commitment and passion that these state leaders brought to their work. Thinking back on the meeting now, the words opportunity, commitment, leadership, excitement, science-based, and improved health all come to mind.

This issue of Pulse also brings to mind these words. The programs and resources herein are all about improving adolescent health and addressing teen pregnancy prevention. We have tremendous opportunities – new federal investments in evidence-based teen pregnancy prevention are included in this year’s Federal Budget (The President’s Teen Pregnancy Prevention Initiative, or TPP) and in health reform legislation (Personal Responsibility and Education Program, or PREP) and funding for abstinence-only programs was restored. We also have commitment and leadership in a newly formed Office of Adolescent Health within the Department of Health and Human Services. Working with this Office and its partners across government, AMCHP and states can expect to see a holistic approach to adolescents which includes healthy relationships, adolescent development, financial literacy, educational and career success, and healthy life skills – not just preventing teen risk-taking behaviors.

What is so exciting about adolescent health is the opportunity to improve lifelong health by investing in young people. As MCH moves to embrace a “life course” perspective, a focus on adolescents and improving teenagers’ health becomes a critical piece of our work.
Healthy teens have better chances to grow into healthy adults. The life skills we can teach to our teens will pay dividends in better future health outcomes but also future social and economic outcomes. AMCHP has taken a comprehensive, systems-thinking approach to adolescent health that moves beyond the plumbing lessons that frequently comprise the “adolescent health program.” Our approach moves toward positive youth development and healthy decision making in all aspects of a teenager’s life, not just their sexual health. The articles and resources in this issue represent some of our current thinking and the “state-of-the-states” as we develop our adolescent health programs on your behalf.

Thinking back to that meeting in North Dakota, I am struck by how many opportunities we have to truly invest in adolescent health. Let’s braid those opportunities with our passion, commitment, and evidence-base to truly make a difference in the lives of our nation’s teens, their friends, and their families.

Feature

CDC Priority: Improving the Health and Future of Adolescents Through Preventing Teen Pregnancy

By Carla P. White, MPH
Independent Consultant
CDC/Division of Reproductive Health

In the spring of 2010, CDC Director Thomas Frieden, MD, MPH, highlighted teen pregnancy as one of the agency’s top public health priorities. CDC addresses such priorities through strengthening surveillance and epidemiology, supporting family planning services and evidence-based programs in states and communities, and providing data needed for making informed policy decisions.

In 2008, 435,000 live births occurred to mothers aged 15-19 years, a birth rate of 41.5 per 1,000 women in this age group. Nearly two thirds of births to mothers younger than age 18 and more than half among mothers aged 18-19 years are unintended. Despite significant and steady declines in teen birth rates in recent decades, this decrease appears to have slowed recently, with rates increasing from 2005 to 2007, then decreasing slightly in 2008. The U.S. teen pregnancy and birth rates are substantially higher than those of all other western industrialized nations.

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. For example, pregnancy and birth are significant contributors to high school drop out among girls, and only about 50 percent of teen mothers receive a high school diploma by age 22, versus nearly 90 percent of women who had not given birth during adolescence. The children of teenage mothers are more likely to have lower cognitive attainment and proficiency scores at kindergarten entry, exhibit behavior problems, have chronic medical conditions, rely more heavily on publicly provided health care, be incarcerated at some time during adolescence, drop out of high school, give birth as a teenager, and be unemployed, or underemployed as a young adult.

CDC is expanding its leadership in preventing teen pregnancy and reducing disparities in teen pregnancy and birth rates. CDC and its partners are taking a multifaceted approach to this public health priority by addressing four specific areas:

- Increasing access to and use of contraceptives among sexually active teens;
- Implementing evidence-based teen pregnancy prevention programs, including youth development programs that reduce risk factors associated with teen pregnancy;
- Identifying and promoting policies supportive of adolescent reproductive health; and
- Establishing communitywide teen pregnancy prevention efforts that involve multiple levels of providers and organizations within communities, and that are sustained beyond CDC funding periods.
Preconception Health Guidelines: Promoting Adolescent Health and Reducing Teen Pregnancy

By Sharron Corle
Associate Director, Adolescent Health, AMCHP

In the United States, almost 50 percent of pregnancies are unintended – for teenagers, the number is even higher – it’s estimated that over 66 percent of teen pregnancies are unintended. And, according to some recent data from the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report, it’s not just about preventing teen pregnancy, the overall sexual and reproductive health of teens needs to be addressed. Some of the key findings from the report are:

- Women younger than 20 years of age had a total of about 745,000 pregnancies in 2004;
- HIV/AIDS was present in about 22,000 youth aged 10 to 24 years in 33 states in 2006;
- Chlamydia, gonorrhea, or syphilis was present in about 1 million youth aged 10 to 24 years in 2006;
- During 2003 to 2004, 25 percent of women 15 to 19 years of age and 45 percent of those 20 to 24 years of age had evidence of human papilloma virus infection; and
- During 2004 to 2006, about 105,000 adolescent women 10 to 24 years of age were seen at a hospital emergency department for nonfatal sexual assault injury.¹

Teenage pregnancy and sexual activity are, of course, complex phenomena. Teen pregnancy is often not just about sex, but rather there can be many issues involved – poverty, gender equity, and lack of access or information, to name a few. Teen pregnancy prevention efforts, then, should do more than provide young people with information about the risks and consequences of unprotected sexual activity. Public health efforts have focused for so long on preventing pregnancy among adolescents that the idea of promoting preconception health strategies with this population may seem to be a curious notion.

In 2006, the Centers for Disease Control and Prevention released Recommendations to Improve Preconception Health and Health Care. The ultimate goal of the recommendations is to improve the health of women and couples, thus, the use of the term "preconception health" can be misleading – they’re not just about improving pregnancy outcomes, they’re about improving health outcomes. The use of “preconception” as an adjective before the term health simply implies that the health promotion activities are meant to be conducted anytime before a pregnancy occurs to address risk factors across the lifespan – including during adolescence. Many public health programs are recognizing that health trajectories, including reproductive health, are developed over the course of a lifetime and health behaviors initiated during adolescence can have a great impact not only on future reproductive outcomes, but also on present and future health.

In the fall of 2009, AMCHP, in partnership with the Association of State and Territorial Health Officials (ASTHO), launched a preconception health project designed to help a group of innovative states consider how to operationalize Preconception Health Recommendation...
8 – integrating components of preconception health into existing public health programs and efforts, in this case state-level adolescent health efforts. AMCHP and ASTHO created a Request for Proposals (RFP) asking interested states to submit applications to participate in an 18 month-long Preconception Health and Adolescents Action Learning Collaborative (ALC). Twenty-four states participated in the “bidders” call for RFP and 14 states submitted applications. As funding only allowed support for a maximum of six states to participate in the project, selecting the teams was challenging for the review committee. In the end, teams from Missouri, Ohio, Oregon, Pennsylvania, South Carolina and Utah were selected. The ALC was officially launched in November 2009 during a two-day meeting in Atlanta where participants learned about the research behind the preconception health guidelines and the life span approach to health, strategized with their team members about potential opportunities in their states related to integrating the recommendations into current efforts (or creating new efforts) and planned for action. States were specifically charged with considering Recommendation 1 – promoting individual responsibility across the lifespan which involves designing strategies to encourage each woman, man, and couple to have a reproductive life plan; Recommendation 2 – raising consumer awareness, which involves designing strategies to increase public awareness of the importance of preconception health care and services by creating tools and disseminating information; and Recommendation 4 – promoting and disseminating interventions that screen for or treat identified risks, which involves increasing awareness of the importance of ongoing care for chronic conditions and disseminating existing evidence-based interventions that address risk factors.

Each of the teams is working on a project that has relevance for their particular team or state. Oregon is looking at the concept of preconception health and youth with disabilities. Ohio is taking a look at their broader efforts related to adolescent health. Pennsylvania has two complementary aspects of their project, working to raise awareness of the life course approach and preconception health with providers and school personnel and working with parents to improve their communication skills around these issues. South Carolina is targeting young adults in their efforts and seeking to raise awareness of preconception health with this population. Utah has developed a set of guiding questions relating preconception health concepts to information already included in the health curriculum for teachers and are also promoting a reproductive life plan for adolescents. Missouri is tackling a challenge that all the teams face – how to reframe preconception health concepts so that the connection to adolescent health outcomes is more obvious. Over the course of the next year, AMCHP and ASTHO will be working closely with these six teams and also thinking about the next phase of this work, so stay tuned!

Sharron Corle, Associate Director, Adolescent Health on behalf of the AMCHP’s Women’s and Infant and Adolescent Health Teams and ASTHO’s Maternal and Child Health Team.

Endnote


The National Stakeholders Meetings Version 2.0

By Lissa Pressfield, MHS
Program Manager, Adolescent Health, AMCHP

Since the creation of the National Stakeholders Collaborative (NSC) in 2003 — a partnership between the Association of Maternal & Child Health Programs, the National Alliance of State and Territorial AIDS Director, the National Coalition of STD Directors, and the Society of State Directors of Health, Physical Education and Recreation — the group has convened 33 states in National Stakeholders Meetings (NSM) designed to develop state-level, inter-agency partnerships to improve adolescent reproductive and sexual health. Through a competitive application process, state teams are selected to participate in the NSM process, which includes a kick-off meeting and 12 months of technical assistance from
Feature cont.
The National Stakeholders Meetings Version 2.0

the national partners, which are aimed at helping state teams prepare and implement inter-agency strategic plans, develop joint initiatives, streamline and enhance existing programs and policies, and create resources. Each state team consists of departments of health and education officials in maternal and child health, HIV/AIDS, STDs, school health programs, and other key stakeholders.

Participating states have had a variety of successes, for example: SOUTH CAROLINA’S NSM TEAM collaborated, through the State Alliance for Adolescent Sexual Health (SAASH), to recommend revisions to certain health education standards for grades K-12, which were adopted by the State Board of Education; WASHINGTON STATE’S NSM TEAM contributed to enactment of the Healthy Youth Act, mandating that school-based sex education be medically accurate and follow K-12 Guidelines for Sexual Health Information and Disease Prevention, developed by the team; CALIFORNIA’S NSM TEAM created the Adolescent Sexual Health Work Group (ASHWG), a coalition of governmental and nongovernmental organizations that developed core competencies for adolescent sexual and reproductive health professionals and produced integrated data reports that identify relevant trends, disparities and needs; and CONNECTICUT’S NSM TEAM helped develop the Tell Me What You See program that integrates art work and poetry created by incarcerated youth into high school health education curricula on STDs, hepatitis and HIV prevention.

In 2009, the NSC launched a new version of the process, the NSM 2.0, to respond to a growing need to reach out to past participants and re-energize their collaborative efforts. To accommodate for many current state travel restrictions, the meeting format was adapted so that the NSC partners would travel to the states. North Dakota and Texas are the states that were selected for participation in 2009/2010. The NSC hosted meetings with these teams in April 2010, and worked with them to create a comprehensive action plan to serve as a road map for their collaborative efforts and build a cohesive and committed team. Both teams are dedicated to improving adolescent sexual health in their states and have identified strategies to address key disparities, pool resources, promote evidence-based approaches and leverage the expertise and experience of the various divisions, departments, and stakeholders involved. During this time of increased national focus and funding for teen pregnancy prevention, the NSM 2.0 process provided an opportunity to connect with new partners and talk about strategies that broadly address adolescent sexual health and youth development. AMCHP and the states will share their successes and lessons learned throughout the process. To learn more, visit AMCHP’s website.

Real Life Story

PhotoVoice: The Power of Photos in One Community

By Kendra Gallegos Reichle, MS
Dragon Youth Project Coordinator
San Juan Basin Health Department

PhotoVoice is an action research method in which community members are supplied with cameras and asked to document the realities of life in the community. The resulting photos, which record both strengths and areas of concern in the community, are used to raise awareness about important issues and encourage dialogue about them.

A few state maternal and child health programs, such as California and Rhode Island, have used the PhotoVoice technique as part of their on-going Title V needs assessment processes to identify priority community concerns. Local health programs are using PhotoVoice as well, including the San Juan Basin Health Department in Colorado. The local health department was a member of the Colorado team that participated in the AMCHP and NACCHO “Evidence-based Approaches to Teen Pregnancy Prevention – Moving Interest to Action” project.

Kendra Gallegos Reichle, coordinator of the San Juan Basin Health Department’s Dragon Youth Project, used PhotoVoice to document the realities of youth living in rural communities, particularly the lack of resources that may contribute to experimentation with risky behaviors that can result in teen pregnancy. Originally intended to be part of the community needs assessment process to help identify an evidence-based teen pregnancy prevention program that could be implemented in the community, the project took on a life of its own - as a teen pregnancy prevention program.
Real Life Story CONT.

PhotoVoice: The Power of Photos in One Community

“When I first started working on the PhotoVoice project, I had a lot of expectations about what it should look like. But after more research and a better understanding it became clear to me that PhotoVoice isn’t as structured as other forms of community assessment. Instead it is encouraged to “go with the flow” and see what comes up. So when it was time to form the team of high school students in charge of the PhotoVoice assessment, I let them take the lead and was pleasantly surprised by the outcome! The teens (who named themselves the EPIC TEAM – Every Pregnancy Is Considered Through Every Aspect of the Mind), became incredibly enthusiastic about the project and the process truly helped them recognize the lack of resources in their community (rural Colorado) available to help them make healthy choices. The photos taken were simple, but the power behind these photos and the articulate messages created by these teens were eye opening. Some examples of photos taken include: a park, which was explained as one of the abundant resources available to younger kids in the community, while high school aged kids are left with no resources; a package of condoms at the check out line at the grocery store, which was explained to be one of the only places to purchase contraceptives in the community, which can be quite embarrassing when the cashier is someone’s mom or a peer from school in such a small town; and an aunt, whom one of the girls considers a great support and role model (and was also a teen mom), which pointed out the importance of family as support, especially in a small community such as ours.

Many of the team members were not those typically involved in tons of school activities, so participating in an activity like this was a big step. The creative outlet offered by PhotoVoice appealed to these teens who might normally not have given a second thought to the fact that teens are getting pregnant in their school and nothing is being done about it. They have presented the PhotoVoice locally, as well as at a statewide conference. Sitting back and watching the team bring their message to others and sharing their “photos with a voice” has been such an experience! The energy they bring is contagious, and their ability to speak about teen pregnancy related issues in a straightforward and honest manner is incredibly real. Sometimes this startles people, especially adults, and may catch them off guard. In my opinion, that is a good thing! This means that conversations that need to happen are getting started, no matter how uncomfortable the subject is!

The awareness the teens involved in PhotoVoice raised in them by taking these photos was tremendous, as was the awareness brought forth to a community that had yet to start talking about addressing issues such as teen pregnancy and the lack of resources available to help teens make healthy choices. As the school year ends, and the EPIC TEAM says goodbye to its two senior members, it is clear that the PhotoVoice project lives on, both in the powerful photos and their messages, and in the community. Last month, we received an invitation to join a group of citizens interested in creating a youth center for middle and high school aged kids in our community, which was one of the main recommendations that came out of the PhotoVoice project. The EPIC TEAM and I are ecstatic – the movement is moving forward! But there is still work to be done, and I think it’s time we took out our cameras again!”
Member to Member

What opportunities do the new funds related to teen pregnancy prevention bring to states related to increasing and/or improving efforts around adolescent reproductive and sexual health?

Colorado

Anne-Marie Braga, MSSW, LCSW
Director of Adolescent and School Health Initiatives
Colorado Department of Public Health and Environment

These funds would provide Colorado with the opportunity to work with our local public health agencies and Maternal and Child programs to increase both access to comprehensive sexuality education and positive youth development opportunities for youth, especially those disproportionately affected by teen pregnancy. These funds could improve the sexual health of youth and young adults by increasing their use of contraception, delaying their onset of sexual activity and ultimately, decrease the teen pregnancy rate across Colorado.

Pennsylvania

Kelly Holland
Public Health Program Manager
State Adolescent Health Coordinator
Pennsylvania Department of Health

The new funds related to teen pregnancy prevention provide many opportunities for states to expand and improve current efforts around adolescent reproductive and sexual health. As many states are forced to make tough budget decisions, fewer funds are available to dedicate to teen pregnancy prevention. Therefore, this funding provides a great opportunity to refocus attention on the need for teen pregnancy, STI and HIV prevention programs. With the wide range of new funds there are many options for states to move forward with the implementation and expansion of current teen pregnancy prevention efforts. In Pennsylvania, this will mean an increase in the number of evidence-based teen pregnancy, STI and HIV programs being implemented in schools and community-based settings. This funding is also creating new partnerships between the Department of Health, Department of Education, the Pennsylvania Coalition to Prevent Teen Pregnancy, local school districts, and local county/municipal health departments to implement evidence-based programs where there currently are no programs in place. By increasing the number of evidence-based teen pregnancy, STI and HIV programs being implemented across Pennsylvania, more adolescents will have the knowledge and skills needed to prevent an unplanned pregnancy and prevent a STI and/or HIV.

Texas

Rachel Samsel
State Adolescent Health Coordinator
Office of Program Decision Support
Division of Family and Community Health
Texas Department of State Health Services

The Teen Pregnancy Prevention funds have provided opportunities for partnerships to be formed that may have not existed prior to the funding announcements, including a new and exciting partnership with the adolescent health and HIV/STD programs. It is making us think strategically across divisions and agencies about how to capitalize on this opportunity and achieve the most impact and reach with these funds. It has also brought an exciting new focus and interest to the adolescent population, particularly with the opportunity to incorporate youth development frameworks into addressing adolescent reproductive and sexual health and other adolescent health areas. The funding opportunity has also given us a chance to tie together several projects and collaborative efforts, such as the National Stakeholders Meeting 2.0,* under a common theme and framework.

*The National Stakeholders Meeting 2.0 is a project conducted by the National Stakeholders Collaborative (NSC), which is a partnership made up of representatives from the Association of Maternal & Child Health Programs (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). For more information about the project, see Feature Three and the Michigan Success Story.
Success Stories
Michigan’s Inter-Agency Partnership in Action

Michigan State Advisors on Adolescent Sexual Health (SAASH) [Laurie Bechhofer, Department of Education, Grants Coordination and School Support, Kyle Guerrant, Department of Education, Grants Coordination and School Support, Kris Judd, Department of Community Health, Division of Health, Wellness and Disease Control, Debra Szwejda, Department of Community Health, Division of Health, Wellness and Disease Control, Carrie Tarry, Department of Community Health, Division of Family & Community Health, Ellen Ives, Michigan Organization for Adolescent Sexual Health (MOASH)]

In 2005, representatives from the Michigan Department of Community Health (Adolescent Health Unit, STD Unit, and HIV/AIDS Prevention and Intervention Section) and the Michigan Department of Education Coordinated School Health Program & Safety Program Unit came together at the National Stakeholders Meeting to forge a dynamic state-level, inter-agency partnership to improve adolescent reproductive and sexual health outcomes among school-aged youth in Michigan. Out of this initial meeting, the team created Michigan’s State Advisors on Adolescent Sexual Health (SAASH). The level of collaboration around sexual health that has developed among offices, departments, and external organizations at the state level in Michigan — fostered by the work of SAASH and sustained by the National Stakeholders Collaborative — is truly outstanding. Especially now, during this time of new grant opportunities and an increased focus on adolescent sexual health, this group has proven to be invaluable.

SAASH collaborates in areas including policy development, grant programs, service delivery, curricula development, and parent engagement. The team’s accomplishments include supporting the state’s Talk Early and Talk Often initiative reinforcing the parental role in sex education, and the development of A Silent Crisis, a resource guide and training for school districts to ensure safe schools for youth regardless of sexual orientation. In January 2009, the SAASH team participated in the National Stakeholders Meeting Reconvene to take their collaborative efforts to the next level. The SAASH team built a successful partnership with the newly formed statewide organization, Michigan Organization on Adolescent Sexual Health (MOASH), to:

- Update a landmark report developed in 2007, The State of Adolescent Health in Michigan, which provides data and an analysis of program gaps to assist local agencies with better targeting their efforts, and justification for the Legislature to fund enhanced adolescent reproductive and sexual health programs (the paper can be found on the MOASH, MDE, and MDCH websites);
- Launch an evaluation strategy for MY Voice statewide youth advisory council on adolescent sexual health; and
- Create a sustainable team infrastructure and add additional stakeholders to SAASH, including several new colleagues representing the Michigan Department of Community Health Bureau of Substance Abuse and Addiction Services and Family Planning.

Overall, through the participation in the National Stakeholders Meetings and ongoing commitment to improving adolescent reproductive and sexual health, the SAASH group has developed strong relationships between state departments, which have fostered a synergistic energy to create and sustain positive, holistic programs for youth.

Partnering to Prevent Teen Pregnancy and Promote Evidence-based Approaches in Pennsylvania

By Kelly L. Holland
Public Health Program Manager, State Adolescent Health Coordinator
Pennsylvania Department of Health

Partnering and Promoting
Pennsylvania’s Maternal and Child Health program partnered with the Pennsylvania Coalition to Prevent Teen Pregnancy, the Pennsylvania Department of Education
Success Stories CONT.
Partnering to Prevent Teen Pregnancy in Pennsylvania

and two local health Bureaus, Allentown and Bethlehem, to raise awareness of both the issue of teen pregnancy prevention and evidence-based approaches to teen pregnancy prevention. The group participated in the AMCHP and NACCHO sponsored Linking Evidence and Practice: Enhancing State & Local Health and Education Partnerships to Promote Evidence-based Approaches to Teen Pregnancy, HIV and STI Prevention Project supported by the Centers for Disease Control and Prevention – Division of Adolescent and School Health and the Division of Reproductive Health. The group conducted two one-day trainings for school teachers and nurses. The first training, Evidence-based Approaches to Teen Pregnancy, HIV, and STI Prevention Training, was conducted in September 2009. The follow-up training, “Sex Ed 101” was conducted in March 2010.

Lessons Learned

The Pennsylvania team took several steps to ensure these trainings were well attended.

• **Pick the right partner.** Partnering with the Department of Education (PDE) lent validation to the training and education regarding teen pregnancy and STI, HIV prevention. Having support from the PDE let the schools know this was appropriate for a school setting.

• **Budget appropriately.** When working with schools, the Pennsylvania team found it helpful to include funds in their budget to reimburse the schools for the cost of substitute teachers and/or nurses. The Pennsylvania team heard repeatedly, and responded accordingly, that providing reimbursements for substitutes made it an easier for school teachers and nurses to gain approval from school administrators.

• **Provide trainings for no or low-cost and include a copy of materials and/or curricula as part of participation in the training.** The trainings were offered for free and for the “Sex Ed 101” training a copy of the curriculum was provided to each participant.

Challenges

The project wasn’t without challenges!

• **Getting decision-makers to the table.** The Pennsylvania team found that the main barrier to working with schools was getting the buy-in from school administrators on the importance of using an evidence-based approach. School administrators were invited to the training on evidence-based approaches but no school administrators actually attended the training, choosing to send teachers or school nurses instead, who in turn indicated that their school administrators needed to buy-in to the concept. The teachers also stated that to implement an evidence-based program with fidelity they would need to re-vamp their entire health curriculum which would require approval and buy-in from their individual School Board.

Utah’s Preconception Health and Adolescents Action Learning Collaborative Partnership

By Lois Bloebaum, MPA, BSN
Manager, Reproductive Health Program
Utah Department of Health

Jenny Mayfield, MS, CHES
Adolescent Health Coordinator
Utah Department of Health

Utah created a team to participate in AMCHP’s Preconception Health and Adolescents Action Learning Collaborative that began in 2009. The team is comprised of representatives from the Utah Department of Health, Salt Lake City School District, Planned Parenthood Association of Utah, and Utah State Office of Education. Through this strong partnership the Utah team has been able to leverage the strengths and expertise of all of the team members to focus on integrating preconception health concepts into the Utah State Office of Education Secondary Health Care Curriculum. Through this initiative the team is committed to increasing knowledge about the importance of life planning for improving reproductive and overall health outcomes among teens. In order to accomplish the goals, the team has undertaken activities to raise awareness about preconception health concepts among Utah high school health teachers. The team planned meetings and sought input and feedback from a select group of high school health teachers to identify how they could best meet the teachers’ learning needs in this area.
Success Stories CONT.  
Utah’s Preconception Health

They enlisted this group of high school health teachers to help develop a set of “Essential Questions” related to the areas of the core health curriculum. These questions will serve as guides to assure that critical areas of the health curriculum are addressed. The Utah team also enlisted a select group of Utah Department of Health content specialists to help in the development of the Essential Questions and to provide reliable, scientific resources for Utah health teachers’ electronic “toolbox.” The culmination of these efforts was a presentation of the final Essential Questions to teachers with an overview of preconception health and the ALC process during a general session at the Utah Secondary Health Teacher Education Conference/Training in St. George, UT. The Utah team also conducted a breakout session entitled Plan your Health, Live Your Life, which provided information about preconception health along with the Teen Life Plan resource developed by the Utah Department of Health.

The team hopes that the development of the Essential Questions and incorporation of preconception health concepts into the health curriculum will enhance Utah high school health teachers understanding of and ability to teach these critical issues to Utah youth.

To learn more about this Utah collaborative project please Save the Date for AMCHP’s Adolescent Health Information Series Webinar on Wednesday, June 23 from 2 to 3:30 p.m. (EDT). Additional details coming soon.

View from Washington CONT.  
Teen Pregnancy Prevention

Teen Pregnancy Prevention and Adolescent Health

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

Since passage of the Patient Protection and Affordable Care Act (PPACA) we have been engaged in the great scramble to help our members better understand what is in the law and when specific provisions take effect. We have also been engaged in numerous conversations about what the law means for the future of state Title V MCH programs, and how we will best support state MCH leaders’ roles in the multitude of implementation opportunities and challenges.

Suffice to say, everyone has more questions than answers at this point but as HHS begins to put out additional guidance we are confident those answers will emerge! We are centralizing the most pertinent resources and information for state MCH programs on our health reform resources page, and encourage you to check often for the latest information.

The PPACA did include a handful of provisions addressing this issue’s theme of teen pregnancy prevention and adolescent health. Primary among them is the guarantee of health insurance coverage for all American adolescents and their families through the Medicaid expansion or the state exchanges that will go into effect in 2014. As states begin to plan for this coverage expansion we will be providing assistance, support and advocacy with a focus on assuring that the essential benefits package design takes into account the unique needs of adolescents. In particular, the requirement for insurers to cover services recommended in the Bright Futures guideline will be of critical importance.

More immediately, the single most targeted provision supporting teen pregnancy prevention in health reform is the creation of Personal Responsibility Education Program (PREP). This new section of Title V provides a mandatory appropriation of $75 million per year through FY 2014 for Personal Responsibility Education grants for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS. Funding is also available for 1) innovative teen pregnancy prevention strategies and services to high-risk, vulnerable, and culturally under-represented populations, 2) allotments to Indian tribes and tribal organizations, and 3) research and evaluation, training, and technical assistance. The bill also restores funding for abstinence education and appropriates $50 million per year through FY 2014.

The PPACA also authorizes $50 million over four years to establish a new grant program to support construction and
equipment for **school-based health centers** that provide health services to children and adolescents. The law also authorizes funding for school health center operations, but does not provide a mandatory appropriation so Congress will need to appropriate funding in the future – a prospect which will be difficult considering the current fiscal realities.

Additionally, within the new **Maternal, Infant, and Early Childhood Home Visiting Program** there is a provision specifying that priority should be given to providing services to high risk populations which are defined to include “eligible families [with] pregnant women who have not attained age 21.”

Finally, the bill authorizes and appropriates $25 million annually for 10 years (FY 2010-FY 2019) for a new **pregnancy assistance fund**, which requires the HHS Secretary (in collaboration with the Secretary of Education) to establish a competitive grant program to states to help pregnant and parenting teens and women. Grants are available to institutions of higher education, high schools and community service centers to provide support services as well as state’s attorneys general to increase public awareness and education. Institutions that receive grant funds will be required to identify public and private providers, establish programs with providers to meet the specified needs (housing, childcare, parenting education, post-partum counseling) of pregnant or parenting students, assist eligible persons in locating and obtaining appropriate services, and make necessary referrals for prenatal care and delivery, infant or foster care, or adoption.

**Opportunities for State Coordination of Investments**

With each of these new investments comes an opportunity to conduct careful planning to assure coordination and integrations with existing state programs and efforts, as well as opportunities to strengthen partnerships with new federal partners. For example, both the new Personal Responsibility Education Program (PREP) and the continued Abstinence Education grants will be administered by the Administration for Children and Families (ACF). These are complimented by the new $110 million Teen Pregnancy Prevention Initiative (TPP) created by last year’s omnibus appropriations act and now administered by the new HHS Office of Adolescent Health (OAH).

While the PREP evidence based grants and Abstinence Education grants will be administered through formula grants to states, the new TPP as well as the PREP innovative strategies funds are competitive grants open to a range of eligible public and private organizations. We therefore anticipate some potential for competition, confusion, fragmentation, and possible duplication with these different funding streams. We are therefore urging state MCH leaders to consider strategies to help key stakeholders understand the purposes of these related programs and continue seeking ways to coordinate investments to promote statewide implementation and integration of systems serving adolescents.

Overall, we are promoting the message that Title V has a key role in implementing coordinated investments in adolescent health based on experience coordinating among federal, state and local entities in support of adolescent health; experience administering adolescent and sexual health programs; and a mandate to assure accountability for reducing teen pregnancy rates. We will continue this advocacy and share new program guidance as it is released.

### Who’s New

#### New MCH Leaders

**Delaware**

*Leah Jones*

**Chief, Maternal and Child Health Bureau**

*Delaware Division of Public Health*

**Nebraska**

*Susan Buettner*

**Administrator, Long Term Care Programs**

*Nebraska Department of Health and Human Services*

*Division of Medicaid & Long Term Care*

**Vermont**

*Breena W. Holmes*

**Maternal and Child Health Director**

*Vermont Department of Health*
Who’s New CONT.
New MCH Leaders

If you know of a retiring MCH leader, please contact Librada Estrada, Associate Director, Workforce & Leadership Development, Family Involvement, AMCHP.

Get Involved

Save the Date: Webinar on New Research into Sudden Infant Death

The webinar, “New Research into Sudden Infant Death: Unraveling the Mystery of SIDS,” will occur on May 20 from 3 to 4:30 p.m. (EDT). This is the second in a series of live, interactive webinars which have been developed to provide participants with the latest research, resources, information, and tools regarding SUID, SIDS, Infant Safe Sleep, and bereavement. Co-Sponsored by the Association of Maternal and Child Health Programs (AMCHP) and the Association of SIDS and Infant Mortality Programs (ASIP), and in partnership with the National SUID Resource Center, National SUID Program Support Center, National Center for Cultural Competence, and National SUID Project IMPACT. Registration and additional information to follow. This webinar series is provided as a service to the SIDS and SUID community and is free of charge. To register, visit here. For more information, please contact Sandra Frank or Jessica Hawkins.

CDC’s Environmental Public Health Tracking Program Needs Your Input!

Please complete this short, 11-question assessment developed by the Association of State and Territorial Health Officials, National Association of County and City Health Officials and the National Environmental Health Association. This questionnaire seeks information on the awareness of the Environmental Public Health Tracking Program and Network among public health practitioners. The information will be used to gauge awareness and identify needs to better target the public health community. Submit your valued input on the questionnaire by May 31.

Get Involved CONT.

2010 National MCH Epidemiology Awards

Sponsored by 16 national public health organizations, the Coalition for Excellence in MCH Epidemiology announces the ninth year of the National MCH Epidemiology Awards. The Coalition is now recruiting nominees for the 2010 awards. Nominees are individuals, teams, institutions, and leaders of institutions who have made significant contributions to improving the health of women, children and families through epidemiology, applied research and the effective use of data. These awards recognize research, teaching, leadership and effective public health practice and recognize individuals and organizations at a community, state and national level. The deadline for nominations is June 4. To learn more, visit here.

Call for Abstracts

The Academy of Breastfeeding Medicine is now accepting abstracts for The 15th Annual International Meeting “Breastfeeding: A Bridge to the Gold Standard,” to be held October 27-30 in San Francisco. Abstracts may be submitted by physicians, medical students, and those holding post graduate degrees or students working to attain such degrees. Abstracts submitted by non-physicians must be sponsored by a member in good standing of the Academy of Breastfeeding Medicine. The deadline for all abstract submissions is June 15. For more information, visit here.

RWJF Local Funding Call for Proposals

The Robert Wood Johnson Foundation (RWJF) Local Funding Partnerships program forges relationships between the RWJF and local grantmakers to fund promising, original projects that can significantly improve the health of vulnerable people in their communities. The deadline to submit an application is June 30. For more information on how to apply, visit here.
### About SHPPS:

SHPPS is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. Comprehensive results from SHPPS 2006 are published in the *Journal of School Health*, Volume 77, Number 8, October 2007.

### Health Education

- The percentage of states that required middle schools to teach about pregnancy prevention increased from 45.1% in 2000 to 58.8% in 2006, and the percentage of states that required high schools to teach about pregnancy prevention increased from 45.1% to 58.0%.

- Among classes and courses in which pregnancy prevention was taught, the median number of hours of required instruction teachers provided on pregnancy prevention was 1.3 among elementary school classes, 2.7 among middle school courses, and 3.5 among high school courses.

- Among courses in which pregnancy prevention was taught, the median number of required instruction teachers provided on pregnancy prevention increased from 2.0 in 2000 to 3.5 in 2006 among high school courses.

During the 2 years preceding the study:

- 72.0% of states and 47.4% of districts provided funding for staff development or offered staff development on pregnancy prevention to those who teach health education.

#### Percentage of Schools in Which Teachers Taught Pregnancy Prevention Topics as Part of Required Instruction, by School Level

<table>
<thead>
<tr>
<th>Topic</th>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence as the most effective method to avoid pregnancy, HIV, and other STDs</td>
<td>12.3</td>
<td>75.8</td>
<td>86.6</td>
</tr>
<tr>
<td>Condom efficacy</td>
<td>NA</td>
<td>42.0</td>
<td>65.4</td>
</tr>
<tr>
<td>Educational and social impact of teen pregnancy</td>
<td>3.2</td>
<td>54.2</td>
<td>74.8</td>
</tr>
<tr>
<td>How to correctly use a condom</td>
<td>NA</td>
<td>21.0</td>
<td>38.5</td>
</tr>
<tr>
<td>How to find valid information or services related to pregnancy or pregnancy testing</td>
<td>1.9</td>
<td>43.5</td>
<td>64.8</td>
</tr>
<tr>
<td>Methods of contraception</td>
<td>NA</td>
<td>32.5</td>
<td>58.1</td>
</tr>
<tr>
<td>Resisting peer pressure to engage in sexual behavior</td>
<td>15.8</td>
<td>72.6</td>
<td>82.8</td>
</tr>
<tr>
<td>Risks associated with teen pregnancy</td>
<td>3.2</td>
<td>52.2</td>
<td>75.9</td>
</tr>
<tr>
<td>Social or cultural influences on sexual behavior</td>
<td>14.3</td>
<td>61.1</td>
<td>73.5</td>
</tr>
</tbody>
</table>

*In at least 1 elementary school class or in at least 1 required health education course in middle schools or high schools. NA = not asked at this level.

\[\text{Selected changes between 2000 and 2006 are included if they met at least 2 of 3 criteria (p < .01 from a t-test, a difference greater than 10 percentage points, or an increase by at least a factor of 2 or decrease by at least half). Variables are not included if they do not meet these criteria or if no comparable variable existed in both survey years.}\]
Health Services and Mental Health and Social Services

- 20.0% of states and 37.9% of districts required districts or schools to provide pregnancy prevention services in one-on-one or small-group sessions.
- 28.4% of districts provided pregnancy prevention services in one-on-one or small-group sessions at locations not on school property.
- 9.9% of districts provided prenatal care or prenatal care referrals and 28.0% provided referrals for child care for teen mothers at locations not on school property.

<table>
<thead>
<tr>
<th>Location</th>
<th>Pregnancy Prevention</th>
<th>Prenatal Care or Prenatal Care Referrals</th>
<th>Referrals for Child Care for Teen Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>At school by health services or mental health and social services staff</td>
<td>97.9</td>
<td>48.6</td>
<td>71.3</td>
</tr>
<tr>
<td>Through arrangements with organizations or professionals outside the school</td>
<td>28.9</td>
<td>17.7</td>
<td>29.2</td>
</tr>
</tbody>
</table>

During the 2 years preceding the study:

- 30.6% of school health services coordinators who served as study respondents received staff development on pregnancy prevention services, 17.0% received staff development on prenatal care, and 14.1% received staff development on child care options for teen mothers.
- 20.2% of school mental health and social services coordinators who served as study respondents received staff development on pregnancy prevention services and 13.1% received staff development on child care for teen mothers.

Where can I get more information? Visit www.cdc.gov/shpps or call 800-CDC INFO (800-232-4636).

Sources


*AI/AN: American Indian/Alaska Native
**A/PI: Asian American/Pacific Islander
Advisory Committee Reports on Health Reform: The Advisory Committee on Minority Health submitted their report to Secretary Kathleen Sebelius with suggestions ensuring that health care reform meets health care needs of minority communities and eliminates health disparities.

Advocates for Youth: Advocates for youth works to help young people make informed and responsible decisions about their reproductive and sexual health. From their website you will find information for professionals, youth, and parents on reproductive and sexual health.

- Advocates for Youth Publications Topic List: Provides a link to a wide range of publications. The following are a selection of publication topics:
  1. Adolescent and Reproductive Sexual Health
  2. Adolescent Sexual Behavior
  3. Abstinence
  4. Sex Education
  5. Teen Pregnancy

Association of Maternal & Child Health Programs—Adolescent Health: This webpage provides resources and websites related to adolescent health. The following is a recent publication from AMCHP:

- Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being

CDC Adolescent Reproductive Health: The Centers for Disease Control and Prevention Adolescent Reproductive Health webpage contains information about teen pregnancy, research, science-based approaches, success stories and more.

Child Trends—Teen Sex and Pregnancy: Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. This link provides a wide range of resources on teen sex and pregnancy. The following are some recent publications and research briefs from Child Trends:

- Vulnerable Youth: A Closer Look at Reproductive Health Outcomes
- Parents Matter: The Role of Parents in Teens’ Decisions About Sex

Guttmacher Institute: The Guttmacher Institute works to advance sexual and reproductive health in the United States and worldwide through an interrelated program of social science research, policy analysis and public education. The following are some recent publications from the Guttmacher Institute:

- Facts on American Teens’ Sexual and Reproductive Health
- A Real-Time Look At the Impact of the Recession on Publicly Funded Family Planning Centers
- Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health
- Guttmacher Policy Review
- Perspectives on Sexual and Reproductive Health

Healthy Teen Network: Healthy Teen Network is a national membership network that serves as a leader, a national voice, and a comprehensive educational resource to professionals working in the area of adolescent reproductive health - specifically teen pregnancy prevention, teen pregnancy, teen parenting and related issues. From their Web site you will find resources, research and support for professionals to help with effectively reaching vulnerable young populations.
The following are recent publications from the Healthy Teen Network:

- **The Core Components of Supportive Housing for Pregnant & Parenting Teens**: The benefits of supportive housing services for pregnant and parenting teens. This publication provides guidance for supportive housing programs to meet the needs of pregnant and parenting teens by providing the supports and resources needed to help them succeed.

- **Healthy People 2020 and Adolescent Health: A Primer**: A review of the adolescent and young adult health component of the current Healthy People 2010 initiative.

**MCH Library at Georgetown University—Adolescent Health Resource Brief**: Provides a compendium of websites and resources related to adolescent health.

**NACCHO Adolescent Health**: The National Association of County and City Health Officials Adolescent Health webpage contains information on adolescent reproductive health, teen pregnancy, HIV prevention and more.

**The National Campaign to Prevent Teen and Unplanned Pregnancy**: The National Campaign to Prevent Teen and Unplanned Pregnancy is a private, nonprofit, nonpartisan organization that works to improve the lives and future prospects of children and families, and in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. From their Web site, you can access national and state data regarding unplanned pregnancy, sexual activity and the cost of teen childbearing. The site also provides resources on many topics including contraception, foster care, marriage, race, teen pregnancy and more.

The following are recent publications from the National Campaign to Prevent Teen and Unplanned Pregnancy:

- **iPlan: Tips from Teens for Teens about Life, Love, and Not Getting Pregnant**: A national survey of teens regarding their thoughts about relationships, sex and pregnancy, and their most common answers and opinions.

- **Relationship Redux: Tips and Scripts for Talking to Your Kids About Relationships**: This resource helps educate parents on how to talk to their kids about relationships, and why having a conversation is crucial.

- **That’s What He Said: What Guys Think About Sex, Love, Contraception, and Relationships**: Partnering with Seventeen magazine, the National Partnership asked teen boys what they thought about sex, love, contraception and relationships.

- **Thinking About Our Future: Latino Teens Speak Out about Teen Pregnancy**: What Latino youth are saying about teen pregnancy.

- **Getting Started at Community Colleges: Reducing Unplanned Pregnancy and Strengthening Academic Achievement**: Resource for community college practitioners highlighting 10 key steps for starting an effective unplanned pregnancy prevention program in their school.

- **Magical Thinking: Young Adults’ Attitudes and Beliefs About Sex, Contraception, and Unplanned Pregnancy - Results from a Public Opinion Survey**: Public opinion survey of young adults (ages 18-29) on relationships, sex, fertility, contraception and unplanned pregnancy.

- **Unlocking the Contraception Conundrum: Reducing Unplanned Abortions in Emerging Adulthood**: Detailed scan of the scientific literature on contraceptive use among young adults in the United States.

- **Research Brief on Promising Teen Pregnancy Prevention Programs for Latino Youth**: This research brief highlights eight programs that have proven to delay sex, improve contraceptive use, and/or reduce teen pregnancy among Latino youth.

- **Book on Healthy Adolescent Development**: *The Teen Years Explained: A Guide to Healthy Adolescent Development* dispels many common myths about adolescence with the latest scientific
findings on the physical, emotional, cognitive, sexual and spiritual development of teens.

- **Report on Unintended Teen Pregnancy Rate**
  Sexually active teens are at higher risk of unintended pregnancy than adults, according to Unintended Pregnancy Among U.S. Adolescents: Accounting for Sexual Activity. This report highlights teens that report being sexually active, rather than the entire teen population.

**The Office of Minority Health (OMH):** Works to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Visit their website to find information about funding, data/statistics, cultural competency, minority populations and various health topics.

- **OMH is Using Twitter:** Follow them: [@MinorityHealth](https://twitter.com/MinorityHealth) to keep up with minority health updates, resources, funding and more.

**Parents Matter!** Is an evidence-based prevention program for parents of pre-teens. This community-level family prevention program is designed to enhance protective parenting practices and promote parent-child discussions about sexuality and sexual risk reduction.

Related Agencies and Websites:

- [Resource for Adolescent Pregnancy Prevention](https://www.adoptacountry.org)
- [Center for Adolescent Health and Law](https://www.adolescenthealthlaw.org)
- [Data Resource Center for Child and Adolescent Health](https://www.datacenterforchildhealth.org)
- [Konopka Institute for Best Practices in Adolescent Health/SAHRC](https://www.konopkiнстitute.org)
- [Leadership Education in Adolescent Health](https://www.leah.org)
- [National Adolescent Health Information and Innovation Center at UCSF (NAHIIC)](https://www.nahiii.org)
- [Society for Adolescent Medicine](https://www.sam.org)
- [Compendium of School-Based and School-Linked Programs for Pregnant and Parenting Adolescents](https://www.compendium.org)
- [The Kaiser Family Foundation](https://www.kff.org)

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