Celebrating the 75th Anniversary of Title V
October 2010

Table of Contents

From the President ........................................... 1
From the CEO .................................................. 2
Celebrating Title V of the Past,
Present and Looking to the Future .......... 2-6
The MCH Library Launches a Gateway in Celebration of the 75th
Anniversary of Title V ................................... 6-7
How Has Title V Involvement with Families Evolved? A Conversation with Betsy Anderson ........................................... 5-6
Member to Member ........................................... 8-11
State & Regional Activities ......................... 11-12
View from Washington ................................. 13-14
Who's New ..................................................... 14

From the President

Celebrating 75 Years of Title V

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

I believe that our former leaders were quite astute in developing a law that doesn’t need reauthorization. Title V has weathered significant economic and policy changes over time and has managed to adapt to current and future trends. We have moved from treating individuals with polio to a focus on improving the health of children and families. We were at a crossroads when the Title V MCH Services Block Grant was formed and are at another crossroads with health reform. While there is a great deal of uncertainty with respect to how reform will be implemented across this nation, I think that our Title V leaders have been astute at embracing the possibilities ahead of us.

When you market a program, it is a real asset to be able to say that we have a 75 year history of success in serving mothers and children, including children and youth with special health care needs. In our current world of mergers and acquisitions, it is a very rare event to be known as a tried and true successful model. So we celebrate our 75 year history; we act with evidence and confidence; we remember who we support – our children and families.
From the CEO

Celebrate!

By Michael R. Fraser, PhD CAE

In the sage words of Kool and the Gang: “Celebrate good times, come on!”

This month’s commemoration of the 75th Anniversary of Title V of the Social Security Act is going to be a wonderful event – a milestone celebration of America’s MCH history. AMCHP has been engaged in a number of activities to support the commemoration – both the “live” event here in Washington on October 20 and virtual activities that have already taken place and are available online. I hope you have had the chance to watch the “Title V at 75” videoconference that was recorded in September and available now on our website. It provides an excellent overview of Title V, the history of the Title V Maternal and Child Health Services Block Grant and sets the stage for discussions of the role of Title V in the future.

Anniversaries are great ways to mark the past, celebrate the present, and envision the future. What do we think Title V will look like five years, 10 years – yes, even 75 years – from now? There is a lot to consider as we look at newly enacted reforms to our health care system, continued economic challenges in the states, demographic changes across the country, and a consistent and prevailing need to support women, children and families nationwide. How can Title V adapt to these changes, challenges, and opportunities?

This fall, the AMCHP board will deliberate the future of Title V MCH Block Grant through dialogue, discussion and debate. As the board’s effort in this area matures we plan to engage all members in a wider conversation about the role of Title V in a reformed health system and use these conversations to inform our thinking about its future. Much of what Title V did 75 years ago is not the same today, and much of what Title V will do in the future will not be the same as it is today. But Title V’s core focus on assuring the health of all of America’s women, children and families will persevere. We look forward to working with our members, partners and staff to envision the future of Title V together: a future that includes the people, the policies, and the programs to support this important work. So join us in the celebration of Title V’s past, and join us in our discussion of Title V’s future!

Feature

Celebrating Title V of the Past and Present, Looking to Title V of the Future

By Lauren Raskin Ramos, Director of Programs, AMCHP and Michael Fraser, CEO, AMCHP

On Monday, September 27, AMCHP sponsored a webinar, in partnership with the Maternal and Child Health Bureau (MCHB) to celebrate 75 years of the Title V Maternal and Child Health Services Block Grant (Title V MCH Block Grant). Joining the webinar to celebrate the legacy and speak about the past, present and future of Title V were Michael Fraser, Chief Executive Officer, AMCHP; Peter van Dyck, MD MPH, Associate Administrator, MCHB/HRSA; Donna Petersen, ScD
Feature cont.
Title V of the Past, Present and Future

MHS, Dean, College of Public Health, University of San Francisco; Phyllis Sloyer, RN, PhD, FAAP, Director, CMS, Florida DOH; Myrtis Sullivan, MD, MPH, FAAP, Director, Illinois Department of Health; and Sophie Arao-Nguyen, PhD, Executive Director, Family Voices. The webinar recognized the tremendous contributions Title V has made in the past and provoked thinking about its future. This article captures some of the highlights from the webinar.

Dr. van Dyck opened the webinar, noting that there indeed is a lot to celebrate, “For 75 years the federal government provided a means for states to care for the health and welfare of all of the mothers and children they serve. Seventy-five years later, Title V continues to support combined federal and state efforts to improve the health, safety and well-being of mothers and children nationwide — and it stands as one of our nation’s longest-lasting pieces of public health legislation.”

Dr. van Dyck encouraged participants to celebrate some upcoming milestones, including the Maternal and Child Health Bureau’s (MCHB) new Strategic Plan which will lay out MCHB’s objectives and strategies for supporting MCH activities for the next several years. Dr. van Dyck shared a glimpse of Title V of the future, explaining that “in the plan you will see a focus on new and exciting developments in MCH, such as an increased emphasis on the life course perspective and what that will mean for state and local MCH programs.”

Dr. van Dyck also encouraged participants to continue the important work supported by Title V, stating “You are the future of Title V — whether you work in a state health agency, a local health department, the federal government, a university, a clinic, a hospital or national organization decided to the health of women and children...We need you — your energy, your creativity, your passion and caring — and your commitment to moving the partnership forward. You know how to Make Change Happen (MCH!) for the people you serve.”

What is the legacy of Title V?

Dr. Donna Petersen provided an historical overview of the Title V MCH Block Grant, explaining that authorized in Title V of the Social Security Act (Title V), it has provided a foundation for ensuring the health of our nation’s mothers and children. Among the rich history of Title V shared, Dr. Petersen explained that with the passage of the Social Security Act on August 23, 1935, the federal government, through Title V, pledged its support of state efforts to extend health and welfare services for mothers and children.

While we are all familiar with the legacy of Title V as the longest-standing public health legislation in American history, Dr. Petersen reminded us of the origins of a national focus on MCH populations in the early 1900s, where one in five children died before reaching their fifth birthday, and one mother died for every 150 live births. She shared the evolution of federal investments in MCH, highlighting the creation of the Federal Children’s Bureau, initially located in the Department of Labor, and the Maternity and Infancy Care Act (better known as the Sheppard -Towner Act), which was adopted by Congress in 1921 and resulted in federal grants-in-aid to states for child and adult health programs, including the development of full-time units of MCH services in state health departments and the first MCH training program. It was this act that set the pattern for state and federal cooperation that would re-emerge in Title V of the Social Security Act in 1935.

Dr. Petersen also recognized the amazing leadership of MCH heroines of the past - such as Julia C. Lathrop, who became the chief of the new Children’s Bureau and the first woman to be selected by a president to head a federal statutory agency, and Grace Abbott, who replaced Julia Lathrop as chief of the Children’s Bureau and oversaw administration of the Sheppard-Towner Act.

Dr. Petersen reminded us that as a result of the Great Depression, cutbacks in federal health programs, and the declining health of mothers and babies, the Social Security Act was signed into law in August 1935 by President Franklin D. Roosevelt. With the passing of the Social Security Act, Title V would provide programs for maternity, infant and child care, as well as a full range of medical services for children. Funds were allocated to states to pay for maternal and child health and crippled children services, including physicians, dentists, public health nurses, medical social workers, and nutritionists. Title V was not an entitlement program like other sections of the Social Security legislation, meaning that funds for Title V need to be appropriated annually by Congress.
Feature CONT.
Title V of the Past, Present & Future

Title V of Today

Fast forward to the 1980s where the Title V we know today had its birth. In 1981, the Federal Omnibus Budget Reconciliation Act (OBRA) converted Title V to a Block Grant, combining seven programs: MCH/CSHCN, Supplemental Security Income, lead screening, hemophilia treatment centers, Sudden Infant Death Syndrome, genetic diseases, and adolescent programs. In 1987, Surgeon General Koop released a national report on Children and Youth with Special Health Care Needs (CYSHCN) and kicked off a campaign to improve the lives of children with special health care needs and their families through family-centered, community-based care. This formed the base of our efforts to address the needs of families and connect families and professionals to improve MCH programs nationwide.

While we all know the national MCH performance measures by heart, Dr. Petersen reminded us of their origins. In 1989, the Social Security Act was amended and the accountability of state programs for their block grant funds increased through the creation of performance measures and ultimately, the Title V Information System (TVIS). In 1990, MCHB was established within HRSA to administer Title V, and the Bright Futures program was established. Things we taken for granted today had their start just 20 years ago!

The legacy of accountability and high performance was recognized in September 2008, when Title V received the highest rating possible on the White House Office of Management & Budget’s Performance Assessment Rating Tool (PART). Programs such as the Title V MCH Block Grant that receive the highest PART rating of “effective” clearly show ambitious goals, achieve results, are well managed, and improve efficiency.

Although Title V has changed over 75 years, the principles of partnership and performance and a single focus on improving the health, safety and well-being of all mothers and children remain. The legacy of our state and federal partnership to improve maternal and child health is cause for great celebration — and continued commitment.

Today, the needs met by MCH programs are vast — over 2.5 million pregnant women, 4 million infants and nearly 30 million children every year are directly served by a program that touches the lives of all our nation’s women and children. The legislation authorizing Title V is broad, encompassing a wide array of direct services to individuals and population-based programs that serve everyone in a community.

Dr. Sloyer acknowledged the need for Title V today, noting that “Much as the Great Depression dictated the essential need for maternal and child health services in the early 1900s, the economic climate of our nation one century later reinforces the critical need for Title V programs.” Dr. Sloyer explained that, diversity in geography, race, ethnicity, income level and immigrant status are other key factors affecting family health. States are different, needs are different, and how state implement their MCH programs are different. All, however, have at their core the mission of improving the health of women, children and families.

Celebrating the legacy of Title V, Dr. Sloyer pointed out that, “Today, Title V remains the only federal program that focuses solely on improving the health of all mothers and children. Title V makes a special effort to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling, which complement and help ensure the success of State Medicaid and SCHIP medical assistance programs. Title V funds support programs for children with special health needs to facilitate the development of family-centered, community-based, coordinated systems of care.”

Dr. Sloyer described how investments in Title V at the state level are determined, explaining that, “As a block grant, states program their Title V investments to meet their state-and territory-specific needs. Starting with a needs assessment and planning that includes stakeholder input and review of evidence-based practice and progress on performance measures, Title V programs determine strategies to meet identified MCH goals and objectives.”

Today, a hallmark of Title V is that its programs provide data, expertise and assistance to other agencies to help shape policies or programs in their health department. “Using data and turning it into action, Title V programs are leaders and catalysts for systems change that address the needs of women, children and families,” explains Dr. Sloyer. “While the dollars for Title V may be a relatively small proportion of a state’s total budget for family health programs, used effectively they have a big impact.”
As we think about Title V of today, Dr. Sloyer noted that recognition of and support for Title V isn’t always as forthcoming as we’d hope. With the economic downturn of recent years creating a host of challenges, a robust future for the funding of state maternal and child health programs is anything but certain. Further, while the health of women and families has dramatically improved over the last 75 years, chronic diseases, environmental factors and health inequities threaten to erode America’s health status. The differences in infant mortality rates by race and ethnicity are stark reminders that we have far to go in our quest to assure the health and well-being of all women and children in this nation.

A unique component of Title V is the focus on family participation. Dr. Sophie Arao-Nguyen acknowledged the importance of family participation in Title V and encouraged Title V programs to continue to involve families as partners and staff.

**Title V is at a Crossroads – What is the Future of Title V?**

Dr. Myrtis Sullivan provided insight into the future of Title V, provoking our thinking about the road ahead. With the expansion of health care services and new resources for access to clinical care in the historic passage of the Affordable Care Act (ACA), the role of Title V will continue to change in the states in the future. Dr. Sullivan explained that ACA requires all Americans to purchase health insurance, and includes subsidies for those who cannot afford to purchase health insurance and/or are not covered through their employers. ACA created new sections of Title V adding evidence-based home visitation and teen pregnancy prevention programs. These new sections of Title V acknowledge the state leadership role in addressing pressing MCH problems and provide a vehicle for states to link their existing MCH programs.

There are many questions about the future roles of Title V raised by the historic expansion of health care services. While we cannot predict the future, we do know that the most well designed insurance package will leave gaps in benefits or limits in coverage, especially for CYSHCN. As Dr. Sullivan pointed out, “As more people access primary care, the need for enabling services may actually increase — and these are services not traditionally covered by most insurers or providers.”

Additionally, state Title V programs are revisiting needs assessments and reviewing evidence-based research to identify unmet needs and opportunities for prevention and intervention. Dr. Sullivan noted that areas receiving increased attention in the early part of the 21st century include adolescent health, care coordination, especially for children with special health care needs, early childhood development and linking education, social services, and health for young children, home visiting, mental health, newborn screening, oral health, school health, and transition services to bridge child and adult health systems.

So, where will Title V need to focus in the coming years? Title V of the future will have a role in both direct care and enabling services. The new Title V Early Childhood and Maternal Home Visiting Program asserts state leadership in coordinating home visitation services in a state, and signals the need for continued support for Title V as this important program is implemented and evaluated. Dr. Sullivan noted that, “Population based services, such as promoting breastfeeding or reducing childhood injury, will continue to be needed even if everyone has health care and access to a physician or other health care provider.”

Title V programs currently support many population based public health interventions. These activities will continue to be part of state health agency efforts in the future. The ACA increased the resources available to states to carryout prevention work and included a number of provisions that support state health agency programs that address the needs of women, children, and families. “Those that led state MCH programs before faced similar challenges to those we’re confronted with today head-on and laid a strong foundation for our current federal-state MCH partnership,” stated Dr. Sullivan, and encouraging Title V staff going forward, “Let’s use the legacy of our MCH foremothers and forefathers to inspire our current work, and help us move forward to a healthier future.”

Those of us working in Title V know that no federal program other than Title V supports a state’s efforts to assess MCH needs, identify urgent MCH issues, and convene partners to address MCH challenges. While often unseen and underappreciated, the capacity building aspects of Title V are essential to its effectiveness and will no doubt be needed well into the future. For these, and many other reasons, AMCHP anticipates the need for Title V in the years to come. Will Title V of the future be exactly
the same as it is today? No. But Title V of today is not the same as it was 75 years ago, either.

As we face massive changes in our health care and public health systems in the next several years and we have to be proactive in anticipating what those changes may mean for state and local MCH leaders. AMCHP is committed to that work, and looks forward to convening all of you to discuss these and other important issues! Together with the Bureau and all our MCH partners nationwide, AMCHP is looking forward to another 75 years or more of Title V and addressing the important needs of our nation’s women, children and families. In case you missed the webinar, an archive is available here.

The MCH Library Launches a Gateway in Celebration of the 75th Anniversary of Title V

By Olivia Pickett, MA, MLS
Director, Maternal and Child Health Library, Georgetown University

The 75th Anniversary of the Social Security Act and its Title V programs for maternal and child health and for children with special health care needs is being celebrated at the national, state and local levels. To share in this celebration, the Maternal and Child Health Library (MCH Library) at Georgetown University has created a 75th Anniversary Gateway Page to provide access to unique historical documents, podcasts and videos featuring past and current leaders in the field, and other resources.

Dr. Vince L. Hutchins, Maternal and Child Health Bureau (MCHB) Director from 1977 to 1992, served as a leader and mentor for many maternal and child health (MCH) professionals who work with AMCHP and state and local programs. The MCH Library has posted a talk given to staff of the National Center for Education for Maternal and Child Health (NCEMCH) in 1994 describing more than 80 years of MCH history. “It is refreshing for those of us who knew Vince to hear his calm and grandfatherly voice, reminding us of the perennial struggle to obtain needed resources for maternal and child health, and the vital role played by strong women leaders in the first decades of the Bureau,” says Rochelle Mayer, Ed.D., director of NCEMCH. Special items from Dr. Hutchins’ archives of research, administration, and historical files are also posted. Among Dr. Hutchins’ publications is Maternal and Child Health at the Millennium: Looking Back, Moving Forward (2001), a paper written at the time of Title V’s 65th Anniversary that explains how Title V advanced the field of maternal and child health, utilizing a variety of government tools and strategies. The paper examines four program areas: newborn screening, mental retardation, heart disease and school health.

Other podcasts feature Dr. Peter van Dyck, Associate Administrator of MCHB; Laura Kavanagh, director of MCHB’s Division of Research, Education, and Training; a montage of MCH leaders by Kay Johnson; and a talk on the life and legacy of Martha May Eliot from the University of Illinois at Chicago.

The feature 75 Books for 75 Years highlights seminal and historical works nominated by MCH leaders. This walk down memory lane reminds readers of where mothers and children were many years ago and of important advances in public health that have served their needs. Examples are Raising a Baby the Government Way: Mothers’ Letters to the Children’s Bureau, 1915–1932 and Family-Centered Care for Children with Special Health Care Needs. “The response from the field has been great,” says John Richards, Director of IT for the MCH Library, who developed the 75 Books feature. “People are very eager to share the resources that have impacted them professionally; the completed list will be an invaluable resource for everyone in MCH for years to come.” New titles will be posted on this list throughout the year. AMCHP Pulse readers are invited to submit their nominations using the form on the gateway page.

The gateway also links to the MCH Library collection — a repository for a century’s worth of historic documents — including publications of the Children’s Bureau from 1912 to 1969, reports from MCHB grantees, legislation and program data, and historical collections maintained at other medical and health libraries. A bibliography of materials on the history of MCH is included.

Several items related to MCHB’s 75th Anniversary celebration are highlighted, including MCHB’s anniversary page, the MCH Federal/State Partnership Meeting
The MCH Library Launches a Gateway

October 2010

The MCH Library Launches a Gateway

to be held October 20, 2010, ideas for planning local celebrations, and articles to use in organizational newsletters.

Also linked from this gateway is the MCH Timeline, created by MCHB to illustrate the history of maternal and child health in the United States. The timeline provides in-depth modules on topics such as MCH Public Health 101, Performance and Accountability, Oral Histories, and Genetic Services and allows readers to search for topics of interest. The timeline begins with the 1790s and provides pinpoints that identify important accomplishments, organizations, and legislation. Summaries, illustrations, and links to related information and historical documents at the MCH Library are included for each pinpoint. Readers can look at the timeline in a single scrolling screen or can select “explore this decade” for a more detailed view. The timeline is accompanied by a richly illustrated PowerPoint presentation about the development of the timeline.

Other resources on the gateway are AMCHP’s “Meeting in a Box” and “Title V Game Show” to help plan state and local celebrations, a video commemorating the 50th Anniversary of Title V, and a report on the 65th Anniversary celebration.

The MCH Library collections have been built up over the last 25 years and contain many resources from state and local agencies, federal agencies, national associations, MCHB grantees, and others working in MCH. A search page lets readers search for topics of their choice in all the library databases and on its website. Collection efforts focus on information most pertinent to MCH audiences, and new resources are responsive to current and emerging topics such as home visiting and reducing health disparities through understanding the social determinants of health through the life course.

The library website has pages featuring resources for families, schools and professionals; it also has pages on MCH professional education, multimedia resources, and non-English languages. It has 21 knowledge paths, which outline the best recent resources in important MCH topics, from adolescent pregnancy prevention to social and emotional development in children, and 19 family resource briefs listing materials especially selected for consumers. An A–Z Index lists website resources by topic.

The library also produces the free weekly MCH Alert e-newsletter, which provides timely reference to research findings, policy developments, recently released publications, and new programs and initiatives affecting the MCH community. A subscription link is provided on the MCH Alert page.

For assistance in using the MCH Library, e-mail or call (877) MCH-1935 (toll free) or (202) 784-9770 (local). Contact Olivia Pickett or call (202) 784-9776.

How Has Title V Involvement with Families Evolved? A Discussion with Betsy Anderson

By Treeby Brown
Senior Program Manager, Children with Special Health Care Needs, AMCHP

AMCHP recently talked to Betsy Anderson, Family Voices IMPACT Project Director and one of the founders of the Federation for Children with Special Needs (FCSN) about the evolution of family involvement with Title V programs.

In the early days, Title V programs (including CYSHCN) were closely aligned with hospitals and clinics, and medical models were the norm. Families were not part of decision-making, there was little information for families, and there was no expectation that families would have roles impacting policies, programs or systems of care. (Moreover, even when Title V provided services, at a children’s hospital, for example, families had little or no knowledge that “Title V” was paying for the care.)

By the late1970s, there was growing recognition at the federal level that services provided by Title V CYSHCN programs were not well matched to children and families’ needs. In the mid 1970’s legislation establishing Individuals with Disabilities Education Act (IDEA) provided a much stronger role for parents in the special education sector, through parent roles in the Individual Education Plan (IEP) process as well as advisory roles at state and national levels. Leadership in the Maternal and Child Health Bureau
began to feel that this strong role for families should also
occur on the “health” side of children’s care as well and
funded the Federation in 1985 – the first family organization
to receive such funding. Among the early activities was a
survey of how health departments were involving families.
At that time only some states included families on advisory
committees, which were largely composed of professionals
and focused on single conditions.

Further language in the Omnibus Budget Reconciliation Act
of 1989 focusing on “family-centered care” strengthened
the role of families and also supported the concept of
a family role that was not disability-specific, but rather
“cross disability” — recognizing the many commonalities
that parents of children and youth with special health
care needs share. By 1992, 98 percent of states involved
families on advisory committees. Additionally, a surprising
finding was that a number of states were employing
families as staff or consultants. With the creation of
Family Voices in 1992, the family movement in health
took a giant step — establishing a national network of
families across the country, prepared to speak up to
achieve family-centered care. Increasingly families began
attending the AMCHP Annual Conference and in 1995 the
Family Scholarship program was begun to support family
participation. AMCHP’s Family and Youth Leadership
Committee has worked tirelessly to define, design and
support the role of families as key partners. Last but not at
all least, families have served on the AMCHP Board since
2006.

Yearly states collect data on family involvement though the
Form 13 requirement for the Title V MCH Services Block
Grant application. At the same time, families have better
access to data as well through the Title V Information
System (TVIS) and the National Survey of Children with
Special Health Care Needs. While families have roles
and relationships with MCH programs, it remains a goal
to increase and enhance those relationships. While family
involvement in CYSHCN programs may be accepted as
a given, the MCH program has not had such a dramatic
shift — perhaps because the MCH focus on prevention
and health promotion may be seen as less urgent for many
over-extended families. Tremendous progress has been
made! Family roles will likely continue to evolve — like Title
V itself — to meet the new issues and challenges of our
nation’s families.

When did you first begin to work in Title V? What was
different then? What’s changed? What are you excited
about as we look to the future of Title V?

Les Newman
Assistant Division Chief
Maternal, Child & Adolescent Health/
Office of Family Planning, California
Department of Public Health

I began working in Title V (TV) programs in 1998 quite by accident.
I was looking for a new challenge
that would allow me to use my
administrative experience to make a difference in a
children’s health program. At that point, as far I knew, “TV”
was an abbreviation for television. I quickly learned the
details of TV and fell in love with its mission.

I’m not sure what was different then, all I know is being
involved in TV made a difference in my life. I always felt
strongly about the importance of providing health and
family services to all mothers and children when suddenly
in 2001 my six-year-old son Scott was diagnosed with
Type 1 diabetes. At that point I became a consumer of TV
services. It made the work even more meaningful and I
believe more effective.

Over the 12 years I’ve been involved with TV there
have been better times and worse times. The key is
the dedication of the folks doing the work. I’m always
impressed with the folks who sit next to me everyday
to do the hard TV work. They are always looking for
opportunities, even when the entry point to an opportunity
is narrow. The folks who are attracted to the TV work are
always inspiring. They are the real strength of TV.

I’m excited about continuing to work with the inspiring
people doing the TV work. They never fail to inspire me,
even when I disagree with an idea or approach. Their
passion is my inspiration.
Loretta J Fuddy, ACSW, MPH  
*Chief, Family Health Services Division  
Hawaii State Department of Health*

I first entered the field of Maternal and Child Health in the mid seventies. The models were ones of direct delivery of care through an interdisciplinary approach. It was common to have nursing, social work, nutrition and therapist consultants on staff. Over the past 35 years I have seen the emphasis from the bureau change. The eighties ushered in the era of decreasing the direct service approach with greater emphasis on creating systems of care especially in perinatal health. Regionalization of perinatal health care moved the Hawaii Department of Health to close its Maternity & Infant Care and Children and Youth Projects and contract services with private health care entities. The closure of state operated clinics also helped to initiate community-based services and the development of several community health centers. Fiscally, the eighties introduced the Title V MCH Block Grant; although it had little impact on how Hawaii expended its funds, it resulted in changes to the reporting format.

Systems building and coordination continued throughout the nineties with a greater emphasis on community planning, data and measurement. New opportunities were available through discretionary grants to improve the early identification of childhood disorders and the prevention of injury. There was a focus on improving cultural competencies. For Children with Special Health Needs the emphasis was and continues to be on the promotion of medical home, family centered community-based and coordinated care. The new century ushered in the promotion of best practice with the funding of programs like Healthy Start and the greater use of advanced technology like Tandem Mass Spectrometry for the identification of metabolic disorders. We began to also recognize the power of data; how to translate data into information to drive policy formation and legislation to improve the health of women and children. The core public health functions of needs assessment, policy development, and assurance of health care influenced greater partnerships among other departmental programs and private health care providers.

As a public health social worker, what excites me about this decade is the focus on the root causes of illness and the social determinants of health. There is an acknowledgement that public health alone cannot successfully address many of society’s complex health problems, without working with human services, mental health, educational, labor and housing institutions. The life cycle approach calls for cross systems integration, and approaches that address women’s health issues before pregnancy and provision a system of care beginning in infancy and all stages of development through adulthood. The prevention of chronic disease is critical to the containment of health care cost. While the challenges are many there are many promising opportunities for success when Title V and the field of Maternal and Child Health utilize the strategies already mentioned and we leverage improvements through health care reform, health technology and communications.

Jane Borst, RN, MA  
*Chief, Bureau of Family Health  
Iowa Department of Public Health*

In many respects, Title V hasn’t changed much in the past two decades; in other ways, Title V has changed dramatically. It’s such a dichotomy. The vision and mission of Title V remains the same - challenging and inspirational. My daily work is still guided by a common goal of improving the health of all mothers and children. At the same time, recalling what state and local Title V programs spent their time on when I first started working in Title V is like watching the History Channel. The ways in which we work to accomplish our overarching goal has evolved in ways I never imagined when I started working in Iowa’s Title V program 17 years ago. While there have been many important changes that shape our work today, a couple stand out.

OBRA ’89 made a significant impact on our state and local level working relationships between Medicaid and Title V. Implementation of the provisions for collaboration didn’t really start until 1993, but since then we’ve worked together to conduct state and community assessments, improve policy and programs, and assure that quality services are available to all mothers and children in our state, not just those enrolled in Medicaid. Our collective response to OBRA’89 promoted integrated service delivery at a
community level. It virtually replaced a two-tiered system that provided intermittent and episodic services for children from low-income families with a continuum of care available to all children. CHIP and CHIPRA legislation reinforced our earlier work. Preventive health services became more available, and continuity of care is an emerging expectation as we work to implement medical/health homes.

The Future of Public Health (1988) provided a context for developing system level approaches to our work in Title V. Recognizing core functions for public health created support for developing MCH strategies for assessment, policy development and assurance, which moved the system even further than we might have predicted. The principles of core functions provided a common vocabulary for focusing on system level work. It took us beyond reports of “unduplicated counts of clients served.”

Title V has always been about building systems of care, but in earlier years those core functions of our system were not as well recognized or valued. The Ten Essential Public Health Services to Promote Maternal and Child Health in America (1995) added labels to our system development strategies. Once Essential Services had a recognized value, Title V was able to focus on sustainable changes which continue today.

Health care reform makes this an exciting time for Title V. The Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program along with the Personal Responsibility Education Program (PREP) provide unprecedented opportunities for state Title V programs to do what we do best, which is to improve the health of all mothers and children.

Nancy Birkhimer, MPH
Population Health and Prevention Section Leader, Division of Family Health, Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services

When I joined Maine Department of Health and Human Services, Division of Family Health in 1999 as the State Adolescent Health Coordinator, the position was narrowly focused on teen pregnancy and school-based health centers. Like many of my colleagues, I often felt that adolescents were not fully part of “MCH.” The National Network of State Adolescent Health Coordinators soon became a critical support system as I worked to create a wider vision of adolescent health in Maine.

Some changes:

More people seem to realize that youth and their families still need supports during adolescence. Some parenting skills, such as setting limits, might seem similar, but look very different for parents of teens. At one point I was told that if we could just educate the parents of two-years-olds, we wouldn’t need adolescent health programs! The emerging science of adolescent brain development has provided a “sexier” platform to talk about the needs of this population.

Positive Youth Development has moved youth from being seen as the problem to being seen as part of a solution. We are no longer talking about youth involvement, but meaningful youth engagement. The field of young adult health is emerging. When I started, they were either lumped with adolescents or adults, and most strategies were limited to college settings. While much more work is left to be done, the broad spectrum of young adults and their needs are increasingly being recognized.

Evidence-based practices have come into the forefront of our thinking. While this is not limited to adolescent health, the research and the need for programs that “work” have definitely advanced our practices beyond the point of doing what “feels good.”

For an excellent overview of the Title V MCH Block Grant, download AMCHP’s commemorative booklet Celebrating the Legacy, Shaping the Future, which includes information about Title V, AMCHP, and state and territorial MCH programs.
Member to Member CONT.

Daniel R. Bender, MHS  
*Title V Director*  
*Mississippi State Department of Health*

I started my MCH career with the Mississippi State Department of Health in the early 1980s working to secure grant funding for the Genetics Program, particularly newborn screening. Mississippi was the first state to mandate screening for an expanded panel of 29 disorders (up from five) and ultimately expanded the number of screened disorders to 40, including sickle cell, which is important because of Mississippi’s significant African-American population.

After becoming the Child Health Director and then the Title V Director, I witnessed the MCH Block Grant funding make possible an expansion of Title V services to more areas of our rural state. With the advent of IDEA Part C, early intervention services became available to address both the educational and the physical needs of vulnerable populations.

As I look to the future, I am excited about the opportunity to strengthen relationships with community health centers and private medicine as well as focus on infrastructure improvements. Historically, Mississippi inverts the MCH pyramid by expending the largest portion of funding on gap filling services, a byproduct of scarce state resources to address health needs. By investing in relationships with other MCH providers, it is my hope that going forward direct health care needs will continue to be met while allowing the build up of the MCH infrastructure.

State & Regional Activities CONT.

State & Regional Activities

The following is a summary of state and regional activities in preparation for the 75th Anniversary of Title V celebration.

STATE ACTIVITIES

**Illinois**

*Town Hall Meeting in Honor of the 75th Anniversary of Title V of the Social Security Act Maternal and Child Health Services Block Grant.* Sponsored by the Illinois Department of Human Services, the Illinois Maternal and Child Health Coalition, and the Maternal and Child Health Program, Division of Community Health Sciences, University of Illinois at Chicago (UIC) School of Public Health.

*Infant Mortality and Racism: What is Holding Us Back and How Do We Move Forward?*

Friday, October 29, 2010  
UIC School of Public Health  
1603 W Taylor Street (1st Floor Auditorium)  
8 a.m. to 2:30 p.m.

Join us as we celebrate 75 years of Maternal and Child Health (MCH) programming (Title V of the Social Security Act) and as we move into the future of MCH by placing increased attention on infant mortality and racism. The agenda includes a keynote address by Richard David, MD, Neonatologist at John H. Stroger Hospital in Chicago. Dr. David is featured in the documentary *Unnatural Causes: Is Racism Making Us Sick?* Dr. David’s talk will be followed by a family panel discussion and a working lunch to identify action steps to move us forward together to address issues surrounding racism and infant mortality in Illinois. We will also engage in a cultural sensitivity exercise to explore issues around racism in our society.

Lunch Provided. Registration limited to 100 participants. Please contact Cynthia Jakkarigari at (312) 814-4727.

**Maryland**

*Site Visits to Morgan State University, School of Community Health and Policy, Urban Family Health Seminar - Partner Organizations*

Dr. Yvonne Bronner and the students of the Urban Family Health Seminar invite you to join them on site visits to local organizations that are stakeholders in urban family health in Baltimore. These visits will provide you with the opportunity to learn about the status of and programs related to the health of Baltimore’s families – women, men, infants, children and adolescents. These visits also are an opportunity to celebrate the 75th Anniversary of Title V of the Social Security Act, the Title under which the activities of the Maternal and Child Health Bureau (MCHB) are funded, especially the maternal and child health programs in state health departments.
You are invited to participate as your schedule permits (and as arranged with Dr. Bronner). Number of attendees may be limited on a first-come first-served basis, as appropriate to the particular site. Please RSVP at least one day in advance to Dr. Bronner at ybronner@verizon.net.

<table>
<thead>
<tr>
<th>Date</th>
<th>Site Visit's Activity and/or Issue Area Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/28/10</td>
<td>Baltimore Healthy Start, Inc. 2521 Charles Street <a href="http://www.baltimorehealthystart.org">www.baltimorehealthystart.org</a> Orientation to the Healthy Start Perinatal Intervention model and accompanying Community Health Workers on home visits.</td>
</tr>
<tr>
<td>11/11/10</td>
<td>Baltimore City Health Department <a href="http://www.baltimorehealth.org">www.baltimorehealth.org</a> Visit 3 zones specifically targeted for efforts to reduce the levels of infant mortality. MSU faculty and students will go to the Baltimore City Health Department to learn about the Maternal and Child Health Division in the Health Department and listen to an overview of the B’more for Healthy Babies initiative from the Family League and the Health Department. Later that day the MSU faculty and students will go to Family League Baltimore City to learn about the Recovery program.</td>
</tr>
<tr>
<td>11/18/10</td>
<td>The Family League of Baltimore City 235 N Gay Street 21218 <a href="http://www.flbcinc.org">www.flbcinc.org</a> Eleven community site visits will take place: Greenmount East, Upton, Druid Heights, and Patterson Park North and East.</td>
</tr>
</tbody>
</table>

**New York**

A State Proclamation is planned, authorized by the Governor.

**Tennessee**

Proclamation from the Governor of Tennessee urging our citizens, agencies, and organizations to recognize the role of maternal and child health services in promoting the health of our children, parents, families and communities, and to celebrate the accomplishments of the Title V program. A signing ceremony is in the process of being scheduled.

**REGIONAL ACTIVITIES**

**Region II – New York, NY**

75th Celebration for HHS Department and Operating Divisions is planned in late October/early November at the Jacob Javits Federal Conference Center, 26 Federal Plaza, New York, NY. A Regional Planning Committee will be developed with input from the Regional Director, Regional Health Administrator, Office of Minority Health, Office of Women’s Health, Office of Family Planning, HRSA/MCHB staff and Region II Interagency Council members including CMS, ACF, SSA, FDA, and the USDA. Local MCHB grantees will be invited to participate in this one day meeting representing State MCH/CSHN programs, Healthy Start programs, training programs and other relevant partners.

**Region IV – Atlanta, GA**

MCHB staff will lead an Office of Regional Operations in-service in October with a focus on both Title V programs and infant mortality statistics and concerns within the region with a celebration for 75 years of Title V programs following the meeting.

**Region VI – Dallas, TX**

Region VI took part in a building-wide food drive on behalf of Title V, with food donated to the local food bank. They will also be holding a coat drive in honor of Title V, with coats being donated to a homeless shelter.

**Region VII – Kansas City, KS**

HRSA MCHB staff will lead an Office of Regional Operations in-service in celebration 75 years of Title V programs on October 6 and will also use the meeting as
a kickoff for a donation drive with the Kansas City Healthy Start program, with a goal of giving 75 items to a local Title V program.

Region VIII – Denver, CO
The Interagency Women’s Health Task Force invites the DHHS Region VIII and Federal partners to join in celebrating the 75th Anniversary of Title V of the Social Security Act by helping families in need in the area by donating time, supplies or service. Suggested programs to help that are either funded directly by Title V, or with whom Title V funded programs collaborate include Family Voices, Head Start and Early Start, and federally qualified health centers.

Note: This is by no means a complete list of celebratory events occurring in the United States. Other regions are beginning the planning of activities, and many state partners plan to host activities later in the year. Information was compiled by Suzanna Richards-Eckart and Cherri Pruitt of the Health Resources and Services Administration, Maternal and Child Health Bureau.

To submit a description of your own Title V event, or if you have questions, please contact Suzanna Richards-Eckhart or Cherri Pruitt.

AMCHP would like to thank the following MCHB staff who contributed to this summary:

Cherri Jacobs Pruitt
Region VIII Public Health Analyst
Division of State and Community Health
HRSA Maternal and Child Health Bureau

Suzanne Richards-Eckart, LMSW
Region VII Public Health Analyst
Division of State and Community Health
HRSA Maternal and Child Health Bureau

LCDR Keisher Highsmith, DrPH
Lieutenant Commander, U.S. Public Health Service
Senior Public Health Analyst
Division of State and Community Health
HRSA Maternal and Child Health Bureau

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

We all know the textbook definition of an MCH leader as someone who “inspires and brings people together to achieve sustainable results to improve the lives of the MCH population…” Maybe it’s just because it’s election season, but when applying this definition to our modern politics one can’t help feeling disappointed by the minimal focus on “bringing people together.” Rather, seems everywhere you look, the national mood seems marked by sharp polarization and lack of national unity. But taking the long view, there are numerous examples of where inspired leadership stepped forward to improve the lives of the MCH population. In this column coinciding with our 75th anniversary commemoration of the Title V MCH program, I’d like to share three of my favorite examples:

The first White House Conference on Children: Convened a century ago by Republican president Theodore Roosevelt the first White House Conference on Children is a great example of how the bully pulpit can be used to focus attention on important issues. This conference set in motion the founding of the first federal Children’s Bureau which created a focal point within government to investigate and report on the status of mothers and children. It was this focus on using data to stimulate action that set the gold standard for how MCH leaders have inspired change and progress for the past century.

Passage of the Social Security Act in 1935: This of course has to be the centerpiece of any reflection in this anniversary year. Indeed, the inclusion of Title V in the Social Security Act provided the foundation of a federal commitment to work with states to assure the health of all women and children. Spurred by the crises of the Great Depression and no doubt thanks to the deft leadership of President Franklin Roosevelt, this milestone is also an example of the possibility for national leaders to come together in common cause. Although not without controversy, only 39 of the 524 members of Congress voted against the Social Security Act in 1935 - an astonishing example of bipartisanship so rarely seen today.
Looking for New Champions

Passage of Medicare and Medicaid in 1965: Building upon the Social Security Act, the passage of Medicare and Medicaid in 1965 marked the continued call to action to respond to the needs of the most vulnerable among us. Providing the framework for health insurance coverage for all elderly and the most vulnerable low-income Americans, advocacy for these programs began in the Truman Administration and eventually signed into law by President Johnson again reveal a stunning level of unity bi-partisanship with only 140 out of 533 Members of Congress voted against their creation in 1964.

All the focus on bi-partisan achievement begs the obvious question – will passage of the Affordable Care Act along strictly party lines in 2010 inhibit its chances of becoming a pillar of American policy as the previous bi-partisan examples suggests? I’ll certainly leave that question to the political analysts and historians.

In the meantime, it’s fitting in this 75th anniversary year to ask who will be the future champions of the Title V MCH Services Block Grant? You would think a program created with bi-partisan support by FDR and bearing the stamp of the Reagan administration would engender bi-partisan support today. Sadly, we are all too well aware that funding for the Title V MCH Block Grant has actually declined by nearly $70 million over the past eight years.

Here’s where we need your help and leadership! We’ve seen first hand over the past few years how funding has suffered because of a lack of members of Congress stepping forward to say this is a priority for their district or state. With the constant pressure to fund health programs by body part or disease, the focus on supporting entities like Title V that take a systems approach have suffered. To counter this, AMCHP’s goal remains to heighten the profile of Title V on Capitol Hill and work with individual members and friends to advocate with elected officials from both sides of the aisle to become champions of this long-standing centerpiece of federal health legislation.

Please join us as we seek new champions to carry on the legacy of the Title V MCH Block Grant and look to inspire the leadership needed to assure another successful 75 years!
Online Registration for the 2011 AMCHP & Family Voices National Conferences is Now Open!

Register today online to attend AMCHP and Family Voices National Conferences to convene on February 12-15, 2011, in Washington, DC. If you have any questions, please contact the Registration Department at (703) 964-1240, ext. 18 or e-mail amchpreg@conferencemanagers.com.

Nominate Your Colleague for an AMCHP Award

AMCHP recognizes leadership in maternal and child health in several ways, including awards presented to MCH leaders to honor their excellence in the field. These awards will be presented at the 2011 AMCHP and Family Voices National Conferences, February 12-15, in Washington, DC.

AMCHP is now accepting nominations for the following:

- **John MacQueen Lecture Award** for innovation in the field of maternal and child health.
- **Merle McPherson Family Leadership Award** for exemplary contributions to further family/professional collaboration within a state Title V Program and AMCHP.
- **Vince Hutchins Leadership Award** for leadership in promoting a society responsive to the needs of women, children, youth and families.

For more information and the nomination guidelines for these awards, visit here.

Please note: All four awards use the same nomination form, but a separate form must be submitted per nominee, per award. The nominations deadline for all four awards is October 31, 2010.

AMCHP Board Meeting

AMCHP’s Board of Directors will be meeting in person in Washington, DC on Tuesday, October 19. Board meetings are open to the public and we are pleased to welcome visitors. If you plan to attend, please notify Nora Lam, Executive Assistant or call (202) 266-3038. Agenda items include a discussion of health reform and policy implications for state MCH programs, a discussion of AMCHP policy on formal affiliations with other groups, and standard AMCHP business including finance and Board nominations.

AMCHP–CityMatCH Health Reform Meeting

Register today! The AMCHP-CityMatCH Summit on MCH and Health Reform is quickly filling up. Attend the one-day event on Thursday, October 21 to learn more about how recently enacted health reform legislation at the national level may impact state and local MCH practice. Registration is required and available online. A block of rooms for Summit attendees, as well as those attending other events in Washington, DC the week of October 18, has been reserved at the Omni Shoreham Hotel. Hotel information is also available here.

Celebrating Title V at 75

Nationwide Webcast Available

If you missed the webinar on September 27, no worries, it is now available for viewing! AMCHP and MCHB hosted a national webinar to celebrate the legacy of the Title V MCH Services Block Grant and shared thoughts on its future. The webinar was designed to “virtually” connect MCH leaders across the country at the same time and kick off this fall’s commemoration of Title V in Washington, DC. To view a recording of the webinar, visit here.
Data and Trends

Average of People Served and Covered by Title V Services Nationally in 1965

The following highlights the Title V and Medicaid programs averages served since 1965 for which data is available; this gives the view of program’s focus and strengths. Average breakdown of 33 million of the children and women served:

Over 33 million women and children total, consisting of:
2.5 million Pregnant woman
3.9 million Infants less than 1 year
22.5 million Children 1 to 22 years
1.4 million CSCHN

Sources:
http://mchb.hrsa.gov/IAA/overview.htm

The following is some more recent data on the number of children and women served.

Number of Individuals Served by Title V by Class of Individuals on Selected Years

States often report populations served by Title V Programs in a given year. However, states use different data methodologies and multiple sources of data, data reported in this table may include actual counts, estimates (and at times data are not available at the time of reporting). The following table shows total populations reported by MCHB’s Title V Information System (TVIS) nationally on selected 5 year period: 2008, 2007, 2006, 2005, 2004.

<table>
<thead>
<tr>
<th>National/Report Year</th>
<th>Pregnant Women</th>
<th>Infants less Than 1 Year</th>
<th>Children 1 to 22 Years</th>
<th>CSHCN</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2,560,280</td>
<td>4,119,899</td>
<td>29,015,882</td>
<td>1,844,973</td>
<td>2,758,028</td>
<td>40,299,062</td>
</tr>
<tr>
<td>2007</td>
<td>2,598,455</td>
<td>4,032,424</td>
<td>25,807,416</td>
<td>1,830,735</td>
<td>2,784,268</td>
<td>37,053,298</td>
</tr>
<tr>
<td>2006</td>
<td>2,599,338</td>
<td>3,949,593</td>
<td>23,593,861</td>
<td>1,418,445</td>
<td>3,046,993</td>
<td>34,607,330</td>
</tr>
<tr>
<td>2005</td>
<td>2,468,776</td>
<td>3,875,149</td>
<td>22,543,966</td>
<td>1,370,947</td>
<td>2,855,171</td>
<td>33,114,009</td>
</tr>
<tr>
<td>2004</td>
<td>2,327,892</td>
<td>3,822,746</td>
<td>22,050,122</td>
<td>963,634</td>
<td>2,957,008</td>
<td>32,121,402</td>
</tr>
</tbody>
</table>

Source:
https://perfdata.hrsa.gov/MCHB/mchreports/Search/program/prgsch04.asp
AMCHP Special: Celebrating the 75th Anniversary of Title V: Read articles written by past AMCHP president, Kathy Peppe and Dr. James F. Quilty, Jr, regarding the 75th Anniversary of Title V.

MCH Library’s 75th Anniversary of Title V of the Social security Act Resources: Offers unique historical documents, new and emerging MCH literature, and podcasts featuring some past and current leaders in the field. For more information, click here.

75 for Title V: The Health Resources and Services Administration encourages you to engage in 75 minutes of service in your community. Find more information here.

Title V Article: Learn more about Title V maternal and child health through this article by HRSA. There are three formats designed for specific audiences:

- General and Community Organizations
- State Policy and Programs
- Local Policy and Programs

75th Anniversary Local Celebration Ideas: Engage, explore and envision how your community can celebrate the 75th Anniversary of Title V. There are ideas tailored for community service and advocacy organizations, academic institutions and parent organizations. See them all here.

MCH 75th Anniversary of Title V - Emerging Leaders Blog: Designed to produce discussion about the importance of Title V among emerging MCH leaders. The site provides a platform for MCH trainees to share commentary, reflections and personal experiences related to Title V. To learn more, visit here.

MCH Timeline: Learn more about the history of Title V with this MCH Timeline. Search by public health and medicine, government and policy, and by different in-depth issues ranging from 1900-2020. View the timeline here.

Understanding Title V of the Social Security Act: This 14-page document gives you a greater understanding Title V. Read the full document here.


Working Together to Improve Maternal and Child Health:

The 2011 AMCHP and Family Voices National Conferences

February 12-15, 2011
Omni Shoreham Hotel • Washington, DC
www.amchp.org/conference
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)
Melinda Sanders, MS(N), RN
Missouri

Board Members

Region I (2010-2013)
Lisa Bujno, ARNP
New Hampshire

Region II (2010-2011)
Gloria Rodriguez
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 (2010-2013)
Suzanna Dooley, MS, ARNP
Oklahoma

Region VII (2010-2011)
Marc Shiff, MPA, CPCM

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

Region IX (2010-2013)
Les Newman
California

AMCHP Staff

Matt Algee, Accountant

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

Jessica Hawkins, MPH, CHES, Program Manager, Women’s and Infant Health
Calendar CONT.

MORE MCH EVENTS

NIH Consensus Development Conference
October 27-29
Bethesda, MD

15th Annual International Meeting of the Academy of Breastfeeding Medicine
October 27-30
San Francisco, CA

Postpartum Support International Annual Conference
October 27-30
Pittsburgh, PA

2010 AUCD Conference
October 30-November 3
Crystal City, VA

ASIP/PLIDA International Conference on Perinatal and Infant Death
November 4-7
Alexandria, VA

APHA 138th Annual Meeting and Exposition
November 6-10
Denver, CO

25th Zero to Three National Training Institute
December 9-11
Phoenix, AZ

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

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

Association of Maternal & Child Health Programs
2030 M Street, NW, Suite 350
Washington, DC 20036
(202) 775-0436
www.amchp.org

AMCHP Staff

Adriana Houk, Associate Director, Organizational Performance and Membership

Kate Howe, Intern, Women’s and Infant Health

Nora Lam, Executive Assistant

Henry Maingi, MA, Senior Program Manager, Data & Assessment

Gabby Molinolo Comb, Intern, Women’s and Infant Health

Lissa Pressfield, MHS, Program Manager, Adolescent Health

Lauren Raskin Ramos, MPH, Director of Programs

Maeve Spence, Organizational Performance & Member Services Intern

Darlisha Williams, MPH, Program Manager, Best Practices