From the President

The Year in Review: A Look at the Past and a Glimpse to the Future

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

Upon reflection of the past two years as your president, I couldn’t help but remember landmarks in my professional life that created a new spark of energy and kept me focused on maternal and child health. The first landmark for me was the creation of the Title V MCH Block Grant. I was one of those novices who lived through its development and implementation. And while it may have appeared that Title V programs were threatened, we used this funding strategy to begin thinking about a redefinition of what constituted an effective health care delivery system for children and children with special health care needs. The second landmark appeared with OBRA ’89, fondly referred to by some of my colleagues as a big purse of money held by a few trying to get along (refer to the dictionary definitions of omnibus, budget, and reconciliation). For us, this legislation reaffirmed the value of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and the intent behind those five letters. It also meant a renewed commitment to children’s health care and a new framework for Title V. The third landmark appeared with the enactment of the Child Health Insurance Program (CHIP) in 1997 and subsequently its reauthorization. Unlike other pieces of legislation that preceded it, the power of CHIP was in its sole policy focus on children’s health care and the ability to test new ideas. We have made remarkable progress in streamlining eligibility and, in fact, much of the CHIP work will help us as
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The Year in Review & Glimpse of the Future

we move to the fourth landmark, the Affordable Care Act.

During all of these momentous occasions, the Association of Maternal & Child Health Programs (AMCHP) provided important assistance and guidance to state Title V programs. I recall the policy briefs on the role of Title V in EPSDT programs or the role of Title V in CHIP outreach. AMCHP astutely adapts itself to the changing forces and works with its members to find answers or locate best practices. It has effectively advocated for continued Title V funding and played a key role in the enactment of the Home Visiting section of the Affordable Care Act. I began my term with three goals: 1) establish effective advocacy initiatives for Title V; 2) expand member involvement in committees and the "work" of AMCHP; and 3) expand the acquisition and dissemination of best practices. I think there is no doubt that our advocacy has been effective over the past year and that we have more members expressing an interest in serving on committees. While, we have continued to acquire best practices, this is an area that doesn’t necessarily have an end point and I suspect there will be many more in upcoming years.

I feel privileged to have served as your president. You are an incredible membership bonded together by a vision of healthy mothers, children and families. I truly wish that I could turn over the gavel without impending challenges. But such is not the case. The frailties of our economic environment will certainly set the stage for the next several years. All leadership skills are needed to stay focused on priority programs and to continue to meet our respective missions, goals and objectives. Collective efforts and enhanced partnerships become even more vital as we enter the second decade of this century. Someone once said that limitations live only in our minds, but if we use our imaginations, the possibilities are limitless. Step up to meet the limitations and challenges and remember who and what we are about the next time you meet a family or hear a child laugh. Never forget those faces or what they mean for this society!

From the CEO
The Year in Review, the Year Ahead

By Mike R. Fraser, PhD, CAE

Dickens’ famous opening line in *A Tale of Two Cities* (“It was the best of times, it was the worst of times”) seems like an appropriate start to my column this month. Certainly 2010 was a banner year for maternal and child health programs in general, and Title V more specifically. We celebrated the 75th Anniversary of the Title V MCH Services Block Grant and AMCHP received the Director’s Award from MCHB at that auspicious occasion. Our work on health reform paid dividends through the recognition of Title V as the place for new provisions on home visitation and adolescent health to the tune of $1.8 billion new dollars over the next five years. Our leadership and advocacy was honored by the American Public Health Association’s MCH Section with an “Outstanding Leadership and Advocacy” award. AMCHP’s program team reached over 3,500 individuals through our distance learning programs, published new resources for state MCH programs to support your work in many critical areas, and the March 2010 AMCHP Conference drew our highest attendance since 2001. Our website continues to be updated, our online publication *Pulse* received a Bronze Award from AssociationTrends magazine and our commemorative booklet on Title V received a Silver Award in the same contest’s special publication/commemorative edition category. There is a lot to be proud of, and lots to celebrate in terms of AMCHP’s program, policy and organizational performance. The AMCHP Board, and many, many members, staff and partners should be commended on a great 2010 for AMCHP! Much of this great work is summarized in this issue of *Pulse*.

And yet, despite a great 2010, we faced many challenges. States struggled from the economic downturn and continue to have to make tough choices about budget cuts that have stressed MCH programs even with new federal investments. We lost several good friends of AMCHP including Polly Arrango, Ryan Colburn and Cassie Johnston among several others. And we ended 2010 with a major change in Washington and a new majority in control of the House of Representatives.
From the CEO cont.
The Year in Review, the Year Ahead

So, what does all this mean for the year ahead? Another line comes to mind – the immortal words of Bette Davis in *All About Eve* -- “Fasten your seatbelts. It’s going to be a bumpy night.” Honestly, I am not sure what the future holds but it is going to be a bumpy ride. We have good reason to believe that many federal programs, including the Title V MCH Services Block Grant and other funding for MCH programs, will face significant cuts in the FY 2011 and FY 2012 appropriations cycle. We know that the politics of health care reform will continue to influence how we implement new MCH programs, and impact the way that you operate within your state health agencies and organizations. And we know that states will continue to suffer tremendous fiscal pressures that will eat away at the capacity of state MCH programs to continue to provide the same level of service and support for our nation’s women, children and families.

So, what are we to do as MCH leaders facing an uncertain 2011? Build on the successes of our past and look to the future with cautious, but warranted, optimism. We have weathered tough times before and we have had to change our programs and adapt. AMCHP will continue to support its members and partners as best we can, including providing analysis and information from our National Center for Health Reform Implementation. We will redouble our efforts to show why cuts to MCH programs may be penny wise, but are certainly pound foolish. And we will continue to learn and listen from member and partners who care deeply about our work and want to play a part in our AMCHP family. So, fasten those seatbelts! Thank you for a great 2010, and thank you in advance for an equally great 2011.

Program Updates cont.
Program Accomplishments in 2010

By Lauren Raskin Ramos, MPH
Director of Programs, AMCHP

This Annual Year in Review issue of *Pulse* provides an opportunity for the Program Team to reflect on our work from the previous year and highlight key achievements with you. It also allows us to share our excitement with you around new initiatives that are planned for 2011.

Over the past year, the Program Team continued to move toward a life course approach to our work, working outside of our own project silos to bridge efforts across the MCH “age ranges” and “functions” through which we are funded, to produce resources, trainings and technical assistance activities that target MCH across the lifespan. We are looking forward to furthering that work in 2011, and learning from you about how we can also best support Title V efforts to implement a life course perspective.

As the accompanying chart shows, 2010 sure was a productive year. The Program Team produced virtual learning activities accessed by over 3,500 individuals, created 11 publications, including two peer reviewed journal articles, provided training for more than 500 individuals, delivered 13 presentations at national conferences, collected three new best practices in our Innovation Station, supported 10 grants to states, and provided six targeted technical assistance site visits and calls – all on critical MCH issues.

As a Program Team, we pursued new approaches to training and distance learning, maintained collaborative work with key partners CityMatCH and Family Voices, and strengthened partnerships with national organizations such as the Association of SIDS and Infant Mortality Programs and the Autism Society of America. New funding and opportunities allowed us to expand our staffing and efforts in Children and Youth with Special Health Care Needs (CYSHCN) and MCH Epidemiology in particular.

While additional details follow, a few Program highlights include supporting innovative ways to help states address the CDC’s preconception health and health care recommendations, launching a new collaborative with the National Association of Chronic Disease Directors to support partnerships between MCH and chronic disease around gestational diabetes, creating a peer to peer exchange for state Combating Autism Awareness Initiative grantees, and convening great thinkers around adolescent reproductive and sexual health disparities. The Program

Program Updates

AMCHP Program Team Accomplishments in 2010

By Lauren Raskin Ramos, MPH
Director of Programs, AMCHP

This Annual Year in Review issue of *Pulse* provides an opportunity for the Program Team to reflect on our work from the previous year and highlight key achievements with
Program Updates
AMCHP Program Team Accomplishments in 2010

Team also provided comprehensive technical assistance to Title V programs through site visits and teleconferences tailored to specific state needs, ranging from science-based approaches to teen pregnancy prevention to state waivers for autism, and worked to respond to emerging issues and hot topics, such as convening states to talk about approaches to the needs assessment, and how to assure a focus on special populations in H1N1 preparedness and response.

2010 also marked the launch of new and improved leadership development programs through the revised New Director Mentor Program and the expanded Family Scholars Program. In addition to supporting Title V workforce and leadership development, we focused on our own leadership development, and participated as a Team in the MCH Leadership Skills Development Series.

In the year ahead, AMCHP is anticipating implementing several new MCH initiatives, including supporting state efforts to measure preconception health investments, increasing partnerships to advance a comprehensive approach to adolescent health, producing new tools to help states investigate infant mortality, enhancing our focus on family participation, and completing a policy framework to support state comprehensive systems of care for children and youth with autism spectrum disorders and other developmental disabilities. AMCHP will continue efforts to support state workforce and leadership development through recruitment and support of new classes of New Directors and Family Scholars. We look forward to working closely with states and partners to support state efforts to understand and implement a life course perspective, and to continue to promote effective practices around preconception health and health care. And we continue to need your help to grow our Innovation Station (best practices) Initiative.

New projects and funding will also allow us to recruit for new AMCHP staff to better support state Title V programs. Look for our new staff that will focus on child health (including injury prevention, oral health and mental health) and family participation both within AMCHP and in Title V programs.

2011 will also bear the first fruits of a multi-year effort to create and implement AMCHP’s Evaluation and Assessment Program which will allow us to collect and analyze evaluation results on four core evaluation measures that we will use in all of our activities. We are looking forward to sharing those aggregate results with you! We are also excited about our effort to align all upcoming trainings, virtual learning opportunities and meetings with the MCH core competencies.

As a Program Team we want to ensure our work is increasing your knowledge of critical MCH issues; that our trainings and other activities are useful to your program; that you can apply information from our activities to your work; and that you are satisfied with the AMCHP activities that you participate in and with the resources we produce. Stay tuned for these exciting new initiatives in 2011. And let us know what you think!

ADOLESCENT HEALTH

The AMCHP Adolescent Reproductive & Sexual Health (ARSH) Disparities Summit provided an opportunity to bring together key MCH leaders, adolescent health partners, and others to explore the issue of adolescent reproductive and sexual health disparities and strategize about how state MCH programs can work more effectively on this issue. Four Scholars from Alaska, Texas, Puerto Rico and Washington were selected and sponsored to participate in the Summit and work with AMCHP staff during the year following the Summit to develop projects addressing a key ARSH disparities issue in their state. As part of this project, Alaska has been working with teachers and youth in alternative schools to improve health education and actively engage them in prevention activities. Texas has made huge strides in assessing the extreme ARSH disparities among foster care youth in the state by linking birth outcome data to child protective services records. Washington is looking at developing an overall statewide sexual health plan that addresses the issues of disparities and provides strategies to improve the sexual health of all youth.

The National Stakeholders Collaborative (NSC) is a partnership between AMCHP, the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Coalition of STD Directors (NCSD), and the Society of State Leaders of Health and Physical Education (the Society) to build state-level, inter-agency partnerships, involving officials of departments of health and education, to develop joint strategies and implement effective programs and policies to prevent HIV/AIDS, sexually
Program Accomplishments in 2010

transmitted diseases (STDs), and unintended pregnancies among school-aged youth. Since 2003, 33 states have participated in a National Stakeholders Meeting (NSM). In 2010, the NSC responded to the state travel restrictions and the need to continue to re-energize the collaborative efforts developed through the project and launched the NSM 2.0 process with North Dakota and Texas. The NSC conducted on-site meetings to help the state teams develop inter-agency initiatives and will work with the teams for 12 months to support the implementation of their plans to improve programs and policies related to youth sexual health. As part of this project, North Dakota has been working to build stronger relationships with the American Indian communities in the state to assess their needs and support their efforts to improve sexual and reproductive health among youth. The Texas team has been working to integrate and raise awareness about the youth development framework and successfully added new youth development questions to their statewide Youth Risk Behavior Survey.

Since 2009, AMCHP’s Adolescent and Women’s and Infant Health Teams have been working in partnership with the Association of State and Territorial Health Officials (ASTHO) to design strategies to bridge the gap between women’s and adolescent preventive health efforts. Initial efforts of the partnership focused on expanding preconception health efforts to include adolescent and young adult women through a Preconception Health and Adolescents Action Learning Collaborative (PHA ALC). The overall goal of the PHA ALC was to work with interested state maternal and child health programs and relevant partners to create strategies that focused on wellness across the lifespan. AMCHP and ASTHO are currently working with six state teams from Missouri, Ohio, Oregon, Pennsylvania, South Carolina and Utah to implement innovative strategies that integrate the CDC Preconception Care Guidelines into adolescent and young adult health and education initiatives. Is it possible to integrate preconception health concepts into state-level adolescent and young adult efforts? The answer is YES! The six PHA ALC states have been successful in integrating preconception health concepts into their adolescent and young adult health efforts through such cutting edge strategies as creating and disseminating a reproductive life planning tool for adolescents; revising a Family and Consumer Science and health class curriculum to include preconception health topics; integrating preconception health concepts into the state department of education core health curriculum; and developing a model policy for integrating youth with disabilities in preconception health efforts.

BEST PRACTICES

AMCHP continued to make progress toward the goal of becoming a central resource for state Title V programs on “what’s working” in MCH. Through the Best Practices database, Innovation Station, AMCHP collected a total of 32 practices from across the United States covering diverse topics and populations, from infant mortality reduction, to injury prevention, to transition for CYSHCN, and promoting preconception health. Innovation Station, an online, searchable database of emerging, promising and best practices continues to grow. Another key achievement in 2010 included highlighting promising practices during AMCHP’s Annual Conference by bestowing Best Practice awards to Alaska, Oregon and Rhode Island. AMCHP continues to seek submissions from innovative and promising programs throughout the year.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

AMCHP’s State Public Health Autism Resource Center (SPHARC) sponsored a variety of key activities to build systems capacity for children and youth with Autism Spectrum Disorders (ASDs) and other developmental disabilities and to encourage state-to-state mentoring and information exchange. 2010 marked the beginning of several new and/or enhanced initiatives to meet the needs of state autism grantees through topical calls and technical assistance. Among the major activities completed in 2010 include an enhanced SPHARC website which was strengthened to better meet state needs. New features are an Expert’s Corner blog, Autism in the News section, Peer-to-Peer Exchange webpage, three new State Spotlights, updated Technical Assistance Call archive, state pages featuring information about State Autism Implementation Grantees, and updated resources for providers and families. AMCHP launched a Peer-to-Peer Exchange Program as a mechanism for state autism grantees to learn from one another about the system of care for children and youth with ASDs, share lessons learned
Program Updates CONT.

Program Accomplishments in 2010

and best practices, and develop action steps. In addition to topical planning calls, states have the opportunity to participate in an on-site meeting hosted by the Peer Leader state. To date, AMCHP has convened two Peer-to-Peer Exchanges: the first, in Missouri, focused on transitions; the second, in Alaska, focused on screening and partnerships. A third, hosted by Utah, focusing on medical home, began in late 2010. Participants rated the program very highly for content and relevance.

AMCHP worked closely with leaders from MCHB’s Division of Children with Special Health Care Needs to organize CYSHCN Envision 2020 Planning Meeting, a strategic planning meeting to chart out the next 10 years for the Division. Over 100 CYSHCN leaders representing families, Title V programs national centers, universities, providers and other key stakeholders attended the October meeting.

With support from the CDC’s National Center on Birth Defects and Developmental Disabilities, AMCHP developed the Act Early State Systems Grant Program to award grants of $15,000 to support the collaboration of Act Early Learn the Signs summit teams, and to further the activities initiated by state teams during the Act Early Summits to strengthen state and community systems for early identification and intervention for children with signs of ASD and other DDs. Twenty-two states applied and 10 states were recently awarded grants. AMCHP will support the grantees through conference calls and technical assistance.

MCH EPI Issues Briefs; Concentration in Basic Geospatial Methods (GIS) for Public Health Professionals training; Applied Multi-Level Modeling; Leadership training for MCH professionals. AMCHP will continue to offer exciting opportunities for training and professional development to the MCH community.

AMCHP increased efforts to support the newly formed State & Local MCH Epidemiology Professional Group by providing resources to assist in communication, such as funding conference calls and creating a collaborative workplace using SharePoint. This group, with the support of AMCHP and the Council of State and Territorial Epidemiologists (CSTE), is working to strengthen MCH epidemiology at the state and local levels and to strengthen and improve the health outcomes of MCH populations.

AMCHP completed a comprehensive retroactive evaluation of over five years of skills-building trainings offered at the MCH Epidemiology and AMCHP Annual Conferences to assess their applicability, knowledge/skills learned, expectations, satisfaction, usefulness, challenges/barriers and future suggestions for improvement. Overall, the evaluation results showed that the AMCHP/MCH EPI skills building workshops enhanced state Title V data program staff capacity in translating MCH data into action to inform programs and policy. Most participants were able to apply knowledge and skills learned in the trainings to their work, and share the new information and skills with their colleagues.

MCH_EPIDEMIOLOGY

In 2010, AMCHP continued to provide training and MCH Epidemiology skills-building for MCH professionals through five MCH Epidemiology Skill-Building Trainings in partnership with the CDC’s Division of Reproductive Health and MCHB. AMCHP hosted three training workshops prior to the 2010 MCH Epidemiology Conference in December and two Data Skills Building Sessions at the AMCHP Annual Conference. The trainings focused on improving leadership skills and developing a common set of data skills for MCH data professionals and the state data program staff. Over 100 federal, state and local MCH staff was trained. Training topics included Practical Approaches to State MCH Data Records Linkage Practice; Getting the Word out: Writing Effective Abstracts, Manuscripts and

FAMILY INVOLVEMENT

AMCHP’s Family Scholars Program continued to grow in 2010. AMCHP supported 11 scholars from Colorado, Connecticut, Georgia, Iowa, Indiana, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont, and Wisconsin and three mentors from Maine, Minnesota, and Washington to participate in the AMCHP Annual Conference. During the Annual Conference, Family Scholars and Mentors participated in several sessions, networked with state Title V staff, parent professionals and other families, visited legislators and aides on Capitol Hill, and provided input on program activities. In addition, AMCHP expanded the Family Scholars Program to a year-long program that consists of a 12 month curriculum to provide additional leadership skills development to Family Scholars centered
Program Updates CONT.
Program Accomplishments in 2010

on seven of the MCH Leadership Competencies. Each month scholars and mentors connected virtually through conference calls, e-mails or webinars on such topics as writing your leadership story, different levels of family leadership development, the 75th Anniversary of Title V and other related topics. Through their participation, the Family Scholars increased their understanding of Title V, visited elected officials on Capitol Hill, expanded their professional network and grew as family leaders by expanding their current roles within the state and/or AMCHP.

In summer 2010, Ryan Colburn, son of Alabama family leader Susan Colburn, passed away. To honor his memory, AMCHP established the Ryan Colburn Scholarship Fund to support a youth leader with special health care needs to attend the AMCHP Annual Conference. Over the last year funds for this event have been raised through individual donations and events held in Ryan’s hometown.

AMCHP released an issue brief developed in conjunction with the Family & Youth Leadership Committee, AMCHP Issue Brief: State Profiles in Comprehensive Family Participation that explores family participation within state Title V MCH and CYSHCN programs, focusing on differing methods employed by six states: Colorado, Missouri, New Hampshire, New York, Oregon and Washington. The insights, successes and challenges provided by these states are meant to serve as examples for involving families in state Title V MCH and CYSHCN programs.

WOMEN’S AND INFANT HEALTH

In 2010, AMCHP partnered with the Association of SIDS and Infant Mortality Programs (ASIP) on a series of webinars to strengthen SIDS, SUID, Infant Safe Sleep initiatives across the United States. These quarterly webinars provided participants with current information, data, resources and tools regarding SIDS, SUID, Infant Safe Sleep and bereavement initiatives at the state and local level. National experts presented on a variety of topics including: Sudden Unexpected Infant Death (SUID): Research, Success and Challenges; New Research into Sudden Infant Death: Unraveling the Mystery of SIDS; Opportunities in Health Reform to Prevent Infant Death; and Addressing Racial Disparities in Infant Sleep Practice: New Perspectives and Recommendations. The cumulative participation in these webinars was over 2,000 individuals!

Each webinar was recorded and the archive for the AMCHP/ASIP calls can be found on AMCHP’s website.

AMCHP is currently partnering with the CDC’s Division of Reproductive Health and the National Association of Chronic Disease Directors (NACDD) to pilot a project with three states (MO, OH, WV) using an Action Learning Collaborative (ALC) model to support collaboration and integration between MCH and chronic disease programs for early prevention of chronic diseases with a focus on gestational diabetes. These cross-disciplinary teams include representation from the state MCH program, state chronic disease program, state diabetes programs and other health professionals. Activities in the MCH and Chronic Disease Collaborative have included a workshop with the three states, providing technical assistance and mentoring to state teams, facilitating a peer to peer network among state teams to learn from one another and conducting comprehensive evaluation of this effort through baseline and follow up assessments.

AMCHP also promoted MCH authoring and partnering on two peer review journal articles. AMCHP collaborated with CDC’s Division of Reproductive Health and MCHB to author “Assessment of State Measures of Risk-Appropriate Care for Very Low Birth Weight Infants and Recommendations for Enhancing Regionalized State Systems,” which is forthcoming in the Maternal and Child Health Journal and AMCHP also published “The State Maternal and Child Health/Title Agencies Support Breastfeeding: Surveillance and Programs” in the Journal of Breastfeeding Medicine Journal.

WORKFORCE AND LEADERSHIP DEVELOPMENT

AMCHP launched a revised New Director Mentor Program to provide a competency based leadership development mentor program for new Title V/MCH/CYSHCN Directors and senior direct reports. The revised program contains 12 self-directed modules based on the 12 MCH Leadership Competencies and a mentoring relationship to foster individual leadership development. Ten New Directors were accepted into the inaugural 2011 class and 10 seasoned Title V Directors have agreed to participate as their mentors.
Program Accomplishments in 2010

AMCHP continued to be an active partner in the Maternal and Child Health Public Health Leadership Institute, contributing to the development and marketing of the executive-education program to develop mid and senior level leaders serving MCH populations. Led by the University of North Carolina at Chapel Hill, AMCHP’s role in particular has been to assure that Title V needs, challenges and resources are represented in the examples and materials of the program.

In 2010, the Workforce and Leadership Development Committee adopted a formal definition for MCH Leadership. Originally based on the definition for leadership from the MCH Leadership Competencies, the following definition was adapted: An MCH Leader inspires and brings people together to achieve sustainable results to improve the lives of the MCH population. (See the full definition here.)

Program Team Activities and Resources in 2010

AMCHP’s Program Team supports a number of strategic objectives, including Goal #2: “Improve MCH outcomes by promoting a life course perspective and sharing effective and promising practices with state and territorial MCH programs,” and Goal #3, “State and territorial MCH programs will have a diverse and effective workforce with competent leaders at the national, state and local levels.” Through funding from MCHB and the CDC, and in close collaboration with partner organizations, in 2010 the Program Team produced virtual learning activities accessed by over 3,500 individuals, created 11 publications, provided training for more than 500 individuals, delivered 13 presentations at national conferences, supported 10 grants to states, and provided 6 targeted technical assistance site visits and calls.

Virtual Learning Activities (Over 3,500 participants)

- Evaluating collaborative/programmatic efforts
- Collaboration between State Health Agencies and State Education Agencies: How do you build commitment and buy-in?
- Collaboration between State Health Agencies and State Education Agencies: Working Together to Improve School Sexual Health Programs for Youth
- Strategies for Addressing the Sexual Health Needs of Youth in Foster Care
- Teens in Title V: Models for Addressing Adolescent Health in State Maternal & Child Health Programs
- Positive Youth Development
- Practical Applications for State Health and Education Agencies
- PREP and Abstinence Education Listening Session
- Financing of Care for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities
- Transition for Children and Youth with Autism Spectrum Disorders Other Developmental Disabilities
- Impact of Health Reform on Systems of Care for Autism Spectrum Disorder and Other Developmental Disabilities
- Evidence-based Approaches to Teen Pregnancy Prevention
- AMCHP’s Autism Grantee Peer-to-Peer Exchange Program
- Sudden Unexpected Infant Death (SUID): Research, Success and Challenges
- New Research into Sudden Infant Death: Unraveling the Mystery of SIDS
- Opportunities in Health Reform to Prevent Infant Death
- Addressing Racial Disparities in Infant Sleep Practice: New Perspectives and Recommendations
- All Member Call: Needs Assessment
- National Stakeholders Meeting Reconvene State Cross Sharing Call
- Preconception Health and Adolescents ALC State Cross Sharing Call

Publications and Peer Review Journal Articles (11 resources)

- “Assessment of State Measures of Risk-Appropriate Care for Very Low Birth Weight Infants and Recommendations for Enhancing Regionalized State Systems.” Maternal and Child Health Journal
- National Stakeholders Collaborative Brochure
- National Stakeholders Meeting Success Stories:
Program Updates CONT.
Program Activities & Resources

California, Massachusetts, Michigan, and South Carolina

- New adolescent health-related funding awards chart by state
- Smoking Cessation Resource Guide
- The Healthy Women, Healthy Babies Program: A Delaware Case Study
- State Birth Defects Performance Measures
- State Profiles in Comprehensive Family Participation
- Women’s Health Equity, Prevention Issue Brief

National Conference Presentations (13 presentations)

- Adolescent Health: Connecting the Dots between Data, Disparities, AMCHP Conference
- Comprehensive Systems Approach to Adolescent Health, AMCHP Conference
- Preconception Health for Adolescents, Really?! CityMatCH conference
- Regional Variations in Outcomes for Very Low Birth Weight Babies, National Perinatal Association Conference
- Shaping the future of SIDS/SUIDS Programs, AMCHP Conference
- State Public Health Coordinating Center for Autism, Act Early Region Summits in Regions I and X
- Strengthening state health and education agency partnerships to prevent HIV, STD, and pregnancy among school-aged youth, American Public Health Association Annual Conference
- The Role of Title V in Breastfeeding Promotion, Academy of Breastfeeding Medicine Annual Meeting
- Using Data to Guide Policy: 10 Things Every Epidemiologist Should Know When Talking to Policymakers, MCH EPI conference
- Using Evidence Based Approaches to Promote Adolescent Sexual Health, Alaska MCH Statewide Conference

Trainings and Meetings (Over 500 participants)

- Adolescent Reproductive & Sexual Health Disparities Summit
- Adolescent Health Coordinator Strategic Planning Meeting
- Applied Multi-Level Modeling for MCH EPI Data Analysis
- CYSHCN Envision 2020 Planning Meeting
- Getting the Word out: Writing Effective Abstracts, Manuscripts and MCH EPI Issues Briefs
- GIS methods for Public Health Professionals
- Leadership Training for MCH Epidemiology / Public Health Professionals
- Maternal and Child Health & Chronic Disease Collaboration Project
- Making the Call to Improve Pregnancy Outcomes: A Focus on Tobacco Cessation Quitlines and HIV Hotlines
- National Stakeholders Meeting 2.0 in Texas and North Dakota
- New Adolescent Health Coordinator Orientation
- Pandemic Influenza Revisited: Special Considerations for Pregnant Women and Newborns
- State MCH Data Records Linkage Practice: Methodological Approaches
- Using CDC’s Online Data for Epidemiologic Research Systems to Access PRAMS Data on Key Maternal and Child Health Indicators

Support Grants (10)

- Collaborative efforts between health and education agencies to improve HIV, STD, and teen pregnancy prevention programs for youth
- Preconception Health and Adolescents

State Technical Assistance Site Visits and Calls (6)

- Support for the Pennsylvania Preconception Health Team
- Support for the Ohio Preconception Health Team
- Strategic planning and MCH conference in Alaska
- Utah Autism Waiver Call
- Alaska Peer-to-Peer Exchange
- Missouri Peer-to-Peer Exchange
Program Updates CONT.
The Year Ahead: Program in 2011

The Program Team has a lot planned for 2011! The following are highlights of the activities and initiatives that will be coming your way:

- A call for applications for the 2012 New Director Mentor Program - new efforts to strengthen Family Delegate engagement in AMCHP
- Expanded partnerships with family organizations
- A call for applications for the 2012 Family Scholars Program
- The Preconception Health Symposium: Extending Our Reach to Adolescents and Young Adults at the AMCHP Annual Conference
- A Policy Framework to help states determine appropriate roles and approaches to take in building, improving and sustaining their system of care for children and youth with Autism Spectrum Disorders and their families
- Recruitment of at least one best practice from every state and territory
- New Peer-to-Peer Exchanges around Autism Spectrum Disorders
- A Toolkit from the State Infant Mortality Collaborative to help states better investigate infant death
- Ongoing work with CityMatCH to build state and local health department capacity to implement the life course perspective, including a life course town hall meeting at the AMCHP Annual Conference
- Partnership with the American College of Obstetricians and Gynecologists (ACOG) to assess national and state factors that support the establishment and sustainability of state maternal mortality review committees
- New training opportunities in MCH epidemiology and using data to influence programs and policies

Advocacy Updates
Looking Back on 2010

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

As the clock winds down on 2010 here in our nation’s capital it is appropriate to take a look back on the year in MCH policy – and what a year it was! AMCHP’s 2010 Policy Agenda was dominated by two main issues – the Budget and the Affordable Care Act. Although the debate over both is far from over, it seems clear that in years ahead we will look back upon 2010 as a major turning point in the evolution of health policy in the United States.

This has been an extraordinary year in MCH policy with some tremendous wins for Title V – most specifically inclusion within the Affordable Care Act of close to $1.9 billion in new mandatory Title V funding over five years for the new Home Visiting and Personal Responsibility and Education grant programs!

On the other hand, we’ve seen a dramatic shift regarding deficit politics punctuated in the recent elections and exemplified by the fact that we are closing the year without final resolution of the FY 2011 budget. We now face the reality that FY 2011 budget decisions will remain unfinished until at least March 2012, with the overarching need for deficit reduction putting Title V and many other health programs into a period of clear jeopardy. The impact of the deficit on future allocations to the core Title V MCH Services Block Grant will certainly be a challenge, and AMCHP is gearing up now to adapt our advocacy to this radically new environment.

But the banner headline news of 2010 really is that the passage of the Affordable Care Act creates both tremendous opportunities and challenges for state MCH programs. On December 16, we convened a teleconference for all AMCHP members to review the year in MCH policy and look at what’s in store for 2011. A recording of that call is now posted here, and the following are some of the highlights:
We started the year on a high note with a vote of confidence in the president’s budget which proposed an $11 million increase for Title V. We then built and maintained enough advocacy drumbeat to have the increase included in the Senate Appropriations bill. Key actions included development of AMCHP Title V advocacy materials, including:

- AMCHP’s Title V Appropriations Fact Sheet which describes the function and effectiveness of the MCH block grant and makes the case for increased investment.
- An analysis of the president’s proposed 2011 budget with a chart detailing proposed funding for programs affecting women and children. It was distributed to all members and posted to the AMCHP website.
- State profiles updated for 2011 – including new section on Title V grantees in each state. We distributed these in each of our meeting on the Hill, and members, partners, and families are encouraged to bring state specific information on their Hill visits.
- Testimony in support of state Title V programs to the House and Senate Labor HHS Subcommittees.
- Continued strategic dissemination of the Power of Prevention report which provides examples of effective MCH interventions supported by the Title V MCH Block Grant and makes the case for increasing prevention investments in health reform.
- Finally, over the past year we issued 10 Legislative Alerts urging members to contact Congress in support of full funding for the Title V MCH Block Grant and other key health programs. These action alerts were further disseminated via NACCHO’s newsletter, the APHA MCH Section Newsletter, and Healthy Mothers Healthy Babies Monday Morning Memo.

The centerpiece of our advocacy was conducting 52 meetings with key staff of members serving on the Senate and House Appropriations Committees. These meetings provided us the opportunity to educate policymakers on the importance of the Title V MCH Block Grant and to seek a commitment of support. We also supported close to 60 additional Hill visits during the 2010 AMCHP Annual Conference and sponsored a widely attended Congressional Reception to honor our 2010 Legislative Champion award winners and provide an opportunity for members to mingle with key Congressional staff and hear directly from a few key members of Congress.

Throughout the year we worked to keep the membership and key stakeholders up to date on policy developments via nine national teleconferences, bi-weekly updates published in Member Briefs, monthly columns in Pulse and an up to date Advocacy webpage.

We also worked to increase Title V visibility by representing AMCHP at meetings with White House officials on Title V Appropriations, home visiting, and the Let’s Move campaign development, and represented AMCHP at relevant Hill briefings including maternal mortality, prematurity and infant mortality.

Despite this advocacy, in the end of 2010 it appears the proposed Title V increase is likely to fall victim to Congressional dysfunction and deficit politics, with final decisions now postponed by the current Continuing Resolution lasting until March 2011.

On the health reform front, we began the year with some uncertainty about whether a bill would pass, saw history made with passage in March 2010, and spent the spring and summer scrambling to help members take advantage of immediate opportunities (i.e. home visiting, PREP, etc). As fall approached, we saw a crystallization of the ongoing politics around repealing or blocking implementation, and ended the year again with some uncertainty caused by recent judicial action that ruled the individual mandate to be unconstitutional. While it’s critical to note that judge did not issue an injunction on implementation, and everyone expects the issue to be ultimately settled by the Supreme Court. We expect state implementation will proceed but amidst this uncertainty and with relative certainty that the federal structure will be intact for at least two years.

On the judicial front, we’ll continue to watch, report and respect that process and expect final word from the Supreme Court hopefully within two years.
Advocacy Updates cont.

A Look Ahead: Policy in 2011

Looking to 2011, the AMCHP Legislative and Health Care Finance Committee is finalizing our Policy Agenda now and guiding us to adapt our message to focus on investment and economic arguments. We will redouble advocacy efforts in both offense and defense. On health reform implementation, we want to make the AMCHP National Health Reform Implementation Center your go to source for information, strategies and support.

In closing I want to stress how seriously we take our mission to support state MCH programs and provide national leadership on issues affecting women and children. That grounding gives me confidence that we will meet the unprecedented challenges we face in the next year with the perhaps unwarranted optimism that has always sustained those of us working in public health against tough odds. Make no mistake that we face huge challenges, but we pledge to you that we will do everything we can to make the case for sustained funding, try to minimize the harm of austere budget on the populations we serve, and help us collectively stand together as MCH professionals so we can get to the brighter days that are no doubt ahead.

Q: As AMCHP’s incoming President, can you tell us what you are most excited about, and why?

I am very excited to have the opportunity to provide leadership to the AMCHP board that is comprised of incredibly talented and passionate members and to work with an organization like AMCHP that has outstanding energy and vision. Working together, the board and the AMCHP staff have helped to move AMCHP to become a very well respected organization and a recognized leader in advocacy and education for MCH leaders. It is such an honor to be a part of this effort and I look forward to helping to fulfill the goals and objectives that have been identified in our strategic plan.

Q: As we embark upon a new year, what are the most pressing MCH issues that need to be addressed?

State MCH/CYSCHN agencies are facing very difficult times right now. We are challenged to demonstrate the worth of the programs and services that we offer in a way that is meaningful to our federal and state representatives in the face of declining revenues, significant federal and state deficits, and many other factors. AMCHP and its members will need to actively help frame messages in a clear and succinct way that illustrates what states do with their Title V MCH Block Grant that supports women, all children and teens and their families. Stating these accomplishments in measurable ways that demonstrate the cost benefit and improved outcomes will be important components to be included in the message.

Q: Looking back on 2010, what was the greatest challenge that AMCHP faced in working toward its mission? What was the greatest success?

AMCHP was very challenged to differentiate itself during the writing of the Affordable Care Act legislation and assure that funding would stay in place while other programs and

Special Recognition – Nan Streeter

This Annual Conference is especially important to me as it represents the first rotation of AMCHP leadership since I have been CEO. It is with profound thanks and deep admiration that I say farewell to Nan Streeter, AMCHP’s Past-President for her service on the Executive Committee of our Board. Nan was President during my first year and help guide me, inspire me, and helped me get my “sea legs” while at AMCHP. Her wise counsel and excellent advice help AMCHP grow under her leadership and I am thrilled and privileged to have worked with her! Please join me in recognizing Nan at our Conference as we also mark Phyllis’ transition to Past-President, Stephanie’s as President, and welcome a new President-Elect. - Mike R. Fraser, PhD, CAE
funding streams for populations that we serve were lobbied for. AMCHP staff, board members and state leaders did an outstanding job articulating how the Affordable Care Act (PPACA) could not take the place of the Title V MCH Block Grant funded programs especially in those states where Title V MCH Block Grant funding is utilized or leveraged to fund services and programs for MCH and CYSHCN. As a result of work done by many people, we succeeded in not experiencing cuts to the Title V MCH Block Grant and additional funds came available through the Affordable Care Act and other federal funding streams. PPACA is not a replacement for Title V and there are significant gaps in the legislation for CYSHCN that state members and other advocates need to educate our representatives about. Sustaining our current funding levels will be an even bigger challenge this year.

AMCHP also reached a new pinnacle of recognition by peer organizations for their leadership and knowledge that they provided the membership during this last year. AMCHP often had the current information of “what was happening” in advance of other peer organizations which allowed state members to inform their leadership in an organized and knowledgeable fashion. Many of the MCH/ CYSHCN leaders received kudos for sharing the well written and timely information provided by AMCHP staff.

Q: What do you hope to accomplish during your tenure as President?

The focus of my presidency will be on leadership. As leaders, we have a responsibility to help develop and grow future leaders to come. There are three populations that are critical to our future. Through the mentorship program, specific training and the application of the MCH competencies, I want to assure that AMCHP is doing all it can to support the development of our future state leaders. Secondly, I would like for AMCHP to focus on developing leadership and advocacy skills for our youths and young adults that we serve as they are the next generation of leaders. Finally, advancing the leadership skills of our families is so very important to the organization. We have seen the power their advocacy can bring in making a case for funding at the federal level. We need family leaders to be directly involved in the design, outreach and evaluation of health services during this critical time of health reform and systems development. We know that families are essential participants when designing services so that their needs are met and the outcomes are more effective and efficient when they are involved. AMCHP has a pivotal role to play in leadership development and I look forward to assisting in their success.

Q: When you are not busy leading AMCHP and working in your state, what do you like to do for fun?

I am an out of doors enthusiast no matter what the weather is. Any chance I get, I try and spend it outside skiing, hiking, bird watching or traveling. I am fortunate to live in beautiful state that affords diverse out of doors opportunities. I also spend my free hours working as a part time family nurse practitioner in a very diverse part of Anchorage. I get energized from the experience of caring for my patients, many of whom experience significant health challenges. I am honored that they share their life stories with me and that I have an opportunity to assist them in improving their health status.

AMCHP’S CAREER CENTER

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGY 4.5: Continuously evaluate and improve organizational support for and effectiveness of AMCHP’s operations.
Who’s New
New MCH Leaders

The following are new MCH Leaders:

LOUISIANA

Amy Zapata
Director, MCH Program
Louisiana Office of Public Health

MINNESOTA

Sarah Thorson
Title V Director
Minnesota Department of Health

NEW JERSEY

Marilyn Gorney-Daley
Director, Special Child Health and Early Intervention Services, New Jersey Department of Health and Senior Services

Gloria Rodriguez
Assistant Commissioner of Family Health Services
New Jersey Department of Health and Senior Services

TENNESSEE

Michael Warren
MCH Director
Tennessee Department of Health

WEST VIRGINIA

Anne Williams
Director, Office of Maternal, Child and Family Health
West Virginia Department of Health and Human Resources

WYOMING

Linda P. McElwain
Section Chief, Maternal and Family Health Section
Wyoming Department of Health

Get Involved
AMCHP February Board Meeting

All members are invited to attend AMCHP’s Board meeting which will be held during our Annual Conference on Saturday, February 12 from 9 a.m. to 4 p.m. EST. The meeting will be held at the Omni Shoreham Hotel. Board members who will be attending should RSVP to Nora Lam or call (202) 775-0436.

Vote for your AMCHP Board of Directors

The 2011 election for AMCHP’s open Board positions is now open. All AMCHP delegates whose programs have paid dues for the 2010-2011 membership year are eligible to vote. For information on the candidates, please visit, http://www.amchp.org/elections. The deadline to vote is February 11 by 5 p.m. EST. All delegates should have received an e-mail invitation to vote. If you have not received your invitation, or if you have any questions, please contact Rachel Arculin or call (202) 266-3051.

New This Year at the Annual Conference

• Knowledge Café: AMCHP is exploring a new session design - replacing the Roundtable sessions with a Knowledge Cafe! What is a knowledge cafe? Quite simply, it’s a method of bringing a group of people together to have an open, creative conversation on a topic of mutual interest to share their collective knowledge, ideas and insights and to gain a deeper understanding of the subject and the issues involved. This year’s AMCHP conference will host 10 hot MCH topics! So, make sure to rise and shine early on Monday, February 14 - the first round of dialogue starts bright and early at 7:15 a.m. - and be ready to share your knowledge and insights with your peers. Breakfast will be served at 7 a.m.

• Power Sessions: In addition to skills-building sessions and workshops, power sessions provide you with more valuable content! In order to offer you an even greater selection of educational opportunities this year, AMCHP is introducing
Get Involved CONT.
2011 Family Voices-AMCHP Gala

You are invited to join AMCHP and Family Voices in a shared celebration honoring Polly Arango, founding Executive Director of Family Voices, Inc., and others who have dedicated their lives to families and children at the Valentine’s Day Gala dinner — A Legacy of Leadership — on Monday, February 14, at 6:30 p.m. The event will be held at the Omni Shoreham Hotel, Washington, DC. This fundraising event will benefit both AMCHP and Family Voices. Separate registration and fee required. For more information about purchasing tickets, please visit here. For information about Gala sponsorship, please visit here. We hope you will join us for this special evening!

AMCHP Business Meeting and Leadership Celebration

Join in to celebrate the contributions of AMCHP’s volunteer leaders who are rotating off of the board of directors and to welcome new board members, including our newly elected president on Tuesday, February 15 from 7:45 to 9:15 a.m. EST. The meeting, at which our annual business is conducted, will also address key items such as membership dues rates, certifying the board of directors elections, and AMCHP’s fiscal and operational status and strategy by reviewing the strategic plan, providing feedback to the board and staff on programs and policies, and sharing information about what is happening in your state program. Breakfast will be served. All are welcome and encouraged to participate!

AMCHP and Go Beyond MCH Social Media Partnership

AMCHP and Go Beyond MCH have partnered to bring you engaging conversation, constructive networking, and real-time content before, during and after the 2011 AMCHP & Family Voices National Conference. Visit http://www.gobeyondmch.blogspot.com and sign up to receive further details in our bi-weekly e-newsletter. You can also follow all conference happenings and join exclusive meet ups with industry leaders by using #AMCHP11 on Twitter!

Life Course Town Hall Meeting

Through the Women’s Health Partnership (WHP), AMCHP and CityMatCH have worked together for over five years to build state and local capacity to address preventative health for women of reproductive age. For the last several years, the WHP has built capacity in a variety of ways, including authoring publications and supporting action learning collaboratives. Moving forward, the focus of the WHP will be on building state and local health departments’ capacity to implement the life course perspective. Initial activities included hosting two town hall meetings in conjunction with the CityMatCH Conference in September 2010. AMCHP’s Life Course Town Hall Meeting, convening on Sunday, February 13 from 9 to 11 a.m., will allow participants to dialogue and draft recommendations on what is needed at the federal, state and local levels to integrate the life course perspective into maternal and child health practice. To learn more, visit here.
Data and Trends

To document AMCHP’s progress this year, the Data and Trends portion of Pulse will highlight how we worked and supported Title V agencies through mini-grants, learning collaboratives and leadership development.

ADOLESCENT HEALTH

Funding: CDC Division of Adolescent & School Health

- Adolescent Reproductive & Sexual Health Disparities Scholars: TX, PR, WA, AK
- Preconception Health and Adolescents Action Learning Collaborative: OH, PA, SC, UT, MO, OR
- National Stakeholders Meeting 2.0: ND, TX

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Funding: MCHB

- State Implementation Grants for Improving Services for Children and Youth with Autism Spectrum Disorder and Other Developmental Disabilities: AK, HI, IL, ME, MO, NJ, NM, NY, RI, UT, VT, WA, WI

Funding: CDC National Center on Birth Defects & Developmental Disabilities

- Act Early State Systems Grants: AL, CT, DE, ID, MA, MI, MS, OR, PA, SC

FAMILY INVOLVEMENT

- Family Scholars Program – Scholars: OR, WI, IA, IN, MA, VT, RI, CO, NJ, GA, CT
- Family Scholars Program – Mentors: WA, ME, MN

WOMEN’S & INFANT HEALTH

Funding: CDC Division of Reproductive Health

- Maternal and Child Health (MCH) & Chronic Disease (CD) Collaboration Project: To Address Gestational Diabetes and Prevent Type 2 Diabetes: OH, WV, MO

Funding: Kellogg Foundation

- Partnership to Eliminate Disparities in Infant Mortality: CA, CO, IL, OH, FL, WI

WORKFORCE DEVELOPMENT

- New Director Mentor Program Workgroup: OK, TX, SC, DE, VI, FL, ME, AL, KS, MI
Sponsors

2011 Annual Conference Gold Level Sponsors

2011 Annual Conference Silver Level Sponsor

Sponsors cont.

2011 Annual Conference Bronze Level Sponsor

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

amchp.org/conference
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Florida

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Alaska

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Nan Streeter, MS, RN
Utah

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Loretta Fuddy, ACSW, MPH
Hawaii

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Melinda Sanders, MS(N), RN
Missouri

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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

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

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

Mike Fraser, PhD, CAE, Chief Executive Officer

Melody Gilbert, Program Associate, Program Team

Jessica Hawkins, MPH, CHES, Senior Program Manager, Women’s and Infant Health
AMCHP Staff CONT.

Adriana Houk, Associate Director, Organizational Performance and Membership
Kate Howe, Program Manager, Child Health
Nora Lam, Executive Assistant
Carolyn D. Mullen, Associate Director, National Center for Health Reform Implementation
Lissa Pressfield, MHS, Program Manager, Adolescent Health
Cristina Sciuto, Program Associate, Women’s and Infant Health Team
Lauren Raskin Ramos, MPH, Director of Programs
Karen Van Landeghem, MPH, Senior Advisor, National Center for Health Reform Implementation
Darlisha Williams, MPH, Senior Program Manager, MCH Epidemiology

Calendar

MCH Events

Working Together to Improve Maternal and Child Health: The 2011 AMCHP and Family Voices National Conferences
February 12-15
Washington, DC

National Summit on Quality in Home Visiting Programs: Connecting Research to Policy and Practice
February 16-17
Washington, DC

The National Healthy Start Association’s (NHSA) 12th Annual Spring Conference
March 6-9
Washington, DC

HealthConnect One’s Birth, Breastfeeding and Beyond 2011 Conference
March 21-23
Washington, DC

2011 National Association of Pediatric Nurse Practitioners (NAPNAP) Conference
March 23-26
Baltimore, MD

4th Annual Conference on New Media, Youth, & Sexual Health
April 1-2
San Francisco, CA

National Oral Health Conference
April 11-13
Pittsburgh, PA

3rd National Summit on Preconception Health & Healthcare
June 12-14
Tampa/St. Petersburg, FL

2011 Regional Maternal and Child Health Epidemiology (MCH EPI) Conference
June 19-20
San Francisco, CA

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