From the President

AMCHP and the Affordable Care Act

By Stephanie Birch, RNC, MPH, MS, FNP

As AMCHP’s new president, I am feeling both thrilled and challenged to take office at such an exciting time. The budget situations we collectively face are truly daunting, casting a long shadow over everything, including how we as MCH leaders look at the options, opportunities and challenges for state MCH programs included in the Affordable Care Act (ACA).

On the positive side, the ACA makes vital new investments in MCH and public health, primarily through the new sections of Title V created by the ACA that provide close to $1.9 billion over five years to states for the new Maternal, Infant and Early Childhood Home Visiting and Personal Responsibility Education Grant Programs (PREP), as well as the $5 billion mandatory appropriation (over five years) for the Prevention and Public Health Fund. On the other hand, it seems there is no end to the partisanship and divisiveness around the health reform law which we all know creates great variability in levels of enthusiasm for implementation across the states.

As we approach the one year anniversary of passage of the ACA, I wanted to share how AMCHP is approaching implementation of this law. At a recent meeting of the AMCHP board of directors we conducted an in-depth and thoughtful discussion of how to proceed in such a highly charged and contentious atmosphere in many states. After reviewing the current status of efforts to repeal, defund or legally block implementation of the law, the
board came to consensus that AMCHP must be highly sensitive to these challenges. Many of you work in states where your executive branch is weighing their positions on implementing any or all parts of the Affordable Care Act. AMCHP is sensitive to your position and the need to follow your state’s direction. That said, the board of directors feel that it is important for MCH leaders and program staff to stay informed and be knowledgeable of what is happening around the ACA and be poised to provide input and look for ways to implement as is possible.

To support this work, we learned more about the emerging AMCHP National Center for Health Reform Implementation (read on further in this issue). This Center is providing state MCH leaders and their partners with information, tools and resources to optimize opportunities throughout implementation to improve services, systems and outcomes for MCH populations. As we move forward, I welcome your thoughts on how we should approach this work.

Indeed, the celebration is over and we are into implementation. AMCHP has stood up our National Center for Health Reform Implementation to provide resources, analysis and support to state MCH programs looking to better understand the options and challenges of ACA. We have reviewed and read three rounds of guidance for the new home visitation program and are anxious to see that program developed in the states among many other new or expanded programs in ACA. We have already heard about the ways that our Medicaid colleagues and partners are moving ACA forward. The investments in adolescent health will greatly contribute to current and future health outcomes. And most importantly, we have heard from families about the many ways that ACA has made their lives better even in the first 12 months of its implementation. Regulations are phasing in, programs are getting started, and there is a lot to celebrate.

But, the future of ACA implementation is uncertain. At the AMCHP Conference a few weeks ago we engaged in important dialogues about states’ abilities to implement provisions of ACA in the face of legal challenges and political barriers. Last week in Congress, the House approved a Continuing Resolution for FY 2011 that withheld funding for ACA implementation in addition to cutting funding to the Title V MCH Block Grant and other federal programs. The Senate starts its deliberations on the
March 2011

From the CEO CONT.

House proposal this coming week. It will be an interesting compromise and no one knows what the future will bring. Failure to compromise could result in a government shutdown. Would we have predicted this a year ago? I didn’t.

In the face of uncertainty what’s an MCH leader to do? Go with what we know. As the budget process unfolds and the political process continues our only choice is to proceed as we can with implementation and show the impact of the work we are doing. While some states will not be able to move forward right now with full implementation of ACA, it is still law and its provisions remain vital to improving maternal and child health. AMCHP will continue to share information with you on the status of ACA, and other legislative issues of import to MCH programs. We ask you to please keep us informed of what you are doing in your state and community and what you are learning in the process of ACA implementation.

Feature

Home Visiting - One Year Later

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

Feature CONT.

Home Visiting - One Year Later

funding to states over the next five years.

Here’s an overview on progress in developing this program to date:

• In June 2010, HRSA issued a funding announcement indicating that approximately $90 million formula grants would be made available to states to provide for evidence-based home visiting programs. The first step to receive funding via the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program was submission of an application for funding and state applications were due July 9, 2010. These applications included plans for completing the statewide needs assessment and initial state plans for developing the program in order to meet the criteria identified in the legislation.

• In July 2010, HHS allocated $88 million in grants to support home visiting programs. The state’s portion of funds was allocated by a formula based on the number of young children in families at or below 100 percent of the federal poverty level. $500,000 was immediately available for states to support their planning, needs assessments and to begin planning programs.

• In July 2010, HHS also requested public comments on the criteria for evidence of effectiveness of home visiting models. To view AMCHP’s comments, click here.

• The second step to receive federal funding was submission of the required statewide needs assessment. These documents were due to HHS by September 2010. Guidance was provided for completing the statewide needs assessment required by law of all states, irrespective of whether they intend to apply for home visiting grants, as a condition for receiving FY 2011 Title V MCH Block Grant allotments.

• The last step for a state electing to apply for a home visiting grant will be submission of an Updated State Plan. On February 8, 2011, HHS released the third supplemental information request (SIR) for the submission of the updated
state plan for a state home visiting program. The SIR provided instructions for completing the last step necessary for the release of home visiting grant funds. Submissions are expected within 90 to 120 days of issuance.

So now the action really turns to the states to begin the crucial work on implementation. AMCHP once again expresses our deep appreciation to our advocacy partners who worked so hard to help this program become federal law, and our federal partners who are working nonstop to support state implementation. Many critical decisions will be made in the coming months as programs are launched or expanded. We look forward to continuing to support states, reviewing progress again here in one year, and anticipating the positive outcomes this program will provide to thousands of families in the years to come.

Prevention and Public Health Fund

By Carolyn Mullen
Associate Director, National Center for Health Reform Implementation, AMCHP

The Patient Protection and Affordable Care Act (ACA) provided a historic opportunity to invest in prevention and public health through the creation of a Prevention and Public Health Fund. The Fund provides mandatory funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness and public health activities to reduce and combat a host of leading public health issues.

The Fund’s mandatory appropriation levels begin at $500 million for fiscal year 2010 and increases incrementally each year through fiscal year 2015 to $2 billion annually. A year after the ACA was signed into law, the U.S. Department of Health and Human Services (HHS) allocated the funding consistent with the premise of the new law. In June 2010, HHS announced the allocations of $500 million for fiscal year 2010 and in February HHS announced allocations of $750 million for fiscal year 2011.

The initial allocations of the Fund primarily focused on obesity prevention, tobacco cessation and nutrition. Coupled together these initiatives will lead to vast improvements in maternal and child health. AMCHP continues to encourage that an adequate portion of the Fund addresses maternal and child health issues because the onset of many chronic conditions are present at birth and last through childhood and into adulthood. Our message is that investing in prevention and wellness programs to combat the risk factors associated with the leading causes of morbidity and mortality in children specifically will go a long way toward reducing long term health care costs.

The Community Transformation Grant Program (CTG) in particular represents a unique opportunity to address maternal and child health. The Fund provides $145 million in fiscal year 2011 for this newly authorized program wherein the Centers for Disease Control and Prevention (CDC) will award competitive grants to state and local governmental agencies and community-based organizations. These grants will fund implementation, evaluation and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. CDC will be issuing a funding opportunity announcement in the upcoming months. In the meantime, state maternal and child health directors are encouraged to begin partnering with state chronic disease directors to ensure an adequate portion of the funding addresses maternal and child health needs.

The Prevention and Public Health Fund represents a historic movement in the realm of public health to move us from a system of “sick care” to one of prevention and wellness. The U.S. Department of Health and Human Services and state and local health departments have the infrastructure and expertise already in place to combat gestational diabetes, infant mortality, childhood obesity, injury and smoking. However, due to chronic underfunding these entities were unable to fully implement the promising research, programs and community interventions to ensure appropriate prevention as well as prompt diagnosis and treatment of a broad array of conditions and diseases. The new sustained mandatory funding stream afforded via the Fund will ensure timely intervention boosting federal and state capacity today, and will result in better health and cost savings in both the short and long term. This is why a year after ACA was signed into law, AMCHP looks forward...
to working with you and our many partners to ensure Congress sustains support for the Fund in the near future and beyond.

Innovation Center Established to Improve Health Outcomes and Reduce Costs

By Karen VanLandeghem, MPH
Senior Advisor, National Center for Health Reform Implementation, AMCHP

The Center for Medicare and Medicaid Innovation (CMMI) was established under the Affordable Care Act (Section 3021) to test innovative payment and service delivery models for Medicare, Medicaid and CHIP programs. Established in November 2010 as part of the Center for Medicare and Medicaid Services (CMS), the mission of CMMI is to “produce better experiences of care and better health outcomes for all Americans and at lower costs through improvements.” CMMI has a mandatory appropriation under ACA of $10 billion over the next 10 years.

The Center is designed to be a public/private/consumer partnership to explore new payment and service delivery models in three main areas:

- **Improved Care for Individuals:** Focusing on patients in traditional care settings (e.g., hospitals, doctor’s offices, etc.), CMMI seeks improvements to care safety, efficiency, effectiveness, affordability, and making care more patient-centered. CMMI also plans to promote “bundled payments,” a collaborated care effort where multiple providers bundle multiple procedures for one medical episode into a single payment, eliminating the need for traditional fee-for-service with multiple billing submissions.

- **Coordinating Care to Improve Health Outcomes for Patients:** CMMI seeks to develop new care models that make it easier for providers in different settings to coordinate care efforts for a single patient. New health home models and Accountable Care Organizations will be a major focus.

- **Community Care Models:** Focusing on improvements to public health, CMMI will examine how to best identify health crises as well as innovations in interventions for prevalent chronic diseases and conditions.

A number of CMMI initiatives are in progress or underway. These initiatives include the following:

- **Medicaid Health Home State Plan Option:** Mandated by Section 2703 of ACA, this provision gives states the option to allow Medicaid beneficiaries with “at least two chronic conditions, one chronic condition and the risk of developing a second, or one serious and persistent mental health condition” to select a specific provider as a “health home” to help coordinate their treatments. Services under the health home as defined by CMS are: comprehensive care management, care coordination and health promotion, comprehensive transitional care from inpatient to other settings, individual and family support, referral to community and social support services, and the use of HIT. Participating states get an enhanced FMAP rate of 90% for the first 8 quarters that the option is in effect. Other health care services for program participants will continue to be matched at the State’s regular matching rate. CMS released its initial guidance on Section 2703 to states in a November State Medicaid Director letter along with a draft template for States to use in designing and developing health home State Plan Amendments (SPAs). More recently, CMS/CMMI leaders and others were featured in a webinar on health homes under Section 2703 sponsored by the National Academy for State Health Policy.
Feature cont.
Innovation Center Established

- **Multi-Payer Advanced Primary Care Practice Demonstration**: An eight-state demonstration project wherein Medicare, private insurance plans, and state Medicaid programs will join together to evaluate the effectiveness of integrated care provided by health care professionals in up to 1,200 medical homes. Eight states (Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan, and Minnesota) were selected to participate in the CMMI demonstration project to evaluate the effectiveness of doctors and other health professionals across the care system working in a more integrated fashion and receiving more coordinated payment from Medicare, Medicaid, and private health plans.

AMCHP’s National Center for Health Reform Implementation is closely tracking the work of the CMMI and the implications for maternal and child health populations and the work of state MCH programs and other key stakeholders. Regular updates will be provided in future issues of *Pulse* and *Members Briefs*. Additional information about the CMMI can be found [here](#).

Success Story cont.
MD Health Care Reform Council

Council Work Groups: Health Insurance Exchanges; Entry to Coverage; Outreach and Education; Public Health, Safety and Special Populations; Health Care Workforce; and Health Care Delivery System. In a final report to the Governor, the Council outlined 16 recommendations on Maryland actions needed to undertake reform implementation.

Frances Phillips, the Deputy Secretary for Public Health within the Department of Health and Mental Hygiene, who co-chaired the Public Health, Safety and Special Populations Work Group, and oversees administrations concerned with family and community health, including all Title V MCH program activities, notes that “the needs of children and families were always at the forefront of all Council and Work Group activities.”

The collaboration among various agencies in Maryland on health care reform is based on a model Governor O’Malley established in 2008, in which he made reducing infant mortality by 10 percent by 2012 one of 15 strategic goals for the newly created Governor’s Delivery Unit (GDU). The GDU is an innovative performance management tool to track progress toward public sector goals. Engaging with the Governor’s Delivery Unit has already led to an unprecedented collaborative effort among state agencies and with private partners to improve the health of women prior to pregnancy, increase early entry into prenatal care, and establish standardized post-partum discharge protocols. New ACA funding also presents opportunities for Maryland to strengthen insurance coverage expand access to care, make coverage more affordable, and promote cost control, quality and prevention. Maryland has received $1 million in new federal funds to improve outcomes for families who reside in at risk communities under the Maternal, Infant, and Early Childhood Home Visiting Program. The Maryland Title V-MCH program, the lead state agency for the program, works in coordination with the Children’s Cabinet and the Governor’s Office for Children as well as other state and local agencies in developing a comprehensive state plan for the implementation of this program. The Maryland MCH program is also administering the new Personal Responsibility and Education Program (PREP) which will also receive approximately $1 million in new federal funds once the state plan is approved. Deputy Secretary Phillips has noted that both of the new funding initiatives will further bolster the efforts to reduce infant mortality.
View from Washington
Affordable Care Act - One Year Later

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

This issue marks the one year anniversary of passage of the Affordable Care Act (ACA). For the past year, AMCHP has worked hard to help our members and partners better understand and begin to implement what is no doubt one of the most sweeping pieces of legislation we will see in our lifetime. This column looks back on significant implementation actions taken in the past year, shares AMCHP’s current priorities, and looks ahead to future opportunities and what you can expect from AMCHP.

Leading to Support States

Even before the health reform law passed, AMCHP anticipated member’s needs for objective information, timely notice of federal implementation actions, analysis of the myriad options, opportunities and challenges facing state MCH programs and public health agencies. We also advocated on behalf of the strong leadership areas where state MCH programs have a key role such as assuring services for children with special health care needs, promoting home visiting, building integrated systems and assuring quality.

To organize this work, AMCHP created a National Center for Health Reform Implementation (the Center) that serves as your central point of contact on all things health reform. The purpose of this Center is to provide state maternal and child health leaders and their partners with the information, tools and resources to optimize the opportunities presented by the ACA for improving services, systems, and health outcomes for MCH populations. Lead staff for the Center is AMCHP Associate Director Carolyn Mullen and Senior Advisor Karen VanLandegehm, and we especially appreciate and recognize the support of funders for this Center including the Commonwealth Fund, the Kellogg Foundation and Centers for Disease Control and Prevention.

Implementation Updates

The most recent product of this Center is an up to the minute summary of key federal actions taken to date on key MCH provisions. This document provides details on which federal regulations have been issued, where HHS is asking for public input, where AMCHP has provided policy guidance on behalf of state MCH programs, and what funding opportunities have been announced in the past year. This resource will remain posted to the AMCHP health reform hub and be updated as needed.

Current Priorities

The Center works under the guidance of the AMCHP Legislative & Health Care Finance Committee and board of directors who together recently approved a 2011 policy agenda including the following ACA implementation priorities:

- **Immediate Opportunities**
  - Implement the Home Visiting Program - $1.5 billion over five years
  - Advocate that an adequate portion of the Prevention and Public Health Fund address MCH issues - $7 billion over five years
  - Implement the new Personal Responsibly Education Program focused on teen pregnancy prevention - $375 million over five years and coordinating with Teen Pregnancy Prevention Initiative ($100 in FY 2011), continued Abstinence Only Education grants ($250 million over five years), and Pregnancy Assistance Fund ($125 million over five years)
  - Seeking opportunities for uninsured children with special health care needs to receive assistance via temporary high risk pools - $5 billion over five years
  - Partner in support of Community Health Center expansion - $11 billion over five years starting in FY 2011

- **Intermediate Opportunities**
  - Promote the comprehensive benefit package design including application of the Bright Futures for Children guidelines for all plans and development of Bright Futures Guidelines for Women
  - Implement important provisions promoting expansion of medical homes
  - Assure strong MCH representation on new boards and commissions, particularly guiding key national indicators development and Adult
Medicaid Quality Measures with opportunities to focus on women’s health, preconception and maternity care

- **Long Term Opportunities**
  - Contribute state MCH expertise to state exchange design including creation of the essential benefits package
  - Support Medicaid expansion under ACA including coordinating outreach and enrollment with MCH programs and improvements to EPSDT
  - Anticipate increased demand and assuring provision of enabling services, care coordination, population-based prevention and systems building services
  - Assure health system capacity and other crucial activities leading up to the 2014 coverage expansion

These priorities provide a road map and work plan for the Center’s work, balanced by analysis of emerging opportunities and changes made in response to any shifting priorities in the state and federal policy landscape.

**Looking Ahead**

As noted previously, AMCHP has embarked upon this work with sensitivity to the fact that partisanship and divisive politics result in differing levels of enthusiasm for implementation across the states. At our most recent board meeting, our leadership discussed the implications of this divisiveness as well as how efforts to repeal, defund or judicially block implementation are all playing out at the state level. AMCHP’s leadership came to consensus that as the ACA is the law of the land, and as the role of the executive branch is to execute or implement the law, AMCHP’s implementation work should continue until and unless some authority tells us to stop.

We therefore plan to continue to track closely and report on all relevant state options, opportunities and challenges with health reform, and again commit to providing you with the information, tools and resources to optimize the opportunities presented by the ACA for improving services, systems and health outcomes for MCH populations.

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**By Lauren Raskin Ramos**  
*Director of Programs, AMCHP*

Rates of obesity and overweight continue to rise across the United States, and obesity is one of the top three leading causes of preventable death. To address this problem, the Affordable Care Act provided funding through the Prevention and Public Health Fund to the Health Resources and Services Administration (HRSA) to support a national Prevention Center for Healthy Weight. The National Initiative for Children’s Healthcare Quality (NICHQ) is leading this effort, and has convened national organizations, including AMCHP to partner in this exciting effort.

The **Healthy Weight Collaborative (HWC)** will establish productive partnerships between primary care, public health and community-based organizations that will form the basis for sustainable positive community, environmental and individual health behavior change, ultimately promoting healthy weight and health equity. The HWC will support at least 50 communities to establish multi-sector, place-based teams representing primary care, public health, and other sectors. Teams will engage in a variety of activities and interventions to help local communities, states and other interested groups develop practical approaches to linking public health and primary care to promote healthy weight for children and families.

AMCHP, along with the Association of State and Territorial Health Officials, the Foundation for the National Institutes of Health, the Institute for Healthcare Improvement, Maine Medical Center, the National Association of County and City Health Officials, the National Association of Community Health Centers, and Nemours are part of the Consortium to guide the project. In particular, AMCHP will ensure the representation of Title V on the Expert Work Group, provide support for collaborative teams on the role of state MCH programs in creating communities that promote healthy weight as well as in forming productive partnerships between MCH departments and other sectors including Primary Care, and work to identify and recommend promising communities and programs.
Partner Updates CONT.

Using Social Media to Make a Difference in MCH

By Allan Stamm
Chief Executive Officer
Go Beyond MCH

The 2011 AMCHP Annual Conference was proof that the MCH industry has entered the era of Web 2.0. We no longer are separated from each other by county or state lines. Thanks to technology and social networks we are now a united front of MCH professionals who are sharing best practices and learning from one another. We now have the ability to come together and make a much more profound impact on issues that affect us all — such as legislation threatening the implementation of the Affordable Care Act, reaching disenfranchised populations in our communities, or developing effective solutions to a variety of challenges we face each day.

Those of you who attended the conference know that Twitter, along with other social networks, was a tool we used to share with one another. With the help of AMCHP we were able to plan meet ups, share highlights from breakout sessions, and network in a way we had not before. Imagine all the good we could do if we take this ability to share among like-minded, passionate individuals in our field and continue to expand and incorporate this resource into our daily lives.

We at Go Beyond MCH view ourselves as more than a partner and advocate, we are a vested member of the MCH community. We thank AMCHP and the leaders from around the country who support MCH and who are willing to share their knowledge so that we can all come together and use technology to make a difference. With your help, we are redefining how the MCH industry communicates. These social media platforms can be used as a way to share with each other and with consumers, the families and children we all work to protect.

Please join us as we continue to bring MCH professionals together. Share your knowledge and information you gained from the AMCHP Annual Conference. You can join in and submit articles, share resources, comment on posts, and share links back to your website/blog. Begin today by sharing your thoughts on the Affordable Care Act as it relates to your organization by using #MCHealth on all of your tweets. You will be able to search Twitter and hear what MCH professionals are sharing from across the country!

For more information about the national conversation and how you can join the community of MCH professionals that is over 1,000 strong, please visit www.GoBeyondMCH.com.

Who’s New

New MCH Leader
Illinois

Glendean Sisk
Bureau Chief
Maternal and Infant Health Programs
Illinois Department of Human Services

AMCHP Welcomes New Staff: Kate Howe and Cristina Sciuto

Kate joins AMCHP as a Program Manager for Child Health. She will assume the lead staff role on major issues surrounding child health, including early childhood development, childhood obesity, oral health, mental health and injury prevention. She will also work to implement the Innovation Station, AMCHP’s Best Practices initiative. Kate recently received her Masters of Public Health degree with a concentration in Maternal and Child Health from George Washington University, and had completed an internship with AMCHP as part of her Master’s practicum experience. Kate previously worked as a Program Coordinator at the Association of Schools of Public Health (ASPH), supporting ATMCH and the ASPH Maternal and Child Health Council. Kate also has coordinated the Child Fatality Review Team in Suffolk
Who’s New
AMCHP Welcomes New Staff

County, MA and has experience in children’s mental health, as well as violence prevention.

Cristina joins AMCHP as the new Program Associate for the Women’s and Infant Health Team. As such, Cristina will support the various action learning collaboratives, the women’s health information series, and other Women’s and Infant Health program activities. Cristina recently graduated from the University of Maryland, College Park, with a Bachelor of Science in Community Health. She has always had a strong interest in maternal and child health and is looking forward to supporting AMCHP members.

Get Involved

Call for Abstracts for the Western MCH EPI Conference

The 2011 Western Regional Maternal and Child Health Epidemiology (MCH EPI) Conference organizers invite local, state and federal public health professionals working to improve the health of women, children and families to submit abstracts for the June 19-20 Conference. The abstract submission deadline is March 15. To submit an abstract, visit here.

National Health Care Transition Center Webinar

This webinar will convene on March 23 from 2 to 3 p.m. EST, presents findings from a January 2011 report, “Health Care Transition for Youth with Special Health Care Needs” published by Got Transition? The National Health Care Transition Center. The report authors, Peggy McManus and Katherine Rogers of the National Alliance to Advance Adolescent Health, will discuss their analysis of national and state transition outcome data from the 2005-06 National Survey of Children and Youth with Special Health Care Needs. McManus and Rogers will also present a preliminary summary of Title V State activities and initiatives addressing transition to adult health care. To register, visit here.

Call for Nominations for the Martha May Eliot Award

The Martha May Eliot Award honors a professional worker from the field of maternal and child health. This award is to recognize someone who is active in their fields, and their achievements, indicated by high quality and originality of contributions rather than longevity. Nominees are persons who have made unusual contributions to education, administration or research in the field of maternal and child health. The deadline for nomination materials is April 22. To learn more, visit here.

ODPHP Call for Proposals

The Office on Disease Prevention and Health Promotion (ODPHP) has issued an RFP – targeted toward states, territories, and tribes - to integrate Healthy People 2020 into their health improvement planning activities with an emphasis on multi-sector collaboration. The proposals are due April 1. To learn more, visit here.

New Resource for Substance Use During Pregnancy

The Indiana Perinatal Network has launched a web-based provider training program entitled, “Integrating Screening and Treatment of Substance Use into Prenatal Care.” The 54-minute program addresses tobacco, alcohol and other drug use during pregnancy and incorporates practical role-play scenarios with clinical and research-based materials and interventions. This unique, award-winning program features Dr. James Nocon, associate professor from the Indiana University School of Medicine and director of the Prenatal Recovery Clinic at Wishard Hospital in Indianapolis. It also includes helpful resources and detailed clinical presentations on substance use related topics. The program is approved for CME’s, nursing contact hours and social work CEU’s and was produced in cooperation with IN ACOG, IN AAP, the IU School of Medicine, March of Dimes, the Indiana State Department of Health and Indianapolis Healthy Start. To learn more, visit here.
Data and Trends

Teen Pregnancy Prevention Funding by State or Territory

The map below shows states that received funding through the Abstinence Education Grants and/or the Personal Responsibility Education Program (PREP). The states in blue represent those states that did not receive funding from either funding mechanism. Please note that while the territories are not shown on the map, Puerto Rico received both PREP and Abstinence Education funds, and Micronesia received PREP funds.
Resources


- Federal program information on the Personal Responsibility Education Program (PREP), Pregnancy Assistance Fund and Abstinence Education funds is available [here](#).

Agency for Healthcare Research and Quality: As 1 of 12 agencies within the Department of Health and Human Services, AHRQ works to improve the quality, safety, efficiency and effectiveness of health care for all Americans, and supports research that helps people make more informed decisions and improves the quality of health care services.

AMCHP National Center for Health Reform Implementation: Provides information covering key aspects of the Affordable Care Act that pertain to maternal and child health populations. Recent publications include:

- Health Reform: What's in it to Promote the Medical Home? (October 2010)
- Health Reform: What's in it for Adolescents? (October 2010)
- Health Care Reform: What's in it for Children and Youth with Special Health Care Needs? (October 2010)

American Academy of Pediatrics: Organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults.

- The National Center for Medical Home Implementation - Resource for health professionals, families, and anyone interested in creating a medical home for all children and youth.
- One-Pager - Children and the Medical Home

Bright Futures: A joint initiative of the American Academy of Pediatrics and the U.S. Department of Health and Human Services dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family and the community as partners in health practice.

- Preventive care/screening based on the U.S. Preventive Services Task Force can be found [here](#).
- Immunizations recommended by the Advisory Committee on Immunization Practices at the Centers for Disease Control and Prevention can be found [here](#).

The Catalyst Center: The Catalyst Center is funded by the federal Maternal and Child Health Bureau to serve as the national center on improving financing of care for children and youth with special health care needs. The Center creates publications and products, answers technical assistance questions, researches innovative state-based financing strategies, guides stakeholders to outside resources, and connects those interested in working together to address complex health care financing issues. See the Publications and More section of the organization’s website at for additional resources on health care reform including:

- What Do Children with Special Health Care Needs Require from Health Care Reform? (July 2009)
- Health Care Reform and Children with Special Health Care Needs: Coverage is Not Enough (July 2009)
- The Essential Components of Health Care Reform for Children with Special Health Care Needs (September 2009)

The Commonwealth Fund: Private foundation working to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children and elderly adults.

- Publication - Innovation in Medicare and Medicaid will be Central to Health Reform's Success (June 2010)

Family Voices: Family Voices aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities by providing families with tools to make informed decisions, advocate for improved
public and private policies, build partnerships among professionals and families, and serve as a trusted resource on health care.


HHS Office of Adolescent Health: The Office of Adolescent Health (OAH) coordinates adolescent health programs and initiatives across the U.S. Department of Health and Human Services related to adolescent health promotion and disease prevention.

Kaiser Family Foundation: Private, non-profit foundation focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy.

- Health Reform Source - Get a state-by-state view of health reform implementation, public opinion, and research and analysis.

Maternal and Child Health Bureau, Health Resources and Services Administration (HHS): Information on the Title V Maternal and Child Health Services Block Grant and other related programs and efforts.

Medicaid Health Plans of America: Nonprofit organization working to develop and advance public policy that controls costs and improves access and delivery of quality health care to Medicaid members.

- Publication - Role of Medicaid Health Plans in Patient-Centered Medical Homes (September 2010)

National Academy for State Health Policy: Independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. Online health reform resources include:

- The Affordable Care Act and Children with Special Health Care Needs: An Analysis and Steps for State Policymakers (January 2011) - A publication by the National Academy for State Health Policy (NASHP) for the Catalyst Center
- Publication - Building Medical Homes in State

Medicaid and CHIP Programs (June 2009)
- Archived Webinar - Health Homes for Medicaid Enrollees with Chronic Conditions: A Conversation with CMS and States Regarding the ACA State Plan Option (August 2010)
- Publication - Strategies States Can Use to Support the Infrastructure of a Medical Home (May 2008)

National Adolescent Health Information and Innovation Center: Works to improve the health of adolescents by serving as a national resource for adolescent health information and research, and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

- Publication - The Patient Protection and Affordable Care Act of 2010: How Does it Help Adolescents and Young Adults?

National Committee for Quality Assurance (NCQA): Nonprofit organization dedicated to improving health care quality. Patient-Centered Medical Home information is available here.

Patient Centered Primary Care Collaborative (PCPCC): The PCPCC was created in late 2006, when approached by several large national employers with the objective of reaching out to the American College of Physicians, the Academy of Family Physicians, and other primary care physician groups in order to: 1) facilitate improvements in patient-physician relations, and 2) create a more effective and efficient model of healthcare delivery.

Society for Adolescent Medicine: National multidisciplinary organization committed to improving the physical and psychosocial health and well-being of all adolescents through advocacy, clinical care, health promotion, health service delivery, professional development and research.

U.S. Department of Health and Human Services: The official Federal website on the Affordable Care Act from the U.S. Department of Health and Human services can be found here.
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2012 AMCHP Annual Conference
February 11-14
Omni Shoreham Hotel
Washington, DC
Board of Directors

Executive Committee

President (2011-2013)
Stephanie Birch, RNC, MPH, MS, FNP
Alaska

President-Elect (2011-2013)
Katherine J. Bradley, PhD, RN
Oregon

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Florida

Secretary (2010-2012)
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Hawaii

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Missouri

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New Hampshire

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Gloria Rodriguez, DSW
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Delaware

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Daniel Bender, MHS
Mississippi

Region V (2011-2014)
Alethia Carr*
Michigan

Region VI (2010-2013)
Suzanna Dooley, MS, ARNP
Oklahoma

Region VII (2011-2014)
Marc Shiff, MPA, CPCM
Missouri

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

Region IX (2010-2013)
Les Newman
California

AMCHP Staff

Matt Algee, Senior 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

Tanya Desselkoon, Organizational Performance & Member Services Intern

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, Children and Youth With Special Health Care Needs

Region X (2010-2013)
Maria Nardella, MA, RD, CD
Washington

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

Director-At-Large I (2011-2013)
Debra B. Waldron, MD, MPH, FAAP*
Oregon

Family Representative I (2009-2012)
Eileen Forlenza
Colorado

Elected Family Representative (2011-2014)
Kris Green*
Alaska

*New board member
AMCHP Staff CONT.

Jessica Hawkins, MPH, CHES, Senior Program Manager, Women’s and Infant Health
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, Senior Program Manager, Adolescent Health
Lauren Raskin Ramos, MPH, Director of Programs
Cristina Sciuto, Program Associate, Women’s and Infant Health Team
Karen VanLandeghem, MPH, Senior Advisor, National Center for Health Reform Implementation
William Watters, Policy Intern
Darlisha Williams, MPH, Senior Program Manager, MCH Epidemiology

Calendar CONT.

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

National Oral Health Conference
April 11-13
Pittsburgh, PA

Hospitals and Communities Moving Forward with Patient- and Family-Centered Care: An Intensive Training Seminar—Partnerships for Quality and Safety
May 2-5
St. Louis, MO

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

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

2011 National School-Based Health Care Convention
June 26-29
Chicago, IL

25th Anniversary Postpartum Support International Conference
September 14-17
Seattle, WA

Calendar

MCH Events

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

NFPRHA 2011 National Conference
March 27-30
Washington, DC