From the President

Evidence-Based Practices

By Stephanie Birch, RNC, MPH, MS, FNP

Have you ever wondered why you do the things you do? Is it out of habit or out of institutional lore? Is it because your “institution or agency has always done it that way”? Or is there evidence to support what you are doing?

In the early 1990s the use of evidence to support best practices began initially in the field of medicine. It has since expanded to include other professions such as public health, education and social services just to name a few. The idea behind this effort is to provide transparency and to assure the public, families, clients and patients that the identified techniques, plans, and/or procedures will provide the best possible interventions and treatments. The intention of using evidence-based practice is to eliminate or minimize subjective judgment and utilize scientific evidence when developing plans of action or interventions.

What does this mean to the work we do? Certainly there is an expectation that research and analysis of data is used to objectively investigate possible solutions and interventions. Thus professionals in our fields of expertise must make a commitment to lifelong learning that includes continuously posing questions of direct and practical importance that impact the clients and families we serve. Finally, it means a willingness to give up the old and implement the new as a result of supporting evidence.
In this issue, of Pulse you will see a number of examples of how evidence-based practices are being used to support work at the state and community level. You will also have examples of the work done by our outstanding AMCHP staff on collecting and evaluating best practices and making them available to our membership. We hope the information contained in this issue will encourage our members and partners to reflect on why we do what we do and consider the evidence to support the MCH work.

By Mike R. Fraser, PhD

I love spring. Everything seems so new, so fresh. The different shades of green are amazing, beautiful flowers seem to pop up everywhere and our special treat in Washington is witnessing the blossoming of our world famous cherry trees. To me, spring is a great time to start something new – a “fresh start” – that often coincides with casting out the old through a ritual known as “spring cleaning.”

What might this season of new, fresh starts mean to you? How about taking a look at the work of your maternal and child health program and applying a little spring cleaning to it? What are you holding on to that you do not use anymore, what can be thrown away to make room for the new? What programs are you running the way you ran them last year, the year before that, and the year before the year before that? Are they fresh? Are they meeting your state’s needs? Do they need a little bit of re-tooling and refreshing to meet new challenges?

This month’s issue of Pulse is dedicated to the use of evidence-based best practices in maternal and child health. While there is little appetite for increased spending here in Washington, there is a great deal of attention being paid to “evidence-based” programs. Policy makers want to know that precious federal resources are being invested in programs that work and they want to see evidence of impact before they continue to invest any more resources. The new Maternal, Infant and Early Childhood Home Visiting program is a good example of what we might see Congress do a lot more of in the future – guide federal investments toward programs that have documented evidence of success and support their spread nationwide.

A great deal has been written about what “evidence” is and the issues surrounding deeming a program “evidence based.” I am going to leave the science on this one to a future article but I do realize that there is a continuum of evidence on which programs can be evaluated and that using one “gold standard” for evidence is probably not realistic given some of the challenges of evaluating and measuring impact in maternal and child health populations.
That said, it is hard to quibble with the notion that if we know what works we should be doing more of it. So, what keeps us from using more evidence-based practices in MCH? Here are three reasons I have heard in my visits to Title V programs nationwide about what makes it difficult to implement evidence-based practices at the state level.

“It is hard to find evidence-based practices.” AMCHP knows that is certainly true, and is the main reason we are working with MCHB and other national partners to grow our Innovation Station—our online collection of best practices in MCH. As we collect best practices we want the Innovation Station to be the place for state MCH programs to find programs that work. We also know that many Title V program staff do not have time to read the academic research in which evidence-based practices are disseminated. That is why AMCHP works to include summaries of important research findings in our publications, on our conference agenda, and through our webinars and regional meetings and contacts with states.

“It won't work here.” I love this one—we all want to be unique. But how many times do we need to reinvent the wheel? To me the real issue is not that the model will not work in your state but rather you may have concerns about how to be true to the core facets of the program given a different setting or different population. To address this concern, I think we have to be very clear about the populations we are serving and how close they are to the study population. Certainly it is the case that not all best practices will work in all settings. The notion that we have to tailor every MCH program to meet the needs of every state and community, however, needs to be addressed.

“We don't have enough evidence.” We certainly want to make sure that enough research has been conducted before we entirely revamp our MCH programs or invest a great deal of resources in a particular program or model. But how much evidence is enough? It strikes me that pretty much every journal article I’ve ever read ends with “there is a need for more research.” Certainly there is the need to continue conducting research down promising pathways. But how much is enough? This is a tough question, but my guess is that for most practices in MCH we have a threshold of research that really is enough. So, as research continues to evaluate specific programs and models, let’s use what we have and ask if more research really will tell us anything more about the program’s effectiveness.

Sometimes good enough really is good enough. Do any of these reasons ring true to you? Let’s work together to continue to share the evidence and support “what works.” As MCH programs come under great scrutiny due to fiscal constraints and challenges, basing decisions on the best evidence becomes paramount. The AMCHP network is a learning network, always eager to share and learn from each other. I hope you use this spring season to engage with AMCHP and share what is working with us.

Feature

The Community Guide Provides Important Resource on Evidence-Based Practices

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

Quality and the need for evidenced-based programming and policymaking continue to be top priorities for states, particularly as many states focus on implementation of the Affordable Care Act and address emergent public health priorities such as accreditation. The Guide to Community Preventive Services (Community Guide), supported by the Centers for Disease Control and Prevention (CDC), is designed to provide needed information to support state and community leaders as they decide on strategies, policies, and programs that are most relevant, effective, and cost-effective for their states, communities and enrolled populations. The Community Guide is the only single source of all recommendations and findings of the Task Force on Community Preventive Services (Task Force), an independent, non-federal, volunteer body of public health and prevention experts. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Community Guide includes Task Force findings on 19 topics, including adolescent health, birth defects, immunizations, nutrition, physical activity and oral health.
Feature cont.
The Community Guide

The Community Guide has a number of uses that include:

- **Program planning** to select evidence-based interventions to help achieve key program objectives

- **Policymaking** to help inform and substantiate policies such as child safety seat laws, vaccinations for child care and school attendance, and community-wide interventions such as water fluoridation

- **Decision making** to help select effective interventions that can make the best use of scarce resources (e.g., cost-effective interventions).

AMCHP has support via an Affordable Care Act funded cooperative agreement with CDC to help disseminate key findings and promote uses of the Community Guide for state MCH programs and their key partners. Policy briefs that examine and analyze the optimal use of Community Guide findings in the areas of preconception health, adolescent health and childhood obesity are forthcoming in the next several months and will be disseminated widely to state MCH programs and other leaders. Additional information about the Community Guide can be found [here](#).

The Importance of Sharing Emerging, Promising and Best Practices with the MCH Community

By Darlisha Williams, MPH
Senior Program Manager, MCH Epidemiology & Best Practices, AMCHP

As AMCHP staff, one of the most common questions we are asked by both members and partners is: "Are there any promising programs out there relating to X?" Indeed AMCHP members are very eager to learn from other states and hear about challenges and lessons learned from their peers. Given limited resources and time, there is a great need to maximize and build on existing knowledge so that one is not constantly “re-creating the wheel.” It is this often stated need to know more which forms the underlying basis of AMCHP’s Best Practices program. We all recognize that there are fantastic public health programs that engage their target audience and lead to positive behavioral change. We also acknowledge the power and usefulness of sharing this information with each other. However, the question then remains: How can we effectively and efficiently capture this valuable information in one place and provide a much needed resource, not only for AMCHP members, but also for the greater MCH community?

In the fall of 2009, in an attempt to answer this question and better serve its members, AMCHP launched the [Innovation Station](#), a searchable, online database of programs that work. The purpose of this database is to serve as a resource and repository of emerging, promising and best practices in maternal and child health. Since 2006, the best practice review panel (a diverse panel of public health experts) has reviewed 56 submissions and 34 of those programs have been included in the [Innovation Station](#) database.

These programs address a variety of important public health topics such as obesity, perinatal health, transition among children and youth with special health care needs and infant mortality to name a few. The programs also range in terms of their level of development. Some are in the initial stages of development with preliminary results and others are more developed and have evaluation results demonstrating positive outcomes. This is a growing database and AMCHP continues to seek submissions from programs that are doing great work to improve the health of women, children and families.

Ultimately, AMCHP hopes to have all states and territories represented in the database in order to highlight and disseminate the innovative work that is happening nationally and foster peer-to-peer sharing of public health information. As the database continues to grow, it has the potential of being a powerful resource to learn about what other states are doing and to network with people working on the same topics. However, the value of this resource depends on contributions from the public health community. I’m sure that you are doing something in your state that you are proud of, which has some preliminary evaluation data that you would like to share with other Title V programs.
On behalf of AMCHP, I encourage you to think about the work that you do and the impact your programs have on your communities and share those lessons learned and successes with your peers. By sharing this important information, we can all build on our collective knowledge and demonstrate how essential MCH programs are to the people we serve. If you are not sure whether your practice qualifies as an emerging, promising or best practice, give us a call and we would be happy to discuss your work.

Top three reasons to contribute to Innovation Station:

1. By submitting your work, you may be eligible to receive an award and a complimentary registration to AMCHP’s Annual Conference!

2. Highlight the importance of supporting Title V programs by demonstrating the impact of your program on communities

3. Share your exciting work with your peers and contribute to peer-to-peer exchange of knowledge

Is your state represented in the Innovation Station database? Visit page 13 in the Data and Tends section of this issue to view the states that are represented in the database! If you would like to be considered for inclusion in the Innovation Station database, please visit here to access more information about the best practice submission process or contact Kate Howe.

Compiled by Kate Howe
Program Manager, Child Health, AMCHP

AMCHP’s Innovation Station highlights MCH programs that show evidence of having a positive impact on communities. Since 2006, AMCHP has been collecting emerging, promising and best practices to share with the greater MCH community. The following represents a sample success stories from AMCHP’s growing database! To find out about more programs like these, please visit here.

2011 Promising Practice Awardee

Illinois

La Vida Sana, La Vida Feliz (Healthy Life, Happy Life): This program is offered to low-income overweight Latina women. Participants will have access to heart health education, nutrition counseling, physical activity, wellness programs, motivational tools and access to healthy foods. The program reached a total of 321 women through biweekly sessions, and another 503 community members through outreach and education. With this grant, program staff were able to fully integrate heart health into our La Vida Sana, La Vida Feliz program this year - which targets low-income Latinas who are at high risk for obesity, diabetes, heart attack and stroke. For more information, contact Erica Plaisier.

2010 Awardees for Emerging, Promising and Best Practice

Alaska

Pediatric Disaster Preparedness Project: This program is offered to all health care providers who care for pregnant women, infants and children, or might care for them in a disaster, as well as child care providers, emergency planners and administrators. The project aims to improve the state’s pediatric emergency preparedness capacity, and promote collaboration and inclusive disaster planning.
efforts. Just-in-time training modules and a training manual were disseminated throughout the state, and a public and professional resource website was developed, as well as “Go Kits,” after-action reports and documents examining ethical issues around pediatric resource allocation in disasters. Field exercises were designed to evaluate the program, and results showed increased operation at 160% area pediatric surge capability. Currently, pediatric interests are represented on an ongoing statewide disaster preparedness committee, and work continues to be done to integrate concepts and functions related to the pediatric population into preparedness systems. For more information, visit here.

Oregon

Youth Transition Program: This is a comprehensive transition program for youth with disabilities that prepares them for employment or career-related post secondary education or training, and connects them with health care and mental health services in the community as needed. The program also increases capacity and creates systems change in schools and other agencies serving students with disabilities in transition from school to work. The program currently exists in 105 high schools and has served over 12,000 youth with disabilities since 1990. Participants have demonstrated consistently positive educational and employment outcomes, and the program has been replicated in schools and communities throughout Oregon, as well as other states. For more information, visit here.

Rhode Island

Pediatric Practice Enhancement Project: This project assists pediatric primary and specialty care practices in providing improved short and long-term health outcomes for CYSHCN and their families within a medical home. The project places and supports trained Parent Consultants in clinical settings to link families with community resources, assist physicians and families in accessing specialty services, and identify systems barriers to coordinated care. The project shows that utilizing a paraprofessional to reinforce healthcare messages, perform care coordination and provide patient education is a cost effective model. Program participants have received more primary/preventive care and outpatient services, and fewer emergency department visits and inpatient admission, contributing to overall lower health care costs. For more information, click here.

2009 Promising Practice Awardees

California

First 5 Kit for New Parents: This innovative, evidence-based approach provides a low-cost, multi-media “kit” of information about parenting practices and community resources for parents of children 0-5 years and their providers. It includes DVDs (featuring celebrities, experts and diverse parents), and printed materials that were written to be widely accessible to parents, including those with limited literacy, and those who speak Spanish, Cantonese, Mandarin, Vietnamese, Korean or English. Since 2001, the kit has been distributed free of charge to 500,000 California parents each year through diverse perinatal and childcare programs. Evaluation has shown greater gains in knowledge and reported better practices by mothers who received the kit in the prenatal period than those who did not. For more information, visit here.

Colorado

Prenatal Plus Program: This is a Medicaid-funded program that provides care coordination, nutrition and mental health counseling to Medicaid-eligible pregnant women who are at a higher risk for delivering low birthweight infants. The goal is to reduce the number of low birthweight infants born to women in the program by using the Client-Centered Counseling approach to address a variety of issues that have been shown to have a negative impact on birth outcomes. The key health areas targeted by this program are healthy weight, smoking/cessation and depression. The program has consistently demonstrated that improved birth outcomes can be achieved among high-risk populations when behavioral, nutritional and psychosocial risks are identified and resolved. For more information, visit here.
Success Stories CONT.

Virginia

Partners in Pregnancy Program: This program provides high-risk pregnant women and their infants with the care they need to survive and grow up healthy. The overall goal is to improve adverse pregnancy outcomes by decreasing NICU days and dollars. The program involves home visits and case management by CHIP nurses and outreach workers, in combination with a medical home and regular nurse consultations. Program evaluation has shown a net savings of $2,287 per pregnancy in participating mothers and infants when compared to a control group. Additionally, participating infants spent less time in the hospital and mothers engaged in healthier behaviors, such as significant decreases in smoking, alcohol use and stress levels. For more information, contact Lisa Specter-Dunaway or call (804) 783-2667.

Member to Member

Many states are working to implement evidence-based home visiting programs to improve birth outcomes and to support women and families by connecting them to necessary services. One of the challenges to implementing home visiting programs is deciding which home visiting models to use and what is the level of evidence necessary. To get a state’s perspective, we asked a state currently grappling with these issues the following questions:

- How do you use evidence to inform program planning, particularly if federal law is restricting what you currently do?

- How do you proceed with your programmatic work in the absence of strong evidence of its impact?

Jackie Newson, Interim Director
West Virginia Home Visitation Program
Office of Maternal, Child and Family Health
Bureau for Public Health
Department of Health and Human Resources

The Maternal, Infant and Early Childhood Home Visitation Supplemental Information Request (SIR) identified seven evidence-based models to be used by states to shape their home visitation programs. West Virginia is uniquely positioned, with three of the seven models currently established in some of our highest at-risk counties. Additionally, the Office of Maternal, Child and Family Health (OMCFH) houses a comprehensive statewide home visitation and targeted case management initiative, Right From The Start (RFTS), for government sponsored pregnant women and at-risk infants to one year of age to reduce the risk of adverse pregnancy outcomes and improve infant outcomes. Strengthening the referral network between existing models and resource agencies maximizes resources and provides a continuum of care for prenatals through age five.

A West Virginia Home Visitation Program Stakeholder Workgroup was formed with representation from the WV Early Childhood Advisory Council, Department of Education, Division of Alcoholism and Substance Abuse, WV Coalition Against Domestic Violence, Bureau for Children and Families, Head Start, Right From The Start, current evidenced-based home visitation models and other interested partners. Utilizing OMCFH epidemiological support and the Stakeholder Workgroup to collectively review the Needs Assessment results and current home visitation capacity, the counties (our definition of communities) to initially target were determined. Inclusion has been the emphasis in the design of West Virginia’s infrastructure to expand existing efforts. From the beginning we have encouraged open discussions and assurances of no surprises or hidden agendas. This collective process, with the state program and MCH staff in the lead, has enabled active participation between stakeholders in establishing processes and decision making.

Using this same successful philosophy, we are now reaching out to county leaders to identify both the highest risk population and factors to target for home visitation services. To ensure effective program planning at each required level, we are utilizing key county participants’ expertise and community Needs Assessment data to advance the decision making process. The first objective of the county level meetings is to present common goals between multiple state and community agencies on utilizing home visitation services to improve prenatal/infant health outcomes, school readiness, economic self sufficiency and aid in reducing substance abuse and domestic violence rates. The evidence-based information for each model will be presented to county leaders to aid in the decision making.
process and ensure the model/s best suited for individual communities are identified. The most time-sensitive and challenging area of work is obtaining the required documentation and establishing evaluation processes for the “Promising Approaches” section. Based upon the historical success and strong outcomes of one of our state’s current home visitation models, Maternal Infant Health Outreach Worker (MIHOW), we have chosen to proceed with required activities for selection as a “Promising Approach” model. MIHOW, OMCFH and Vanderbilt University staff will complete the fact gathering and design process, including reaching out to other states for possible collaborative efforts. The mission, priority areas, target populations, evaluation plan and current capacity assignments have been distributed between involved parties with strict timelines being followed to ensure completion.

Open lines of communication with our stakeholders on relevant home visitation activities and sharing information obtained through the federal conference calls and webinars is ensuring everyone stays abreast of events. This ensures timely decision making on SIR activities and development of the state plan. Through this process, we are working to ensure that approved, evidence-based models receive service delivery funds from this grant, while a combination or continuum of available service models will enable additional West Virginia families to receive home visitation services.

View from Washington

Using Evidence to Drive Policy

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

In recent years AMCHP’s advocacy work has been substantially shaped by a fascinating dialogue on how to best use evidence to drive policy. We’ve seen up close how politics can challenge the simple notion that we should use evidence to guide policy and have seen an extended debate illustrating how science and politics sometimes clash. Considering that this clash goes back at least to the days of Galileo, I suppose none of us should be too surprised. Nevertheless, during the debate over the Affordable Care Act, there was an interesting sideshow created by relatively small provisions calling for comparative effectiveness research. To scientists and policy analysts, the notion of finding out which intervention works best seems fundamental. To politicians, the specter that scientifically proven results might be direct payment policies sounded dangerously close to rationing care, or at least threatening to some favored special interests.

More immediate to our field, two excellent MCH case studies emerged in recent years that demonstrate the promise and challenge of rigorously using evidence to drive policy. The most high profile examples are the Maternal, Infant and Early Childhood Home Visiting program created by the Affordable Care Act and creation of a Teen Pregnancy Prevention Initiative in the Consolidated Appropriations Act of 2010.

Former director of the White House Office of Management and Budget Peter Orszag presented a clear picture of the forces at play in their development in an article he published in June 2009 entitled “Building Rigorous Evidence to Drive Policy.”

Orszag wrote, “For these two very different subjects [home visiting and teen pregnancy prevention], we’re using a similar, two-tiered approach. First, we’re providing more money to programs that generate results backed up by strong evidence. That’s the top tier. Then, for an additional group of programs, with some supportive evidence but not as much, we’ve said: Let’s try those too, but rigorously evaluate them and see whether they work. Over time, we hope that some of those programs will move into the top tier — but, if not, we’ll redirect their funds to other, more promising efforts.”

This same article put the writing on the wall for all of us who work with the Title V MCH Block Grant programs when he went on to say this:

“This design differs from the typical approach. We haven’t simply created a block grant and told states they can do whatever they want, nor have we dictated a particular program design and told everyone to follow it [emphasis added]. Instead, we’ve said that we’re flexible about the details of the program; we only insist that most of the money go toward the programs backed by the best evidence.”
available evidence, and the rest to programs that are promising and willing to test their mettle."

This perspective helps us clearly understand the difficulties we face in advocating for the Title V MCH Block Grant. It signals the interest policymakers have in very specifically directing increasingly limited resources which is something AMCHP needs to take into account when developing our policy agenda and strategies. In no way does this signal we should give up on the block grant concept, but it does help us better understand the challenges we face advocating in a landscape made even more complex by the relentless focus on deficit reduction.

For the latest on AMCHP’s advocacy for the Title V MCH Block Grant please visit our Legislative Alert page here.

Who’s New

New MCH Leaders

MCH PHLI FELLOWS 2011-2012 Cohort

Ona Adair, PhD
Chemist
Bureau of Laboratories
Pennsylvania Department of Health
Exton, Pennsylvania

Christopher Alexander, MS
Program Supervisor
Ohio Healthy Homes and Lead Poisoning Prevention Program
Bureau of Child and Family Health Services
Ohio Department of Health
Columbus, Ohio

Rackell Arum, MPH
Health Services Administrator II
Philadelphia Department of Public Health
Division of Maternal, Child and Family Health
Philadelphia, Pennsylvania

Monique C. Bethell, PhD
Deputy Director
North Carolina Office of Minority Health and Health Disparities, North Carolina Division of Public Health
Raleigh, North Carolina

Vella Black-Roberts, MPH, RD
Perinatal Health Educator/Program Specialist
Improving Pregnancy Outcomes Program (IPOP)
Maternal, Paternal, Child & Adolescent Health (MPCAH)
San Leandro, California

Jennifer Bolden-Pitre, MA, JD
Director of Integrated Systems
Statewide Parent Advocacy Network (SPAN)
SPAN Family Resource Specialist
Cherry Hill, New Jersey

Treeby Brown, MA
Senior Program Manager for Children and Youth with Special Health Care Needs
Association of Maternal & Child Health Programs
Washington, DC

Elizabeth Collins, RN-BC, MS
Administrator/Children with Special Health Care Needs Director
Special Medical Services
Concord, New Hampshire

Heather Dubiel, MS
Director of Early Childhood Initiatives
Colorado Department of Public Health and Environment
Denver, Colorado

Carolyn Ellison, MHA
Newborn Screening Program Manager
Pennsylvania Department of Health
Harrisburg, Pennsylvania

Jessica Foster, MD, MPH
Clinical Assistant Professor of Pediatrics
Nationwide Children’s Hospital and The Ohio State University
Gahanna, Ohio
Who’s New cont.

New MCH Leaders

David Grimes, MD, MPH
Branch Chief, Family Health Center for Health Advancement
Arkansas Department of Health
Little Rock, Arkansas

Gretchen Hageman, MA
Executive Officer
Bureau of Public Health
Iowa Department of Public Health
Des Moines, Iowa

Lisa Hodgkins, MEd
Director, Maine WIC Nutrition Program
Augusta, Maine

Helene Kaiwi, MSW, LSW
Maternal and Child Health Branch
Hawaii Department of Health
Honolulu, Hawaii

Barbara Ludwig, MA
Immunization Program Manager
Nebraska Department of Health and Human Services
Lincoln, Nebraska

Yvette McEachern, MA
Director, Federal-State MCH Partnerships
Center for Maternal and Child Health
Baltimore, Maryland

Joanne Newman, ASN
Senior Community Health Nursing Supervisor
Palm Beach County Health Department
West Palm Beach, Florida

Mary Jo Paladino, MSA
Indiana CISS Project Facilitator
Indiana University School of Medicine
Children’s Health Services Research
Indianapolis, Indiana

Ann Phillips
Executive Director
Delaware Family Voices, Inc. and Family to Family Health Information Center
Wilmington, Delaware

Judy Punyko, PhD, MS
State Maternal and Child Health Epidemiologist
Minnesota Department of Health
Division of Community and Family Health
Data Epidemiology Unit
St. Paul, Minnesota

Maria Ines Robayo, MS
Public Health Educator
Wake County Department of Health
Raleigh, North Carolina

Sharon Saffold, MSW
Program Planner
County of Sacramento Public Health Department
Sacramento, California

Karis Schoellmann, MPH
Director of Health Education/Communication
Maternal and Child Health Program
Louisiana Office of Public Health
Destrehan, Louisiana

Theresa Seagraves
Maternal and Child Health Block Grant and Quality Improvement Coordinator
Ohio Department of Health
Division of Family and Community Health Services
Columbus, Ohio

Darcy Steinberg-Hastings, MPH
Director, Division of Developmental Pediatrics and Preventive Services and the National Bright Futures Education Center
American Academy of Pediatrics
Elk Grove Village, Illinois

Dawn Wardyga
Director, Rhode Island Family to Family Health Information Center, Family Voices at the Rhode Island Parent Information Network
Cranston, Rhode Island

Mary Weber, MSN, RN, NEA-BC
Director, Maternal and Child Health Division
Indiana State Department of Health
Indianapolis, Indiana
Who’s New cont.
New MCH Leaders

Gwendolyn Winters, MSA
State Adolescent Health Coordinator
Mississippi State Department of Health
Office of Child and Adolescent Health
Jackson, Mississippi

New AMCHP Staff

Tanya Disselkoen comes to AMCHP as the new Member Services Intern. She will work closely with our member services manager with dues renewals and member retention programs; analyzing member assessment data and using the data to inform AMCHP’s member services; assisting in managing AMCHP’s member database, including updating AMCHP member information; providing reports to AMCHP staff, including the CEO and Executive Committee, on member statistics; tracking new and retiring members; and coordinating the production of new member welcome packets. Tanya has a background in mental health with her bachelor’s degree in psychology. She is currently a graduate student in the Health Promotion Management program at American University focusing in global health. She is very excited to be a part of AMCHP and all it has to offer.

Michelle Jarvis joins AMCHP as Program Manager for Family Involvement. In this position, Michelle will manage various components related to the AMCHP Family Scholars Program and other areas related to increasing and strengthening family involvement within Title V and AMCHP. She will also contribute to AMCHP’s work related to the State Public Health Autism Resource Center (SPHARC). Prior to joining AMCHP, Michelle held various elected positions. Most recently, she was President and Chair of the Board of Directors for the Autism Society of New Hampshire (NH), Council Chair of the NH Council on Autism Spectrum Disorders, Appointed Member of the Developmental Services Quality Council and a member of the Consumer Advisory Council of the Institute on Disability. Her experience includes assisting in the drafting of and passing legislation for fair and equal coverage for individuals with autism, contributions to grant development, leadership in developing trainings, public information, policy research and coordinated supports and services for individuals affected by Autism Spectrum Disorder (ASD) and their families as well as delivering trainings to diverse audiences. She completed her bachelor’s degree in Human Services at Springfield College.

Caroline Stampfel, MPH, joins AMCHP’s Women’s and Infant Health Team as a Senior Epidemiologist. In this role, Caroline is the lead staff for strengthening the data, assessment, and epidemiology capacity of state maternal and child health programs. Previously, Caroline served as a maternal and child health (MCH) Epidemiologist at the Virginia Department Health, where she was the lead analytic staff for Virginia’s Title V program and State Systems Development Initiative (SSDI) project and provided consultation, training and technical assistance in data management, statistical software, and epidemiology. Caroline is a graduate of the Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellowship in MCH. Caroline completed her MPH in Environmental Epidemiology at the Yale School of Public Health and received her BA in Natural Science from Fordham University. Caroline has an affiliate faculty appointment with the Department of Epidemiology and Community Health at Virginia Commonwealth University and is a SAS Certified Base Programmer for SAS9.

William (Willie) Watters joins the AMCHP family as the new Policy Intern. He will be working with the policy team to develop compelling stories involving the impact of Title V on families nationwide. Willie’s roots in public health run deep; his mother, Kathy, worked for the Colorado Department of Public Health and Environment (CDPHE) for many years and now works as a Public Health Analyst at the Health Resources and Services Administration (HRSA). Willie graduated from San Diego State University with a bachelor’s degree in Communication and Sociology this past July and has since moved to the Washington, DC area. He is very excited to be a part of AMCHP and looks forward to learning as much as possible on a wide array of topics involving maternal and child health.
Get Involved
Webcast of AMCHP Conference

If you missed out on a session at AMCHP’s 2011 Annual Conference, don’t worry! The Maternal and Child Health Bureau has posted an archive of AMCHP’s annual meeting here.

AMCHP March for Babies Walk

Join AMCHP Steps for Babies and participate as part of AMCHP’s team to raise awareness of prematurity and support the Maryland National Capital Area chapter of the March of Dimes. The walk is scheduled for Saturday, May 7 at the Nationals Park in Washington, DC. If you can’t walk with us, please help by donating to our team. With your help we already raised $1,000 at the AMCHP Annual Conference – but we haven’t reached our goal yet! You can join AMCHP’s team and also contribute visiting our team page. Thank you for helping us give all babies a healthy start!

Call for Nominations for the 2011 MCH Section Awards

Each year the Maternal and Child Health (MCH) Section recognizes leaders in the maternal and child health field at the Martha May Eliot Luncheon at the APHA Annual Meeting. At the luncheon, APHA also presents the prestigious Association-wide Martha May Eliot Award that honors an individual with exceptional achievement in the field of maternal and Child Health. This year, the MCH section is seeking nominations for the following awards:

- The Young Professional Award
- The Effective Practice Award
- The Outstanding Leadership/Advocacy Award
- The MCH Section Distinguished Service Award

The deadline to complete the nomination forms is April 30. To learn more, visit here.

April is Autism Awareness Month

Please join AMCHP in celebrating National Autism Awareness Month! This month provides a special opportunity to increase public awareness of autism spectrum disorders (ASD), which are estimated to affect 1 in 110 children in the Unite States. Be sure to check out AMCHP’s State Public Health Autism Resource Center (SPHARC) for announcements and upcoming state activities. The Autism Society, Autism Speaks and Interdisciplinary Technical Assistance Center on Autism and Developmental Disabilities (ITAC) websites also provide important information regarding Autism Awareness Month.

Evidence-Based Interventions for Children with Autism Conference

The University of Arkansas for Medical Sciences (UAMS) Section of Developmental-Behavioral and Rehabilitative Pediatrics along with Arkansas Children’s Hospital, Partners for Inclusive Communities, Interdisciplinary Leadership Education Excellence in Caring for Children with Neurodevelopmental and Related Disabilities (LEND) and the Arkansas Department of Human Services will jointly sponsor the “Team Up 2011: Evidence Based Interventions for Children with Autism Conference.” The conference will be held in Little Rock, Arkansas on May 19–21, at the Holiday Inn Airport and the speakers include experts from across the country. To learn more and to register, visit here.
Data and Trends
Innovation Station: State Best Practice Program Submissions

AMCHP’s Innovation Station is an online resource for finding emerging, promising and best practices in maternal and child health. Currently, there are 34 practices available in the database focusing on areas such as preconception care, mental health, workforce and leadership development, family involvement, injury prevention, program and system integration, financing and more. Below is a map of states that have successfully submitted programs to the database, as well as a list of the current programs. To learn more, visit the Innovation Station.
Data and Trends cont.
Innovation Station: State Best Practice Program Submissions

ALASKA
- Childhood Understanding Behaviors Survey (CUBS)
- Medical Emergency Preparedness Pediatrics (MEP-P)

ARIZONA
- Women Together for Health

CALIFORNIA
- First Five Kit for Parenting

COLORADO
- Prenatal Plus Program

CONNECTICUT
- Home By One

FLORIDA
- Partners in Care: Together Kids
- Youth and Young Adult Transition: Children’s Medical Service
- CMS Kids Network-Medical Foster Care
- Body And Soul
- Florida Newborn Screening Results
- Tampa Bay Doula Program
- The JJ Way Model of Maternity Care

ILLINOIS
- La Vida Sana, La Vida Feliz

 MASSACHUSETTS
- Healthy Weight for Women
- Touching Hearts and Minds

MINNESOTA
- Tribal Court Fetal Alcohol Syndrome Program
- Community Connections Fetal Alcohol Syndrome

MISSOURI
- Back to Sleep Training for Nurses
- Missouri Model For Brief Smoking Cessation

NEBRASKA
- Baby Blossoms Collaborative- Now and Beyond

NEW JERSEY
- Parent Leadership Development

NEW YORK
- Health-e-Access Telemedicine

OREGON
- Oregon CAre COOrdinatioN (CaCoon) Program
- Oregon Youth Transition Program

RHODE ISLAND
- Environmental Health Training for Nurses
- Pediatric Practice Enhancement Project (PPEP)

SOUTH CAROLINA
- PASOs (Perinatal Awareness for Successful Outcomes)

SOUTH DAKOTA
- The Boy’s Health Advocacy Program

UTAH
- Zero Fatalities
- Utah Clicks

VIRGINIA
- Breastfeeding training.org
- Partners in Pregnancy

WISCONSIN
- Women’s Health Now and Beyond Pregnancy
Resources

AMCHP Innovation Station: The Innovation Station is AMCHP’s searchable database of emerging, promising and best practices in maternal and child health. This database allows you to learn more about maternal and child health programs across the United States and to benefit from the lessons learned by your peers.

Highlight your work and submit to AMCHP’s Best Practices today. To submit a best practice, click here. To learn more about best practices, watch AMCHP’s webinar, “Best Practices 101: AMCHP’s Approach to Collecting, Highlighting and Disseminating Effective Programs in MCH.” Or listen to the audio file.

The Agency for Healthcare Research and Quality (AHRQ) Guide to Clinical Preventive Services: For over a decade, the U.S. Preventive Services Task Force, an independent panel of experts in primary care and prevention, has systematically reviewed and recommended clinical preventive services. These recommendations are updated annually and compiled into a pocket guide. Recommendations can be searched by gender and age group.

The AHRQ Health Care Innovations Exchange: The AHRQ Innovations Exchange is a searchable database of success stories. Major subject areas include clinical settings, stages of care, organizational processes, patient care, and quality improvement, among others. The database offers quality tools, practical tools, learning opportunities, and networking opportunities to meet the innovators.

The Association of State and Territorial Dental Directors (ASTDD) Best Practices Project: The ASTDD Best Practices Project features a free online collection of best practice approaches for state, territorial and community oral health programs.

The Centers for Disease Control and Prevention (CDC) Community Guide, Guide to Preventive Services: The CDC has created a free online database of evidence-based programs and policies. Topic areas covered in the Community Guide range from adolescent health to obesity and the social environment. A total of 19 health topics are addressed. Uses of the community guide include informing policy, programs and services planning, funding opportunities, and general awareness around these topics.

Maternal and Child Health Library at Georgetown University: The MCH Library at Georgetown University offers a combination of MCH information compiled by library staff and pathways to the best MCH information available on other websites, from organizations and in libraries. The following are a couple of evidence-based practices resources:

- Effective Program Practices: A bibliography of materials that highlight evidence-based services, best practices, and evaluated and innovative programs in maternal and child health.
- Effective Community Programs: A list of organizations that provide information on model programs, best practices, and other resources for those interested in evidence-based practices.

The National Association of County and City Health Officials (NACCHO) Model Practice Database: NACCHO’s Model Practice Database is an online, searchable collection of innovative best practices that address various public health issues. Both maternal and child health and adolescent health best practices are represented in the database.

The Office of Adolescent Health (OAH) Teen Pregnancy Prevention Programs to Be Replicated: The OAH has reviewed and recommended almost 30 teen pregnancy prevention programs to be implemented in states. Though most are school-based, some teen pregnancy prevention best practices have also been recommended for community-based and clinical settings. The site offers links to the evidence for the program, as well as guidance for implementation.

The Promising Practices Network: This website, operated by the RAND corporation, provides a one-stop shop for promising and best practices in mental health, teen pregnancy prevention, and other maternal and child health-related topics.

The Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP): NREPP is a free online registry of evidence-based mental health and substance abuse interventions.
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

Past President (2011-2013)
Phyllis J. Sloyer, RN, PhD, FAHM, FAAP
Florida

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

Treasurer (2010-2012)
Melinda Sanders, MS(N), RN
Missouri

Board Members

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

Region II (2011-2014)
Gloria Rodriguez, DSW
New Jersey

Region III (2011-2014)
Alisa Maria Olshefsky, MPH
Delaware

Region IV (2009-2012)
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

Board of Directors cont.

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

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 Desselkoen, 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
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

Michelle Jarvis, Program Manager, Family Involvement

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

Caroline Stampfel, Senior Epidemiologist, Women’s and Infant Health

Lindsey Toler, Adolescent Health Intern

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

William Watters, Policy Intern

Calendar CONT.

National Women’s Health Week
May 8-14

Team Up 2011: Evidence Based Interventions for Children with Autism Conference
May 19–21
Little Rock, AR

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

NASHP 24th Annual State Health Policy Conference
October 3-5
Kansas City, MO

2011 AUCD Conference
November 6-9
Crystal City, VA

Calendar

MCH Events

National Autism Awareness Month
April 2011

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

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