From the President

By Millie Jones, MPH

First, let me thank you all for the honor to serve as president of the AMCHP Board of Directors! For all the times I have read the bimonthly newsletter from AMCHP, never have I really stopped to think about the name “Pulse.” But in my new role I find I am thinking about everything!

As I focused in on the newsletter name, the definition of “pulse” as “the perceptible emotions and sentiments of a group of people” resonated. While there has been the “regular beating of the heart” of the Title V Maternal and Child Health (MCH) Services Block Grant for more than 75 years, we are currently experiencing one of those times when the “pulse is in a transient amplification” and working very hard to return to equilibrium or steady state, i.e. sequestration, the ACA, continuing resolutions, state budgets.

But, in spite of all we experience in the MCH world, it always comes back to the groups of people we ultimately work for: the mothers, women, children, and families in our states and territories. My recent pulsating experience started as I was leaving the hotel after the 2013 AMCHP conference and a group of parents representing families and children with special health care needs (CYSHCN) took the opportunity to remind me to keep the momentum and focus on children and families with special health care needs. I assured them that I, along with the AMCHP board and staff, would work to maintain and strengthen the CYSHCN momentum and energy that had been so obvious at the conference.

I think those parents wanted to make sure that I heard them and took their request to “heart.” In a most serendipitous moment on the plane ride back to Wisconsin, I ended up sitting beside a parent of several children with
special health care needs. As she shared her story and pictures of her family with me, highlighting the recent serious and life threatening events of one of her children, I realized that our chance meeting was not one of chance at all. We both agreed when departing from the plane that we were meant to sit beside one another. You see, she clearly shared multiple definitions of the word “pulse.” From the actual restart of her child’s heart as he coded, to the emotional roller coaster for her other children, her husband and herself, to her family’s struggle to financially reestablish themselves, she captured in one family’s story how we in MCH make a difference in the lives of families. This parent did not know the Title V MCH Block Grant by name, she did not even know about our CYSHCN programs by name. However, as she talked about resources and support she was receiving for her children, I was proud to share with her that those regional and community-based resources are supported with Title V MCH Block Grant funds. She shared that without the comprehensive array of these services her children would not be alive and thriving. This encounter afforded me the opportunity to register the pulse of the work we do and the pulse of one family for whom we work.

Over the next two years as president of the AMCHP board, I will work to support the leadership priorities of our past president, Stephanie Birch, while setting additional ones that will serve to keep us connected to the “pulse” of our association. As I strive to keep my finger on the pulse, I know I can do that best with the help and guidance from each of you. I am counting on your honest feedback, your check in and your critique. So let me hear from you at millie.jones@WI.GOV.

From the CEO

By Michael R. Fraser, PhD, CAE

If we are to truly implement the life course perspective in maternal and child health we have to get serious about how we support the health of adolescents and young adults in our states and engage youth in the work of Title V programs nationwide. Many states have supported robust adolescent health programs for years and they have learned a number of lessons about how to best meet the health needs of adolescents and young adults. We are pleased to highlight some of that work in this issue of Pulse. But many states continue to struggle with how to best address the needs of adolescents and implement a systems-based approach to adolescent health in their programs. There is a lot more we all can do in this important part of maternal and child (and adolescent) health.

States leading in this area have done many things right, and I also am sure they have made many mistakes along the way. However, one thing I have observed in states that
From the CEO CONT.

have taken on adolescent health work and done it well is this: they engage young people in decision making and support the development of youth leaders in all aspects of their work. Through advisory committees, focus groups, needs assessment, and other mechanisms, the voice of adolescents and young adults is included in a meaningful way in the planning and implementation of their youth-serving Title V programs and this has led to tremendous successes. Again, the success stories in this issue of Pulse are great examples of this work in action.

At AMCHP we have started to think through how to best engage youth in our national work and created a draft plan for moving this issue forward. Our Family and Youth Leadership Committee has taken on the issue and AMCHP leaders have helped us map out some potential strategies for more effective engagement of youth in our work. There are many ways that we can do better in this area and member input has been vital to thinking about improvement. I invite continued feedback and idea sharing as we develop our youth involvement plans and think through what effective engagement of youth and young adults looks like from the AMCHP perspective.

Clearly, now is the time to get serious about addressing the health needs of adolescents and young adults. With new resources at the federal level made available through the Affordable Care Act and national leadership and coordination provided by the U.S. Department of Health and Human Services (HHS) Office of Adolescent Health and its partner entities there is energy and great interest in addressing adolescent health. I hope this issue of Pulse is helpful in highlighting this energy and interest, and getting you and your programs excited about the potential for moving forward with adolescent health initiatives in your state!

Feature CONT.
The Federal Perspective

The Federal Perspective with Evelyn Kappeler

By Lacy Fehrenbach
Director of Programs, AMCHP

The Office of Adolescent Health (OAH) coordinates federal efforts related to adolescent health promotion and disease prevention. Two major grant programs are administered by OAH, the Teen Pregnancy Prevention (TPP) grant program, and the Pregnancy Assistance Fund (PAF). TPP grants include replication of evidence-based interventions, as well as development and testing of additional models and innovative strategies. PAF grants assist expectant and parenting teens, women, fathers and their families. Shortly after the office was formed in 2010, OAH established the Adolescent Health Working Group (AHWG), which brings together agencies in HHS to work together to help ensure young people understand health and well-being and develop healthy habits of mind and body that will last a lifetime; have the support of caring professionals and prompt intervention when health risks are encountered; and for the young persons with great risks, have the assurance of coordinated, integrated care and access to services.

"We are very excited about work we’ve been able to coordinate across agencies through the Adolescent Health Working Group. We have members of agencies outside HHS, such as the Departments of Justice, Agriculture, and Education. We also work very closely with the Interagency Working Group on Youth Programs that focuses more generally on youth and works across government,” said Evelyn Kappeler, director of the Office of Adolescent Health (see pg. 10 for an interview with Ms. Kappeler on teen pregnancy). She continued, “This second decade of life is such a pivotal period for establishing health, promoting habits and preventing diseases that emerge in adulthood. If we can affect change during these years, we can help build a healthier population.”

With the AHWG, OAH hosted the Science to Service Symposium. The symposium convened federal employees to review research on the prevention of mental, emotional and behavioral disorders among adolescents and develop strategies to improve opportunities for prevention. The symposium serves as an example of how agencies can work together. Participants in the symposium identified more than a dozen suggestions, many of which focus on identifying and spreading ‘what works’ in mental, emotional, and behavioral health for adolescents and aligning programs and funding across federal agencies.

One example of federal agencies collaborating closely on funding is the Teen Pregnancy Prevention Research and Demonstration Grants led by OAH. OAH funds 19 research and demonstration programs, and with the same
Feature CONT.
The Federal Perspective

funding announcement, the Administration for Children and Families (ACF), Family and Youth Services Bureau (FYSB) funds an additional 13 innovative strategy projects targeting very high-risk populations. OAH also provides funds to the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (DRH) to manage eight community-wide grants. ACF/FYSB, CDC-DRH, and OAH collaborate to provide technical assistance, information exchange, and reporting among grantees.

Ms. Kappeler commented, “Our priorities are building the evidence base of what works with young people and infusing evaluation into all the work that we do. It’s key that we demonstrate the value of the work that we do.”

The development of a national adolescent health agenda is another exciting initiative underway at OAH. To begin to establish the agenda, OAH launched stakeholder engagements with six major sectors who work with adolescents and young adults: after school and community groups, education groups, faith-based, health care, social services, and public health. The collection of stakeholder feedback from across the field of adolescent health will continue through much of this year.

OAH collected feedback from adolescent health coordinators and other MCH leaders at the AMCHP 2012 Annual Conference. “We particularly appreciated the recommendations from the MCH leaders and state coordinators and their thoughts on the importance of engaging both parents and youth,” said Ms. Kappeler.

In late 2013, OAH will release a summary and synthesis of the information and insights garnered from across the field of adolescent health through the numerous feedback sessions, social media, and experts. AMCHP will keep members posted about review opportunities.

For information and resources on adolescent health, please visit hhs.gov/ash/oah/. You also can follow OAH on Twitter and view OAH-sponsored presentations on YouTube. Readers may be particularly interested in reviewing the technical assistance resources available on working with pregnant and parenting teens.

Feature
Navigating the ACA: Mapping Medicaid for Adolescent Health

By Jane Park, MPH
Project Coordinator, National Adolescent and Young Adult Health Information Center

Much of implementation of the Patient Protection and Affordable Care Act of 2010 (the ACA) is happening at the state level. State Title V MCH programs are uniquely positioned to help ensure that ACA implementation meets the needs of adolescents and young adults. Below we highlight some ACA provisions relevant to adolescents and young adults, taken from a longer brief, and offer ideas for how state MCH programs can address the needs of young people. This article does not address the intricacies of children and youth with special health care needs, however, AMCHP has a fact sheet Health Care Reform: What’s in it for Children and Youth with Special Health Care Needs? written by Meg Comeau from the Catalyst Center, that provides more in-depth analysis on these issues.

Individual Mandate
Beginning in 2014, most individuals will be required to have health insurance coverage that meets certain criteria and may be fined if they do not obtain this coverage. For adolescents under age 18, their parents will generally be responsible for meeting this requirement, while most young adults age 18 and older will have this responsibility.

Private Insurance
Most private health plans are prohibited from excluding people with preexisting conditions from coverage (effective in 2010 for under age 18 and in 2014 for over age 18). The Insurance Marketplaces (AKA health insurance exchanges) will allow individuals, families, and small businesses to shop for and purchase health insurance coverage beginning October 2013 with coverage starting January 2014. Tax credits and cost-sharing assistance will help defray costs of care and premiums for most lower-income populations who purchase insurance through the marketplace’s individual market. Beginning in 2014, non-grandfathered health plans in the marketplace must cover a set of 10 Essential Health Benefits (EHB), which are based on state-specific EHB benchmark plans. These include services that are especially important for young people, such as mental health and substance abuse disorder services, preventive and wellness services and
chronic disease management, and pediatric services, including oral and vision care. All private plans must cover a range of preventive services without cost sharing; key services for youth include immunizations, screening for sexually transmitted infections, depression, and alcohol and tobacco use.

Two ACA provisions are specific to young adults. First, The “Age 26 Provision,” effective September 2010, requires most health plans to allow adult children to remain on their parents’ plan up to age 26. Second, states may choose to offer Catastrophic Coverage to young adults under age 30. This coverage generally includes low premiums, high deductibles, and minimal coverage of ambulatory care and coverage of recommended preventive services without cost sharing.

**Medicaid Expansions**
For children ages six to 18, states are required to expand eligibility to 133 percent of the federal poverty level (FPL). States may choose to expand Medicaid up to 133 percent FPL for most adults. The ACA also includes several other provisions related to Medicaid, including a requirement that states continue coverage of youth aging out of foster care until age 26.

**Next Steps**
The growth and development of these transitional years brings opportunities and challenges for promoting health. This is a period of increasing independence, when many youths experiment with and settle into adult roles. Health may be affected by daily health habits adopted by youth (e.g., diet and exercise patterns), and by behaviors in areas such as sexual activity, substance use and driving. Many youths with special health care needs (YSHCN) take a greater role in managing their health and health care. The adolescent and young adult years also are critical with regard to mental health, as symptoms of most disorders first emerge before age 24.

Adolescents and young adults need a complex set of developmentally appropriate health care services. All youths need access to preventive services, such as screening for risky behaviors and mental health disorders. YSHCN need transition services that enable them – to the extent possible – to take charge of their care, while taking on adult roles. State choices regarding ACA implementation will shape how well the health care system will meet these needs. State MCH programs are in a unique position to ensure that state implementation address these needs. Some key areas where the expertise of Title V MCH programs might provide extra insights and expertise in regards to youth and young adults are:

- **How well do the marketplaces facilitate enrollment in appropriate plans?**
  Each state program to support outreach, education and enrollment into health insurance will vary, however Title V MCH programs have historically played an important role in outreach and enrollment for MCH populations, and this could be an important opportunity to continue this role in ensuring that all women, children and their families have the necessary support to navigate the new health insurance coverage landscape when the marketplaces open in October 2013.

- **What services are included in the essential health benefits package in each state?**
  Given the unique health needs of adolescents and young adults, state MCH programs should familiarize themselves with the essential health benefits that are covered in their state plans to better understand where gaps in coverage might appear.

- **How are states implementing the Medicaid expansions for children and adolescents ages six to 18 and for former foster youth? How easily can these youth be enrolled in Medicaid and gain access to services?**
  State MCH programs should understand the “single streamlined application” for which consumers may apply for either affordability programs to purchase health insurance, Medicaid and shop for health insurance.

- **Have states opted to implement the adult Medicaid expansion? If not, are some young adults left uninsured due to a gap between Medicaid and the exchange eligibility levels?**
  State MCH programs should understand where these gaps in insurance coverage might arise due to a state choosing not to expand Medicaid coverage. Even if a state has elected to expand Medicaid, state MCH programs should be aware of the possibility of churning between Medicaid and private health insurance due to fluctuations in income levels and determine what role Title V can play in ensuring continuity of care for adolescents and young adults.
Feature CONT.
Navigating the ACA

- **How will full implementation of the ACA impact school-based health centers?**

  Many state Title V programs help fund school-based health centers, which typically provide a combination of primary care, mental health care, substance abuse counseling, case management, dental health, nutrition education, health education and health promotion with an emphasis on age-appropriate services. Through funding made available by the Affordable Care Act, hundreds of thousands more students will receive this important health care to keep them healthy and in school. In an era where there will be higher demand for primary care providers, these school-based health centers will provide critical, age-appropriate capacity to adolescents.

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Feature CONT.
SAHRC

challenge for the work of the Health Resources and Services Administration (HRSA) MCHB funded State Adolescent Health Resource Center (SAHRC). Housed at the University of Minnesota Konopka Institute for Best Practices in Adolescent Health, the SAHRC, provides training, resources and on-demand technical assistance to adolescent health staff (adolescent health coordinators) located in state systems.

Kristin Teipel, MPH – a former adolescent health coordinator herself – leads SAHRC. Fueled by her expertise and experiences, guided by some of the nation’s leading adolescent health researchers and supported by a university of resources, SAHRC collaborates with state adolescent health staff to improve systems and empower young people to be healthy. “Because of the nature of adolescent health, the ‘coordinator’ position is a strategic choice,” says Teipel. “Adolescent health intersects with and is impacted by a multitude of different public health and broader state systems entities. When a skilled adolescent health professional is able to inform and coordinate these resources, the system addresses adolescent health more effectively and efficiently.”

To encourage state system improvements, SAHRC supports adolescent health coordinators to use strategic approaches and draft strategic plans that coordinate and harness the collective power of their system. The hands-on experience of Ms. Teipel (in 1999, she created the Minnesota Adolescent Health Plan) has been applied to more than 25 states specifically focused on strategic planning.

From her experience, Ms. Teipel knows that comprehensive strategic plans are both a challenge and a necessity for guiding the work of state systems. While there are exceptions, most states fund and staff adolescent-directed efforts based on specific health concerns – teen pregnancy and obesity, for example.

This silo-based approach runs counter to what adolescent health experts know – strategies that address the developmental needs of adolescents also address a multitude of health issues – obesity, teen pregnancy, suicide, violence involvement, alcohol and drug abuse. Based on resiliency theory, these are frequently referred to as “healthy youth development” or “positive youth development” strategies.
One of the earliest proponents of this approach was Dr. Gisela Konopka, MSW. In 1973, the U.S. Department of Health, Education and Welfare asked Dr. Konopka, a renowned adolescent health researcher and advocate, how to support the health of adolescents. Dr. Konopka created the “Fundamental Requirements for Healthy Youth Development” – a list that frames these needs as the “opportunities” that must be afforded young people to ensure their health and success. Among the required opportunities, youth need:

- To participate as citizens, as members of a household, as workers and as responsible members of society
- To gain experience in decision making
- To develop a feeling of accountability in the context of a relationship among equals

In keeping with the approach of Dr. Konopka (and many renowned adolescent health scholars), SAHRC emphasizes healthy youth development as a core strategy for adolescent health. Many states have embraced this model and demonstrated how effective it can be.

One of the longest running healthy youth development public health projects comes from New York. The New York State Department of Health created and continues to support ACT for Youth (ACT: Assets Coming Together) – a center focused on providing youth development resources, technical assistance and training for the youth serving community, as well as providing a home base for the “ACT Youth Network” – a statewide youth engagement and leadership initiative. actforyouth.net

A more recent effort comes from the Colorado Department of Public Health and Environment. Colorado 9to25 is a collective, action-oriented group of Colorado youth and adults working in partnership to align efforts and achieve positive outcomes for all youth to reach their full potential. Created in collaboration with young people, this partnership supports youth activism and improved youth health systems by providing training and technical assistance. co9to25.org

“It’s an exciting time to be working with young people,” says Ms. Teipel. “While adolescent health staff face many challenges – funding, restrictive policies, economic woes – the vibrancy, energy and optimism of young people continues to motivate and inspire us. The State Adolescent Health Resource Center is lucky to be a part of it all.”

By Andria Cornell
Program Manager, Women’s & Infant Health, AMCHP

MCH programs have a broad focus on protecting and promoting the health and well-being of women, infants, children and families. This focus has inherently included fathers; however, as Title V programs continue to integrate the life course approach into program planning and policy development, topics like father engagement, paternal involvement, and men’s preconception health take on new meaning and urgency. For example, teen pregnancy and parenthood has historically been considered a ‘woman’s issue.’ Today, state and local programs (and partners outside of MCH) are evolving to include teen dads as targets of intervention efforts. Such programs recognize that young men not only play a vital role in the emotional, psychological, and physical health and development of their children and partners, but that these young men have life course histories of their own. These factors all come together to influence the critical – and often unplanned – transition from boyhood to fatherhood.

Below are a few examples of programs and initiatives at the state and local level that focus on engaging teen fathers in pregnancy and parenthood support. These programs focus on building the capacity of young men as fathers, nurturers and supporters.

- The John S. Martinez Fatherhood Initiative of Connecticut has a state-certified Teen Fathers Program that uses a group and mentor format to provide educational, emotional, mental and financial support for teen dads. This March, the initiative posted a testimonial on its website that details the experience of one teen dad who went through the program. Milton shares his journey from ‘lost troubled teen father to a man who sets a legacy as a father.’

- Young Fathers of Central Florida recently hosted the first ever National Teen Fatherhood Conference Feb. 28-Mar. 1, 2013. The organization features an expansive list of programs – including a Teen Fatherhood Academy, parent training workshops, and a father support group and mentoring program, as
Feature CONT.
Including Dads

well as targeted programs for pre-teens (“Gents to Gentlemen”).

• Focusing on the links between family breakdown and social issues facing a community, the Richmond Family & Fatherhood Initiative includes a focus on teens and adolescents in their work connecting, equipping and empowering men with the essentials for positive lifestyle choices.

• Highlighted in more detail in this edition of Pulse (pg. 19), is the Virginia Department of Health, Office of Child and Family Health Pregnancy Assistance Fund (PAF) grant initiative to support both male and female students enrolled in institutions of higher education who are pregnant or parenting young children.

Further, the National Responsible Fatherhood Clearinghouse published a report entitled, Elements of Promising Practice in Teen Fatherhood Programs: Evidence-Based and Evidence Informed Research Findings on What Works. This summary categorizes teen fatherhood programs into model, promising and emerging practices based on evaluation findings. MCH programs and partners may wish to use this resource in guiding program planning and considering key elements to evaluating teen fatherhood programs.

In addition to programs focused on teen pregnancy and parenting support, young men are increasingly included in preconception, sexual and reproductive health programming. Among the grantees of the HHS Office of Adolescent Health featured in this newsletter is EngenderHealth. The program from the organization, Gender Matters addresses gender norms as a key determinant for risk for teen pregnancy; its interventions in Austin, Texas target both young men and young women in a synchronized approach that addresses traditional attitudes towards masculinity and femininity. Additionally, in their April Newsletter, AMCHP partner Every Woman Southeast included a special emphasis on promoting the preconception health of men with a spotlight on Delta Health Partners, a reproductive life planning community grant project in Marks, MS, focusing on at-risk males ages 10-25 years.

As MCH programs expand their engagement of fathers, we want to hear from you! At the 2013 AMCHP Annual Conference, individuals came together at a Knowledge Café on father involvement to discuss barriers and programmatic supports to paternal involvement in MCH. Please share with us how your MCH program or organization engages fathers from across the life span.

E-mail your projects, ideas or reactions to acornell@amchp.org.


Feature
OAH Grantees Use Pregnancy Assistance Funds to Further Prevention and Education

By Veronica Helms
Intern, Child and Adolescent Health, AMCHP

The Office of Adolescent Health, part of the U.S. Department of Health & Human Services, currently provides grants to more than 112 organizations nationwide. Grantees focus on one of three adolescent health areas: teen pregnancy assistance, teen pregnancy prevention or HIV/AIDS prevention. Two exemplary OAH grantees and their programs and highlighted below.

Austin, Texas: Teen Pregnancy Prevention
EngenderHealth, a global women’s health organization, implements the Gender Matters project in Austin, Texas. Currently, Texas experiences the third highest pregnancy rate in the United States. Gender Matters addresses teen pregnancy by transforming gender norms and gender expectations among young men and women. The five-year project targets 14-16-year-old youth enrolled in the Travis County Summer Youth Employment Program; 90 percent are African American or Latino and the majority reside in the 12 low income zip codes that account for 80 percent of the teen births in Travis County. With the goal of encouraging delayed age of sexual debut, increased use of effective contraceptive methods, and increased consistence and correct usage of condoms, Gender Matters employs three program components to achieve
Feature CONT.

OAH Grantees

those behavioral health outcomes and ultimately prevent unintended pregnancy and sexual transmitted infections (STIs):

• Five days of educational workshops containing 20 hours of curriculum with a focus on gender messages, healthy relationships, teen parenting, sexual decision making, and ways to prevent pregnancy and STIs
• Social media campaign that reinforces messages about healthy behaviors, gender norms, and peer support through text messaging and Facebook
• Community events that further highlight the messages from the workshop and social media campaign

Watch a 20-minute video overview of the Gender Matters project here.

Connecticut: Pregnancy and Parenting Teen Assistance

The Support for Pregnant and Parenting Teens (SPPT) Initiative helps pregnant and parenting teens in five cities throughout Connecticut reach high school graduation. Currently, data indicates a high correlation between teen births and school dropout rates in Connecticut. The SPPT Initiative helps school districts develop comprehensive programs to assist pregnant and parenting teens and their children. Model components include flexible schooling options, case management, family support, referral programs, child care, transportation services, parenting and life skills services, home visiting, and father involvement initiatives. Evaluation of the SPPT Initiative at year two revealed significant outcomes and programs strengths:

• 80 percent of seniors enrolled in the program are on track to graduate or remain in school
• 90 percent of participants are receiving three or more of the comprehensive service components
• 85 percent of the children of parenting teens are up-to-date on their immunizations and well-child visits
• 90 percent of the children of parenting teens are meeting developmental milestones or receiving appropriate services to address developmental delays

If you are interested in learning more about current OAH grantees, you can search grantees by state, grant program or program model through OAH online database, and read profiles of select Pregnancy Assistance Fund grantees.

Feature

Building Bridges for Adolescent Sexual Health Through State-Local Collaboration

By Maritza Valenzuela

Program Manager, Adolescent Health, AMCHP

Gretchen Weiss

Senior Program Analyst, NACCHO

Effective partnerships and meaningful collaboration among health and education agencies are recognized as essential to improving health outcomes for children and adolescents. There is a great need for successful models of collaboration to bridge the divide between state and local health and education agencies. Recognizing this need, AMCHP and the National Association of County and City Health Officials (NACCHO) were supported by the CDC Division of Adolescent and School Health (DASH) to develop the “Building Bridges for Adolescent Sexual Health Through State-Local Collaboration” project. Building on past experiences and current relationships in Texas, AMCHP and NACCHO recognized an opportunity to reduce duplication in programmatic efforts, foster connection and collaboration between state and local agencies, and align work to maximize impact.

The goal of the Building Bridges project (BBP) is to build and enhance collaboration among state and local health and education agencies and their partners to improve health and educational outcomes for adolescents. The project role of AMCHP and NACCHO is to provide capacity building assistance and implement and evaluate action plans for improving outcomes among adolescents.

School Health Advisory Councils (SHACs)

A SHAC is a group of individuals from the community who are appointed by the school district to provide advice to the district on coordinated school health programming and its impact on students and learning. In Texas, every independent school system is required by law to have a School District Health Advisory Council, of which a majority of the members must be parents who are not employed by the school district. School districts must consider the recommendations of the local SHAC before changing the district health education curriculum or instruction, which includes any course materials and instruction relating to human sexuality, sexually transmitted diseases, and/or HIV/AIDS.
Feature CONT.

Building Bridges Project

DASH + AMCHP + NACCHO + Texas + Houston = Opportunity

Initially, each organization reached out to the DASH-funded staff in their respective primary intervention sites (Texas and Houston). Based on positive feedback, AMCHP and NACCHO planned an introductory conference call with the “core partners.” The Building Bridges project core partners are the Texas Education Agency (TEA) Statewide Coordinator for Health and Safety, the Houston Independent School District Manager of Secondary Health and Physical Education, and the Texas Department of State Health Services (DSHS) State Adolescent Health Coordinator.

An Interview with OAH

AMCHP: The U.S. teen pregnancy rate is at an all time low. OAH administers TPP and PAF. Can you share how these investments contributed to the reductions in teen pregnancy?

Evelyn Kappeler: Between TPP and the PAF, we provide services to youth through more than 112 grants across the country. TPP reaches about 120,000 youth, and PAF reaches more than 12,000. These programs contribute to the work done by many other organizations and the continuing decline in teen pregnancy.

AMCHP: While teen pregnancy is decreasing for all groups, African American and Hispanic teens still have rates twice those of whites. How have your programs addressed disparities in teen births?

Ms. Kappeler: TPP has two components. The first is replication of evidence-based program models. Forty-two percent of replication programs serve African American youth. The second is research and demonstration programs to test new and innovative strategies to address teen pregnancy. Forty-six percent of these serve Hispanic youth. We know these grants help us learn more about strategies that help address the racial and ethnic disparities in teen birth rates. Also to learn more about Hispanic adolescent health we, in cooperation with the HHS Office of Minority Health, recently released an e-update on data for Hispanic health indicators to share the info with communities so they are aware of the disparities out there related to teen pregnancy and teen birth rates.

AMCHP: Can you speak to the importance of sustaining investments in programs, such as TPP and PAF, to continue reducing teen pregnancy, especially among Hispanic and African American youth?

Ms. Kappeler: Sustainability has been a critical strategy as we work on reducing teen pregnancy for all populations including African American and Hispanic youth. Our grantees are now reporting steps they have taken during program implementation that have the potential for lasting effectiveness. These include: changing how agencies work together to serve youth, policy and practice standards that may be institutionalized after the funding ends, increased capacity in local systems, increased public awareness of the issues of teen pregnancy, as well as shifting perceptions on teen pregnancy prevention. We think all of this helps bring about changes that have lasting impact in communities. This year, the TPP grantee annual meeting is focused on issues of sustainability for our grant projects, which are now in the third of five years of funding.

AMCHP: How can MCH programs connect to and leverage the success of and lessons learned by OAH pregnancy prevention grantees within their state?

Ms. Kappeler: Our mission is to ensure that, and help, communities find evidence-based program for teen pregnancy prevention and make that information readily available to them. Information is available on grantees in each state on our website through an interactive database and map.

AMCHP: What resources does OAH offer to help those working to improve adolescent health in states?

Ms. Kappeler: Our website contains a wealth of resources for those at state and community levels. The website has information on healthy relationships, substance abuse, physical health, mental health and reproductive health.

And I am pleased to share that we will launch the Teen Pregnancy Prevention Resource Center in May. It will provide a one stop shop for training materials and resources for grantees and others working on teen pregnancy along with skills-building information, success stories, and grant work being done in the field. Watch the next issue of this newsletter and AMCHP social media channels for additional information.
Feature CONT.

Building Bridges Project

Outcomes
Although the project is still evolving, AMCHP and NACCHO have accomplished the following:

- Brought together key health and education agency partners to focus specifically on improving health and educational outcomes for adolescents
- Identified priorities shared among agencies, as well as individual agency strengths and assets, and used this information to develop a collective vision to drive the project
- Built consensus around a set of activities that aligned with the priorities of the core partners and could have a meaningful impact on adolescent sexual health
- Brought new partners from DSHS HIV/STD, DSHS School Health and divisions of the Houston Department of Health and Human Services together
- Extended partner group collectively identified a practical vision for how their efforts could improve adolescent sexual health in Texas, identified potential resources/partners, and came to consensus on key action items
- Core partners committed to implementing the action plan through July 2013; extended partners committed to support those efforts by sharing resources and expertise

Barriers Encountered
Similar to any project, the Building Bridges project encountered some barriers over the past year, including:

- Staff turnover and transition at most of the core partner agencies
- Difficulty identifying and engaging additional partners and stakeholders

- Difficulty narrowing down list of potential collaborative activities developed by core partners

Lessons Learned
AMCHP and NACCHO recognize the following lessons learned over the past year of project planning and implementation:

- The Building Bridges process greatly benefited from the existing partnership between AMCHP and NACCHO.
- Bringing the core partners together for an in-person meeting at the beginning of the project was important for building and enhancing relationships.
- The fact that AMCHP and NACCHO project staff were all trained in the same facilitation methods was integral

Project Timeline

March 2012: Introductory conference call with core partners
May 2012: Core partners meeting in Austin, TX
June 2012-January 2013: Monthly conference calls with core partners
September 2012: Core partners met to discuss the list of activities developed during the May 2012 meeting and developed a meeting proposal to focus on the School Health Advisory Council activity
December 2012: AMCHP and NACCHO presented a poster on the Building Bridges project at the 2012 MCH Epi/CityMatCH Conference
July 2012-January 2013: Staff transitions at NACCHO, TEA, DSHS, DASH
August 2012-January 2013: New partners welcomed to the project
January 2013: Project partners meeting in Austin, TX
February 2013: AMCHP and NACCHO presented a poster on the Building Bridges project at the 2013 AMCHP conference
March-July 2013: Developed action plan initialized in January 2013 meeting
April 2013: AMCHP and NACCHO staff collaborated with CDC-DASH project officers to draft and submit workshop proposals on the BBP to two national conferences: the American School Health Association annual conference and the Healthy Teen Network conference
Feature CONT.

Building Bridges Project

to the success of the May 2012 meeting. Use of the facilitation methods provided structure for the meeting planning process and guided the facilitated activities.

• CDC-DASH support and participation in the Building Bridges project was crucial to its success. DASH project officers attended both in-person meetings in May 2012 and January 2013. This was a clear indication to meeting participants that the state-local collaboration model was supported and encouraged from the top down.

Next Steps

Moving forward, AMCHP and NACCHO are providing support to the core partners as they implement the developed action plan. Action items include creating a SHAC resource inventory, creating a partner inventory, implementing a communication mechanism/plan for the partner team, creating a tip sheet, and creating a learning module/webinar on the basics of maintaining a SHAC. All materials will be specific to Texas resources and SHAC policies.

Feature

Step by Step: Growing Comprehensive State Adolescent Sexual Health and Teen Dating Programming

By The Adolescent Health Program Team
Section of Women’s, Children’s & Family Health, Division of Public Health, Alaska Department of Health and Social Services

The Adolescent Health Program seeks to promote positive youth development and reduce negative health outcomes among Alaska youth. Our projects focus on promoting healthy relationships by eliminating unequal and unhealthy relationships; promoting overall adolescent health and well-being; avoiding early initiation of sexual activity and unintended teen pregnancy; and encouraging family, school and community involvement in the lives of youth.

Researchers found that effective sexual health programs convey a clear message: that choosing to not have sex and that using contraception consistently and correctly, and carefully when choosing to be sexually active are both effective in avoiding unintended pregnancy. Other characteristics of effective programs include: addressing peer pressure, teaching communication skills, providing strong leaders, actively engaging participants and ensuring the program reflects the age, sexual experience and culture of the young people participating. The best way for a community to select an effective program is to choose one that has positive evidence-based results with a similar group of teens that suits both local values and budgets, and then implement that program as it was designed, without changes.

Currently, we focus our work in three areas: traditional schools, alternative schools and community programs. The Fourth R for Healthy Relationships Program, funded through a federal Personal Responsibility Education Program, is a collaborative project with the Department of Education and Early Development, the Alaska Network on Domestic Violence and Sexual Assault, the Council on Domestic Violence and Sexual Assault, and the Alaska Division of Public Health Section of Women’s, Children’s and Family Health. Together we provide training and curriculum materials for schools throughout Alaska to implement an evidence-based healthy relationships.
curriculum adapted for use in Alaska. The *Fourth R Program*, for grades seven through nine, strives to reduce violence, dating violence, substance abuse and other adolescent risk behaviors through skills-based techniques and role play focusing on negotiation, delay, and refusal skill development.  

In 2010, the Alaska Adolescent Health Program began a five-year research project with the Alaska Youth Advocates, Cook Inlet Tribal Council, Kachemak Bay Family Planning Clinic, Tundra Women’s Coalition, and the University of Alaska Anchorage Institute of Social and Economic Research, called *Alaska Promoting Health Among Teens* (AKPHAT). AKPHAT teaches abstinence education with negotiation, refusal skills and role play, the benefits of delaying sexual onset, and comprehensive sexuality education. The curriculum is intended to empower both the peer educators who implement the program and the program participants to make healthy and positive decisions about their sexual health.

Our Adolescent Health Program works with young people to inform our program with assistance from the Division of Public Assistance and Temporary Assistance for Needy Families. With their collaboration we bring youth voice to the table for every youth-focused program we initiate.

We collaborate with other programs which aim to empower youth, give youth a voice and provide a comprehensive lens to their resources, including the Alaska Native Tribal Health Consortium Division of Community Health, who offers online resources for teenagers and parents, such as [iknowmine.org](http://iknowmine.org) and the Network of Domestic Violence and Sexual Assault [standupspeakupalaska.org](http://standupspeakupalaska.org) program.

In the future, we wish to begin our statewide Adolescent Health strategic planning, much like [Colorado 9to25](http://9to25.org) and the [Office of Adolescent Health National Strategic Plan](http://www.health.gov/adolescent/strategicplan/). We seek to always include youth as change agents, incorporate youth voice and breakdown the silos that can limit traditional prevention and intervention activities. Our vision is to develop and implement plans for overall adolescent health and for youth populations targeted by programs.

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1. [findyouthinfo.gov/youth-topics/positive-youth-development](http://findyouthinfo.gov/youth-topics/positive-youth-development)
3. youthrelationships.org/

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**April is Autism Awareness Month! AMCHP is collecting emerging, promising and best practices related to autism!**

Does your program address a best practice related to autism spectrum disorders (e.g. awareness and outreach, screening, care coordination, transition)? If so, consider sharing your program through Innovation Station, the AMCHP searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact Kate Howe at (202) 266-3056 or visit [amchp.org/bestpractices](http://amchp.org/bestpractices).

You can also [click here](http://amchp.org/bestpractices) to refer an innovative MCH program that we should know about!
Feature
Title X and Teens: Innovations in Marketing and Partnerships to Prevent Teen Pregnancy and Increase Access to Care

By Robin Summers and Dana Thomas
Senior Policy Directors, National Family Planning & Reproductive Health Association

In a time of steep budget cuts, Title X-funded family planning centers have developed innovative ways to best utilize their limited resources to reach populations most in need. Family planning providers in different regions across the country have changed their business models and marketing strategies to reach more teens and promote teen pregnancy prevention. Here are two examples to consider:

In 2003, the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) began a partnership to increase public awareness of teen pregnancy and DHEC family planning services. The partnership was particularly vital in Spartanburg County where, in 2005, the SC Campaign stepped in to save the DHEC Tobias Teen Health Center from being closed due to budget cuts. Through community outreach, the SC Campaign successfully secured funding to keep the center running. The following year, the campaign procured additional funds to renovate the center. The health center was re-branded as a teen-friendly space and a youth council was created and trained by a national organization to increase the social media presence for the center. Tobias soon experienced a complete turnaround. Within one year, services increased by 85 percent. Tobias has since expanded its space and hours, and even secured funding from a community foundation to dispense long-acting reversible contraceptives (LARCs), which directly contributed to a 14 percent increase of LARC use among female teens in the county in FY 2011-12.

Venus/Family Planning Services, in Des Moines, Iowa, has been creating new approaches to market to teens, understanding the nuances of this generation. In 2012, Venus planned and hosted its first teen-centered event called Teen Talk to educate local teens about pressing social issues and spread the word about services offered by the health center, which include contraceptive dispensation and counseling. To build strong community partnerships and dispel myths about family planning and reproductive health, Venus reached into the community for financial support. A larger 2013 event is planned. Venus made the interior of its health center teen-friendly, with posters and art projects. Most of the Venus marketing materials include a Facebook logo, a QR code for smart phone scanning to its website, and other ways teens can connect via social media. Venus also markets its Teen Talk event and health services via social media and radio ads on popular stations – some paid, some donated. Venus has since seen an increase in its teen patient population, and reports that efforts to educate, engage, and provide care to these patients is helping to prevent teen pregnancy.

Publicly funded family planning providers understand that to fulfill a key component of the Title X mission, prevent teen pregnancy, and enable young people to achieve their educational and life goals, they must make new efforts to meet teens on their level through forward-thinking marketing strategies and inventive community partnerships.

The National Family Planning & Reproductive Health Association (NFPRHA), founded in 1971, is a nonprofit membership organization established to ensure access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all. For more information, visit nationalfamilyplanning.org.

Shop on Amazon and support AMCHP!

By clicking here and shopping, Amazon will contribute to AMCHP!
Feature

New Training Resources on StopBullying.gov Empower Local Community Members to Take Action

By Erin Reiney, MPH, CHES
Director, Injury & Violence Prevention, Division of Child, Adolescent and Family Health, MCHB

As many Pulse readers are aware, HRSA/MCHB has been involved in bullying prevention for more than a decade. During that time, my colleagues and I have met no shortage of individuals who are eager to stop bullying at the community level. The problem is that many do not have the resources they need to carry out prevention efforts and sustain them over time.

In 2009, HRSA/MCHB joined forces with eight other federal agencies to launch StopBullying.gov, a website with research and recommendations about what bullying is, who is at risk and how to prevent it. Our hope was that all the stakeholders we have connected with over the years – from parents and teachers to students and public health officials – would now have tools to advance the integration of best practices in prevention on the local level.

In 2012, we developed the following free online resources in English and Spanish to help community members plan a training or town hall event:

- **Training Module PowerPoint** – a slide presentation that includes bullying prevention key findings and best practices
- **Training Module with Speaker Notes** – an amended presentation with suggested talking points to empower participants to download and deliver the training to their colleagues
- **Community Action Toolkit** – a step-by-step guide for organizing a town hall event, with a template event agenda, action planning matrix and feedback forms
- **Misdirections Video** – a six-minute video featuring Dr. Catherine Bradshaw, a bullying prevention researcher, discussing approaches to avoid in bullying prevention and response

To participate in the training, you can either download the full module for a self-paced learning experience, or you can watch the archived webinar Moving from Awareness to Action in Bullying Prevention: Training Resources for the Field on learning.mchb.hrsa.gov. No matter how you choose to access the materials, please use the indicated Feedback Form link to let us know what you thought!

Later this spring, we will further expand our efforts and launch a Tumblr page for teens. For more information or updates on this work, please visit StopBullying.gov, like us on Facebook and follow us on Twitter.

Feature cont.

- **Misdirections Tip Sheet** – a three-page handout to accompany the Misdirections video and provide further research on five common but ineffective strategies to address bullying

View from Washington

By Brent Ewig, MHS
Director of Policy, AMCHP

Spring has finally arrived in our nation’s capital! Along with the cherry blossoms and warmer weather, we finally have a reprieve from the long winter of budget discontent and a small ray of good news to share. On Apr. 10, President Obama released his fiscal year 2014 federal budget proposal, which proposes $639 million for the Title V MCH Services Health Block Grant. This amount represents level funding with fiscal year 2012 and is an increase over the estimated final fiscal year 2013 levels when factoring in sequestration and other across the board cuts. Additional details are available in the AMCHP Legislative Alert here.

This proposed funding represents a major interim victory considering the challenges we are facing both with discretionary budget caps and continued questions about why Title V should be maintained at current levels once the ACA insurance expansions take effect. For more than a year, we have been taking on those twin threats in our advocacy, and the president’s budget is confirmation that our collective voice is being heard.
View from Washington CONT.

AMCHP also is pleased to share that the president’s budget includes a proposed investment of $15 billion over the next 10 years to extend and expand evidence-based voluntary home visiting programs. This is a tremendous statement of support and demonstrates the commitment of the administration and the prioritization of early childhood investments. The proposal is all the more important as it sets the stage for reauthorization of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program that expires in 2014.

These victories are considered interim because at this point they are proposals and not law. So, what happens next and how can we help move this from proposal to reality?

**Title V MCH Block Grant Funding:** Right now the Senate and House committees with jurisdiction over public health funding are beginning to craft their spending bills for fiscal year 2014. We expect these bills should be publicly released in the late spring – early summer timeframe. It is anticipated that there will be considerable differences in the Senate and House proposals, with the House working under a much lower overall cap than the Senate. Nevertheless, AMCHP will be advocating for Congress to provide $640 million for the Title V MCH Block Grant along with adequate funding for other key MCH programs.

As these bills work through the legislative process this summer and fall, the big question will be if the Senate and House can come to a final compromise on program funding levels in time for the start of the 2014 fiscal year on Oct. 1, 2013. If past is prologue, we are likely to see yet another continuing resolution in the fall funding the federal government at 2013 levels, but that is a long way off and our current priority is getting the highest possible funding level in both bills. Please stay tuned for AMCHP Legislative Alerts that will keep you informed of major developments and allow you to add your voice in favor of sustained MCH funding at critical junctures in the annual appropriations debate.

**Home Visiting Expansion:** On this front the details are more fluid. As a reminder the current mandatory Title V funding for the MIECHV program runs through fiscal year 2014, meaning that Congress will need to act sometime within the next year and a half to reauthorize or extend that funding. Prior to the president’s proposed expansion, we anticipated that reauthorization in this austere environment would be challenging. Having the president weigh in so forcefully for continuation and expansion – and identify the tobacco tax as the proposed revenue source – should change the momentum on the upcoming debate. AMCHP is now partnering with interested groups to work in coalition to support the continuation and expansion. It is hard to predict what the timing of congressional action may be, but be assured, AMCHP will keep you up to date and ask to add your voice to the debate when needed.

**Sequestration:** While final details on the 2013 sequester have not been publicly shared with HHS grantees as of press time, it is important to remember that sequestration is set to occur in current law for the next nine consecutive years unless Congress acts to prevent it. The next likely opportunity for sequestration to be debated is when Congress votes to raise the debt limit, likely sometime in June or July. Without congressional action, most mandatory programs, including MIECHV and the Personal Responsibility Education Program (PREP), that serve adolescents and others will be subject to an additional 7 percent cut on Oct. 1, 2013, and discretionary programs will not face across the board cuts but will have their funding levels limited by a lower overall budget cap – ensuring that cuts would be inevitable.

So, while this report started with a partly sunny outlook, it is clear there is much work ahead if we are to avoid cuts to programs serving women, children and families. We look forward to your continued engagement and support.

**Real Life Stories**

**Transitioning into Adulthood: Can You Hear Me?**

By Millicent Bright  
*Intern, Women’s and Infant Health, AMCHP*

Youth engagement in programs, practices, and policies that affect them is critical in promoting positive youth development and empowerment. Capitalizing on the strengths and unique contributions of all youth, programs can establish a comprehensive youth system that efficiently supports the development, health, and well-being of youth and young adults. For this real life
Real Life Stories CONT.

story, AMCHP sought out feedback from three transitioning youth with special health care needs (YSHCN). Their feedback provides important perspectives on essential health care needs and services that most impact their transition to adulthood.

Mallory Cyr is the National Youth Program Manager, at Got Transition – the National Healthcare Transition Center in Concord, NH.

Steven Nguyen is a full-time student, at Delgado Community College in New Orleans, LA and also the Youth Liaison at the CSHS Family Resource Center and the Louisiana Parent Training 
& Information Center at Families Helping Families of Jefferson. He is the 2013 recipient of the Ryan Colburn Scholarship Award.

Bryson Pitre is a junior at Cherry Hill East High School in New Jersey and an active member of NJ YELL (Youth Excelling to Lead & Learn), an organization engaging YSHCN in decisions affecting their transition to adulthood. NJ YELL presented at the AMCHP 2013 Annual Conference.

Why is it critical for youth to be included in conversations around their needs, services, transitions, etc.?

Steven: It affects them the most and it also promotes self-advocacy.

Bryson: Because parents and adults think they know what we need but they really do not have much of an idea what is going on. A parent cannot assume ANYTHING about their child’s needs whether that be sexually, emotionally, etc. Things have changed greatly since the parent’s generation. Parents must understand that the present generation is undergoing more temptations, stress and obstacles than any so far.

Mallory: Because it’s THEIR LIFE. It is very daunting to just be told to “transition.” “Grow up,” or “make a plan,” in order for a transition to be successful, there needs to be many aspects that are thought about and planned out. If adults support youth to be at the center, and think about what they want for themselves, then planning can occur to make sure all of these steps are planned out with health and safety in mind. Also, young adults are more likely to comply and even be energized from plans that they want to see happen and are passionate about.

What are some key services that are necessary to support youth in transition?

Bryson: Having a community office, where teens can go for advice and assistance with issues they will face like housing, college, and providing for themselves. Financial aid and even family planning also are important parts of a teen’s transition and should be included.

Mallory: Regardless of what “supports” or resources there are, what is really needed for transition is: consistent health insurance, steady income, and accessible housing. So someone who can help a young person navigate all of those, or learn about their own health insurance would be crucial.

HOWEVER – the reality is, often when a young adult achieves all of the above, they are not eligible for the “resources or services” they may need in addition. What we need is to fix our broken system that is based on deficits vs. successes.

Steven: Some key services that are necessary to support teens in transitioning include health care, vocational rehabilitation, educational opportunities, transportation, peer-to-peer mentoring and family support.

What ways are most comfortable for you to receive information related to sexual health (provider, peer group, literature, parents)?

Mallory: Mostly, I think something I could explore on my own, like a website, or brochure, but then a person I trusted, like an older mentor who could discuss things with me in an honest respectful way (not someone who was uncomfortable by it, or made me feel awkward or ashamed). Example of what I consider an awesome resource: www.bedsider.org
Real Life Stories CONT.

**Bryson:** Other teens that have experience in this area or possibly a teen’s doctor if they are available. This is a very important part of teenage life and should be treated in such regard.

**Steven:** Peer groups, literature or health care provider.

**Do you have a medical home? If yes, please share one benefit to you. Also, please share an area of improvement.**

**Mallory:** I think I do, though it is not through my source of primary care. A benefit is having a consistent “go to person” if something is wrong, and knowing the methods to get an actual person vs. a series of recorded menus. An improvement would be that I wish this were the case with my primary care, but I recently moved to a new city and am still trying to land primary care that can serve this function.

**Bryson:** Yes. My pediatrician is like a big brother; I can talk to him about any problems I have. One area that can be improved would be the ability of teens to communicate with their doctors.

**Steven:** Benefits: Improved quality of services and well-being; Area of Improvement: Shortage of adult care doctors with “special needs” knowledge.

**If an organization wanted to start a youth advocate or advisory program, what are your two tips they should be considered for youth engagement and involvement?**

**Steven:** The group should be lead by a youth who has the experience and understands his/her role(s). Have diversity among the group based on things like age and disability levels.

**Bryson:** Meeting times/locations and money/payment for our time. However, the most important thing is to show your respect and interest for our input.

**Mallory:** Besides bringing in a consultant, or someone who has experience implementing youth led programs, I think the two most important things are:

- Know what you are committing to. Youth schedules are very different from professionals. It will take a LOT of follow up and finding out the best way to communicate with your group, and yes, you may have to work on a Saturday!
- Treat them as humans. You don’t have to speak a different language or try to be “hip” to get youth to open up. Treat them with respect, and value the experience and knowledge they bring to the table, but also slow down with the jargon and acronyms.

Success Stories

Innovation Station Highlight: Emerging Practices in Youth Leadership Development

By Kate Howe, MPH
Program Manager, Child Health, AMCHP

The Rhode Island Dare to Dream Youth Leadership Development Initiative is an emerging practice in the AMCHP Innovation Station that promotes youth leadership and development. Dare to Dream is grounded in the idea that all youth, including those with disabilities, need to participate in positive youth development activities and acquire leadership skills to be contributing members of society. Youth, especially those with disabilities, need to gain self-esteem and leadership skills, including self-determination and self-advocacy, for this to be effective. However, the opportunities for youth with disabilities to access positive youth development and leadership activities are limited.

Dare to Dream was developed to provide these youth with disabilities with a statewide youth-led conference to bring the initiative to the forefront and provide a spring board for the development of positive youth programs in schools and the communities throughout Rhode Island. The program recruits, trains and supports young adults with disabilities to serve as mentors to other youth with special needs.

Dare to Dream was implemented in 2008 and the conference has been held yearly since 2009. The initiative has grown to include youth development, leadership and mentorship activities in schools and communities statewide. By 2012, more than 700 students attended the
Success Stories CONT.

conference, and school systems throughout the state are required to register students and provide documentation for a student-led workshop presentation during the year prior to the conference. Dare to Dream has an increased number of youth with special health care needs (YSHCN) who have participated in the initiative and who are now taking on leadership roles. State and community agencies also have become partners in a collaborative effort to promote leadership development programs for YSHCN.

For more Rhode Island resources, visit [health.ri.gov/specialhealthcareneeds/about/adolescenttransition/index.php].

For more information about Dare to Dream and other emerging, promising and best practices in maternal and child health, visit [amchp.org/innovationstation].

Virginia Department of Health PAF Initiatives

The Virginia Department of Health (VDH) Office of Child and Family Health Services PAF grant PAF initiative provides support to male and female students ages 18-29 enrolled in Institutions of Higher Education (IHE) who are pregnant or parenting young children under five. Student-parents participating in campus-based PAF programs are connected with a myriad of health, social services and educational resources and services that make it more likely they will continue to focus their energy on completing school while balancing their paramount responsibilities as a parent. Over the past two years, primary activities have centered around the establishment of Offices of Pregnant and Parenting Student Support (OPPSS) with the inclusion of peer mentors in the program design, enhanced efforts to identify and refer for services student-parents experiencing sexual assault, domestic violence and stalking issues, and the development of a targeted public awareness campaign to promote on-campus support programs. Colleges and universities currently partnering in this effort include Norfolk State University, Northern Virginia Community College, Patrick Henry Community College, Paul D. Camp Community College, Southside Virginia Community College, Southwest Virginia Community College, Tidewater Community College and Virginia Western Community College. Since inception, the program has served more than 450 pregnant and parenting students.

For additional information visit [CollegeStudentsAsParentsVa.com] or contact Jaimie H. Edwards-Caleb, MSOD, PAF program manager at (804) 864-7770.

Bringing Youth Voices to MCH Programs: Models of Youth Engagement

By Maritza Valenzuela
Program Manager, Adolescent Health, AMCHP

Positive youth development is an evidence-based public health strategy for developing inherent strengths and assets in young people that support healthy behavioral development. While the merits of youth engagement are understood, few resources exist that provide guidance on internal policies and procedures that support youth involvement and leadership development in office settings. Engaging youth in MCH work is the key to developing future MCH leaders. AMCHP members at the Colorado Department of Public Health and Environment (DHPE) have not only successfully integrated youth into their programmatic work, they also have produced an array of practical tools and resources to facilitate the meaningful engagement of youth in other state health programs. In Washington, DC, education agency counterparts at the District of Columbia Office of the State Superintendent of Education (OSSE) oversee a Youth Advisory Council (YAC) that engages youth in health-related outreach and programming. Staff from both programs and a youth advisor from Colorado came together for a Knowledge Café at the recent AMCHP conference to share their programs and resources with conference participants.

The Colorado Department of Public Health and Environment Prevention Services Division, the largest youth-serving division in the state, has adopted formal guidelines to, in partnership with youth, create and sustain culturally effective practices to integrate young people into the work they do. Colorado has successfully engaged and hired youth advisors in substantive work of the department.
Success Stories CONT.

through the Colorado 9to25 program (CO9to25). CO9to25 is a collective, action-oriented group of Colorado youth and adults working in partnership to align efforts, improve systems and achieve positive outcomes for all youth, ages 9-25, so they can reach their full potential.

CO9to25 provides a forum for youth and adults to connect and share ideas about the best ways to ensure that all youth have the skills, opportunities, and supportive relationships needed to make safe and healthy choices. It also promotes learning opportunities through regional partnership meetings, trainings and other events. By utilizing a holistic, positive approach to youth development, CO9to25 successfully engages youth. Over the next three to five years, CO9to25 aims to mobilize partnerships, raise public awareness, promote best and promising practices, share accountability, and promote policy and environmental change to ensure that all young people in Colorado are safe, healthy, educated, connected and contributing.

Resources from both DC OSSE YAC and CO DHPE are now available on the new AMCHP Positive Youth Development & Youth Engagement Web page, along with other resources, publications and links. Let us know what you think and how you will you use these resources and ideas! AMCHP will be adding more to the site soon so please submit any resources you would like to share to Maritza Valenzuela.

Member to Member

We asked AMCHP members: How has the adolescent health framework changed over the time that you have been doing this work/been in your position?

Robert Nystrom, MA
Section Manager, Adolescent, Genetics & Reproductive Health, Center for Prevention & Health Promotion, Oregon Public Health Division

When I first arrived at the Oregon Public Health Division in 1994 as school-based health center program coordinator, one of the first people I met was a seasoned professional working on “teen pregnancy prevention.” The conversation was a typical one at that time – we talked about “risk,” “negative outcomes” and “dangers.” Fast forwarding to 2013 finds Oregon contributing to Public Health Reports Special Supplement Number 1, Understanding Sexual Health, with an original article titled, Shifting the Paradigm in Oregon from Teen Pregnancy Prevention to Youth Sexual Health. Instead of talking about what youth should “not do” or avoid to “stay out of trouble,” the dialogue has shifted to “how can we best support all youth to be safe and realize their human potential.” For someone who has worked in various educational, clinical and public health settings for more than 30 years, it is the perfect illustration of the profound movement over the last several decades in how we have reframed our work with adolescents. When I ask “how have we made this shift?” I see four overarching movements that have influenced adolescent health policy and practice.

• Positive youth development (PYD) – PYD is both a philosophy and approach to policies and programs that serve youth. It represents a fundamental change in thinking that moves away from negative risk paradigms and focuses on physical, emotional, social and environmental factors that support all youth.

• Authentic youth engagement – Intrinsic to PYD philosophy is the notion that youth should be co-authors and decision makers on programs and practices that impact them. Authentic engagement moves adolescent involvement beyond asking their opinion to empowering them as agents of change in their own community.

• Adolescent brain development – Advances in neuroscience have allowed us to see ‘adolescence’ and adolescent behaviors through a new lens; and more fully understand the developing brain as it continues to mature well into early adulthood. It underscores the need for experiences and opportunities for each adolescent to exercise and prune neural pathways to develop, among many things, refined decision-making capacity.

• Inclusiveness and equity – Keeping youth safe and healthy requires that all youth be engaged in a culturally competent manner; LGBTQ youth, disenfranchised youth and emergent concepts, such as gender fluidity, necessitates assurance that all youth can see themselves in programs and practices like sexual health education and culturally/gender competent health care.
Who’s New

NEW MCH STAFF

NEW TITLE V & MCH DIRECTORS

INDIANA
Robert Bowman
Interim Director, Maternal & Child Health Division
Indiana State Department of Health

Get Involved

A Global Look at Teen Pregnancy Prevention: Strategies for Success
The Office of Adolescent Health invites you to attend its free webcast – A Global Look at Teen Pregnancy Prevention: Strategies for Success – on May 2 from 2-3 p.m. ET. Hear from Robert W. Blum, MD, MPH, PhD, an expert in adolescent health and teen pregnancy, about how teen pregnancy outcomes in the United States compare globally, and what we can learn from teen pregnancy prevention efforts abroad. Dr. Blum will also answer some commonly asked questions concerning teen pregnancy prevention. To register, click here. They also invite you to live tweet during the webcast using #TPPGlobal, and be sure to follow OAH on Twitter. This webcast will kick off a month of activities by OAH for its third annual recognition of National Teen Pregnancy Prevention Month.

Archive of 2013 AMCHP Annual Meeting is Now Available!
Archived material from the 2013 AMCHP annual meeting, Advancing the Maternal and Child Health Vision: Quality, Leadership and Action, is now live and available. The archive includes viewable presentations, resources, and tools from the plenary sessions, skills-building workshops, and power sessions. For more information and to browse materials, click here.

National Premature Infant Health Coalition Summit
This year, the National Premature Infant Health Coalition Summit will take place May 4-11, both in-person and virtually for ease of participation across the country! Events are completely free and open to parents, providers, policymakers and anyone with an interest in issues surrounding prematurity. Activities taking place throughout the week include webinars, a live Facebook chat, a networking reception, and an NPIHIC team in the March For Babies! For more information, click here.

Call for Nominations: APHA MCH Awards
The Maternal and Child Health Section of the American Public Health Association (APHA) is seeking nominations for the 2013 APHA Maternal & Child Health Section Awards, to be presented at the APHA Annual Meeting on Nov. 2-6. Nominations are due by May 10, and are being sought for The Young Professional Award; The Effective Practice Award; The Outstanding Leadership/Advocacy Award; and The MCH Section Distinguished Service Award. Eligible candidates include MCH professionals in the private and public sectors at the local, state, tribal, national or global level. For more information, please contact Debra Jackson.

How To Incorporate Best Practices in Family Centered Care in Your Practice Webinar
Join the American Academy of Pediatrics (AAP) and its National Center for Medical Home Implementation (NCMHI) on May 29 from noon to 1 p.m. CT for a webinar on how to incorporate best practices in family centered care. This webinar will provide participants with a clear description of family-centered care and highlight case studies that showcase effective strategies in delivering care through practice improvements, such as greater use of health information technology, enhanced access to medical professional staff outside regular office hours, feedback mechanisms capturing patient/family experience with care, and including families on advisory boards and as staff. A recently published monograph by the NCMHI will also be highlighted, which features case studies focusing on 17 pediatric practices nominated by their peers or patients as exemplary patient- and family-centered medical homes. For more information, click here.

2013 MCH Leadership Retreat Registration Now Open
Leadership, Legacy, & Community: A Retreat to Advance MCH Scholarship & Practice will be held Jul. 14-16 at the Hyatt Lodge in Oak Brook, IL. If you see yourself as an MCH change agent or wish to learn practical skills for how to be a positive force for MCH change, this program is designed just for you. Who should attend: intergenerational, interdisciplinary academic/practice professionals and students who are interested in the health and well-being of women, children, and families. For more information, click here.
Resources

**Advocates for Youth (AFY)** – National organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health.

**American College of Obstetricians and Gynecologists (ACOG)** – Provides educational materials on pregnancy, birth, contraception, reproductive health, and women’s issues such as violence against women, smoking cessation, adolescent/pediatric health, and underserved women.

**Answer** – Provides resources, advocacy, training and technical assistance in support of age-appropriate, balanced, comprehensive sexuality education covering topics including adolescent health, teen pregnancy and teen parenting.

**Association of Maternal & Child Health Programs (AMCHP)** – AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

- **Adolescent Health** – Provides information on resources to promote adolescent health.
- **A Conceptual Framework for Adolescent Health** – AMCHP and partners provide framework to collaboratively strengthen the capacity of U.S. states and territories to support effective adolescent health programs.
- **Innovation Station** – The AMCHP searchable database of emerging, promising and best practices in MCH. The Innovation Station allows you to learn more about MCH programs across the United States and to benefit from the lessons learned by your peers.
- **Making the Case: A Comprehensive Systems Approach to Adolescent Health and Well-being** – The goal of this white paper is to raise awareness and stimulate a consensus building dialogue among Title V programs and MCH partners around the need for a comprehensive systems approach to adolescent health.
- **System Capacity for Adolescent Health: Public Health Improvement Tool** – Set of assessment and discussion tools designed to assist state MCH programs in assessing six areas of capacity to support effective state adolescent health programs.

- **Youth Document Series: Mental Health** – Capacity-building resource to help states address adolescent mental health issues.
- **Youth Document Series: Adolescent Reproductive and Sexual Health** – Provides information to help states expand capacity to address adolescent sexual and reproductive health issues.

**Association of State and Territorial Health Officials (ASTHO): MCH program** – Addresses issues affecting families, women of reproductive age, infants, children and adolescents, including those with special health care needs. The ASTHO MCH program aims to increase state capacity to develop and implement policies and programs that respond to challenges and effectively promote state MCH.

**Camp Fire USA** – Implements programs that include mentoring opportunities through community clubs and environmental education through direct child care services integrating gang peace programs, pregnancy prevention programs, and a course that teaches teens to provide respite care for children with disabilities.

**Centers for Disease Control and Prevention (CDC)** – CDC works to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

- **Adolescent and School Health** – Promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults.
- **National Center for Health Statistics** – Collects and disseminates data on major health and nutrition indicators affecting the population. Data are presented so that specific groups, such as children and adolescents.
- **National Initiative to Improve Adolescent Health (NIIAH)** – Collaborative effort to improve the health, safety, and well-being of adolescents and young adults ages 10 to 24 years.
- **Preconception Care and Health Care** – Provides links to educational materials and tools from the CDC and other organizations for women and men of childbearing age.
- **Teen Pregnancy** – Resource site which provides fact sheets, presentations, and guidelines on various teen
Resources cont.

pregnancy prevention topics for health care providers, public health practitioners and parents.

Child Trends – Nonprofit research center that works to improve the quality, scope, and use of statistical information on children and adolescents. Statistics regarding child and adolescent health indicators, including data on adolescent pregnancy and childbearing, are available on request.

Childbirth Graphics – Provides easy-to-read materials on pregnancy, pregnancy hazards, postpartum, parenting, teen pregnancy, nutrition, newborns, high-risk pregnancy, labor and birth, breastfeeding, and women’s health, including books, PowerPoint/CD ROMs, charts, posters, flip charts, and other materials.

CityMatCH – Contains tools and resources for promoting adolescent health.

ETR Associates (ETR) – Develops and distributes maternal and child health pamphlets, booklets, videos, and charts, including more than 46 pamphlets on pregnancy and childbirth. Other topics include family life education, abstinence, birth control, reproductive health, sexual responsibility, self-esteem, drug use, and sexually transmitted disease.

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) – Research organization that conducts and supports laboratory research, clinical trials, and epidemiological studies that explore health processes related to events that happen prior to and throughout pregnancy and childhood and human growth and development across the lifespan.

Healthy Teen Network – National resource network of individuals and organizations focused on solving problems related to adolescent pregnancy prevention, sexuality, pregnancy and parenting.

Healthy People 2020 – Provides national objectives for improving the health of all Americans.

Healthy Youth Development Prevention Research Center – Collaborates with community-based, youth-serving organizations to promote youth development through research, training and advocacy.

HHS Office of Adolescent Health – Dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults.

• National Resource Center for HIV/AIDS Prevention Among Adolescents – Supports adolescent service providers by providing Web-based resources, evidence-based program information, and links to training and technical assistance to help prevent HIV/AIDS among adolescents, in particular adolescents from minority and high-risk populations.

• Pregnancy Assistance Fund Resource and Training Center (PAF) – Exists to provide training and technical assistance to PAF grantees and other pregnant and parenting teen service providers in the field.

• Teen Pregnancy Prevention (TPP) – Addresses rising teen pregnancy rates by supporting grantees in replicating evidence-based models and implementing demonstration programs to develop and test additional models and innovative strategies.

Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health – Conducts research that focuses on the development and evaluation of programs and policies that promote health and prevent disease among adolescents, particularly inner city and rural youth.

Kids as Self Advocates (KASA) – Educates society about issues concerning youth with disabilities and special health care needs and works to empower youth to learn how to self-advocate.

Maternal and Child Health Bureau Division of Child, Adolescent, and Family Health (DCAFH) – Focuses on improving health care for America’s children and adolescents. Its preventive and primary care programs raise national awareness of such issues as the need for safe and healthy out-of-home child care and the special emergency medical needs of children.

• Title V Information System (TVIS) – Contains data from annual Title V MCH Services Block Grant applications and reports submitted by all 59 U.S. states and jurisdictions. TVIS is a service of MCHB.

National Adolescent and Young Adult Health Information Center (NAHIC) – Serves as a national resource for adolescent and young adult health information and research, emphasizing the needs of special populations who are more adversely affected by changes in
the social environment of young people and their families.

- **Public Policy Analysis and Education Center for Adolescent and Young Adult Health (The Policy Center)** - Identifies and analyzes the effects of public policies on the health and well-being of young people and their families.

**National Alliance to Advance Adolescent Health** – Provides education, research, policy analysis, and technical assistance to support fundamental improvements in the way that adolescent health care is structured and financed.

**National Association on City and County Health Officials (NACCHO)** – The NACCHO Maternal, Child, and Adolescent Health (MCAH) Program strengthens the capacity of local health departments to effectively ensure and assess the health of women, children, and adolescents by providing learning opportunities, developing tools and resources, providing technical support, and facilitating peer exchange.

**National Campaign to Prevent Teen and Unplanned Pregnancy** – Organization that seeks to improve the well-being of children, youth, and families through reducing the rate of adolescent pregnancy and unplanned pregnancies among young adults.

**National Center for Mental Health and Juvenile Justice (NCMJJ)** – Serves as a national resource for the collection and dissemination of evidence-based and best-practice information to improve services for youth involved with the juvenile justice system who have mental health problems.

**Planned Parenthood Federation of America (PPFA)** – Works to ensure access to sexuality education and family planning services to women and girls of reproductive age.

**Society for Adolescent Health and Medicine (SAH)** – Organization of health professionals 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.

**State Adolescent Health Resource Center for State MCH Personnel** – Strengthens the knowledge, skills and capacities of state MCH professionals so they can more effectively address and improve the health of adolescents.

**State Health Facts Online** – Contains state-level data on more than 500 health topics. View individual state profiles or compare data for all states by category.

**U.S. Department of Health and Human Services Office of Population Affairs (OPA)** – Administers two grant programs, each of which has as its primary goal the prevention of unintended pregnancy. Title X, the National Family Planning Program, funds family planning clinics which provide comprehensive reproductive health services to low income and minority populations at high risk for unintended pregnancy and sexually transmitted diseases.

**White House Council on Women and Girls** – Focuses on ensuring that each of the federal agencies is working to directly improve the economic status of women and ensure that administrative policies aim to balance work and family, prevent violence against women, and improve women’s and girl’s health care.

Looking for more ways to support AMCHP in achieving our goal of healthy children, healthy families and healthy communities?
Only 31.4% of youth and young adults (grades 9-12) are getting 8+ hours of sleep on a school night *

YRBSS, 2011

Young adults (18-24) have the highest prevalence (43.7%) among all age groups of adults for unintentionally falling asleep during the day - at least 1 day in a 30 day period. The prevalence for all adults was 37.9%.

BRFSS, 2011*

* The National Sleep Foundation thinks most students need at least 9 ¼ hours of sleep.

According to BRFSS, 30.9% of young adults slept less than 7 hours in a 24 hour period, however they were not the most sleep deprived age group of adults.

* Only 12 states had specific sleep deprivation questions that are represented in the BRFSS data.

“Insufficient Sleep Is a Public Health Epidemic” ~ CDC

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Calendar CONT.

Third Annual Teen Pregnancy Prevention Grantee Conference
May 20-22
National Harbor, MD

Council of State and Territorial Epidemiologists Annual Conference
Jun. 9-13
Pasadena, CA

Third National Cribs for Kids Conference
Jun. 25-28
Pittsburgh, PA

NACCHO Annual 2013
Jul. 10-12
Dallas, TX

Leadership, Legacy, & Community: A Retreat to Advance MCH Scholarship & Practice
Jul. 15-16
Oak Brook, IL

ARHP 50th Annual Reproductive Health Meeting
Sept. 19-21
Denver, CO

87th Annual American School Health Association Conference
Oct. 9 - 12
Myrtle Beach, SC

2013 American Public Health Association Annual Meeting
Nov. 2-6
Boston, MA

Want your event listed on the AMCHP MCH Events Calendar? It’s easy! Just complete our online submission form.

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