From the CEO

Adolescent and Young Adult Health and Teen Pregnancy

By Mike R. Fraser, PhD CAE

This month's *From the CEO* features an interview with Jennifer O'Brien, Minnesota’s State Adolescent Health Coordinator and President-Elect of the National Network of State Adolescent Health Coordinators. I caught up with Jennifer to ask her a few questions about the Network, the future of adolescent health, and how she connects with other MCH leaders statewide.

Mike: Jennifer, thanks for talking with me today – let’s get right into it. What do you think are the biggest issues facing state adolescent health programs today?

Jennifer: Thanks for this opportunity Mike! It is such an interesting time to be working in adolescent health. For the first time in my tenure as the state adolescent health coordinator, states are leveraging funding opportunities for important adolescent health issues, namely teen pregnancy prevention (Personal Responsibility and Education Program, also known as PREP, and the Tier 1 and Tier 2 Teen Pregnancy Prevention programs), and support for pregnant and parenting teens and young adults (Pregnancy Assistance Fund). Many state adolescent health programs...
have been in the midst of some heavy grant writing and program planning over the last nine months or so. This is really exciting! At the same time, many of us are facing challenging state budgets which often impact the most vulnerable in our state, challenging federal budgets, persistent and troubling health disparities, and competing adolescent health priorities.

**Mike:** Yes, it is definitely exciting times, but tempered by the budget realities. Given all of these, how do you think AMCHP and the Network continue to work together to address the health needs of adolescents and young adults?

**Jennifer:** AMCHP’s Adolescent Health Program staff, in particular Sharron Corle and Lissa Pressfield, have been invaluable resources to the National Network of State Adolescent Health Coordinators (NNSAHC). AMCHP staff have provided expertise and support to the newly launched NNSAHC Ning site, which is an interactive website for state adolescent health coordinators to share resources and information on how to best do our jobs. Both Sharron and Lissa have also provided enriching and invaluable learning opportunities for state adolescent health coordinators over the years through mini-grants and learning collaboratives. There has always been a nice give and take; AMCHP sends out an e-mail to the Network if they need the state adolescent health perspective, and we often look to AMCHP for advice on the federal perspective.

**Mike:** Thanks for that – we do have great staff here! I like that “give and take” notion. Speaking of give and take, what is the most important thing you think Title V directors and other MCH leaders need to know about adolescent health programs?

**Jennifer:** I often remind my colleagues about the importance of early childhood investments, and continuing our investment through adolescence and young adulthood. James Heckman, the 2006 Nobel Prize winner in economics said, “Invest early in children… and don’t stop. Cumulative investments yield compound results.” As those of us in the field of MCH pay closer attention to social determinants of health and the life span approach, it is imperative that we strive to meet the unique needs of adolescents and young adults.

**Mike:** Yes, that is a great quotation – something with which I agree 100 percent! Thinking about what’s coming next, Jennifer, what do you see is the future of Adolescent Health – where will programs be in the next five years?

**Jennifer:** I hope to see Adolescent Health nicely integrated into a life span approach. I am excited to see the evaluation results from five years of intensive investment in adolescent pregnancy prevention. As always, I hope to see those of us in adolescent health striving to promote a positive image of young people that balances both risk and protective factors. It’s an exciting time to be working in adolescent health.

**Mike:** Jennifer, thanks for your leadership and your partnership – this is really great.

**Jennifer:** Thanks so much for this opportunity to share this with you.
Local CDC Grantees to Help Reduce Teen Births

By Lauren Blackmun Elsberry, MPH, CHES
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As part of the president’s Teen Pregnancy Prevention Initiative (TPPI), the Centers for Disease Control and Prevention’s (CDC) Division of Reproductive Health is partnering with the U.S. Department of Health and Human Services’ (HHS’s) Office of Public Health and Science to reduce teenage pregnancy and address disparities in teen pregnancy/birth rates. The program’s purpose is to demonstrate the effectiveness of innovative, multi-component, community-wide initiatives in reducing teen pregnancy and births in communities with the highest rates, focusing on African American and Latino/Hispanic youth aged 15-19 years. The program goals are:

1. To reduce teen pregnancy and birth rates in the funded communities
2. To increase youths’ access to evidence-based and evidence-informed teen pregnancy prevention program
3. To increase links between teen pregnancy prevention programming and clinical services
4. To educate stakeholders about evidence-based and evidence-informed strategies to reduce teen pregnancy.

Substantial TPPI funds were recently awarded to nine community organizations (including two Title X agencies) and five national organizations to reduce teen pregnancy.

To launch the program, the CDC grantees came together for an orientation in January at CDC’s Global Communications Center to begin planning their community-wide initiatives. Approximately 100 people attended. CDC Director Dr. Tom Frieden addressed the grantees as the keynote speaker. Although teen pregnancy rates have been declining, over 1,100 teen girls still give birth every day in the United States. Evidence-based teen pregnancy prevention programs can help lessen the economic, personal and social costs and inequalities that are a part of the vicious teen pregnancy cycle. Frieden challenged the group “to drastically reduce teen pregnancy in your area… show it is possible to decrease teen pregnancy not by 5 percent or 10 percent but by 25, 30, 40, 50 percent,” in other words “think big.”

Frieden charged the grantees to empower teens to take control of their futures by taking care of their sexual health. To accomplish this, the grantees must develop active, sustainable partnerships, engaging multiple levels of community organizations, clinical services and youth. He urged the grantees to think realistically and strategically about the groups they are targeting: becoming familiar with the number of teens in target communities, rates of sexual activity and contraceptive use, schools teens attend and levels of community involvement. He urged grantees to work with school-based and school-linked programs, and to find ways to reach teens that are not in school and may be at higher risk of pregnancy. Reducing teen pregnancy not only requires providing access to services, but ensuring a youth-friendly atmosphere that allows for open dialog between providers, parents and teens.

Frieden emphasized the importance of “going to scale”: seeking out groups or schools where intervention is most needed, conducting ongoing interventions, and monitoring those hot spots. “We need at least one of you to show a huge reduction in teen pregnancy, to show that it’s possible, because nothing succeeds like success. Once you succeed in one place you can show the way for others,” he concluded. When asked by the audience what national strategies could bring programs and agencies together, Frieden responded that sharing our best practices, ideas and strategies can help alleviate planning costs for others, and lead to better use of limited resources for teen pregnancy prevention.

For more information, view CDC’s recently released resource, Vital Signs: Preventing Teen Pregnancy in the US.

For more information contact Alison Spitz in the Division of Reproductive Health or call (770) 488-6233.
Feature cont.
The Office of Adolescent Health’s Teen Pregnancy Prevention Program: Partnering to Make an Impact

By Evelyn Kappeler
Acting Director, Office of Adolescent Health
Office of the Assistant Secretary for Health

Last year, the U.S. Department of Health and Human Services (HHS) awarded teen pregnancy prevention grants to support the replication of teen pregnancy prevention programs that have been shown to be effective through rigorous research as well as the testing of new, innovative approaches to combating teen pregnancy. Multiple offices across HHS worked collaboratively to ensure that these funds were competitively awarded and were based on sound evidence. The Office of Adolescent Health (OAH) supports $100 million in Teen Pregnancy Prevention (TPP) grants across 102 grantees. Of this money, $75 million supports 75 grantees to implement programs proven effective through rigorous evaluation to reduce teen pregnancy and risk factors underlying teen pregnancy and $15.2 million supports 19 grantees to implement research and demonstration programs to develop, replicate, refine, and test additional models and innovative strategies for preventing teen pregnancy. The remaining $9.8 million of the OAH TPP funds support eight community-wide teen pregnancy prevention projects funded in partnership with the Centers for Disease Control and Prevention (CDC). In issuing the TPP grant funds, OAH collaborated closely with the Administration for Children and Families (ACF) as they awarded 13 grants through the Personal Responsibility Education Program (PREP) to test innovative approaches to reduce teen pregnancy and repeat pregnancy.

Over the course of the first year of funding, all OAH TPP grantees have conducted a thoughtful planning and piloting process. This has allowed OAH to work closely with these grantees to ensure that they have a well designed program and evaluation, as well as strong partnerships in their community to promote future success. OAH continues to collaborate with other offices within the Department to ensure that strong technical assistance and coordination occurs for all grantees funded to address teen pregnancy prevention. OAH is also partnering closely with the Assistant Secretary for Planning and Evaluation to continue to maintain a systematic evidence review process in order to further build the evidence base in this field.

Across HHS, there is a significant commitment to evaluation for the TPP efforts. A multi-layered, coordinated approach is being used to evaluate at both the local and national level. Evaluation findings from the TPP program can greatly enhance and fill gaps in the existing research and evaluation literature. Moving forward, HHS will play an instrumental role in putting our best science to work in addressing the problem of teen pregnancy while recognizing that we still have more to learn. This is critical to ensuring that programs can be replicated effectively and to expanding our evidence base of what works and what does not, so that we can improve the effectiveness of programs and target resources appropriately.

For more information contact Allison Roper or call (240) 453-2806 or Jessica Jordan or call (240) 453-2808 or visit the Office of Adolescent Health.

State Transition Results for Youth with Special Health Care Needs

By Peggy McManus
President
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Senior Policy Analyst
The National Alliance to Advance Adolescent Health

Nationally, less than half of all youth with special health care needs successfully transition from pediatric to adult health care. A new report, “Health Care Transition for Youth with Special Health Care Needs,” commissioned by Got Transition, the National Health Care Transition Center, examines state and national performance on the transition outcome measure. Prepared by the National Alliance to Advance Adolescent Health, this study presents detailed state information about the factors that affect our low national ranking and account for extensive state variation. The report is based on data from the National Survey of Children with Special Health Care Needs (NS-CSHCN) and the Current Population Survey (CPS).
State Transition Results for CYSHCN

Key Findings

While only 41 percent of youth with special health care needs in the United States receive the services necessary to make transition to adult health care, work, and independence, this proportion is even lower among youth who are Hispanic or Black, with family incomes below 200 percent of poverty, and who are uninsured or publicly insured. In addition, males are less likely than females to transition successfully, and those without a medical home are at a significant disadvantage. Among the component measures used to assess the transition outcome, more than a third of youth need but have not had conversations with their health care providers about changing health needs, and more than a quarter of youth need but have not had discussions with their health care providers about transferring to adult health care providers as they get older. More than a quarter of families report that their child’s health care providers seldom if ever encourage the youth to take increasing responsibility for his or her own care. Finally, two-thirds of families report that a conversation on maintaining or securing health insurance for their adolescent as he or she gets older is needed, but has not happened.

States demonstrate significant variation on the overall transition outcome – ranging from 24 percent to 54 percent of youth meeting the outcome measure – as well as on these four component measures. As is the case for national performance, youth fare worst on the component measure for discussions about maintaining health insurance.

The report also includes results from a multivariate analysis examining the associations between the dependent variable of state transition performance and states’ demographic attributes, including adolescent poverty, non-White race, and uninsurance. States’ proportion of adolescents seeing a pediatrician (rather than a family physician) was also included in the analysis. All of these associations were statistically significant and negative.

Implications

The report’s findings point to a number of important implications. Nationwide, significant improvement is needed to ensure more youth with special health care needs successfully transition to adult health care and independence. Investment in medical homes and expanded insurance coverage will offer significant returns in improving the transition process. Additionally, further research exploring the racial, ethnic, and income disparities in health care transition is needed and can illuminate additional strategies for improving outcomes for youth with special health care needs nationwide.

The full report is available online at www.gottransition.org and provides detailed tables and maps illustrating national and individual states’ performance on the outcome and component measures, as well as selected demographic indicators. The authors can be reached at krogers@thenationalalliance.org.

Promoting Innovations in Adolescent Health Care

The National Alliance to Advance Adolescent Health is a nonprofit organization, formed by Harriette Fox and Peggy McManus (formerly of the MCH Policy Research Center), to enhance the physical and emotional well-being of adolescents, especially those in low-income and minority communities, by promoting fundamental improvements in the way that adolescent health care is structured and financed. Their aim is to increase access to integrated preventive, physical, behavioral, and sexual health care that can effectively support adolescents in staying healthy, reducing health risk behaviors, identifying their health problems earlier, and taking on responsibility for managing their health care. The National Alliance also seeks to expand holistic health promotion strategies for adolescents in their communities.

To this end, The National Alliance works on:

1. Educating stakeholders and building partnerships. With its national partner organizations, including AMCHP, and its innovative adolescent health center partners, The National Alliance develops position papers, sign-on letters, fact sheets, and presentations for policymakers, advocates, health care professionals, and the media.
Innovations in Adolescent Health

2. Promoting effective adolescent health care.
Through focus groups, surveys, and studies of comprehensive, interdisciplinary adolescent health programs, The National Alliance identifies effective care models and shares them through their website, publications, and technical assistance.

3. Improving the adolescent health workforce.
Partnering with leaders in pediatric and adolescent medicine, The National Alliance analyzes physician training needs in adolescent medicine and develops recommendations to improve training of future adolescent health providers.

4. Providing planning and technical support.
The National Alliance provides on-site strategic planning and technical support for communities and states seeking to make systemic improvements in adolescent health care, particularly for low-income and minority youth.

Several reports have been produced by The National Alliance that might be of particular interest to AMCHP readers. Future Directions for the Office of Adolescent Health Care presents the views of more than 30 clinical and policy experts, including leaders from AMCHP and the National Network of State Adolescent Health Coordinators, about how OAH should best carry out its legislative charge to improve adolescent health outcomes through increased coordination. Health Care Transition for Youth with Special Health Care Needs is previewed elsewhere in this issue of Pulse. Other reports on preventive care, multiple health risk behaviors, teen and parent perspectives on health care, and more can be found on their website, thenationalalliance.org.

With contribution from staff of the National Alliance to Advance Adolescent Health.

Real Life Story
Inspiring Future MCH Superheroes

By Emily Fiscus
Youth Council Coordinator
Colorado Medical Home Initiative

As a sibling of a young adult with special health care needs, I have grown up in a world of advocacy. I have learned that obstacles are merely dares to succeed and that we are all equipped with the capability it takes to act as a leader. In the past year, I have been fortunate enough to blend my leadership background into a professional role of directing a youth advisory council through the Colorado Medical Home Initiative. Empowering young adults to actualize their full capacities as leaders is humbling. There is a growing desire to include youth in systems that directly affect us, and I strive to become a better leader each and every day to ensure that this inclusion continues.

Attending the AMCHP Annual Conference allowed me to see the bigger-picture. Sending a youth representative demonstrated to youth leaders that what we’re doing matters, and also set the expectation to our national partners to expect and recruit youth. My role as council coordinator was deeply enriched as I was equipped with knowledge that will continue to steer me as an MCH professional. Bringing home resources to my youth council has ignited a fire in many of us to continue researching to see how we can move forward. We will all advance as advocates that will contribute to the greater good of women and children through Title V.

Having been involved with Title V programs for less than a year, the amount of information I soaked up during the conference was a little overwhelming! We covered a variety of issues, all through the lens of maternal and child health. From the effect of gender roles on domestic violence to addressing health disparities among populations of young people to prevent teen pregnancy, it was a wonderful reminder to me that “health” is a broad concept. A comprehensive view is essential in understanding the components of a person’s life and incorporating youth perspectives in Title V programs is a necessary step in achieving this. We know what professionals prescribe for success, how parents and teachers feel, and what mentors suggest, but until the preferences of the target population
Real Life Story CONT.

are articulated, a major piece of the puzzle is missing. Youth leaders belong at every table to ensure that the work of MCH is efficient, representative and fruitful. The most important message that I learned was that the voice of youth is valued! Our call to action continues to unfold!

My advice for young adults who feel drawn to public health is, dive in! Even if you cannot immediately see where you’ll eventually end up, the first step is all it takes. Find something you are passionate about that could be made better, and go for it! Future involvement of youth during the AMCHP Annual Conference may need to look differently than it has in the past. Because youth are just entering the world of health advocacy, it is difficult to participate in conversations that deal with what the system currently looks like. I found myself in over my head during many of the sessions, simply due to lack of experience. Workshops that are geared toward teaching youth and helping them find their paths in MCH, rather than addressing anecdotes based on professional experience, may be more successful. Valuing youth as equal partners does not mean that methods of teaching and learning must be the same. Ultimately, blending the desire of youth to make a difference with a system that is asking for guidance, will result in a more meaningful system. I feel honored and excited to be a part of this process, and look forward to continuing my work in public health!

Member to Member

What is your state’s plan for the Personal Responsibility Education Program (PREP)?

Antoinette Means
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The Bureau of Women’s and Children’s Health (BWCH) within the Arizona Department of Health Services is responsible for administering the Personal Responsibility Education Program (PREP) initiative. Arizona will use these funds to target youth 12-19 years of age with a primary focus on youth 12-17 years of age, Hispanic or African American, and youth in foster care or aging out of the foster care system. The geographic areas to be served include sixteen communities in four counties that were selected based on the following criteria; total population of youth 15-19 years of age, total births to youth 15-19 years of age, total birth rate for youth 15-19 years of age and the absence of any other comprehensive teen pregnancy prevention program. Arizona identified six evidence based curricula for inclusion in the state’s PREP initiative; ¡Cuídate!, Be Proud! Be Responsible!, Draw the Line/Respect the Line, Making A Difference, Reducing the Risk, and Teen Outreach Program. Each of these curricula has been proven effective with our target populations. In addition, they can be provided in either a community based or school setting and with the exception of ¡Cuídate!, there is a history of providing these curricula in Arizona. The three adult preparation topics that will be integrated into our teen pregnancy prevention efforts are Healthy Relationships, Financial Literacy, Healthy Life Skills and Educational and Career Success which can be substituted for Financial Literacy when working with high school students. BWCH will issue a Request for Grant Applications in the near future and coordinate training for the curricula selected by the successful grant applicants. It is an exciting and challenging time for program staff as we expand our teen pregnancy prevention efforts in partnership with our local and federal partners.

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Family Planning Coordinator

The vision for Iowa’s PREP program is: Iowa youth are empowered to make healthy choices and positive decisions regarding sexual behavior as they prepare for successful adulthood. The Iowa Department of Public Health (IDPH)
engaged a variety of state and community partners by convening an advisory council of 15 public and private organizations representing over 30 adolescent reproductive health-related programs. The advisory council assumed primary responsibility for key decisions about the PREP state plan based on a comprehensive needs assessment and resulting target populations.

IDPH undertook an intensive community needs assessment and prioritization process to identify geographic and population risk factors to guide project implementation. Fifteen indicators (risk factors) were identified by the PREP statewide advisory council. The selected risk indicators include: teen birth rates, premature birth rate, rapid repeat pregnancies, the number of children living in poverty, high school drop-out rates, maternal education, attempted suicide in the past 12 months, binge alcohol use, illicit drug use, child maltreatment, domestic violence, juvenile crime and arrest rates, sexually transmitted infection rate, and homeless youth and youth in foster care. Data were compiled for the selected 15 indicators for all of the state’s 99 counties and high-risk communities were identified.

Iowa’s PREP program will target youth ages 10 to 19 who are: African American, Hispanic, living in Foster Care (institutionalized group homes), and residing in counties with the highest teen birth rates. IDPH chose three priority evidence-based programs (EBP) based on the needs assessment and target populations. The Bureau of Family Health partnered with the Bureau of HIV, STDs and Hepatitis to prioritize HIV/AIDS as an adolescent health issue. The PREP advisory council also conducted a prioritization process to identify the three priority adulthood preparation subjects that will be included in Iowa’s PREP program. These include: healthy relationships, adolescent development and healthy life skills.

IDPH will use a competitive bid process (Request for Proposals) to determine local partners with the capacity to implement Iowa’s PREP program with fidelity, and program adaptations as appropriate. Until the RFP is posted, IDPH is not able to share which programs have been selected as the three priority EBPs. IDPH will contract with one of the state’s three regent universities to conduct a comprehensive state-based project evaluation.

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New Hampshire is committed to supporting services that help young people avoid teen pregnancy, subsequent teen pregnancies and sexually transmitted infections, by providing the means to build a healthy foundation for adult life. Given that New Hampshire has held the “lowest teen birth rate” title in the nation for a number of years, PREP provided us with a unique opportunity to assess teen birth data more closely and determine where we had the greatest need. It was clear when looking within our state that the use of average values obscures the disparate high teen birth rates that face many New Hampshire cities and towns.

The two target areas in New Hampshire with both the highest rates and significant numbers of teen births were Sullivan County with a teen birth rate of 41.0 births per 1,000 from years 2000-2006 and the city of Manchester with a teen birth rate of 39.4 births per 1,000 from the years 2000-2006. Additionally, the data showed that we needed to target older teens, as they represent 75 percent of the teen births in New Hampshire. Our target population will be teens/young adults ages 17 through 19 and pregnant/parenting teens/young adults up to the age of 21.

The implementation of PREP will allow state agency leaders, such as Title V, Title X and the Department of Education, to work in partnership with community-based stakeholders to target evidence-based programming in munities where those interventions would most likely succeed.
The Pennsylvania Department of Health is planning on using the PREP funds to implement evidence-based teen pregnancy prevention programs in the following facilities: psychiatric residential treatment facilities, licensed residential drug and alcohol treatment facilities, and residential programs serving delinquent youth, which includes residential programs serving delinquent children licensed by the Department of Public Welfare’s Office of Children, Youth and Families (OCYF), OCYF youth development centers, and OCYF youth forestry camps. A request for application process will be used to select up to 17 PREP implementation sites. These sites will be required to implement either the Rikers Health Advocacy Program or Street Smart. The sites will also be required to supplement these programs with lessons from Sex Ed 101 to address all contraception options and the adulthood preparation subjects. In addition, we will be issuing two requests for proposals for this project. One RFP will be for training on the Rikers Health Advocacy Program and ongoing training for the PREP implementation sites, as well as, evaluation of the program. The second RFP will be for Lesbian, Gay, Bi-sexual, Transgender, and Questioning youth cultural competency training and assessments at PREP implementation sites.

The West Virginia Adolescent Pregnancy Prevention Initiative (APPI), part of the Family Planning Program in the Office of Maternal, Child and Family Health selected six highly qualified community-service agencies to deliver evidence-based curricula in seven project sites targeting youth in foster care, homeless youth, youth in the criminal justice system, youth living in poverty and African-American youth. The grantees had the option of selecting one of the evidence-based curricula that have been proven through rigorous evaluation to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy or other associated risk factors. Reducing the Risk, SiHLE and Making Proud Choices! were chosen as the most effective programs when considering the youth populations selected. APPI will host the training sessions in order to ensure fidelity to the curricula and allow for the federal PREP funding to pay for direct services, rather than training. APPI is committed to providing programs that seek to educate young people about topics such as responsible behavior, relationships, and pregnancy prevention and youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches.

Success Stories

District of Columbia Department of Health: Reducing Rapid Repeat Pregnanacies and One Young Mother’s Journey to Success

By Margaret G. Copemann, BS, CHES, CCHC
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Located within a District of Columbia (DC) Public High School, the Woodson
Success Stories CONT.
Reducing Rapid Repeat Pregnancies

Adolescent Wellness Center (WAWC) provides services on average to 475 teens per year. The Title V funded center is a collaborative project of the Community Health Administration of the DC Department of Health and DC Public Schools. Established in 1994 to provide comprehensive health care services to adolescents; promote pregnancy prevention; and to assist in health education of students who attend HD Woodson Senior High School. The WAWC has four specific objectives: (1) to promote health maintenance among adolescents; (2) to motivate students to avoid risky behaviors and adopt healthy lifestyles; (3) to provide convenient health services; and (4) to educate students on how to utilize services in the DC’s health care system.

HD Woodson Senior High School is located in the second most impoverished of DC’s eight city wards: Ward 7. Its geographical location at the eastern-most tip of the city accentuates the vulnerability of its predominantly African-American population; 30 percent of Ward 7 residents are youth ages 19 and under. According to the latest demographic data, 63 percent of mothers receive inadequate prenatal care, 82.6 percent are single mothers and 7.7 percent of these single mothers are younger than 17 years old. At HD Woodson Senior High School, 93 percent of the student population is eligible for the free/reduced lunch program, 27 percent are in the Special Education program and a high percentage live in single-parent households, foster and kinship care or are homeless.

In the interest of reducing the percentage of repeat births for teens less than 19 years of age, which currently stands at 12 percent, the WAWC continues to pay particular attention to teen moms and dads. The Woodson Adolescent Wellness Center is guided by research that says teen pregnancy is less likely when boys and girls have a sense of belonging; get health care they need; have close, caring relationships with trustworthy adults; and feel connected to their families, schools and neighborhoods.

A Real Success Story

Joniqua is a 17-year-old senior at HD Woodson Senior High School and the mother of a two-year-old son. She is a long time client of the WAWC and has been steadfast in implementing the counseling, education and encouragement she has received from the WAWC staff with the intention of not repeating a pregnancy before completing her education. She will graduate in June 2011 and will begin her freshman year at North Carolina Central University in the fall of 2011 where she plans to major in forensic science and minor in anthropology. She has always loved science and was influenced in the selection of her major and minor by a member of the scientific community who mentored her during her 2010 summer job at the National Institutes of Health. Adding to her list of outstanding accomplishments, Joniqua was selected to be the recipient of the Florence Crittenden “Outstanding Teen Parent” award. In preparation for college, she has already secured a summer job with a schedule that will allow her to spend real quality time with her son.

She attributes her success in avoiding a repeat pregnancy to the loving support of her mother, grandparents and to the connection she feels with her school community. She also credits her trusting relationship with the WAWC staff, and has a committed dream of providing a better life for herself and her son. Although numerous teen moms and dads have participated in the WAWC and graduated without becoming a repeat parent, the Woodson Adolescent Wellness Center does not have the capacity to follow-up to determine if this remains the case prior to achieving life goals.

Embracing a Positive Youth Development Framework to Reduce Adolescent Pregnancies in Idaho

By Mercedes Muñoz, MPA
State Adolescent Health Coordinator, Program Manager, Adolescent Pregnancy Prevention & Sexual Violence Prevention Bureau of Community & Environmental Health Idaho Department of Health and Welfare

Idaho’s Adolescent Pregnancy Prevention (APP) Program utilizes evidence-based or evidence-informed strategies
Success Stories CONT.
Embracing a Positive Youth

To prevent unplanned pregnancies among adolescents; however, the APP Program has augmented its strategies to be more holistic by incorporating a positive youth development framework for pregnancy prevention.

The APP Program has contracts with Idaho’s seven public health districts to implement Reducing the Risk (RTR), an evidence-based curriculum. Through this partnership, the APP Program has implemented RTR around the state. Reducing the Risk focuses on developing participants’ skills such as refusal skills, delay tactics and the ability to assess and abstain from risk. Most recently, the APP Program received Personal Responsibility Education Program (PREP) grant funds from the Health and Human Services to expand implementation of the RTR curriculum in Idaho schools and begin implementation of Cuídate, a culturally-based program for Latino youth.

The APP Program is also working with the Idaho Coalition Against Sexual and Domestic Violence to implement Wise Guys, an evidence informed male-oriented pregnancy prevention curriculum. Wise Guys focuses on engaging males in pregnancy prevention efforts and providing participants with a healthy framework around masculinity, healthy relationships and goal setting. Participants of this curriculum have the opportunity to participate in youth driven service-learning projects.

We are also in the process of conducting a community needs assessment at Idaho State University (ISU) to identify effective local strategies to reduce unplanned pregnancies among 17 to 19-year-olds, which account for Idaho’s highest number of adolescent pregnancies. ISU is our first pilot site and we hope to expand to other institutions of higher learning.

Recently, the State Adolescent Health, Resource Center, Konopka Institute for Best Practices in Adolescent Health provided Idaho’s APP partners and contractors with a daylong training on adolescent development and how it intersects with pregnancy prevention. This training was a catalyst in moving our contractors toward the incorporation of a positive youth development framework in their work.

The APP Program staff acknowledges that we are in a unique position, having the opportunity to work with a diverse and dynamic population that is in transition - adolescents. We look forward to continue our support of young people as they transition into adulthood in a more holistic way.

Replicating the Teen Outreach Program in Rural Missouri

By Jennifer Farmer
Health Educator II
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Missouri Department of Health and Senior Services

Over the last eight years, the Missouri Department of Health and Senior Services (DHSS) and community partners have replicated the Teen Outreach Program (TOP) in targeted rural counties. Maternal and Child Health Title V Block Grant funding has and continues to support local programs. DHSS has experienced tremendous success by contracting with local health departments to coordinate and expand TOP replication in their respective counties.

TOP was originally developed in Missouri. Wyman in St. Louis holds the copyright and provides resources for replication. Nationally, TOP is one of the most popular evidence-based teen pregnancy prevention program models selected for replication with federal grant funds. Wyman’s TOP is one of the few youth development initiatives proven to be highly effective in preventing risk factors of school dropout, academic failure, and teen pregnancy. The program addresses needs of culturally diverse adolescents in grades 6-12, ages 12-19. Most importantly, TOP develops life skills, healthy behaviors, and a sense of purpose that youth can apply now and throughout their lives.

TOP participants meet weekly over 9 months to participate in curriculum-guided discussions, and complete at least 20 hours of community service learning. DHSS contractors typically begin TOP replication with a sixth grade after-school club and continue to add additional clubs each year so youth can be involved in TOP through middle school and high school years.

Missouri rural counties have embraced TOP for multiple reasons: 1) TOP youth have become actively involved in their communities through service learning projects; 2)
TOP provides an alternative activity for youth who are not involved in other programs; 3) TOP focuses on relevant adolescent health issues including sexuality education; and 4) TOP positively impacts academic performance and attendance.

There are several essential components to ensure TOP is successfully implemented with fidelity in a rural setting:

- Identify a local champion to coordinate the program who is passionate about positive youth development and who has many community connections to leverage local resources.
- Recruit, train, and retain TOP facilitators (“kid magnets”) who are approachable positive mentors dedicated to serving youth and who youth respect.
- Provide TOP coordinators and facilitators with ongoing training and technical assistance, as well as opportunities to network with others who are implementing TOP.
- Consider potential barriers (e.g., transportation and other competing afterschool activities) and identify resources and other strategies to encourage and recognize youth participation.

For more information, contact Jennifer Farmer or call (573) 751-6212.

Reducing Hispanic Pregnancy Rates: New York’s Comprehensive Adolescent Pregnancy Prevention (CAPP) Initiative

By Barbara Leo, MS, FNP
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Kristine Mesler
Associate Director, Bureau of Maternal and Child Health, New York State Department of Health

New York State (NYS) has made significant progress in reducing adolescent pregnancy rates, with a 40% decline in rates since 1993. However, the racial and ethnic disparities in sexual health outcomes for Hispanic teens remain a serious public health issue. From 2001 to 2008, in stark contrast to significant declines in pregnancy rates among white (23%) and black (19%) teens, pregnancy rates among Hispanic teens increased by nearly 5%. Reducing these disparities is a priority within NYS Department of Health (NYSDOH) adolescent sexual health programming.

In 2009 NYSDOH, in conjunction with the DOH-funded Assets Coming Together (ACT) for Youth Center of Excellence (COE), held an Adolescent Sexual Health Symposium. The symposium brought together state agency staff, national experts on adolescent sexual health, key stakeholders and a youth panel to review data, research and best practices, and make recommendations, including specific needs and strategies related to reducing disparities. Additionally, 27 youth focus groups, including racially and ethnically diverse groups, were conducted to learn more about how young people acquire information about sexual health and to share their ideas on how to improve adolescent sexual health care and public health programs. Reports from the symposium and the youth focus groups are available on the ACT for Youth COE website.
Success Stories CONT.
Reducing Hispanic Pregnancy Rates

Building on the lessons learned from the symposium and focus groups, NYSDOH has undertaken a new statewide Comprehensive Adolescent Pregnancy Prevention (CAPP) initiative. CAPP includes a significant focus on reducing racial and ethnic disparities. An Adolescent Sexual Health Needs Index (ASHNI) was developed to identify eligible target communities and prioritize the selection of CAPP projects. The ASHNI is a ZIP code-level multidimensional measure that incorporates multiple key factors related to adolescent sexual health outcomes, including burden (number) of adolescent pregnancies and STD cases and demographic and community factors (education, economic, and race/ethnicity indicators) that are significantly associated with adverse sexual health outcomes. The ASHNI further supports targeting public health resources to areas of highest need and reducing disparities.

Through the CAPP initiative, NYSDOH has awarded more than $17.5 million in state grants to 50 community-based organizations. To further address disparities, preference was given to organizations that have staff and Boards representative of racial and ethnic populations they serve and experience serving minority populations. The community projects focus on the prevention of pregnancies, STDs and HIV among male and female adolescents ages 10 to 21 years. Projects implement evidence-based sexuality education; ensure access to reproductive healthcare services; expand educational, social, vocational and economic opportunities; and engage adults to advance comprehensive and sustainable local community efforts to improve environments for young people. Over twenty CAPP grantees include a specific focus on serving Hispanic youth in their projects.

NYSDOH will be working with the COE to evaluate the CAPP initiative to determine the effectiveness of the CAPP interventions and future policy changes, including a continued focus on reducing disparities among Hispanic populations.

View from Washington
Improving Adolescent Health and Coordinating Funding for Teen Pregnancy Prevention

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

Adolescence is an important time to promote optimal health and to prevent many of the behaviors that can place youth at-risk for health problems. While many adolescents have health insurance, a significant proportion (13 percent) still lack health care coverage and the proportion of adolescents with private insurance is declining. Among young adults, nearly one-third are uninsured, representing more than one in five of all uninsured individuals.

The Affordable Care Act (ACA) therefore presents a significant opportunity for state MCH programs and their partners to improve the health care delivery system overall, promote adolescent health specifically, and assure that adolescents have access to quality health care and prevention services.

This issue’s theme on Adolescent Health also offers a good opportunity to remind readers of our previously published issue brief entitled “Health Reform – What's in it for Adolescents?” available here. This publication highlights the numerous provisions that impact health programs and services for all children and youth, including adolescents. It also provides details on ACA investments in teen pregnancy prevention.

Chief among these is inclusion of a new section of the Title V statute (513) creating the Personal Responsibility Education Program (PREP). PREP provides $75 million per year in mandatory funds for FY 2010 through FY 2014 and is administered by the Administration for Children and Families. The program makes grants to states for programs to educate adolescents on both abstinence and contraception to prevent teenage pregnancy and sexually transmitted infections, including HIV/AIDS.

In September 2010, HHS awarded $55 million total in PREP funds to states, territories and communities. Of this total amount, $45 million was awarded as formula grants to 46 states (including the District of Columbia) and U.S.
tories for programs that replicate evidence-based teen pregnancy prevention strategies and incorporate other adult responsibility subjects such as maintaining healthy relationships, developing healthy attitudes and values about growth and development, increasing healthy parent-child communication and enhancing financial literacy. An additional $10 million was awarded competitively through a joint application process with the TPP Tier 2: Innovative Approaches funding to support programs that test innovative strategies to reducing teen pregnancy and repeat pregnancy among high risk, vulnerable and culturally under-represented youth populations.

As we welcome this new investment in a critical MCH priority, we are also faced with the (welcome) challenge of assuring this program is coordinated with existing efforts. We’ve advocated that state Title V programs continue their role in assuring a balance between investing in areas of greatest need while assuring that critical services are offered state-wide. We’ve also asked all our federal partners vested in leading teen pregnancy prevention efforts – from Title V in HRSA, to CDC, ACF, the Office of Population Affairs, and the new Office of Adolescent Health - to help by considering the following suggestions:

- Harmonizing HHS program guidance to work from one state-wide MCH needs assessment (submitted by all states as required under Title V last July 15, 2010)
- Using common performance measures
- Coordinating all-grantee meetings
- Promoting dialogue among all federal project officers and regional staff working with state MCH programs
- Spacing grant application deadlines

What have we missed? As always, we value your feedback and appreciate all you do to assure the health of all our nations’ adolescents.

Who’s New

NEW MCH Leaders

NEW TITLE V DIRECTOR

District of Columbia

Dr. Richard Levinson, MD, DPA
Deputy Director, Policy and Programs
Community Health Programs Administration
District of Columbia Department of Health

NEW CYSHCN DIRECTORS

Idaho

Jacqueline Daniel
Manager, Children’s Special Health Program
Idaho Department of Health and Welfare

Texas

James McKinney, DO, MBA
CSHCN Director
Texas Department of State Health Services

NEW NCBDDD DIRECTOR

Coleen A. Boyle, PhD, MS (hyg.)
Director
National Center on Birth Defects and Developmental Disabilities (NCBDDD)
Centers for Disease Control and Prevention

NEW MCHB STAFF

Gwendolyn J. Adam, PhD, LCSW
Training Branch Chief
Division of Research Training and Education
Maternal and Child Health Bureau

AMCHP Welcomes New Intern

Lindsey Toler joins AMCHP as the new Adolescent Health Intern. Graduating this past May from Wellesley College with her B.A. in Psychology, she now attends The George Washington University School of Public Health and Health
Who’s New CONT.

AMCHP Welcomes New Intern

Services, where she is working on her MPH in Maternal and Child Health. As an adolescent health intern, Lindsey will be working with Sharron Corle and Lissa Pressfield to identify and describe a variety of adolescent health issues for the AMCHP Youth Document Series. During her time at AMCHP, Lindsey hopes to learn as much as possible about AMCHP and to contribute to prioritizing the health needs of adolescents.

Get Involved

AMCHP and the text4baby State Enrollment Contest

AMCHP will be participating in the text4baby State Enrollment Contest, a national competition to enroll pregnant women and new mothers in the text4baby program. The goal of the text4baby State Enrollment Contest is to reach twice as many users through healthy competition among states. The top three states that have enrolled the most users in text4baby between May 10 and October 20 will be announced at the American Public Health Association Annual Meeting in Washington, DC. The prize for each of the winning states will be a sponsored luncheon/press event for text4baby partners in that state.

Get Involved CONT.

RFA for the Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative

In 2008, CityMatCH, AMCHP and the National Healthy Start Association (NHSA), with funding from the W.K. Kellogg Foundation created the Partnership to Eliminate Disparities in Infant Mortality. This project seeks to eliminate racial inequities contributing to infant mortality within U.S. urban areas, and is in its second round of funding. A major component of this work is a multi-city Action Learning Collaborative (ALC). The ALC approach is one in which state, local and community collaborative teams are selected, and then provided with training and technical assistance in current research, best practices and systems building. Through the course of the ALC, teams will have the opportunity to network across state lines, strategize to break down barriers in addressing inequities in infant mortality, and design new and innovative solutions tailored to their individual communities. The emphasis of this team-based ALC is on innovative approaches to reducing racial inequities in infant mortality in urban communities, with particular attention paid to the impacts of racism. Applications are due no later than 11 p.m. EST., on Wednesday, June 1. Please submit all documents to Phyllis George at NHSA. To download the application, visit here.

Call for Applications: The Healthy Weight Learning Collaborative

With support from HRSA, AMCHP and the National Initiative for Children’s Healthcare Quality and a consortium of leading health care and public health organizations have embarked on a nationwide effort focused on the prevention and treatment of childhood and adult obesity. Teams are being recruited to apply for Phase One of the Collaborative, which will be conducted between June 2011 and July 2012. In this phase, we are looking to partner with 10 community teams (one within each HRSA region) with previous experience in cross sector collaboration (clinical care, public health and the community) on public health issues (e.g. tobacco, healthy weight, immunizations, etc). Selected teams will participate in a Breakthrough Series Collaborative approach consisting of two in-person Learning Sessions (September 2011 and May 2012) and one virtual Learning Session (January 2012). The deadline is June 3. To learn more, visit here.
Get Involved cont.
First Lady Michelle Obama’s Let’s Move Cities and Towns Initiative

The Let’s Move Cities and Towns is one of the first lady’s most recent additions to her Let’s Move campaign. The program is designed to encourage mayors and elected officials to adopt a long-term, sustainable and holistic approach to fighting childhood obesity. To support this initiative, Let’s Move has designed a toolkit for local officials to begin implementing programs and policies to support healthy habits. Throughout the toolkit, child care is highlighted as a place where events and initiatives can be held. Many of the suggested initiatives mirror practices that Nemours and our partners have successfully implemented.

Call for Nominations for the 2011 MCH Epidemiology Awards

Nominations are now being accepted for the 2011 National MCH Epidemiology Awards for presentation at the annual MCH EPI Conference. The Coalition for Excellence in MCH Epidemiology offers awards in seven categories:

1. Best Manuscript Award
2. Greg Alexander Award for Advancing Knowledge Award
3. Effective Practice Award
4. Excellence in Teaching Award
5. Outstanding Leadership Award
6. Zena Stein and Mervyn Susser Award for Lifetime Achievement
7. Young Professional Achievement Award

Nominations are due June 3. For more information, visit here.

MCH EPI Call for Abstracts

The Maternal and Child Health Epidemiology (MCH EPI) is seeking abstracts for its 17th annual MCH EPI conference to be held in New Orleans on December 14-16. The deadline for abstract submissions from professional degree-seeking students is May 31. The deadline for first-year fellows, interns, trainers and CDC/EIS officers is September 23. To learn more, visit here. The Academy of Breastfeeding Medicine (ABM) is now accepting abstracts for the 16th Annual International

Call for Abstracts

Meeting to be held November 3-6 in Miami. Abstracts may be submitted by physicians, medical students, and those holding post graduate degrees or students working to attain such degrees. Abstracts submitted by non-physicians must be sponsored by a member in good standing of the Academy of Breastfeeding Medicine. The deadline for abstracts is June 24. To learn more, visit here.

NIJ Training Offers Virtual Course on SUID Investigation

The National Institute of Justice (NIJ) has just launched live virtual training courses on sudden unexplained infant deaths investigation, offered by RTI International. The following training has been developed with input from many medico-legal professionals and the CDC’s Sudden Unexplained Infant Death Investigation (SUIDI) curriculum and training guidelines:

- Sudden Unexplained Infant Deaths Investigation: Death Scene Recreation
  - June 14 at 2 p.m. EST.

Join the Woman Challenge!

The Office on Women’s Health in the U.S. Department of Health and Human Services started the Woman Challenge in 2001 as a part of National Women’s Health Week to encourage women across the country to get active. This year, they’re partnering with the President’s Challenge to reach even more people. To learn about how to join the group and be part of a nationwide effort to get women and girls moving, visit here.

Nominations for the 2011 Presidential Citizens Medal

The White House Office of Public Engagement is seeking nominations for the 2011 Presidential Citizens Medal. Nominees should be those individuals who have performed exemplary deeds of service, including those who have demonstrated commitment to service in their own communities or in communities farther from home, who have helped their country or their fellow citizens through one or more extraordinary acts, whose service relates to a
Get Involved CONT.
2011 Presidential Citizens Medal

long-term problem, or whose service has had a sustained impact on others' lives and provided inspiration for others to serve. In order for the individual to be considered for the Medal: Nominees must be citizens of the United States; the nominee’s service must have been performed outside of his or her regular job; and nominations must be received by Monday, May 30 at 11:59 p.m. EST. To learn more, visit here.

Webinar on Preparing a Successful Research Grant Application

The webinar, sponsored by the Maternal and Child Health Bureau Research Program, will convene on June 6 from 2:30 to 3:30 p.m. EST. Dr. Cynthia Minkovitz, professor and director, Women’s and Children’s Health Policy Center, at the Johns Hopkins University, Bloomberg School of Public Health; and Dr. Daniel Armstrong, professor and associate chair, Pediatrics, and director, Mailman Center for Child Development at the University of Miami, will discuss how to prepare a successful research application for competitive funding agencies. This session will describe the key elements of a strong research proposal, as well as provide tips for making your grant application ready for submission. To register, visit here.

NIHCM Foundation Webinar on Promoting Health Equity for Adolescents

The National Institute for Health Care Management (NIHCM) Foundation will host a webinar, “Partnering to Promote Health Equity for Adolescents,” on May 25 at 1 p.m. EST. The webinar will discuss opportunities to achieve health equity for adolescents, and how best to incorporate health plans and health plan foundations in the process. To register, visit here.
Data and Trends

Number of Current State/Territorial Adolescent Health Performance Measures (PM) by Topic

- **Drug/Alcohol/Tobacco Use**: 18 (AR, AR, DE, KS, NY, MA, MO, NE, NM, NV, OK, OR, PA, SD, TN, UT, WI, WV)
- **Overweight and Obesity Prevention**: 18 (AZ, DC, GA, GU, ID, IL, IN, MI, MN, RI, NV, OH, OK, WI, WV)
- **Teen Pregnancy Prevention**: 12 (AR, CO, DC, IL, ID, IL, MA, NH, MO, MS, NY, PA)
- **Unintended and Intended Injury Prevention**: 9 (CO, GA, MA, NH, OH, PA, SD, VT, WV)
- **Sexually Transmitted Diseases**: 5 (DC, GU, MH, MI, MS)
- **Positive Youth Development/Youth...**: 5 (AL, AK, MI, NY)
- **Dating Violence**: 4 (AL, AK, NH, UT, VT)
- **Mental Health**: 4 (NH, RI, UT, VT)
- **Physical Violence and Bullying**: 4 (DC, HI, MA, VA)
- **Preventive Health Care**: 3 (CO, NH, RI, VA)
- **Oral Health**: 2 (AL, NV)
- **School Based Health Centers**: 2 (LA, MA)
- **Immunizations**: 2 (NC, MS)
- **Social Determinants of Health**: 2 (RI)
- **LGBTQ Access to Health Services**: 2 (PA)

*This data is from the HRSA Title V Information System*
Resources

**Advocates for Youth**: Works to help young people make informed and responsible decisions about their reproductive and sexual health. From their website you will find information for professionals, youth, and parents on reproductive and sexual health.

**Advocates for Youth Publications Topic List**: Provides a link to a wide range of publications. The following are a selection of recent publications:

- **Adolescent Sexual Health and the Dynamics of Oppression: A Call for Cultural Competency**: This paper encourages those who work with youth to understand the impact of prejudice and discrimination on vulnerable adolescents, to assess and address their needs, and to build on their assets.

- **Adolescents and Sexually Transmitted Infections: A Costly and Dangerous Global Phenomenon**: This publication discusses the high rate of sexually transmitted infections (STIs) in the United States.

**Alan Guttmacher Institute**: Works to advance sexual and reproductive health in the United States and worldwide through an interrelated program of social science research, policy analysis and public education. The following are some recent publications from the Guttmacher Institute:

- **Facts on American Teens’ Sources of Information About Sex**: This fact sheet contains information on sex, pregnancy and abortion, teen's report of formal sex education, school health policies and programs, alternative sources of sex education, sex education policy and the effectiveness of sex education programs.

- **Facts on American Teens’ Sexual and Reproductive Health**: This fact sheet provides information about sexual activity, contraceptive use, access to contraceptive services, STIs, pregnancy, childbearing and fatherhood.

- **Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health**: This publication discusses the progress and challenges in women’s and newborns’ health, meeting the need for modern family planning, maternal and newborn services, and investing in both family planning and maternal and newborn care.

**Association of Maternal and Child Health Programs—Adolescent Health**: Provides resources and websites related to adolescent health. The following are some recent publications from AMCHP:

- **Health Reform: What’s in it for Adolescents?**

- **Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being**

- **AMCHP Innovation Station: Zero Fatalities – Utah Teen Driving Safety Task Force**: The Innovation Station is AMCHP's searchable database of emerging, promising and best practices in MCH. The Utah Teen Driving Safety Task Force was determined to be an Emerging Practice.

**CDC Adolescent Reproductive Health**: The Centers for Disease Control and Prevention’s Adolescent Reproductive Health website contains information about teen pregnancy, research, science-based approaches, success stories and more. The following are recent publications from the CDC:

- **CDC Grand Rounds: Chlamydia Prevention: Challenges and Strategies for Reducing Disease Burden and Sequelae**: This report is based on grant rounds presentations at CDC on high-profile issues in public health science, practice and policy.

- **CDC Vital Signs: Preventing Teen Pregnancy in the US**: Discusses breaking the cycle of teen pregnancy, U.S. teen birth rates, teen birth rates by state, and what can be done to confront this issue.


- **CDC Press Release: U.S. Teen Birth Rate Fell to Record Low in 2009**

- **CDC’s STD Awareness Resource Site**: This website was created for STD prevention partners and stakeholders to support STD prevention.
outreach. Visit the site to access materials, education tools, and information to support STD awareness and prevention activities.

**Child Trends—Teen Sex and Pregnancy:** Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. This link provides a wide range of resources on teen sex and pregnancy. The following are some recent publications and research briefs from Child Trends:

- **Children in Poverty: Trends, Consequences, and Policy Options:** This research brief discusses the effect of poverty on children.
- **Facts at a Glance – April 2011:** A fact sheet reporting national, state, and city trends in teen childbearing.
- **Parents Matter: The Role of Parents in Teens’ Decisions About Sex:** This research brief discusses whether parental involvement during adolescence reduces the chance of sexual activity among adolescents.
- **Telling It Like It Is: Teen Perspectives on Romantic Relationships:** This research brief summarizes the findings of a focus group consisting of African American and Latino teens.
- **Young Adult Attitudes About Relationships and Marriage: Times May Have Changed, But Expectations Remain High:** This research brief explores the attitudes and opinions of young adults about relationships and the importance of marriage.

**GYT: Get Yourself Tested Campaign:** CDC is partnering with MTV, the Kaiser Family Foundation, Planned Parenthood Federation of America, and others to bring attention to the epidemic of STDs in the United States.

**Healthy Teen Network:** Healthy Teen Network is a national membership network that serves as a leader, national voice, and comprehensive educational resource to professionals working in the area of adolescent reproductive health. From their website you will find resources, research and support for professionals to help with effectively reaching vulnerable young populations. The following are recent publications from the Healthy Teen Network:

- **Strategic Plan to Reduce Teen Births in Baltimore City:** This report discusses a strategic plan to reduce teen pregnancy in Baltimore City, Maryland.
- **Healthy People 2020 and Adolescent Health: A Primer:** This publication reviews the adolescent and young adult health component of the Healthy People 2010 initiative, provides information on the Healthy People 2020 (HP2020) initiative and shares case studies along with tips and resources on how to maximize the use of the adolescent and young adult component of the HP2020.

**Maternal and Child Health Library at Georgetown University:** The MCH Library has many resources on adolescent health, including:

- **Adolescent Pregnancy Prevention Knowledge Path:** A guide to websites, organizations, publications, and research databases on teen pregnancy and on sexuality education.
- **Social and Emotional Development in Children and Adolescents Knowledge Path:** A guide to websites, organizations, publications, and research databases.
- **Social and Emotional Development in Kids and Teens Resources for Families:** Resources for parents, children and teens.
- **Teen Pregnancy Prevention Resources for Families:** Sources of health care for teens and resources about pregnancy prevention for parents and for teens.

Additional resources are listed in the **A-Z Index.** Topics include asthma, mental health, nutrition, oral health, transition for youth with special needs, violence prevention and others.

**NACCHO Adolescent Health:** The National Association of
Resources cont.

County and City Health Officials (NACCHO) Adolescent Health website contains information on adolescent reproductive health, teen pregnancy, HIV prevention and more.

The National Alliance to Advance Adolescent Health: The National Alliance to Advance Adolescent Health is a nonprofit organization that works to improve the lives of adolescents, especially those from poor families, by focusing greater attention and resources on their health needs and on innovative ways to address them.

Future Directions for the Office of Adolescent Health: This report outlines the vision for the Office of Adolescent Health as provided by clinical and policy experts.

The National Campaign to Prevent Teen and Unplanned Pregnancy: The National Campaign to Prevent Teen and Unplanned Pregnancy is a private, nonprofit, nonpartisan organization that works to improve the lives and future prospects of children and families, and in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. From their website, you can access national and state data regarding unplanned pregnancy, sexual activity and the cost of teen childbearing. The site also provides resources on many topics including contraception, foster care, marriage, race, teen pregnancy and more. The following are recent publications:

- **Relationship Redux: Tips and Scripts for Talking to Your Kids About Relationships**: This resource helps educate parents on how to talk to their kids about relationships, and why having a conversation is crucial.

- **Relationships and Contraceptive Use Among Community College Students**: This fact sheet provides insights into why students, who say they want to postpone parenting, are not always using birth control consistently or effectively.

- **Policy Brief: Title X Plays a Critical Role in Preventing Unplanned Pregnancy**: This brief discusses Title X, the nation’s federally-funded family planning program, the critical role it has played in preventing unplanned pregnancy and the funding challenges it continues to face.

- **It’s Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers**: This tool is designed for caregivers and service providers to raise awareness, suggest ways to approach sex, pregnancy and sexually transmitted infections (STIs) with youth, and provide resources.

- **Does the Media Glamorize Teen Pregnancy? New Polling Data on What Teens Think**: This brief presents new polling data on teens’ opinions on media and teen pregnancy in general, as well as their views about MTV’s popular 16 and Pregnant program in particular.

- **Evaluating the Impact of MTV’s 16 and Pregnant on Teen Viewers’ Attitudes About Teen Pregnancy**: This publication presents results from an evaluation study designed to learn more about how watching and discussing episodes of the popular MTV documentary-style reality show 16 and Pregnant influences teens’ perceptions of getting pregnant and becoming a parent at a young age.

- **Policy Brief: Racial and Ethnic Disparities in Teen Pregnancy**: This policy brief examines disparities in teen pregnancy.

The Office of Minority Health (OMH): The Office of Minority Health (OMH) works to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Visit their website to find information about funding, data/statistics, cultural competency, minority populations and other health topics.

- **Advisory Committee Reports on Health Reform**: The Advisory Committee on Minority Health submitted their report to Secretary Kathleen Sebelius with suggestions ensuring that health care reform meets health care needs of minority communities and eliminates health disparities.
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Karen VanLandeghem, MPH, Senior Advisor, National Center for Health Reform Implementation
William Watters, Policy Intern

Calendar CONT.

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

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

2011 MSDA National Medicaid and CHIP Oral Health Symposium
June 26-28
Washington, DC

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

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

Academy of Breastfeeding Medicine’s 16th Annual International Meeting
November 3-6
Miami, FL

2011 AUCD Conference
November 6-9
Crystal City, VA

17th Annual MCH Epidemiology Conference
December 14-16
New Orleans, LA

Calendar

MCH Events

National Osteoporosis Awareness and Prevention Month
May 2011

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

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

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