PULSE

A BI-MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

November/December 2016 Evidence-Based Practices: From Theory to Implementation

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From the President: MCH's Integrity Built on a Foundation of Evidence

By Eileen Forlenza

President of the Board, AMCHP

Integrity is the AMCHP core value I was scheduled to write about for this issue of Pulse. Honestly, after the divisive election season, I wanted to take a pass. After witnessing the heated pre- and post-election discourse, I felt that my capacity to discuss integrity was a bit tapped out.

While gathering my thoughts, I found myself thinking about people who have modeled "doing the right thing" by their decisions, actions and contributions to the world. The people I consider to have a high level of integrity are consistently able to articulate why they act in moral ways. It is clear to me that I view integrity as strong moral character anchored by a non-negotiable sense of "why."

One of my favorite YouTube videos is by a business guru named Simon Sinek, who explains that companies/organizations often fail because of their inability to answer the core question of "why?" He stresses that as leaders and managers, we are able to answer "how" and "what" because of the direct, linear nature of the explanations. However, although articulating *why* we do something is more important than explaining how and what, that answer is often the least clarified. His research convinces him that if organizations start their implementation planning with a well-articulated *why* – a goal for their actions – all other pieces of the plan will fall into place.

As the transition of power in the White House continues, AMCHP's ability to articulate our *why* statements will be the cornerstone of positive outcomes for the MCH population. The good news is that we have a plethora of data sources to articulate our *why*. Braiding our depth of evidence with the collective integrity of the MCH workforce

will illuminate the positive return on investment from our funding streams. Evidence-based and -informed strategies to improve health outcomes for the MCH population are the foundation of why we do what we do. Furthermore, we have evidence to guide us away from the practices that are ineffective and/or insensitive. Public health has a gift for utilizing data at the core of our *why* statement.

Recently, I shared my thoughts with you via a special email message the day after the election. It is worth repeating as we get closer to the pending changes in our health protections for women and children. On Nov. 8, I wrote:

"Public health has a gift for utilizing data at the core of our why statement."

"American democracy is dynamic, and it was designed to constantly evolve. AMCHP has always remained solid through changes in leadership as our commitment to women and children is non-partisan. What makes the tapestry of AMCHP so beautiful is how our members come to this work with deep diversity of thought, experiences and solutions. Partners rely on AMCHP for guidance and expertise, knowing that the membership is steadfast in seeking that which is objectively right for the health and well-being of women and children. This has not changed, nor will it ever change. We must continue to remain strong in this role – a trusted and informed organization. AMCHP remains strong and beats a drum for vulnerable populations through partnership, advocacy and evidence. Today, just like yesterday and still tomorrow, we will continue to reflect excellence in our work on behalf of the maternal and child health population."

With integrity as our compass and evidence as our sustenance, let's link arms and cross the bridge together.

Warmly,
Eileen Forlenza

Updated Planning Tool Guides Health System Change

The new and improved Leading Through Health System Change Planning Tool supports public health departments and their partners in navigating challenges and opportunities introduced by health reform.

Developed in collaboration by the Centers for Disease Control and Prevention, the Georgia Health Policy Center at Georgia State University and the National Network of Public Health Institutes, the Planning Tool guides leaders like you through a five-step journey — from understanding the questions to creating implementation plans.

At no cost, your organization's leaders can use the tool individually or with a team to:

- Examine the basics of health reform,
- Think through the tough questions raised by health reform and health system transformation,
- Apply adaptive thinking to questions related to health system change, and
- Create an implementation plan that leverages opportunities created by the law.

To learn more about how the Planning Tool can help your organization and support your work visit acaplanningtool.com.

Best Practices TA Replication Project Winners

AMCHP is pleased to announce the recipients of the 2017 Best Practices TA Replication Project: Louisiana Department of Health, Healthy Mothers Healthy Babies Coalition of Hawaii and the University of Iowa Division of Child and Community Health. The Best Practices Technical Assistance Replication Project is part of an AMCHP strategic goal to improve maternal and child health outcomes by sharing effective and promising practices with state and territorial MCH programs. Recipients are awarded $10,000 each to replicate a component of a current practice in Innovation Station, including: Text4Baby & SoonerCare (Louisiana and Hawaii) and Transition Interagency Group Envisioning Realization of Self (T.I.G.E.R.S.) (Iowa).

New Practices are accepted into Innovation Station on a rolling basis. Check out the newest additions below:

- Ohio Gestational Diabetes Postpartum Care Learning Collaborative, **Promising**
- Family Voices of California Project Leadership, **Promising**
- Healthy Babies are Worth the Wait Consumer Education Initiative, **Promising**
- Innovative Approaches: Community Systems Building Grants for Children and Youth with Special Health Care Needs, **Emerging**
- Minnesota Care Coordination Systems Assessment and Action Planning, **Emerging**

Clinical Preventive Services for Young Adults: Opportunities for Title V Programs

By Lauren J. Twietmeyer, MPH
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What are key health issues among young adults?

By and large, young adults face similar health issues as do adolescents, such as injury, sexual health risks, substance abuse, mental health problems and violence. However, they fare worse than adolescents on most markers of health-related behaviors and outcomes in these areas. Fortunately, as with adolescents, many young adults' health problems are preventable, and we can promote positive health behaviors to them. In addition, early intervention can lessen the impact of some health problems. For example, young adulthood is a key period for the emergence of mental health problems. Early screening, diagnosis and treatment can help young adults manage mental health problems and other chronic diseases.[1]

Healthy trends among young adults include decreases in rates of motor vehicle fatality and of drinking and driving. In addition, recent cigarette use among young adults fell from 34 percent to 28 percent between 2010 and 2014.[2] However, this means than more than one in four young adults smoked in the past month. In addition, rates of gonorrhea and chlamydia increased between 2010 and 2014.[3] Improving young adult outcomes in these areas requires a range of preventive interventions, including clinical preventive services.

Improving Preventive Services for Young Adults: What are the Challenges and Opportunities?

One challenge in delivering preventive services to young adults has been their historically low rates of health insurance coverage and health care utilization, including receipt of preventive care, compared with most other age groups. Barely half (52 percent) of adults ages 18-25 received a preventive care visit in 2013.[4]

Several provisions in the Patient Protection and Affordable Care Act of 2010 (ACA) have helped to improve access to health insurance, including the requirement that private health plans extend dependent coverage up to age 26 and the establishment of "the marketplace" in each state, which offers financial assistance to low-income individuals.[5] Thirty-one states and the District of Columbia adopted the ACA's option to expand Medicaid coverage to cover more low-income adults under 65, including young adults.[6]

Other ACA provisions aim to increase receipt of preventive services. States that expanded Medicaid, as well as most private health plans, are required to cover certain preventive services with no copayment, including services recommended by the U.S. Preventive Services Task Force (USPSTF), vaccinations recommended by the Centers for Disease Control and Prevention Advisory Committee for Immunization Practices (CDC-ACIP), and women's preventive services developed by the Health Resources and Services Administration (HRSA).[5]

One challenge at the clinician level is the lack of clinical preventive guidelines tailored to young adults. To address this, Ozer et al. (2012) "carved out" a range of recommendations from several relevant guidelines, including the 2008 *Bright Futures* guidelines, which include preventive services recommendations specific to ages 18-21. Many of these services are also recommended by the USPSTF, the "gold standard" in evidence-based clinical care.[7] Two resources, updated in March 2016, present this information in an easy-to-use format:

1. Young Adult Clinical Preventive Screening Guidelines: This toolkit offers a one-page document that summarizes all clinical preventive service recommendations for young adults and a supplemental document with details on screening tests and risk factors.
2. Evidence-based Clinical Preventive Services for Adolescents and Young Adults: This one-page fact sheet summarizes the evidence base of clinical preventive services for adolescents and young adults, with a special emphasis on recommendations from the USPSTF.

These were developed by the National Adolescent and Young Adult Health Information Center as part of its work for the Adolescent and Young Adult Health National

Resource Center (the "AYAH Center").

What can state Title V programs do to improve delivery of preventive services?

The AYAH Center, supported by the U.S. Maternal and Child Health Bureau, aims to help states improve the delivery of preventive services for adolescents and young adults through multiple strategies. One strategy is to get youth "to the door" by improving health insurance coverage, health literacy and promoting the value of the preventive visit (or "well-visit"). Young Invincibles, a young adult advocacy organization and AYAH Center partner, has found that few young adults feel confident in their understanding of key health insurance concepts and many do not see preventive care as important. In response, Young Invincibles launched a campaign called #HealthyAdulting to provide resources on obtaining and understanding health insurance coverage, along with a toolkit to connect youth to coverage and preventive services in their communities.

A second strategy focuses "in the clinic" on improving quality of care. State action in this area could involve partnering with provider groups to train clinicians in effective delivery of services and to develop clinic quality improvement projects. The young adult resources referenced above can help inform clinicians on evidence-based and consensus recommendations for care. Materials for providers and health care systems to implement *Bright Futures* could be extended for use with young adults.

We also need to explore models from different professional groups to integrate preventive services in a manner that is most relevant to that specialty group, practice or setting, as well as to the young adult group. In addition, interactive computerized technology has great potential for integration into young adult health care across settings.

Where can I find additional information on preventive care for young adults?

- *Young Adult Preventive Health Care Guidelines: There But Can't Be Found*: This 2012 Ozer et al. article identifies clinical preventive services guidelines relevant to young adults.
- *Investing in the Health and Well-Being of Young Adults*: This Institute of Medicine report released in 2014 offers federal, state and local policymakers and program leaders guidance in developing and enhancing policies and programs to improve young adults' health, safety and well-being.
- *Adolescent and Young Adult Preventive Care: Comparing National Survey Rates*: This 2015 research study describes and compares preventive visit rates across national surveys for adolescents and young adults.

Please visit the AYAH Center website for more information. A complete list of resources from this Center is available here.

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Putting Evidence into Practice: Advancing National Performance Measure 11 in States

By the National Center for Medical Home Implementation

A cooperative agreement between the American Academy of Pediatrics and the U.S. Maternal and Child Health Bureau of the Health Resources and Services Administration

Title V programs have been tasked with operationalizing evidence-based/informed strategies. To assist with implementation of concrete activities and initiatives, the 47 states and jurisdictions that selected National Performance Measure 11 (NPM 11) — medical home — can utilize ideas from and engage in peer learning with other state and local agencies.

Strategies and implementation insights exist to help support peer learning and collaboration in Title V programs to achieve progress on NPM 11. Some of these activities are facilitated through state chapters of the American Academy of Pediatrics or Medicaid agencies, providing ample opportunity for Title V programs to leverage existing medical home initiatives. In addition, the National Center for Medical Home Implementation (NCMHI) provides tools, resources and technical assistance to support Title V programs in these efforts.

Strategy: Engage Families in Pediatric Medical Home Implementation

Implementation Insights:

- ***Support employment of family members in pediatric practices as peer navigators.***
  The **Rhode Island** Pediatric Practice Enhancement Project employs caregivers of children and youth with special health care needs within pediatric practices to enhance care coordination services for families. The program is primarily funded through the Title V Maternal and Child Health Block Grant.
- ***Encourage inclusion of parent/caregiver partners as core team members in quality improvement efforts.***
  The **Pennsylvania** Medical Home Initiative has trained more than 150 diverse pediatric and adult practice teams in medical home principles. Participating practices are required to pair with and engage parent partners in specific quality improvement and practice transformation activities.

Strategy: Partner and Collaborate with Diverse Stakeholders

Implementation Insights:

- ***Collaborate with public and private organizations, including state chapters of the American Academy of Pediatrics and Family-to-Family Health Information Centers.***
  New Jersey's Medical Home Collaboratives are facilitated through a partnership between the state Family-to-Family Health Information Center, Title V program and state chapter of the American Academy of Pediatrics.
- ***Develop standardized documentation and formal written agreements across partnering agencies.***
  The **North Carolina** chapter of the American Academy of Pediatrics partnered with the state's Medicaid agency, Division of Social Services and County Departments of Social Services to facilitate the Fostering Health North Carolina program. The program develops standardized documentation and formal written agreements across agencies that care for children and youth in foster care to ensure access to a pediatric medical home.

Strategy: Implement and Support Quality Improvement Initiatives

Implementation Insights:

- ***Recruit and train pediatric practice staff in quality improvement science.***
  The **Massachusetts** Children's Health Insurance Program Reauthorization Act Quality Demonstration Grant utilized Practice Transformation Facilitators (PTFs) to encourage quality improvement for medical home transformation in pediatric practices. The PTFs were co-located and employed by each participating clinic and underwent special training in quality improvement methodology.
- ***Offer incentives to practices for participation in quality improvement initiatives.***
  The **Illinois** Chapter of the American Academy of Pediatrics collaborated with multiple partners, including the state's Title V Children and Youth with Special Health Care Needs program, to facilitate a quality improvement initiative focused on medical home transformation in 10 pediatric practices across the state. Participating clinicians were offered Maintenance of Certification Part 4 points and Continuing Medical Education credit.

Strategy: Support the Utilization of a Shared Plan of Care

Implementation Insights:

- ***Create a shared plan of care template.*** The Child Health Improvement Program in Vermont is creating a shared plan of care template which will consolidate health data as well as information on economic, environmental and social determinants of health for children and youth with special health care needs. After its creation, the electronic shared plan of care can be accessed by families and clinicians to improve care coordination and system integration.
- ***Provide a common platform to house a shared plan of care across multiple agencies.*** The Connecticut Department of Health care coordination portal houses shared plans of care for children and youth with special health care needs. These plans are accessed and used by Title V-funded care coordinators to enhance care for patients and families.

Resources and Tools for Title V Programs

Want to learn more about state medical home implementation initiatives aligned with National Performance Measure 11? View the following National Center for Medical Home Implementation resources:

- State Pages
- State at-a-glance table
- Medicaid and CHIP State Profiles
- Promising Practices in Pediatric Medical Home Implementation
- Medicaid Managed Care: Challenges and Opportunities for Pediatric Medical Home Implementation and Children and Youth with Special Health Care Needs
- Shared Plan of Care: A Tool to Support Children and Youth with Special Health Care Needs and Their Families

How to Create Data Visualizations Using Evidence-Based Practices

By Jennifer Lyons

Associate, Evergreen Data

By presenting data effectivelywe can increase the number of people who actually read our data and reports. Harnessing the power of effective data reporting allows us to better communicate with peers, colleagues and clients, helping them make data-informed decisions.

At Evergreen Data, we teach a data visualization technique that is grounded in visual processing theory. Choosing the right visualization or chart is one of the most important steps in visualizing data: When we discuss data relationships, we need to pair that with an understanding of human perception. This can reduce clutter and emphasize the most important points of data, allowing us to capture our audience's attention with impactful visuals.

To start this conversation, we go back to the landmark work of William Cleveland and Robert McGill. Cleveland, one of the pioneers of graph design, worked with McGill to build a theory about the ways of showing data that are the easiest to interpret and the most accurate. They started by developing a theory of "elementary perceptual tasks," which are the most basic visual tasks humans perform when perceiving graphs. They ran experiments to determine a hierarchy of what tasks (and graphs) we are best at decoding.

Below are the elementary tasks tested in Cleveland and McGill's study in hierarchical order, ranked from tasks at which we are best to those at which we are worst. Next to them are chart examples that use the associated perceptual tasks.

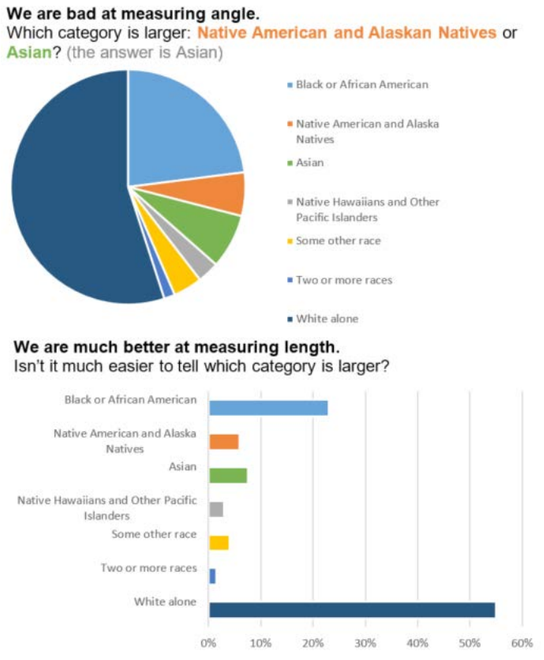
Ranking	Elementary Perceptual Task	Associated Graphical Display
1	Position Common Scale	Dot Plot, Scatterplot
2	Position Non-Aligned Scale	See "second best" explanation below
3	Length	Bar Graph
4	Direction	Line Graph
5	Angle	Pie Chart
6	Area Volume Curvature Shading	Bubble Chart Anything 3-D (even shadows) Donut Chart Cross-hatch shading

As the ranking shows, judging position is our easiest task. People are best at judging position on a common scale – such as dots on a line. Whenever possible, designers should graph data like this. My favorite graphs that use position on a common scale are dot plots and lollipop charts. Both are less common visuals than others because they are not Excel default charts. Although they are a little more time-consuming to make, their payoffs are worth it. If you want to learn how to make these graphs, check out Stephanie Evergreen's blog posts here and here.

The thing we are second best at is position on different scales. When there are two graphs next to each other, we need to make sure they both use the same scale because people will make comparisons between them.

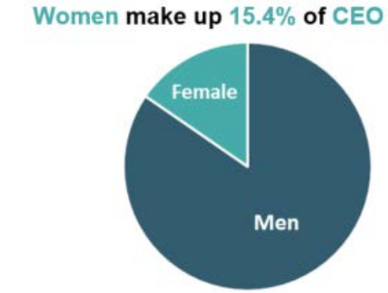
Next come, in this order: length, direction and angle. Length is shown in bar charts. Length and direction are displayed in line charts. Angle is comes into play in pie charts. Cleveland and McGill ran more tests specifically between length, direction and angle, and found that error rates were much higher for angles. Pie charts produced the most error.

This can be detrimental news to some pie-loving folks. Most people I hear from have two, maybe three go-to Excel charts they use. Often, one of those go-to charts is a pie. Pie charts are great at showing parts of a whole, but they easily get cluttered, and we are bad at decoding information from them. Still having a hard time giving up the pie? Check out the examples on the lower left and below:



Pie charts can be a useful graph for the appropriate data. Here are some tips on how to make pie charts effective.

- Graph fewer than three categories
- Viewers must be able to tell which category is larger/smaller without data labels
- Graph data from largest to smallest, clockwise around the pie
- Directly label the slices



- Use non-default Microsoft colors

Here is an example of a great pie chart:

Now, let's circle back to the Cleveland and McGill article, where some elementary perceptual tasks remain untested. Cleveland and McGill didn't test area, volume, curvature and shading because, based on the other experiments, they found that these elements were too hard to interpret. Back when this study was conducted in 1984, they used the ugly crosshatching technique for shading, and further research has shown crosshatching can produce optical illusions (Tufte, 2001). Luckily, nowadays we can use something much more effective:color.These basic visual tasks form the foundation of how we represent data relationships. We should always strive to graph high up on the Cleveland and McGill hierarchy to aid the interpretability of our graphs. For more resources on chart choosing, check out Stephanie Evergreen's website and blog.

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A View From Washington

By Brent Ewig

Director - Public Policy & Government Affairs, AMCHP

The election results of Nov. 8, 2016, are creating massive shifts in the policy landscape in our nation's capital. While much of the future is uncertain, AMCHP's policy team has begun to outline anticipated opportunities and challenges for maternal and child health policy in the coming year. As always, we've approached our analysis preserving our commitment to non-partisanship.

While several unknown factors remain and substantial details are needed to inform our messaging and strategies, we convened an all-member teleconference on Nov. 30 to begin a dialogue and share analysis of potential scenarios affecting 1) budget impact on MCH programs, 2) the future of health reform and 3) the future of Medicaid and CHIP.

In short, on the budget front we expect continued pressure for deficit reduction focused on the non-defense discretionary portion of the budget that includes the Title V MCH Block Grant and most other public health programs. On health reform, the president-elect and Congressional leaders continue to place repeal of the Affordable Care Act as one of their top priorities when the new Congress convenes in January. Much less clear are the expected timing and content of a replacement bill and the length of the transition period between repeal and replace.

Regarding CHIP: To date there have been few indications about its future, although Congress must act by Sept. 30 to extend this critical program, along with the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV); the Personal Responsibility Education Program; the Family to Family Health Information Centers program; and the mandatory portion of the Community Health Center program funding.

Finally, on the Medicaid front, both the president-elect and congressional leaders have expressed enthusiasm for reforms that allow states to choose either a block grant or per capita cap. Clearly, there are major implications regarding Medicaid for maternal and child health populations, including children with special health care needs. We expect to be following this debate closely and sharing updates and analysis — although unlike advocacy for the MCH Block Grant, AMCHP's options to engage with policymakers on divisive issues will probably be limited.

On the membership teleconference we heard from AMCHP CEO Lori Freeman and Board President Eileen Forlenza. They set the tone for us to move forward while grounded in our mission and vision. We also previewed our 100-Day Agenda, which is being shared now with transition officials in the Trump administration.

As always, your feedback and suggestions to guide AMCHP are welcome at bewig@amchp.org.

Implementing Evidence-Informed Strategies in Shared Resources, Family Navigation & Telehealth: Snapshots from the New State ASD/DD Grantees

By Cori Floyd

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As one part of its implementation of the Autism Collaboration, Accountability, Research, Education and Support (CARES) Act, the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration (HRSA) provides funding to states to improve access to care through referrals, timely diagnosis and feedback, and entry into high-quality, coordinated care across systems for children with autism spectrum disorder and other developmental disabilities (ASD/DD).[1]

In September 2016, HRSA awarded funds to four states – Delaware, Rhode Island, Washington and Wisconsin – to improve state-level systems of services to integrate care for children and youth with ASD/DD, with a special emphasis on improving care for children and youth with ASD/DD in medically underserved populations. Each state will implement three innovative, evidence-informed models: Shared Resource, Telemedicine/Telehealth and Family Navigation (see Table 1). Implementation of these three models is a unique focus for this round of state grants, and supports the need to address barriers to evidence-based interventions.

Table 1: Evidence-Informed Models

Evidence-Based/Informed Practice	Description (See HRSA FOA here)
Shared Resource	A shared resource can support care coordination and case management. The shared resource can improve management of care for children with ASD/DD and improve communication and coordination between providers, specialists and community resources.
Family Navigator	Family Navigators guide families through and around barriers in the healthcare system to assist them in overcoming obstacles faced in accessing or receiving care. Family Navigator models will assist in: reducing delays in accessing the continuum of care services; choosing, understanding, and using health coverage, health providers and services; making decisions about treatment; providing care management; and receiving culturally and linguistically competent care.
Telemedicine/ Telehealth	Telemedicine is the use of electronic communications and information technologies to provide clinical services when participants are at different locations. Telehealth is a broader application of technologies to distance education, consumer outreach and other applications using electronic communications and information technologies to support health care services. Mobile Health (mHealth) is a form of telemedicine using wireless devices and cell phone technologies. Activities can facilitate ASD/DD diagnosis and treatment; increase access to medical and non-medical ASD/DD providers; and facilitate cross-system coordination, integration and data sharing.

Below is a snapshot of how each grantee plans to implement the three evidence-based/informed practices.

Delaware – University of Delaware:

- *Shared Resource*: The University of Delaware will create a shared resource center called the "Autism Care Team" (ACT) that will be housed in Autism DE. ACT will be the hub for family navigation and case management services targeting primary care practices, early childhood providers and families of children at-risk for or diagnosed with ASD. The development, refinement and coordination of services provided by the ACT will be directly informed by families to ensure that it not only provides effective care coordination but also empowers families and supports their needs.
- *Family Navigator:* In addition to establishing the ACT, Autism DE will implement the *Promotoras de Salud* model and identify a full-time, bilingual, Spanish-speaking Family Navigator to support more communities. They will also expand parent trainings and develop protocols for Family Navigators and care coordination depending on the level of family need.
- *Telemedicine/Telehealth:* Pilot sites will be selected to offer services (e.g., evaluation and family navigation) through telemedicine and telehealth based on Delaware-specific systems. Based on the pilot results, materials and enhanced trainings will be disseminated to providers and families statewide.

Rhode Island – The Autism Project (TAP):

- *Shared Resource*: TAP will leverage its position as Rhode Island's family resource center to increase care coordination for children and youth at risk for ASD/DD and their families. TAP aims to strengthen its partnership with the state Department of Health (DOH) *Screening to Succeed* program. This will allow for continued information sharing by all key stakeholders on resources and programs in Rhode Island serving at-risk populations and others in need of early intervention and support.
- *Family Navigator*: TAP has extensive experience around family navigation and will hire six navigators to support families, teachers and community members. In addition, TAP aims to strengthen relationships between family navigators, clinics and other community organizations by encouraging these navigators to conduct outreach efforts and trainings and to disseminate resources for clinics and other community organizations in their target communities. The navigators will use face-to-face strategies and mHealth/telehealth technologies to reach these communities regularly.
- *Telemedicine/Telehealth:* Rhode Island's team will partner with the DOH/Title V agency on its new medical home portal to expand and populate local early identification/ASD resources for families and providers' use. Additionally, live and archived online training will be available to families and providers via tablet, cell phones and laptops. These trainings will highlight the importance of early detection and diagnosis of ASD and the services available to children with ASD/DD before and after 37 months of age. As mentioned, family navigators will use mHealth technologies to communicate with other navigators, families and community organizations.

Washington – State Department of Health:

- *Shared Resource*: The Autism Spectrum Disorders and Other Developmental Disabilities Project (AS3D) will partner with the University of Washington Medical Home Partnership Project to use the Community Asset Mapping (CAM) model to identify two community teams each project year. These teams will focus on improving developmental and ASD screening and increasing referral rates through community shared resources. AS3D will develop or enhance electronic resource databases and in-person/ telehealth-based communication platforms,

such as the statewide Children with Special Health Care Needs (CSHCN) Communication Network. AS3D will collaborate with the CSHCN D-70 grant's statewide shared resource for CSHCN – WithinReach – to include ASD/DD resources and improve awareness.

- *Family Navigator*: AS3D will enhance training for families around shared decision-making, strengthen the referral network and technical assistance available for existing providers of family navigation services and ultimately expand these services for all families statewide. The state Department of Health will contract with the Washington Autism Alliance & Advocacy, Northwest Autism Center and Open Doors for Multicultural Families to create and conduct training modules and provide follow-up technical assistance to organizations and individuals within each region of the state that provide family navigation services. In-person and telehealth trainings will focus on topics such as cultural/linguistic competency, assisting families, implementing models and referring families.
- *Telemedicine/Telehealth:* AS3D will create a statewide telehealth capacity assessment and subsequent strategic plan to maximize existing infrastructure for ASD/DD screening, diagnosis/evaluation and accessing intervention services. Additionally, AS3D will facilitate trainings around how to use and bill for telehealth to a variety of stakeholders including: primary care providers, neurodevelopmental centers, Centers of Excellence, Applied Behavior Analysis providers, family navigators and CAM communities. Trainings will be conducted using telehealth technology to ensure maximum availability and participation.

Wisconsin – Waisman Center:

- *Shared Resource*/Family Navigator/Telehealth: The Wisconsin Care Integration Initiative's (WICII) approach will pilot system changes promoting care integration based on family engagement in communities at risk. WICII aims to lower the age of diagnosis and enrollment in services by developing and testing the three evidence-informed strategies in two selected Engaged Community Quality Improvement Project (ECQuIP) sites, disseminating results and determining how to spread and sustain successful strategies. WICII will support the ECQuIP sites by providing training and technical assistance utilizing telehealth/telemedicine strategies with diagnostic experts, family navigators and outreach resources to increase the diagnostic and service capacity of communities. Project findings will be incorporated into the Wisconsin Act Early State Plan.

To enhance peer learning and sharing, this cohort will participate in a "Community of Learners" that serves as a mechanism to share best practices, lessons learned and strategies in a collaborative space. AMCHP's State Public Health Autism Resource Center (SPHARC) is facilitating the Community of Learners to enhance coordination and technical assistance between national partners, faculty experts and the grantee cohort. (See Graphic 1.) This cohort's accomplishments over the next three years can help pave the way for other states to replicate these practices. SPHARC, the state grantees and national partners will work together to share their journey with the larger public health community to continue expanding the use of effective evidence-based/informed practices.

Learn more about the state autism grantees' work at: www.amchp.org/SPHARC and http://mchb.hrsa.gov/maternal-child-health-initiatives/autism.

References

1. http://mchb.hrsa.gov/maternal-child-health-initiatives/autism

Data and Trends

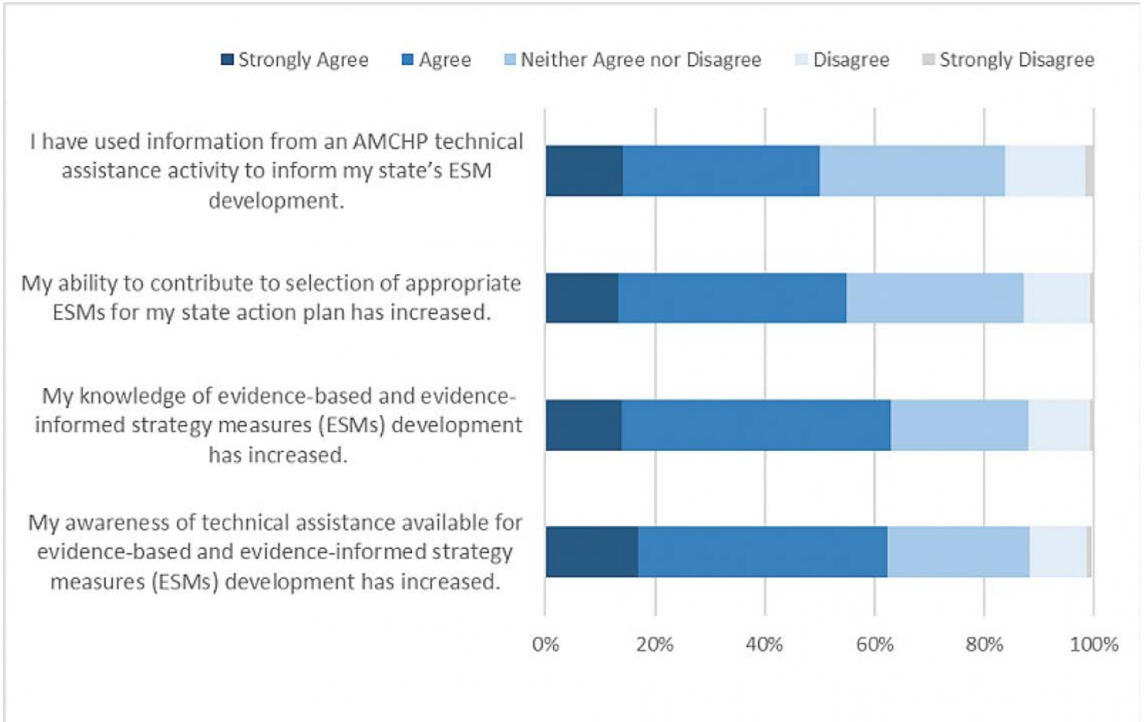
By Jennifer Farfalla
Senior Epidemiologist, AMCHP

AMCHP Member Assessment

What Were AMCHP Members' Experiences with Evidence-based Practices and Evidence-based Strategy Measures (ESM) in 2015?

Q1. Please indicate your level of agreement with the following statements around the evidence base for MCH. Over the past year...

n= 143



82% of respondents increased their knowledge of evidence-based MCH programs, policies and practices in the past year.

Get Involved

Don't Miss Out on Saving for AMCHP 2017!

Registration is open for the 2017 AMCHP Annual Conference — the perfect opportunity to connect and network with more than 800 public health officials who share an interest in maternal and child health. Register by **Jan. 26** to receive an early bird discount! For additional information, please contact Emma Hoover at ehoover@conferencemanagers.com. We look forward to seeing you in Kansas City, Mo., on March 4-7.

Don't Miss the Next Webinar Installments on Issues Involving Developmental Disabilities

The University of Southern California University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles hosts monthly webinars to educate and explore current issues affecting people with developmental disabilities and their families. The next installment is listed below:

- Mental Health Services in Schools for Students with Intellectual/Developmental Disabilities will be held on **Jan. 26 from 10:00-11:00 a.m. PT**. The webinar will discuss what services are available in schools, strategies for developing an individualized education program and how to be an effective advocate for the students.

Learn How to Improve Worksite Support for Breastfeeding Mothers

The Center for Public Health Continuing Education and the University of Albany School of Public Health will host two webinars in the Prevention Agenda Webinar Series on improving worksite breastfeeding for mothers. The first webinar, on Dec. 15 from 12:00-1:30 p.m. ET, focused on assisting and empowering mothers. The second webinar, on **Jan. 12 from 12:00-1:30 p.m. ET**, will provide insight on how to engage and assist employers.

HomVEE Releases Call for Studies

On behalf of the U.S. Department of Health and Human Services, Mathematica Policy Research is seeking studies for the Home Visiting Evidence of Effectiveness (HomVEE) review of the evidence base for home visiting programs. The studies will be used to help inform policy, new initiatives and program direction at the federal level. The call for studies aims to identify studies that the HomVEE team has not previously reviewed, including unpublished manuscripts, conference papers and new publications that are not in databases searched for review. The deadline for submissions is **Jan. 4**.

Submit an Abstract on Women's Health

The Academy of Women's Health is accepting abstracts for the 25th Anniversary Congress on Women's Health. Abstracts should reflect current and emerging issues in women's health and sex differences including basic, clinical, translational, behavioral, epidemiologic, disparities and health services research. Submissions focused on innovations in education and career development for health researchers are also welcomed. All submissions must be received by **Jan. 15**.

Enhance Your Understanding of Adverse Childhood Experiences

Futures Without Violence is offering a free online course on Adverse Childhood Experiences (ACEs). The course will describe predictable effects of ACEs on children's physical, mental and behavioral health. Strategies for a trauma-informed care approach in the pediatric setting are discussed, as well as the impact of ACEs on parenting.

Funding Opportunities

The MCH Adolescent and Young Adult Health Research Network

Deadline: *Jan. 6, 2017*

The Health Resources and Services Administration is soliciting applications for the MCH Adolescent and Young Adult Health Research Network. The purpose of this cooperative agreement opportunity is to support the creation and/or maintenance of a transdisciplinary, multisite research network that will accelerate the translation of developmental science into MCH practice, promote scientific collaboration and develop additional research capacity in the fields of adolescent and young adult health. One institution serves as the primary awardee and oversees and facilitates all Network activities. For more information, click here.

Reducing Health Disparities Among Minority and Underserved Children

Deadline: *Jan. 7, 2017*

This initiative encourages research to reduce health disparities among children. Targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities, including biological, lifestyle, environmental, social, economic, institutional, cultural and family; studies that target the specific health promotion needs of children with a known health condition and/or disability; and studies that test and evaluate the comparative effectiveness of health promotion interventions conducted in traditional and nontraditional settings. For more information, click here (R01) or here (R21).

Chronic Illness Self-Management in Children and Adolescents

Deadline: *Jan. 7, 2017*

The purpose of this announcement is to encourage research to improve self-management and quality of life in children and adolescents with chronic conditions. For more information, click here (R01) or here (R21).

Perinatal Stroke

Deadline: *Jan. 7, 2017 (Letter of Intent)*

This funding opportunity from the National Institutes of Health seeks applications that propose basic and/or translational research studies regarding the developing neurovascular unit, perinatal stroke injury/repair response, and/or stroke related etiologies and risk factors are requested. Applications that address research vascular, hemostatic, hematopoietic and/or immune cell activities in the developing brain are preferred. The intent is to stimulate research that will identify therapeutic targets in perinatal stroke. For more information, click here.

Service Area Competition, Additional Areas: Honolulu, Hawaii; College Station, Texas; and Rock Springs, Wyoming

Deadline: *Jan. 9, 2017*

This funding opportunity from the Health Resources and Services Administration is for the Health Center Program's Service Area Competition. The Health Center Program supports patient-directed public and private nonprofit organizations that provide primary and preventive health care services to the nation's medically underserved. The purpose of this opportunity is to ensure continued access to comprehensive, culturally competent, quality primary health care services for communities and vulnerable populations currently served by the Health Center Program. For more information, click here.

Calendar

AMCHP 2017 Annual Conference
March 4-7, 2017
Kansas City, Mo.

National Health Policy Conference
Jan. 30-31, 2017
Washington, D.C.

Kaleidoscope 2017 Nursing Conference
Feb. 27-28, 2017
Galveston, Texas

30th Annual Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health
March 5-8, 2017
Tampa, Fla.

2017 Quality and Safety in Children's Health Conference
March 19-24, 2017
Orlando, Fla.

2017 Children's Environmental Health Translational Research Conference: New Challenges
Apr. 5-7, 2017
Arlington, Va.

Preparedness Summit
Apr. 25-28, 2017
Atlanta, Ga.

25th Anniversary Congress on Women's Health
Apr. 28-30, 2017
Washington, D.C.

2017 Council of State and Territorial Epidemiologists Annual Conference
June 4-8, 2017
Boise, Idaho

2017 Quality Rating Improvement System National Meeting
June 27-29, 2017
Dallas, Texas

Who's New at AMCHP

Charlotte-Luisa Cleveland is the program associate on the Epidemiology and Evaluation Team. Ms. Cleveland has a BA in International Area Studies with a minor in Spanish that she obtained from Washington University in St. Louis, Mo. She was one of two Annika Rodriguez Scholars awarded a four-year tuition scholarship and recognized for exceptional academic merit and demonstration of academic and leadership achievements, as well as a passion for community service. Ms. Cleveland was previously a political and outreach intern for NARAL Pro-Choice Missouri. She also has worked at the Women's Health Research Institute at Northwestern University, where she co-directed the Women's Health Science Program (WHSP), a summer science program with a specific focus on reproductive health for underprivileged minority women in high school who are interested in science, math and medicine. In her new position, she will execute administrative, logistic and planning tasks that will greatly assist the epidemiology and evaluation team.

Lynda Krisowaty, MPH, is the evidence-based practice program manager. She has a Master of Health Science in mental health from Johns Hopkins Bloomberg School of Public Health and a Bachelor of Science in Anthropology from State University of New York at Binghamton (SUNY Binghamton). In addition, Ms. Krisowaty has trainings in healthemergencies in large populations and R.A.P.I.D. psychological first aid. Ms. Krisowaty previously worked as a public health education coordinator with the Peace Corps in Uganda where she supervised a community health promoter (CHP) program consisting of eight volunteers and worked to educate the community on public health issues, as well as marketing health center services. It was during these work and volunteer experiences within stateside and international settings where Lynda came to understand the importance of evidence-based platforms for planning and implementing effective public health practice and impactful community services.

Ashley Miller is the grants and contracts administrator. In this role, she performs a full range of duties associated with all aspects of internal and external financial reporting with grants and programs, as well as providing oversight to contracting and grants management. Ms. Miller is the primary financial liaison to AMCHP program staff and works closely with staff to provide accurate and timely financial information for the entire grant/contract life cycle from proposal to close out of the project. Ms. Miller received her Bachelor of Science degree in business management from Hampton University and a master's degree in business administration from Trinity Washington University. Prior to accepting this position, she served as the contract and grant specialist at the American Association for Blood Banks.

Sara Miller, MPH, is the program associate for the Health Reform Implementation team. She received her MPH from Texas A&M University and a BA in in History and American Studies Franklin and Marshall College in 2012. As a graduate research assistant at the Texas A&M School of Public Health, Ms. Miller was responsible for the youth tobacco awareness program and was also was a reviewer for the Journal of Drug Education: Substance Abuse Research and Prevention. Within Texas A&M's Community Health Promotion Student Organization, Ms. Miller worked to develop a public awareness campaign on preventing sexual transmission of the Zika virus. She also worked as an intern at the university's telehealth counseling clinic, where she researched effectiveness of mental health services for rural communities in Texas. Most recently, Ms. Miller was an intern at USAID with the Higher Education Solutions Network (HESN), part of the U.S. Global Development Lab, where her responsibilities spanned communications, event planning and program research. She has also interned in the office of U.S. Rep. Leonard Lance of New Jersey and The White House Project, an organization that seeks to advance women's participation in all levels of government.

Nikeisha Ogletree, HRPM, PHR, SHRM-CP, is the associate director of human resources and administration. In this role, Ms. Ogletree provides the critical support the human resources functions at AMCHP while also supporting the executive office administration for the CEO and Board's crucial work. Prior to joining AMCHP full-time, Ms. Ogletree worked with AMCHP as senior human resources consultant. Prevoiusly, she served as the chief of HR operations and lead HR consultant at JLM HR Consulting. She has experience with both government and commercial business leaders and staffs at all levels to build winning cultures, leadership and HR policies and practices.

AMCHP Staff

Patrick Boyle, *Associate Director, Communications and Membership*

Karissa Charles, *Membership Associate*

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Cheryl Clark, *Associate Director, Epidemiology and Evaluation*

Charlotte-Luisa Cleveland, *Program Associate, Epidemiology and Evaluation*

Stacy Collins, *Associate Director, Health Reform Implementation*

Linnard Corbin, *Accounts Payable/Office Associate*

Andria Cornell, *Senior Program Manager, Women's Health*

Emily Eckert, *Program Analyst, Health Reform Implementation*

Michelle Eglovitch, *Program Analyst, Women's and Infant Health*

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Michelle Jarvis, *Specialist, Family Engagement and Leadership Development*

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Iliana White, *Senior Program Manager, Adolescent Health*

Elliane Yashar, *Program Analyst, Child and Adolescent Health*

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