



JULY 15, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member Briefs

MANAGEMENT MINUTE

Changing Spaces: An Opportunity for Renewal



AMCHP moved its offices during the first week of July, and anyone who has moved knows how unsettling the experience can be. Before the move there is the sorting, recycling, and deciding what to take with you. Boxes begin to fill your workspace. Familiar pictures come down. You find all those things you've been looking for in the crack behind your desk. Some people try to work and pack at the same time but it always seems like the file you need is the one you just put in the box and taped closed. Move day finally comes and you leave your old space for the last time a little anxious, anticipating a new routine in a new office and a new commute. The next day, after you find a coffee shop on your new route to work, you get to your workspace and there is a mountain of boxes to unpack, your computer doesn't work and your phone needs to be fixed. The old pictures you brought don't seem to fit in the new space. Your favorite decoration was broken in the move. It just seems like so much work.

AMCHP's move was not easy. We had construction to deal with, leaks to mop up, piles of trash to dispose of, plus all the other hassles of moving such as changing our address, ordering new business cards, finding new artwork, setting up a new phone system, installing new cabling for the computers, and many other operational details. Staff worked hard, and late, to get the office packed and ready to go. We lost at least one full week of productivity—maybe two—given the packing, moving, and unpacking involved. And while AMCHP literally moved around the corner from our old space, our new space is a world of change.

Despite the headaches, and the costs, I believe our move was well worth it. AMCHP's physical move reflects a deeper, more significant, philosophical move that the organization has been taking over the last year. There is a spirit of renewal and energy at AMCHP that feels like moving into a new space—the sense that there are new opportunities for us, effective

ways to organize we haven't tried, and connections to each other and our partners that have been refreshed. Our move reminded us of why we exist in the first place, where we came from, and where we are going. The physical move allowed us to cast off and throw away the things we had accumulated but just didn't need. During the move we literally "lightened our load," allowing us the opportunity to fill our new space with new ideas and new insights while bringing with us those things we cherish that make us feel "at home."

Does your organization have to physically move to change and refocus? Probably not, but it helps. A new perspective can be obtained by doing all the things that lead up to a move—especially taking stock of what you have, and what you can get rid of. The move forced us think about what we wanted to keep, what we wanted to change, and what was really important to hold on to. The move gave us a reason to come together as a Board of Directors and staff to think about where we want AMCHP to be. You can certainly do this without moving, but in our case moving made the whole process more visible, more "real."

So, do I recommend moving? Not necessarily. But if you are interested in recreating your organization and identifying new opportunities, I do recommend the process of planning and packing, of evaluating what items and principles are essential to your organization and what can be recycled, removed, refreshed or repackaged. Moving is a process that makes people uneasy because it involves change—but it is precisely change that we needed, and you may need it too. In short, your organization may benefit from a "virtual" move—a chance to move on to something new. I know AMCHP did. I hope you'll visit our new space at 2030 M Street, NW, Suite 350 and meet with us the next time you're in Washington, DC.



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GET INVOLVED



AMCHP 2009 Call for Papers —

The deadline to submit your abstract for AMCHP's 2009 conference is **Friday, July 25**. Do you have a topic that you would like to present to a national audience? Here's your opportunity! Submit your session proposals online today: <http://www.designingeventsonline.com/amchp/Abstracts/default.asp>

These vital sessions give our colleagues the opportunity to hear the cutting edge concepts and best-practices first-hand from the experts. Your participation shapes the way our industry grows and evolves. The 2009 Conference theme is: **Launching Maternal and Child Health: Opportunities for a New Era**

Focusing on:

- Health equity
- Quality improvement and instituting quality for improving performance
- Partnerships: family-professional, public and private
- Leadership skills and competencies for the future workforce
- The changing face of our nation and workforce
- Best practices, strategies and positive outcomes
- Social marketing messages, tools and resources
- Legislative strategy

Thank you for your participation. We look forward to hearing from you!

Workforce Development Survey Deadline Extended to Friday, July 25 —

There's still time to shape the leadership and training programs available to the Title V workforce in your state! As part of our strategic goal to support strong, effective leadership for state MCH and CYSHCN programs, AMCHP is assessing Title V workforce and leadership needs through a survey to all Title V agencies. Thank you to all of the MCH and CYSHCN programs that have taken the time to submit a response for their program! To date, we have had 69 programs (more than 55% of all state and territories) provide us with input about staff training needs, program delivery and graduate education. Has your program responded to the survey? Make sure that your program needs are heard and help us reach a 100% response

rate. Your input is invaluable to AMCHP and our partners. AMCHP will be following up with individual programs to encourage more Title V programs to respond.

The deadline to submit a response has been extended to **Friday, July 25**. All MCH and CYSHCN Directors, or appropriate designees, should have received an electronic link to the survey. If you want the survey resent, are having difficulty with the survey, or if there is a way for us to help you move forward on completing the survey, please contact Librada Estrada at lestrada@amchp.org or (202) 266-3046.

The winners of the three \$150 Scholarships for the 2009 AMCHP Annual Conference will be announced soon!

LEGISLATIVE CORNER



House and Senate Vote to Extend Section 510 Abstinence-Only Funds for Another Year

The Medicare bill that passed the House of Representatives and the Senate on June 24th and July 9th respectively included a one-year extension of the Title V, Section 510 Abstinence Education Program and Transitional Medical Assistance to June 30, 2009. The current authorization for both expired on June 30, 2008. Although comprehensive sex education advocates have been continuing their fight for more flexibility for states in implementing the program requirements, no changes to the program were made with this reauthorization. Currently, there are 22 states that are not participating in the program or have announced that they will not be participating starting with the October 2008 fiscal year.

President Bush has threatened to veto the overall bill due to the cuts to private Medicare Advantage plans contained within it. However, both chambers passed the bill with veto-proof majorities and have vowed to override his veto. Timing for the veto and veto override votes is unclear at this point.



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PUBLICATIONS & RESOURCES



General Maternal & Child Health

Web Conference on Maternal and Child Health on the U.S.-Mexican Border —

The MCH Information Resource Center, funded by the Maternal and Child Health Bureau at the Health Resources and Services Administration (HRSA), will offer the following program in the DataSpeak Series: **Maternal and Child Health on the U.S.-Mexico Border**. The U.S.- Mexico border region is a dynamic area with its own unique set of pressing health and social issues affecting women, children and families. Speakers in this program will discuss the methods, results, and research implications of current and planned MCH surveillance efforts along the border. Data to be presented highlight a range of perinatal health issues including pregnancy risk, birth outcomes, and breastfeeding—both for the entire border region and specifically for the Texas-Mexico border. This program will take place on **Wednesday, July 23** at 2:00 pm, EDT (1pm Central, 12noon Mountain, 11am Pacific). For full program details, please visit the MCHIRC Web site at: http://www.mchb.hrsa.gov/mchirc/dataspeak/events/july_08/index.htm. To register for this event, please go to DataSpeak registration at: <http://www.mchb.hrsa.gov/mchirc/dataspeak/register.htm>.

Colocating Services May Help Practices Become Better Medical Homes —

Pediatric practices wishing to strengthen their capacity to serve as medical homes may want to consider having other practitioners and service providers colocate. A recent Commonwealth Fund issue brief, *Colocating Health Services: A Way to Improve Coordination of Children's Health Care?* shows that by providing a variety of children's services—from mental health care to nutritional counseling—in the same setting, a practice can enhance its ability to address the multiple needs of children and their families. http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=691922

Report on Sustaining Injury and Violence Prevention Programs —

Strategies for Sustaining State Injury and Violence Prevention Programs, published by the Education Development Center and State and Territorial Injury Prevention Directors Association (STIPDA), presents results from interviews with representatives from 26 injury and violence prevention programs. The report provides recommendations on how to improve, enhance, and expand these programs. The recommendations can be used in modifying both state and local programs geared towards these issues. To view the executive summary, visit <http://www.stipda.org/displaycommon.cfm?an=8>.

Children's Health

Database of Model Policies, Programs and Initiatives to Prevent Childhood Obesity —

The National Association of Counties recently released the Healthy Counties Database, a resource containing more than 100 profiles of model policies, programs and initiatives that counties nationwide enacted to prevent childhood obesity. Each individual profile includes a brief description of the practice, county demographics, contact information, funding sources and additional resources. The Healthy Counties Database is available on NACo's Web site at www.healthycounties.org/database.

Task Force Recommends Screening For Hearing Loss In All Newborns —

All newborn infants should be screened for congenital hearing loss that is present at birth, according to a new recommendation from the U.S. Preventive Services Task Force. The recommendation and the accompanying summary of evidence appear in the July 7 issue of *Pediatrics*. The recommendations and materials for clinicians are available on the AHRQ Web site at <http://www.ahrq.gov/clinic/uspstf/uspsnbhr.htm>.

Bright Futures Guidelines for Health Supervision of Infants and Children —

The American Academy of Pediatrics has released a collection of guidelines for promoting positive health outcomes for 10 health promotion themes among infants and children. These guidelines cover issues of health from infancy through adolescence, and cover issues such as weight, nutrition, physical activity, oral health, child development, mental health, and injury prevention. To view this resource in its entirety, visit http://brightfutures.aap.org/bright_futures_power_point_presentations.html.

Call for Abstracts: 17th National Conference on Child Abuse and Neglect —

"Focusing on the Future: Strengthening Families and Communities," March 30–April 4, 2009 in Atlanta, GA. This conference, organized by the U.S. Department of Health and Human Services, will focus on exploring the relationships between child maltreatment and a variety of co-occurring issues. The conference is a good opportunity to highlight the role of MCH in the prevention of child abuse. Abstracts deadline is **August 15**. For more information and to submit an abstract, visit www.pal-tech.com/web/callforpapers/.



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Adolescent Health

Brief Highlights Disparities in Youth Emergency Department Visits

— Lower-income children, including adolescents, made almost twice as many visits to hospital emergency departments than their higher-income peers in 2005. A new Agency for Healthcare Research and Quality (AHRQ) analysis compared rates of emergency room visits by youth from low-income communities with those of high-income communities in 23 states. The full statistical brief is available at <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb52.jsp>.

Report Finds Teen Birth Rate Increased in 2006

— The U.S. teenage birth rate increased by 2.8% from 2005 to 2006, marking the first increase in the rate in 15 years, according to a report released Thursday by the Federal Interagency Forum on Child and Family Statistics (<http://www.childstats.gov/americaschildren/index.asp>). According to Edward Sondik, director of the National Center for Health Statistics, the birth rate increased from 21 births per every 1,000 girls ages 15 to 17 in 2005 to 22 births per every 1,000 girls of the same age group in 2006. <http://www.washingtonpost.com/wp-dyn/content/article/2008/07/11/AR2008071101150.html>

Policy Brief on Minors' Access to Prenatal Care

— A policy brief from the Guttmacher Institute examines state policies relating to the ability for minors to receive prenatal care. One of the main issues addressed in this policy brief is state policy on whether minors can consent to receiving prenatal care, and whether they would be able to obtain this care confidentially. Included within this brief is an analysis of which states allow minors to consent to receiving prenatal services, which allow physicians to inform parents, and which states have no explicit policy on the subject. To access the full brief, visit http://www.guttmacher.org/statecenter/spibs/spib_MAPC.pdf.

Peer Contributions to Adolescent Girls' Weight Control Behaviors

— A Children's National Medical Center/University of Miami study of 236 girls ages 13 to 18 confirms that peers play an important role in girls' body image and unhealthy weight-loss activities. Girls identifying with athletic peers were less concerned about their own weight and seemed less likely to try to control their weight, according to the findings in the *Journal of Youth and Adolescence*.

<http://www.springerlink.com/content/d76xg27341532tj8/?p=8b8c7e21baa24a9595ba0cd53d2db988&pi=4>

Demographic Fact Sheet on Adolescents and Young Adults

— The National Adolescent Health Information Center (NAHIC) at UCSF recently released an updated Demographics Fact Sheet on adolescents and young adults. This Fact Sheet provides the latest data on population, poverty, family structure, school enrollment, marriage and birth rates. The Fact Sheet shows trends and presents data by age, gender, and race/ethnicity. It is available on the NAHIC web site at: http://nahic.ucsf.edu/index.php/data/article/briefs_factsheets/.

Women's Health

Annual Study on Women's Health Outcomes in U.S. Hospitals

— The Fifth Annual HealthGrades Women's Health Outcomes in American Hospitals Study identifies outcomes for maternity care and in-hospital treatment of cardiovascular disease (CVD) in women using data from the period 2004-2006 in 17 states. The report provides maternal complication rates for vaginal, clinically indicated Cesarean section (C-section), and patient-choice (non-clinically indicated) C-section deliveries. The report also includes neonatal mortality rates for all hospitals evaluated. Risk-adjusted analysis of in-hospital treatment identifies mortality rates in CVD and stroke among women. In addition, the report identifies top-performing hospitals. The report is available at <http://www.healthgrades.com/media/DMS/pdf/HealthGradesWomensHealthStudy2008.pdf>.

Study on Health Outcomes of Pregnant Women Who Receive Treatment for Substance Abuse Early in Their Pregnancy

— A new study in the *Journal of Perinatology* examined women in a prenatal care program and found that integrating substance abuse screening and treatment into routine prenatal care helped pregnant women achieve similar health outcomes as women who were not using cigarettes, alcohol or other drugs. This is also the largest study to examine multiple substances: cigarettes, alcohol, marijuana, methamphetamines, cocaine and heroin. The abstract is available at <http://www.nature.com/jp/journal/vaop/ncurrent/abs/jp200870a.html>.



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Women's Health cont.

Study Explores Relationship Between Obesity and Neonatal Mortality in Black and White Women

— This study found maternal obesity to be an independent risk factor for neonatal mortality among blacks, but not whites. The study sought to estimate the effect of maternal obesity on neonatal survival using a data source that has consistently obtained pre-pregnancy body mass index (BMI) indices as well as infant survival data for almost two decades. Although the article focuses primarily on maternal obesity in general, the authors also examine gradation of obesity as well as obesity-related black-white disparity in neonatal survival. The abstract is available at <http://www.greenjournal.org/cgi/content/abstract/111/6/1410>.

Journal of the American Dental Association Study Investigates the Safety of Dental Treatment in Pregnant Women

— This study found that with pregnant women, periodontal treatment and essential dental treatment administered at 13 to 21 weeks' gestation did not significantly increase the risk of any adverse outcome evaluated. Current attitudes and behaviors may be influenced by fear of harm to the pregnant woman or fetus, fear of litigation, or patient safety concerns. The article describes safety outcomes related to the provision of oral health care in pregnant women. The abstract is available at <http://jada.ada.org/cgi/content/short/139/6/685>.

Health Care Finance

Issue Brief on SCHIP Enrollees — The Child Health Insurance Research Initiative (CHIRI™) issue brief, *Do SCHIP Enrollees Stay Insured?*, summarizes research on the impact of SCHIP enrollment on low-income children's public and private insurance coverage. Over three-quarters of SCHIP enrollees were publicly insured (Medicaid or SCHIP) at least one year after enrollment, while some SCHIP enrollees (4 percent to 15 percent) obtained private insurance coverage after leaving SCHIP. SCHIP retention was increased by a simplified renewal policy that automatically reenrolled children in SCHIP unless their families submitted reenrollment forms indicating a change affecting their eligibility. The brief is available at: <http://www.ahrq.gov/chiri/chiribrf7/chiribrf7.htm>.

FUNDING



Street Outreach

Deadline: **July 18**

A funding opportunity from the U.S. Department of Health and Human Services. This three-year program aims to conduct outreach services to street youth, up to age 21. The services include: treatment and counseling; prevention and education; information and referrals; and crisis intervention. The anticipated total funding is \$2,000,000 divided among 20 to 40 programs. For more information and to apply, visit <http://www.acf.hhs.gov/grants/pdf/HHS-2008-ACF-ACYF-YO-0128.pdf>

Active Living and Healthy Eating Research

Deadline: **August 15**

The Robert Wood Johnson Foundation's Active Living Research and Healthy Eating Research programs support research to identify promising policy and environmental strategies for increasing physical activity, promoting healthy eating and preventing obesity. For more information, visit <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=20361>.

Community and Youth Development

Deadline: **August 16**

The Gannett Foundation is awarding grants to invest in the future of the communities in which Gannett does business. Preference is given to projects that take a creative approach to fundamental issues such as education and neighborhood improvement, economic development, youth development, community problem-solving, assistance to disadvantaged people, environmental conservation and cultural enrichment. For more information, visit <http://www.gannettfoundation.org/index.htm>.

Health and Wellness

Deadline: **Ongoing**

PepsiCo Foundation's mission in Health and Wellness is to advance and encourage healthy lifestyles and positive behavior change. Initiatives of particular interest are those which address one or more of the following focus areas: community activation, minority communities, school drop-out prevention, and health professionals. For more information, visit http://www.pepsico.com/PEP_Citizenship/Contributions/GrantGuidelines/index.cfm.



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CALENDAR



Becoming the Healthiest Nation in a Healthier World

ASTHO-NACCHO

September 9-12

Sacramento, CA

<http://www.naccho.org/events/asthonaccho2008/>

Reproductive Health 2008

Association of Reproductive Health Professionals, Planned Parenthood Federation of America, and the Society of Family Planning

September 17-20

Washington, DC

<http://www.ReproductiveHealth2008.org>

2008 ASIP National Conference

Infants at Risk: Science to Solutions

September 18-20

Dearborn, MI

DMSdiane@concentric.net

National Perinatal Association 2008 Annual Conference

November 19-21

Loma Linda, CA

<http://www.nationalperinatal.org>

Fourteenth Annual Maternal and Child Health Epidemiology Conference

Making Methods and Practice Matter for Women, Children and Families

December 10-12

Atlanta, GA

<http://www.cdc.gov/reproductivehealth/MCEpi/2008/>

[AboutConference.htm](#)

AMCHP's 2009 Annual Conference

Launching MCH: Opportunities for a New Era

February 21-25

Washington, DC

<http://www.amchp.org/>

The 3rd International Conference on Fetal Alcohol Spectrum Disorder

Integrating Research, Policy, and Promising Practice Around the World: A Catalyst for Change

March 11-14

Victoria, British Columbia, Canada

<http://www.interprofessional.ubc.ca>

OUR MISSION

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children.

Association of Maternal and
Child Health Programs

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