AMCHP Annual Conference Training Institute
Saturday, February 12, 9:00 a.m. – Noon
Skills-Building Sessions (A1-A3)

A1
What's the REAL DEAL About the Role of Gender Norms in Teen Relationships?
Room:
Adolescent Health

MCH Leadership Competency 4: Critical Thinking
MCH Leadership Competency 5: Communication
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 10: Interdisciplinary Team Building

During this skills-building session, participants will actively explore the roles of social context, and especially gender, in comprehensive sexual health education. Participants will explore how young people who adhere to stereotypical gender norms are at a higher risk for an early age of sexual debut, more sexual partners, more frequent sex, contracting HIV and STIs, and intimate partner violence. The presenters will share Scenarios USA's “What’s the REAL DEAL about Masculinity?” curriculum, which is largely based on the Population Council’s research findings on the importance of placing gender and social context at the heart of sex education. Participants will model a wide range of arts-based activities from the Scenarios USA curriculum, which allows young people of all academic abilities to create their own narratives and examine the roles of gender, identity, power, control and violence in relationships - from creative writing to creating a visual analysis of how gender and sexuality are portrayed in mainstream magazines. Scenarios USA's recent program evaluation results show how this curriculum helps adolescents to discuss and analyze the social norms that shape individual identity as well as sexual health decision-making.

Moderator and Presenter
Ernestine Heldring, PGCE, Director of Education and Outreach, Scenarios USA, Brooklyn, NY

A2
Painless Practical Principles of Evaluation for Community-Based Projects
Room:
Successful community-based interventions require program evaluations that reflect the needs of the community and the participating partners. We will assist practitioners interested in implementing community-based interventions with the development of appropriate evaluations within the context of their community partnerships. Our session program will include: (a) an interactive lecture on the comparison of evaluation with research and introduction of SMART (Specific/Measurable/Achievable/Realistic/Time-bound) objectives; (b) a brief didactic: "The Logic Model for Program Evaluation;" (c) small groups to develop a logic model for either real-life or case-study examples of community programs; (d) a brief didactic to discuss the utility of process and outcome measures in evaluation of community-based initiatives, including “evaluation on a shoestring” for small projects without much evaluation funding; (e) small group discussion on using logic models to develop plans for process and outcome measures for community programs; and (f) Wrap-up: discussion of evaluation challenges in home sites. Participants will receive project evaluation materials developed by the American Academy of Pediatrics (AAP) Division of Community-Based Initiatives.

Moderator and Presenter
David Keller, MD, Pediatrician, UMass Medical School, Worcester, MA

Presenters
Maureen Finneran, MSW, Program Manager, Healthy Tomorrows, AAP, Elk Grove Village, IL
Holly Ruch-Ross, ScD, Independent Research and Evaluation Consultant, Evanston, IL

A3
National Center for Community-Based Services

The National Center for Community-Based Services is developing a statewide leadership network in community-based services as a community of practice modeled after the Statewide Employment
Leadership Network. This virtual platform will be a highly efficient mechanism to deliver peer-to-peer technical assistance, create innovative thinking across states, discuss common barriers and possible solutions, cost effectively provide access to experts, and build learning communities that pursue "hot topics" that arise for Title V directors. This center will provide a virtual platform for interactive technical assistance between the National Center, Title V directors and AMCHP.

Moderator and Presenter
Susan Foley, PhD, Research Director, University of Massachusetts, Boston, MA

Presenters
Myra Rosen-Reynoso, PhD, Research Associate, University of Massachusetts, Boston, MA
Judith Palfrey, MD, T. Berry Brazelton Professor of Pediatrics, Children's Hospital-Harvard Medical School, Boston, MA

AMCHP Annual Conference Training Institute
Saturday, February 12, 1:00 p.m. – 4:00 p.m.
Skills-Building Sessions (B1-A5)

B1
There Ought to Be a Law: How to Develop Effective Injury and Violence Prevention Legislation
Room:
Adolescent Health
Partnerships & Collaboration
Infant & Child Health

MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Injury prevention policy, including legislation, is crucial to improving the health and safety of MCH populations. For example, laws mandating the use of child safety seats and bicycle helmets, requiring safety regulations for school athletic programs and all-terrain vehicle (ATV) use, and prohibiting texting while driving have played a critical role in reducing injuries and violence among children and youth. It is important for MCH professionals to understand the strengths of, and gaps in, injury and violence prevention legislation in their states and what role they can play in improving these laws and developing policy related to implementation. To help them do this, the Children’s Safety Network has compiled maps illustrating which states have legislation on injury and violence prevention issues. We will also discuss a new online resource on the components of effective preventive legislation in several injury
areas, including ATVs, carbon monoxide poisoning and teen dating violence. Our workshop will review these tools, providing an introduction to their content and examples of how they can be used. Participants will also hear speakers from three states that have passed legislation and developed policy and strategies for implementation.

Moderator
Sally Fogerty, BSN, MEd, Director, Children’s Safety Network, Newton, MA

Presenters
Carlene Pavlos, MTS, Director, Division of Violence and Injury Prevention, Massachusetts Department of Public Health, Boston, MA
Cathy Taylor, DrPH, MSN, RN, Assistant Commissioner and Director, Bureau of Health Services Administration, Tennessee Department of Health, Nashville, TN
Karen Trierweiler, MS, CNM, Maternal Child Health Director, Colorado Department of Public Health and Environment, Denver, CO

B2
The Future is Bright for Medical Home: Prevention and Quality in the Context of Medical Home
Room:

Family-Centered Care

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

The goal of this skills-building session is to provide MCH leaders, pediatric health care providers and families the strategies and tools needed to carry out the public health role of assuring that medical homes are delivering quality preventive care consistent with national standards. Using available tools from the AAP such as the Bright Futures Tool and Resource Kit, the Building Your Medical Home Toolkit and other new quality improvement (QI) resources, participants will review QI methodologies and discuss strategies for implementation to improve the care and processes delivered by the medical home. This session will focus on the following key activities related to Bright Futures and medical home: developing a highly functioning, multidisciplinary quality improvement team in states and practices; developing state- and practice-level strategies to enhance access to care and the delivery of preventive services; providing and documenting planned, proactive, comprehensive care; and the importance of coordinating care across all settings.

Moderator and Speaker
芳格·麦金，AM，医疗家庭政策和教育分析师，美国儿科学会，伊利诺伊州埃尔克格罗夫

呈报者
宝拉·邓肯，MD，儿科教授，UVM医学院，伯灵顿，VT
简恩·麦克阿利斯特，BSN，MS，MHA，医疗家庭改进中心，康科德，NH

B3
实施家庭探访项目通过V题：“实时”更新和技术援助

房间：

妇女与围产期健康

MCH领导力能力8：以家庭为中心的护理
MCH领导力能力11：与社区和系统合作

《平易近人》护理法建立了母子早期儿童家庭探访项目，以支持国家为儿童和家庭提供基于证据的家庭探访服务，以改善在风险社区中居住的儿童和家庭的 outcome。这个最新的技能建立的会议将提供“实时”更新和信息，包括为V题项目提供的国家家庭探访模型。来参与与来自国家家庭探访项目的互动讨论，如Healthy Families America, HIPPY USA, Nurse-Family Partnership, Parents as Teachers, and Parent Child Home Program。这个会议还将突出来自National Association of County and City Health Officials (NACCHO)的新资源。由于家庭探访指导的不确定性，这个会议将适应会议时间的最相关需求。

呈报者
劳拉·斯内博尔德，MPH，NACCHO，华盛顿，DC
赛迪·韦塞尔，Healthy Families America
佩吉·希尔，MS，MS Ed，Nurse-Family Partnership，丹佛，CO
莎拉·沃尔泽，JD，The Parent-Child Home Program-Child Home Program，Garden City，NY
希拉里·艾略特，Parents as Teachers
梅丽莎·凯利，Executive Director，Colorado Parent & Child Foundation (presenting on behalf of HIPPY USA)，丹佛，CO

B4
定性研究跟踪健康改革实施

房间：

Advocacy
Quality Improvement, Health Care Financing & Systems Building
Family-Centered Care

MCH Leadership Competency 4: Critical Thinking
MCH Leadership Competency 5: Communication
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Beyond the simple focus group which collects opinions and perspectives of individuals, MCH leaders can use an array of other qualitative methods. Qualitative research methods can be used to (a) tell a story in rich detail, (b) describe a process or system with complex dynamics, or (c) frame quantitative data. Thus qualitative research is highly useful for monitoring the implementation of health reform. With relevant examples, the session will train MCH leaders to effectively use qualitative methods. It will build on the success of a similar session at the 2000 AMCHP meeting, now looking at opportunities to conduct qualitative studies to monitor health reform implementation. Participants will have an active learning experience defining qualitative research projects to track health reform implementation (e.g., medical homes, community health teams, enrollment processes, home visiting programs, access to primary care and teen pregnancy prevention). This session will build skills in how to define good questions, use the six common sources of evidence, and apply accepted approaches for analysis. Common myths about qualitative research will be addressed (e.g., that it is not rigorous, sampling and expense).

Moderator and Presenter
Kay Johnson, MPH, EdM, President, Johnson Group Consulting, Hinesburg, VT

B5
MCHB Title V Block Grant Update and Rethinking MCH: Life Course as an Organizing Framework

This session will provide participants with an update on Federal and State Title V MCH Block Grant activities, including the efforts of the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) to incorporate life course, social determinants of health and health equity theories into its strategic planning framework. In addition, participants will have the opportunity to exchange ideas and to hear about the latest enhancements to the Title V Information System and any changes to the FY 2012 Title V MCH Block Grant application/FY 2010 annual report submission process.

Presenters
AMCHP Annual Conference Training Institute
Saturday, February 12, 1:00 p.m. – 4:30 p.m.

B6
Preconception Health Symposium: Extending Our Reach to Adolescents and Young Adults
Room:

Are you working to implement or enhance your preconception health initiatives? Have you thought about how you could integrate preconception health concepts into adolescent health efforts as part of a life course approach? If so, join us for this dynamic symposium to learn from states about their successes and challenges with promoting preconception health with adolescents and explore how these concepts could be applied in your state.

Presenters
Lissa Pressfield, MHS, Senior Program Manager, AMCHP, Washington, DC
Cynthia Frisby, PhD, Associate Professor, Strategic Communication, Walter Williams Missouri School of Journalism, Columbia, MO
Sharron Corle, Associate Director, Adolescent Health, AMCHP, Washington, DC
Jessica Hawkins, MPH, CHES Senior Program Manager, AMCHP, Washington, DC

AMCHP Annual Conference Training Institute
Sunday, February 13, 9:00 a.m. – Noon
Skills-Building Sessions (C1-C5)

C1
Using Data to Guide Policy Change
Room:

Data, Evaluation, & Research Methods

MCH Leadership Competency 1: MCH Knowledge Base

Policy makers are increasingly seeking data to guide decision-making on MCH funding and policies, but are often frustrated when working with technical documents and professional staff when preparing reports and analyzing data because they do not understand the science and techniques described. Epidemiological analysis and the policy making process differ significantly but there are good strategies
to move data into action to inform policy in a way that policy makers will understand. During this workshop we will share ten strategies that MCH epidemiologists can use to provide policymakers with data to drive important MCH decision making at the local, state, and national levels. We will also describe ways that policy makers can learn to appreciate the work of MCH epidemiology with real life examples. A case study and role-play/simulation exercise will provide an interactive component to this session.

Moderator and Presenter
Brian Castrucci, MA, Director, Maternal and Child Health Program, Division of Public Health, Georgia Department of Community Health, Atlanta, GA

**C2**

**Can You Hear Me Now? Influencing Policymakers to Hear Your Call for Increased Support**

Room:

Partnerships & Collaboration

MCH Leadership Competency 5: Communication
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Nonprofit organizations need political support to accelerate their growth and impact, but why aren’t policymakers listening? Hear from a former lobbyist about the secret to influencing policymakers and crafting your message. This session is guaranteed to leave you empowered and ready to become a more successful advocate.

Moderator and Presenter
Suzanne Smith, Managing Director, Social Impact Architects, Dallas, TX

**C3**

**Addressing Mental Health Concerns in Children and Adolescents: How to Make a Difference**

Room:

Partnerships & Collaboration
Workforce & Leadership Development
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 4: Critical Thinking
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
This session is intended for AMCHP members who are interested in improving the rates and effectiveness of mental health screening in their localities and states. An estimated 21 percent of children and adolescents in the U.S. meet the diagnostic criteria for a mental health disorder and have evidence of at least minimal impairment. A child does not need a diagnosis of mental illness to be suffering. Sleep problems, anxiety about school, even bedwetting are examples of issues that may not rise to the level of a disorder, but they all diminish a child’s resilience and enjoyment of life. If issues can be identified early, often we can prevent them from growing into larger, more serious problems. This session will assist clinicians in various settings to more effectively identify and manage mental health issues. The tools discussed will include screening assessments, care plans, parent handouts and other resources and step-by-step decision support for assessment and care of children with the most common mental health issues. During the session, participants will learn the effective use of these tools in their individual settings. Session leaders will also discuss innovative best practice models for addressing mental health concerns.

Moderator
Judith Palfrey, MD, T. Berry Brazelton Professor of Pediatrics, Children's Hospital-Harvard Medical School, Boston, MA

Presenters
Barbara Frankowski, MD, MPH, Professor of Pediatrics, University of Vermont College of Medicine, Burlington, VT
Darcy Gruttadaro, JD, Child and Adolescent Action Center Director, National Alliance on Mental Illness, Arlington, VA

C4
Optimizing Health Care Reform to Advance Shared Resources Among Systems Serving MCH Populations
Room:

Family-Centered Care
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Health care reform promises greater access to care through coverage expansions and will result in sweeping changes to health care delivery systems. However, it will do little to address the architecture and mechanics of the service delivery system. It is unclear how new and redesigned service delivery systems will be structured and optimized, coverage expansions will be integrated between public and
private systems, and prevention investments will improve health outcomes. As such, states may miss important opportunities to build comprehensive, integrated service delivery systems that serve women, children and their families. States also run the risk of perpetuating the many silos in the current health care system that can limit access to care, minimize quality of care, and ultimately contribute to health inequities and poor health outcomes for MCH populations. State MCH programs administer numerous programs that are critical access points for building integrated systems for low-income women, children and their families. Participants will hear from states with best practices that focus on shared resources (e.g., outreach and enrollment, care coordination) to advance comprehensive, integrated service delivery systems.

Moderator and Presenter
Karen VanLandeghem, MPH, Senior Advisor, AMCHP, Washington, DC

Presenter
Edward Schor, MD, Vice President, The Commonwealth Fund, New York, NY

C5
The Effects of Interdisciplinary Training on MCH Systems: Building the Capacity to Partner
Room:

Partnerships & Collaboration

MCH Leadership Competency 10: Interdisciplinary Team Building

Given the multifaceted aspects of children’s growth and development and the families in which they reside, the professional field of MCH has encouraged not only the participation of many disciplines to promote the well-being of children and families, but also the collaboration among disciplines. Since 2001, the UNC Interdisciplinary Leadership Development Program (ILDP) has provided a year-long curriculum for trainees from LEND, public health, social work, nutrition, pediatric dentistry and, more recently, family members, to enhance skills in collaborative partnership. Building upon the findings of an MCHB-funded research grant, this skills-building session provides: (1) the opportunity to learn about the effects of this curriculum on trainees, family members and systems of care; and (2) a setting in which to experience selected elements of the activities in the curriculum. Participants from training programs, MCH agencies, and family organizations will gain appreciation for the basic components of the ILDP that has had demonstrable effects on the interdisciplinary attitudes/beliefs, frequency of use of skills, and partnership skills of family members.

Moderator and Presenter
Kathleen Rounds, PhD, MPH, MSW, Professor, School of Social Work, University of North Carolina (UNC) at Chapel Hill, NC
Presenters
Lewis Margolis, MD, Associate Professor, UNC at Chapel Hill, NC
Marlyn Wells, Family Liaison Specialist, Division of Public Health, Children and Youth Branch

Sunday, February 13, 3:45pm – 5:15pm
Power Sessions (D1-D8)

D1
Teen Pregnancy Prevention
Room:

Part 1: Building, Evaluating and Using an Evidence Base to Inform the HHS Teenage Pregnancy Prevention Initiative

Data, Evaluation, & Research Methods
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 12: Policy and Advocacy

In 2010, a new Teenage Pregnancy Prevention (TPP) Initiative was established to address the high rate of teenage pregnancy in the United States. This two-tiered initiative is overseen by the Office of Adolescent Health in the Department of Health and Human Services (HHS) and focuses on replicating evidence-based program models and testing innovative approaches to teenage pregnancy prevention. HHS established, through a systematic review, a list of 28 evidence-based program models that were shown to be effective through rigorous evaluation and therefore were eligible for replication under Tier 1. This session will describe the process that HHS used to conduct the systematic, comprehensive Pregnancy Prevention Research Evidence Review and how its results are used in the TPP Initiative. Presenters will describe the steps involved in conducting the systematic evidence review, limitations of such a review and lessons learned for future reviews.

Moderator and Presenter
Evelyn Kappeler, Director, Office of Adolescent Health, Office of Public Health Science, Rockville, MD

Presenter
Brian Goesling, PhD, Senior Researcher, Mathematica Policy Research, Princeton, NJ

Part 2: MCH-Academic Youth Development Partnerships to Support Evidence-Based Teen Pregnancy Prevention Interventions
MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

This workshop, presented by MCH-academic partners entering their 12th year of collaboration, focuses on statewide positive youth development efforts supporting evidence-based teen pregnancy prevention (TPP) programs. With funding and guidance from the New York State Department of Health and technical assistance, training (both in-person and online) and collaboration from a supporting academic Center of Excellence, the key elements of successful collaboration in interdisciplinary MCH teamwork directed at TPP programming will be emphasized, and the synergistic role of academic partners will be detailed. Novel online trainings will be demonstrated. Active audience participation is expected, with ample opportunity to ask questions, share successes and barriers, and network with colleagues. To be effective, the federal TPP initiative will require buy-in by stakeholders in the community where these or other TPP approaches are implemented.

Moderator and Presenter
Kristine Mesler, RN, MPA, NY State Adolescent Health Coordinator, Bureau of Child and Adolescent Health, New York State Department of Health, Albany, NY

Presenters
Richard Kreipe, MD, Professor of Pediatrics, Rochester Leadership Education in Adolescent Health (LEAH) Program, Rochester, NY
Jane Powers, PhD, Director, ACT for Youth Center of Excellence, Cornell University Family Life Development Center, Ithaca, NY

D2
Oral Health
Room:

Part 1: Promising State Strategies to Improve the Oral Health of CYSHCN

Adolescent Health
Partnerships & Collaboration
Infant & Child Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy
This session will focus on the oral health of CYSHCN and their access to oral health care. The topic has important implications because the unmet need for oral health services is so high relative to other health services used by CYSHCN and because of the close relationship between oral and general health status. The session will review oral health data from the National Survey of Children With Special Health Care Needs and the National Survey of Children’s Health and discuss the major barriers faced by CYSHCN and their families in obtaining access to oral health services. The session will review the wide range of strategies employed by the 20 states that received grants through the MCHB-funded Targeted Oral Health Service Systems (TOHSS) program.

Moderator and Presenter
Jay Balzer, DMD, MPH, Dental Consultant, Association of State and Territorial Dental Directors, Boulder, CO

Presenter
Pamella Vodicka, MS, RD, Senior Public Health Analyst, MCHB, HRSA, Rockville, MD

Part 2: Federal Trends in Oral Health Policy: Implications for Title V

Infant & Child Health
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 12: Policy and Advocacy

The National Maternal and Child Oral Health Policy Center is a collaborative of the Children’s Dental Health Project, AMCHP, the Association of State and Territorial Dental Directors, the Medicaid/SCHIP Dental Association, and the National Academy for State Health Policy, funded by MCHB. The Policy Center serves as a resource for the latest information on oral health policy. Given the current fiscal shortfalls in most states, the Policy Center highlights strategies to sustain or expand investments in MCH oral health programs as a critical component of a comprehensive system of care. This session will provide an overview of the most recent MCH-related oral health activity within Congress, including health care reform, and describe the potential impact on Title V programs; outline the opportunities for Title V programs to address oral health in their states; and describe resources available through the Policy Center to become an oral health champion.

Moderator and Presenter
Meg Booth, MPH, Deputy Executive Director, Children's Dental Health Project/National Maternal and Child Oral Health Policy Center, Washington, DC
Part 1: Strengthening Communities, Children, Youth and Families with Collaborative Initiatives

Adolescent Health
Youth in Transition
Infant & Child Health

MCH Leadership Competency 5: Communication
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

MCH programs often use federally-funded resource centers (RCs) to support federal and state goals and performance measures. The Resource Center Consortium (RCC) allows RCs to work collaboratively to enhance constituent services to protect the health and safety of families. A brief overview by RC representatives about how they support and enhance the work of states and family organizations will be provided. Special attention will be given to injury/violence/suicide prevention, adolescent health, child death review, services for traumatic brain injury, and pediatric emergency medical services. Discussion among members of family organizations, state parent leaders, and state CYSHCN and MCH directors will allow participants to share and explore how RCs can better meet their needs. We will also brainstorm potential actions for better achievement of mutual health and safety goals for all children and youth.

Moderator and Presenter
Sally Fogerty, RN, MEd, Director, Children's Safety Network National Injury and Violence Prevention Resource Center, Newton, MA

Presenters
Michael Ely, MHRD, Director, National EMSC Data Analysis Resource Center, Salt Lake City, UT
Theresa Covington, MPH, Director, National Center for Child Death Review, Washington, DC

Part 2: Promoting WIC Collaboration with Health Departments

Infant & Child Health
Workforce & Leadership Development
Women’s & Perinatal Health

MCH Leadership Competency 5: Communication
MCH Leadership Competency 11: Working with Communities and Systems
The WIC Collaborations Project identifies current practices by which state and local WIC programs collaborate to deliver food and nutrition to eligible women, infants and children. The project surveyed state, tribal and local WIC agencies and private or nonprofit community providers on policy and administrative coordination, clinical coordination, and community-based initiatives. While all state agencies reported at least one type of written agreement with a collaborative agency, many local health agencies and private and nonprofit organizations reported no written agreements. WIC programs and state, tribal and local health departments and other agencies and organizations can learn from case studies on WIC collaboration strategies to deliver higher quality service and reduce administrative burden.

Moderator and Presenter
Ellen Pliska, MHS, MCH Senior Analyst, Association of State and Territorial Health Officials, Arlington, VA

D4
Outreach Through Social Media
Room:

Part 1: Reaching the Spanish-Speaking Community with Targeted Health Messaging: The March of Dimes Experience

Cultural Competence
Women's & Perinatal Health
Infant & Child Health

MCH Leadership Competency 5: Communication
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 11: Working with Communities and Systems

Through March of Dimes (MOD) Hispanic Outreach efforts, millions of women and their families actively participate in their own health decision making by gathering information and receiving answers to often complicated and difficult questions. Social media has changed the way we communicate, and by having a Spanish-language presence online, MOD maximizes its outreach across audiences. MOD provides bilingual access to the Pregnancy and Newborn Health Education Center through which women received answers to over 10,000 personal questions in 2009. This session will examine blogs, Twitter, Facebook and e-newsletters, and their audiences, goals and metrics to highlight the scope and benefits of outreach to Spanish-speaking women and their families.

Moderator and Presenter
Beverly Robertson, MLS, MA, National Director, March of Dimes, White Plains, NY
Presenter
Lilliam Acosta-Sanchez, BS, MPH, Director, Latino Outreach, March of Dimes, White Plains, NY

Part 2: Using Online Organizing and Social Media to Engage Parents in Advocating for Maternal and Child Health

Health Information Technology & Social Media

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication
MCH Leadership Competency 12: Policy and Advocacy

Mothers are increasingly becoming powerful advocates for maternal and child health. MomsRising.org is a multicultural organization of one million members that advocates for a range of social justice issues related to family health and economic security. Using Web 2.0 communication strategies, MomsRising has conducted widespread public education and advocacy in support of maternal and child health. MomsRising's members have generated hundreds of thousands of constituent contacts to Congress urging them to pass health reform that is a win for children and families, eliminate toxins in children's products, support childhood nutrition, pass paid sick days and paid family leave legislation and support affordable and high quality early learning. This presentation will share how MomsRising is engaging parents, political leaders and traditional and new media in issues of maternal and child health.

Moderator and Presenter
Donna Norton, JD, MSc, National Campaign Director, MomsRising, Chevy Chase, MD

D5
Prenatal Care
Room:

Part 1: Group Prenatal Care for Pregnant Women with Diabetes

Partnerships & Collaboration

MCH Leadership Competency 10: Interdisciplinary Team Building

At Drexel University College of Medicine, we serve an inner-city, ethnically diverse, but predominantly African American population with limited resources and a high proportion of comorbidities. Poor pregnancy outcomes are disproportionately concentrated among our pregnant patients who are either obese, diabetic or both. We have attempted to address these outcomes by setting up a specialty pregnancy, obesity and diabetes (POD) clinic. After about a year of running the POD clinic, we decided to apply the concept of group prenatal care to our pregnant diabetic patients. We chose this group
because the educational needs are significant and the standard 15-minute, single provider visit has proved inadequate to cover these issues in depth. Group care also allows intragroup support, peer education and empowerment. Visits were structured to be voluntary and to include eight to 10 participants per session, with three to four sessions. Sessions are in addition to standard prenatal care and they include healthy snacks and stretching and breathing exercises. Each session has structured didactic content in addition to goal review and peer support.

Moderator and Presenter
Betsy Batejan, CNM, MSN, Certified Nurse Midwife, Drexel University College of Medicine (DUCM), Philadelphia, PA

Presenter
Damien Croft, MD, MPH, Clinical Instructor, DUCM, Philadelphia, PA

Part 2: You Quit, Two Quit: Tobacco Use Prevention for Pregnant Women and New Mothers

Infant & Child Health
Women's & Perinatal Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 4: Critical Thinking
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

You Quit, Two Quit addresses high rates of tobacco use among pregnant women and new mothers in North Carolina, focusing on the transitions in care for this population by providing tobacco cessation messages and support at many intervention points. The goal of this initiative is to ensure that any health department provider who comes in contact with a pregnant woman or a new mother will screen her for tobacco use and offer follow up counseling based on the evidence-based 5As. The project works across clinics offering prenatal care, maternity care coordination, WIC, family planning, and well baby care. The project works with delivery hospitals, pediatricians, family medicine practitioners and obstetrician-gynecologists within the pilot counties to engage them in training and screening.

Moderator:
Stacey Matthews-Woodson, MS, RD, LDN, Registered Dietician, Drexel University College of Medicine, Philadelphia, PA

Presenters
Sarah Verbiest, DrPH, MSW, MPH, Executive Director, Center for Maternal and Infant Health, University of North Carolina at Chapel Hill, NC
Erin McClain, MA, MPH, Program Coordinator, UNC Sheps Center for Health Services Research, Chapel Hill, NC
Improving Birth Outcomes


Family-Centered Care
Women's & Perinatal Health
Health Equity & Social Justice

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care

Men are essential to MCH. Much has been written on a father’s influence on child health and development, but little is known regarding the role of the expectant father in pregnancy outcomes. A great deal of what we know and understand about fathers during pregnancy has stemmed from research on the mother. Investigators have documented that expectant fathers can be a strong source of support or stress during labor and delivery, but more research is needed to better understand exactly what role the expectant father plays in pregnancy outcomes. This session will present a set of policy, research and practice recommendations implicating the significant role that expectant fathers can play in ensuring healthy pregnancies and infants.

Moderator and Presenter
Jermane Bond, PhD, Research Associate, Joint Center for Political and Economic Studies, Health Policy Institute, Washington, DC

Part 2: Harnessing the Power of Public-Private Partnerships: The Text4baby Program

Health Information Technology & Social Media
Women's & Perinatal Health
Infant & Child Health

MCH Leadership Competency 5: Communication
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

Text4baby is a free mobile information service designed to promote maternal and child health. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides pregnant women and new moms with information they need to take care of their health and
give their babies the best possible start in life. Women who sign up for the service by texting BABY (or BEBE for Spanish) at 511411 will receive free SMS text messages each week, timed to their due date or baby’s actual date of birth. During this session, HMHB and partners from the New Hampshire Department of Health and Human Services and the New York City Department of Health and Mental Hygiene will discuss best practices and lessons learned around the promotion of text4baby in local communities. This will include how to build a public-private partnership, how to work with other government agencies, and how to obtain external funding to support promotional efforts.

Moderator and Presenter
Lauren Sogor, MPH, Partner Relations Manager, text4baby, National Healthy Mothers, Healthy Babies Coalition, Alexandria, VA

Presenter
Lissa Sirois, RD, IBCLC, WIC State Breastfeeding Coordinator, New Hampshire Department of Health and Human Services, Concord, NH

D7
Child Health
Room:

Part 1: Addressing the Health and Mental Health Needs of "Suddenly Military" Families and Their Children

Health Equity & Social Justice
Youth in Transition
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

The term “suddenly military” is used to describe reservists from all branches of the military and the members of the National Guard who are suddenly deployed from a civilian job and life into full-time military service, leaving their family members in need of support services and resources. Unlike children who live on military bases, children of National Guardsmen and reservists do not have regular access to resources to help them deal with the deployment of a family member or with grief and trauma. This workshop will provide an overview of what is meant by "suddenly military;" a description of the military culture and the uniqueness of reservists; an overview of typical problems faced, including the effects on overall family dynamics and on individual children academically, emotionally and behaviorally; and tools
and resources to assist public health professionals in partnering with schools, families and community agencies.

Moderator and Presenter
Laura Brey, MS, Training Director, National Assembly on School-Based Health Care, Washington, DC

Presenters
Joey Marie Horton, MBA, Co-Executive Director, NYS Coalition for School-Based Health, Watertown, NY
Jane Lima-Negron, MSW, Co-Executive Director, NYS Coalition for School-Based Health, Bronx, NY

Part 2: Improving the Ease of Use of Developmental Screening

Health Equity & Social Justice
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

This session is intended for AMCHP members who are interested in improving the rates and effectiveness of developmental screening in their localities and states. During the session, the participants will review the benefits of developmental screening and discuss how screening is articulated with full assessment and intervention. They will consider common barriers to the ease of use of developmental screening and will reflect on whether they are encountering these barriers in their settings. Through discussion and a problem solving exercise, they will have the opportunity to explore potential solutions to the common barriers of lack of resources, lack of training, inadequate interest, inadequate reimbursement and high-risk populations including families from linguistic minorities.

Moderator and Presenter
Judith Palfrey, MD, T. Berry Brazelton Professor of Pediatrics, Children's Hospital-Harvard Medical School, Boston, MA

D8
Wellness
Room:

Part 1: Nutrition in MCH: Opportunities and Challenges for Today’s Women, Children and Families
Partnerships & Collaboration
Workforce & Leadership Development

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 12: Policy and Advocacy

Nutrition is recognized as vital to well-being and there is now an unprecedented interest and will related to improving health through better nutrition, especially in the areas of chronic disease reduction, breastfeeding promotion and obesity prevention. Nutrition problems among the nation’s women and children continue to contribute to widespread health, intellectual and developmental problems, reduced productivity and higher health care costs. The nutritional well-being of the MCH population is inadequate as evidenced by the increase in obesity, poor eating habits, low rates of breastfeeding initiation and duration and other measures. The MCH community is challenged to take action and make a difference by strengthening the nutritional status of women, children, youth and their families, including children with special health care needs. Participants will identify areas of strength and concern, discuss possible solutions, and identify how nutrition for MCH populations can be enhanced.

Moderator and Presenter
Helene Kent, RD, MPH, Consultant, Association of State and Territorial Public Health Nutrition Directors, Denver, CO

Presenter
Phyllis Crowley, MS, RD, IBCLC, Association of State and Territorial Public Health Nutrition Directors (ASTPHND) President Elect/President; Utah State WIC Nutrition Coordinator, ASTPHND, Salt Lake City, UT

Part 2: Got Sleep? The Impact of Sleep Problems on Maternal and Child Health

Adolescent Health
Women's & Perinatal Health
Health Equity & Social Justice

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 12: Policy and Advocacy

Sleep deprivation is a major public health concern for children and adults, with prevalence rates as high as 50-60%. Sleep problems include such disorders as obstructive sleep apnea, narcolepsy, periodic leg movements and bruxism. In addition, many pediatric sleep problems are behavioral in origin. Poor sleep in children often results in behaviors similar to those of ADHD and has been linked with decreased
ability to reason, think abstractly and express creativity, as well as health problems such as obesity, diabetes, hypertension and increased mortality. Some pediatric sleep disorders are more common in African American than white children, contributing to health disparities. Adult sleep-related deficits in judgment affect the children these adults raise and mentor. This presentation will outline the public health ramifications of poor sleep, summarize the various medical and psychosocial roots of inadequate sleep, and discuss how public health professionals can begin to address this significant health problem.

Moderator and Presenter
Susan Horky, MSW, LCSW, Co-Director and Social Work Faculty, University of Florida Pediatric Pulmonary Center (UFPPC), Gainesville, FL

Presenter
Ellen Bowser, RD, LD, Nutrition Faculty, UFPPC, Gainesville, FL

Note: Continuing Education is not available for session D9. This power session will be held twice within the session period.

D9
Rethinking MCH—Life Course as an Organizing Framework
Room:

MCH Leadership Competency 1: MCH Knowledge Base

This session will provide participants with the opportunity to learn about the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) work to incorporate life course, social determinants of health and health equity theories into its strategic planning framework.

Presenters
Cassie Lauver, ACSW, Director, Division of State and Community Health, MCHB, Rockville, MD
Peter van Dyck, MD, MPH, Associate Administrator, HRSA, Rockville, MD
Monday, February 14, 10:45 a.m. – Noon
Workshops (E1-E11) – Shared with Family Voices

E1
Ensuring Language Access for Our Diverse Community: Rights and Resources

Room:
Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building
Health Equity & Social Justice

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems

Growing numbers of U.S. families speak languages other than English, making language access ever more important. Research demonstrates that effective communication with families is essential to improving maternal and child health, and that language access is critical to effective communication and health literacy. This workshop will provide information on the right to language access for families with limited English proficiency, requirements and tools to conduct language access self-assessments and develop language access plans, and resources to assist state agencies and family organizations to enhance and expand language access. We will provide an overview of the laws that require all federal and federally-funded agencies to ensure language access, share a language-access assessment, build plan-development skills, and connect participants to www.lep.gov, a federal cross-agency initiative. We will also facilitate the sharing of participant experiences with improving language access.

Moderator and Presenter
Diana Autin, JD, Executive Co-Director, Statewide Parent Advocacy Network (SPAN), Newark, N...
E2
Partnerships Are Key in Measuring and Improving Quality in Child Health
Room:
Family-Centered Care
Partnerships & Collaboration

This workshop will help MCH and family leaders learn about current national quality improvement efforts, strategies for strengthening partnerships for the delivery of quality care, and current quality improvement activities underway that may be replicated in other states. Change concepts, tools and strategies will be shared to address gaps in practice and equip attendees with knowledge to implement changes within their own organizations. Family-created tools for identifying quality family-centered care will also be shared.

E3
Developing Family Leaders by Competency Integration: The Family Scholars Program
Room:
Advocacy
Family-Centered Care
Cultural Competence

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 2: Self-Reflection
MCH Leadership Competency 5: Communication
MCH Leadership Competency 12: Policy and Advocacy

MCH programs engage family members as consultants, advisers and program staff through Title V and Title V-funded programs. States engage consumers and aim to develop family leaders in different ways. Additionally, how they train and provide support to families varies nationally. There is no one-size-fits-all. Regardless of the mechanisms, MCH programs are invested in family involvement. AMCHP is invested in developing family leaders as well. For more than 10 years it has engaged family leaders from across the country as family scholars and mentors through the Family Scholars Program. Over the last year the program has shifted from just providing a scholarship for participants to attend the annual conference to a 12-month program that is integrating seven of 12 MCH Leadership Competencies, selected by AMCHP’s Family & Youth Leadership Committee. Participants engage in monthly webinars, are provided readings, and complete specific activities centered around a specific competency or competencies. The presentation will highlight the impact on individual leadership development, how resources are being shared with other families, how they are integrating it within their role in MCH and lessons learned.

Moderator and Presenter
Librada Estrada, MPH, Associate Director, AMCHP, Washington, DC

E4
Supporting and Enhancing Developmental Screening Initiatives Through Family, Professional and State Partnerships
Room:

Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 5: Communication
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building

The use of standardized developmental screening tools is not routine practice by the majority of Maryland’s pediatric primary care providers. Educating primary care providers, providing intensive support for practices, and engaging parents in the developmental screening process combine several initiatives to provide continuity and to ensure ongoing success in the implementation of developmental screening statewide. Partnerships were formed among a diverse group including families, state agencies, AAP chapters and Johns Hopkins School of Medicine to ensure a comprehensive approach. The growth of this collaboration and the planned expansion have not been without challenges and barriers. The workshop will review lessons learned, findings regarding the practices’ implementation of developmental screening, and the challenges of engaging parents in the developmental screening process, especially in communities that are some of the state’s most vulnerable due to poor
socioeconomic status, low community assets, and reluctance to trust. Strategies to engage diverse partners around developmental screening and to enhance communication between state agencies, family organizations and other critical partners will be explored.

Moderator and Presenter
Tracy King, Assistant Professor, Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD

Presenter
Kelly Meissner, Special Projects Coordinator, The Parents’ Place of Maryland, Glen Burnie, MD

E5
Culture as a Lens for End of Life Care

Room:

Family-Centered Care
Partnerships & Collaboration
Health Equity & Social Justice

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 12: Policy and Advocacy

Families and health care providers of CYSHCN may face the painful process of caring for them at the end of their lives. Ever-increasing national cultural diversity underscores the need for an understanding of the role of culture in decision-making processes, grief, needs for support and how families experience the health care and legal systems that set the guidelines for how this care is delivered. Achieving the MCHB outcome for CYSHCN, that families will be partners in decision-making at all levels, is essential at this critical point. Creating effective and supportive partnerships in this care requires an understanding of the cultural lens on this process. Workshop participants will learn about the multiple dimensions of culture, cultural variables that impact end-of-life care, how current laws and policies about end-of-life care reflect cultural values and beliefs, the impact of religious and spiritual beliefs at the end of life, the potential conflict between the “culture of medicine” and the cultures of families and care providers, and strategies to address cross-cultural differences.

Moderator
Wendy Jones, MEd, MSW, Director, CYSHCN Project, and Senior Policy Associate/Research Instructor, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC
E6
System Building by Way of Transformational Partnerships: You Can Do It Too!
Room:

Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building
Infant & Child Health

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Clearly, simply identifying a need is often not enough to change a system. Instead, strategic alliances and supported incubation provide the structure within which cross-systems, silo-free planning efforts transform systems and address needs. Our presenter team will share lessons learned from the Indiana Association for Infant and Toddler Mental Health (IAITMH) partnership with Indiana’s MCH ECCS Sunny Start project to create a statewide comprehensive professional development and endorsement process for early childhood professionals across systems that support the social emotional needs of young children and their families. This session will describe the unique incubator approach used to foster key partnerships, resulting in a translatable outcome-based effort to drive systems change, taking advantage of IAITMH’s nonagency affiliation to champion systems change, thereby making service possible for all children throughout the state. This successful alliance and journey provides a road map for others seeking to address complex problems and needs.

Moderator
Rylin Rodgers, BA, Family Leader, Riley Child Development Center, Indianapolis, IN

Presenters
Stephan Viehweg, ACSW, LCSW, Associate Director/Training Director, Riley Child Development Center, Indianapolis, IN
Judy Ganser, MD, MPH, Medical Director, Indiana State Department of Health, Indianapolis, IN

E7
Integrating Education and Health Care Transition: The Interdisciplinary Collaborative on Health Care and Education Transition
Room:

Adolescent Health
Workforce & Leadership Development
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

The worlds of health care transition (HCT) and education transition (ET) rarely interact. The word “transition” has very different meanings in the two spheres. This is an artificial separation: health care and vocational interests are integral concerns of each child and the adult he or she will become. The separation minimizes effectiveness, limits transition efforts overall and is confusing and frustrating for families. The Interdisciplinary Collaborative on Health Care and Education Transition (ICHET) first convened in the spring of 2009 in response to the increased need for communication between health care providers and educators about the respective transition processes in their fields. ICHET includes interdisciplinary representatives from the University of Florida (UF) Colleges of Medicine (physician, social worker, family partner) and Education and the UF Institute for Child Health Policy. ICHET works at the level of policy change and professional and family education to integrate HCT and ET. This interactive workshop will discuss ICHET’s work, identifying the major challenges and highlighting recommendations for integrating HCT and ET for CYSHCN. Participants will be encouraged to talk about past experiences and suggestions for best practices.

Moderator
Jeanne Repetto, PhD, Associate Professor, College of Education, University of Florida, Gainesville, FL

Presenters
Susan Horky, MSW, LCSW, Co-Director and Social Work Faculty, University of Florida Pediatric Pulmonary Center (UFPPC), Gainesville, FL
Angela Miney, BA, Family Partner, UFPPC, Gainesville, FL
John Reiss, PhD, Associate Professor of Pediatrics, University of Florida, Gainesville, FL

E8
Applying the Principles of Patient- and Family-Centered Care to Advocacy Efforts
Room:

Family-Centered Care
Partnerships & Collaboration
MCH Leadership Competency 6: Negotiation and Conflict Resolution
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 12: Policy and Advocacy

This workshop will provide an opportunity for participants to expand their understanding of the power of parent-professional partnerships. Starting with a foundation of respectful collaboration, participants will hear about one family's journey to self-advocacy and how that journey was integrated into advocating for improvement within the organization so that the care provided is truly patient- and family-centered. Opportunities and challenges of creating the structure for patient and family involvement will be shared, as well as how that partnership was applied at the community, state and federal legislative levels. With the present opportunity for health care redesign, it is important that MCH professionals and patients and families learn how to become better, more efficient, more collaborative partners with one another. This workshop will present guidelines for establishing, improving and sustaining the parent-professional partnership for advocacy efforts.

Moderator and Presenter
Libby Hoy, BS, Patient and Family Centered Care Consultant, Miller Children's Hospital, Long Beach, CA

Presenter
Rita Goshert, MA, CCLS, Clinical Operations Manager, Child Life, Miller Children's Hospital, Long Beach, CA

E9
Parent Roles and Life Experience: Jobs, Work and Education
Room:

Workforce & Leadership Development

Although studies have documented the activities of daily living (e.g. feeding, bathing, personal hygiene) that parents of CSHCN assist with, the more skilled aspects of the parenting job have not been thoroughly examined. Presenters will discuss a qualitative study that uses job analysis, a tool of occupational research, to describe the job of parenting a child with special needs in terms of the tasks and duties involved and the skills needed to perform them. Matching the tasks and skills discussed by the parents with formal job definitions in the U.S. Department of Labor’s Occupational Information Network enabled us to identify the main occupations parents performed. We will discuss the value and implications for: parents and their employment opportunities, fiscal and social policy, healthcare services and parent-training, and the design of workplace policies to accommodate employed parents. Many family organizations engage parent leaders in an array of training and consultation roles. Organizations often report a cohort of parent leaders who frequently participate in these opportunities and who sometimes receive compensation for their efforts. However, many of these parent leaders do
not have educational degrees or permanent employment. This session will focus on how to assist families in documenting an array of life experiences, including formal training through parent organizations and consultation experiences. The process is one being used in Connecticut with an array of parent organizations and has assisted parents in developing a portfolio that can be used as part of a resume or to obtain college credit if enrolled in an institution of higher education.

Presenters
Alison Earle, PhD, Principal Research Scientist, Institute on Urban Health Research (IUHR), Northeastern University, Boston, MA
Dolores Acevedo-Garcia, PhD, Associate Professor, IUHR, Northeastern University, Boston, MA
Lindsay Rosenfeld, MS, ScD, Associate Research Scientist, IUHR, Northeastern University, Boston, MA
Molly Cole, Associate Director, Family Voices, Farmington, CT

E10
Merging Data and Policy for Children's Health: Influencing Change at the State Level Using the National Surveys of Children's Health and CSHCN

Room:
Infant & Child Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 12: Policy and Advocacy

The National Surveys of Children's Health and CSHCN provide national- and state-level data on the health and well-being of U.S. children. The surveys can be used by child health leaders and advocates for state-level system and policy improvements. These surveys also can be merged with other data sources to examine how policy-level factors can affect child health outcomes. We will examine various policy-relevant analyses such as: (a) how these data will be used in California as a tool to bring about improvements to the state’s system; (b) state changes in cigarette taxes and clean air legislation between the 2003 and 2007 surveys in relation to household smoking and smoking-sensitive children with asthma; (c) how state context impacts outcomes regarding obesity by considering statewide demographic characteristics for the same variables used at the individual child level; and (d) the association between a child receiving developmental screenings and how the child's state is categorized regarding eligibility for state-sponsored early intervention services. Participants also will learn how to do analyses for their own states using the MCHB-sponsored Data Resource Center website.

Moderator
Michael Kogan, PhD, Director, Office of Epidemiology, Policy and Evaluation, MCHB, HRSA, Rockville, MD

Presenters
E11
A Multidisciplinary Approach to Creating Healthy Families
Room:

Infant & Child Health
Partnerships & Collaboration

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems

This workshop will describe a multidisciplinary approach to improving child health and well-being. Child Health Investment Partnership (CHIP) of Roanoke Valley, Virginia, has responded to the multiple needs of low-income families by using a team-based approach unique among home visiting programs. Empowerment of families is achieved by teaching parents how to self-manage the preventive health care of their children, reducing barriers to care as well as costly emergency room visits. Home visits using nurses and early childhood and mental health professionals provide the vehicle to deliver family-centered case management services including asthma, oral health and prenatal health care. Parents are provided with early childhood development information through their children’s critical early years as well as support to gain self-sufficiency for the family. CHIP addresses mental health risks through in-home family support and parenting education. Families receive support, encouragement, therapeutic interventions, parenting guidance and referrals for counseling, psychiatric evaluation, medication management and in-home treatments. This workshop will also discuss the multiple positive child and family physical, mental and oral health outcomes.

Moderator and Presenter
Robin Haldiman, CEO, Child Health Investment Partnership (CHIP) of Roanoke Valley, Roanoke, VA

Presenters
Lin Young, RN, AC-E, PhD, Director of Nursing and Training, CHIP of Roanoke Valley, Roanoke, VA
Dianna Journell, Director of Family Support Services, CHIP of Roanoke Valley, Roanoke, VA

Monday, February 14, 2:45 p.m. – 4:00 p.m.
Workshops (F1-F11) – Shared with Family Voices
Much of the work of keeping children healthy occurs at home and in the community, therefore it is essential that families understand the key roles they have in carrying out Bright Futures (BF) recommendations. Fortuitously, there are many existing and potential partners and new and existing BF materials especially for families! Note that BF addresses the health of all children, including CYSHCN. With professional and family partners, Family Voices (FV) has developed a panoply of family resources including a newly updated BF for Families Pocket Guide, which complements and coordinates with the American Academy of Pediatrics (AAP) Bright Futures 3rd Edition; theme sheets; BF Family Matters, an electronic newsletter; and workshop outlines to create opportunities for information-sharing and discussion. We will share ideas and strategies for ways to reach and reinforce families at well-child health visits, WIC clinics, family workshops, home visits, and electronically. In addition, the FV Bright Futures for Families initiative, working with AAP, BF organizations, and the F2Fs, has as a goal to ensure families are knowledgeable about and feel supported in their role of promoting their children’s health and wellness. We will demonstrate the usefulness of new BF for Families materials, reinforce the importance of what families do to promote their children’s health, emphasize the family’s role as a partner with providers in their children’s health care, provide strategies families can use to help their children take responsibility for health care, and link health and wellness concepts to the six National Performance Measures for the F2Fs.

Moderator
Betsy Anderson, IMPACT Project Director, Family Voices, Boston, MA

Presenters
Beth Dworetzky, MS, Project Director, Massachusetts Family Voices at the Federation for Children with Special Needs, Boston, MA
Mercedes Rosa, Project Coordinator, SPAN, Newark, NJ
Paula Duncan, MD, University of Vermont College of Medicine, VCHIP, Burlington, VT
MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication

Epidemiological data have revealed that children, especially those with certain high-risk medical conditions, were most at risk for flu complications during the 2009 H1N1 influenza pandemic. This workshop will describe how the CDC Children’s Health Team’s efforts during the 2009 H1N1 response contribute to ongoing outreach to CYSHCN, with a specific focus on communication, partnership and collaboration. Continued work on message development and corresponding communication and dissemination plans will assist in accounting for children’s health during future emergency response activities. The Children’s Health Team’s activities focused on key target audiences, specifically parents, clinicians and organizations that serve children with high-risk medical conditions. Specific efforts included (a) collaborations between CDC subject matter experts and the American Academy of Pediatrics, (b) collaboration and outreach to and with national child care leaders from both the public and private sectors to communicate CDC guidance and offer technical assistance and training and (c) collaboration across CDC’s 2009 H1N1 response teams to ensure that guidance specifically addressed the needs of CYSHCN.

Moderator and Presenter
Adina de Coteau, MPH, ORISE Fellow, National Center on Birth Defects and Developmental Disabilities, CDC, Atlanta, GA

Presenter
Georgina Peacock, MD, MPH, Medical Officer and Senior Service Fellow, CDC, Atlanta, GA

F3
Medicaid Buy-In Programs: Do They Make a Difference to Families of Children and Youth with Special Health Care Needs?
Room:

Advocacy
Partnerships & Collaboration
Data, Evaluation, & Research Methods

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

The Family Opportunity Act (FOA) allows states to create a buy-in program to expand Medicaid coverage to children with severe disabilities who have family incomes of up to 300% of the federal poverty level. The policy rationale for the buy-in program is to allow families of CYSHCN to access the more robust package of benefits and lower cost-sharing offered through the Medicaid program while removing the
disincentive to earning that current income eligibility limits create. A few states are beginning to implement this aspect of the FOA, even though there is little evidence in the literature about outcomes of existing Medicaid buy-in programs. The Catalyst Center has begun a research project with two states, Louisiana and Massachusetts, to evaluate how Medicaid buy-in programs impact CYSHCN and their families. In this workshop we will report preliminary findings on family ability to retain or obtain employer-sponsored coverage, parental workforce participation, family medical debt, health outcomes for children, crowd out, and health insurance choices. By learning more about the implications of buy-in programs for children, families and states, we hope to encourage more active take-up of the FOA option.

Moderator
Lynda Honberg, MHSA, Project Officer, DSCSHCN, MCHB, HRSA, Rockville, MD

Presenters
Meg Comeau, MHA, Director, Catalyst Center, Boston University School of Public Health, Boston, MA
Sara Bachman, PhD, Research Director, Catalyst Center, Boston University School of Social Work, Boston, MA

F4
Building a Statewide Family-Driven Navigator Network for Families of Children with Developmental Disabilities
Room:

Partnerships & Collaboration
Advocacy

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

Supporting families raising children with developmental disabilities by providing a one-stop navigation network has been proven to enhance the capacity of children and their families in making informed choices by helping them find supports and services they need to successfully live, work and recreate in their own communities. The presenters will share details of the Family to Family (F2F) Iowa project, which utilizes family representatives to guide and implement the statewide Navigator Network and access evidence-based health information. They will discuss how merging the F2F Health Information Center and Family Support 360 grant projects strengthens Iowa's system of care for families of children with developmental disabilities and co-occurring or complex health care needs and they will show how building collaboration between two projects with similar but distinct goals promotes the sustainability of both. They will discuss how partnering with multiple family groups and state agencies to develop shared
Navigator competencies will increase the dissemination of high-quality resources, information and services. They will describe planning that has occurred to link partner agency websites with one virtual website. Finally, the presenters will discuss how both system- and community-level quality improvement efforts enhance family leadership.

Moderator
Debra Waldron, MD, MPH, Clinical Associate Professor of Pediatrics and Director and Chief Medical Officer, Child Health Specialty Clinics, University of Iowa Hospitals and Clinics, Iowa City, IA

Presenters
Rachell Swanson-Holm, BS, Project Director, Family to Family Iowa Support 360, Child Health Specialty Clinic (CHSC), University of Iowa Hospitals and Clinics (UIHC), Fort Dodge, IA  
Barbara Khal, MA, Program Consultant Director, Division of Public Health, CHSC, UIHC, Iowa City, IA  
Erica Zito, Project Director for Iowa’s Family to Family Health Information Center, CHSC, UIHC, Iowa City, IA

F5
Engaging Parents from Diverse Communities as Leaders and Advisors
Room:

Health Equity & Social Justice  
Workforce & Leadership Development  
Partnerships & Collaboration

MCH Leadership Competency 2: Self-Reflection  
MCH Leadership Competency 5: Communication  
MCH Leadership Competency 7: Cultural Competency  
MCH Leadership Competency 11: Working with Communities and Systems

Families who have children with special health care needs have a unique perspective on systems of supports for their children and have firsthand knowledge of organizations’ policies, procedures and quality improvement initiatives. Families generally, and specifically from diverse populations, may not participate in advisory or other leadership roles. This often occurs because neither appropriate supports nor cultural considerations are in place to assist families from diverse backgrounds. The session will (a) present guiding principles for culturally and linguistically competent family involvement, (b) explore perspectives of challenges and barriers to involvement, (c) feature a parent’s journey of moving from being a “token” parent with little support to one who is fully engaged and a national leader, (d) highlight Shared Participation, a recent publication that will be a helpful resource for participants to apply to their work and (e) provide effective strategies that participants can use in family involvement initiatives.

Moderator and Presenter
Barbara Katz, MA, Co-Director, Family Voices of Wisconsin, Madison, WI

Presenters
Trish Thomas, Family Voices National TA/Partnership Coordinator, National Center for Family Professional Partnerships, Albuquerque, NM
Wendy Jones, MEd, MSW, Director, CYSHCN Project, and Senior Policy Associate/Research Instructor, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC

F6
Enhancing Pediatric Medical Homes
Room:
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building

The Rhode Island Pediatric Practice Enhancement Project (PPEP) has increased the capacity and quality of care for CYSHCN. PPEP places Family Resource Specialists on site in pediatric primary and specialty care practices to link families (over 4500 to date) with community resources and specialty services, assist physicians in providing family-centered care, and identify barriers to comprehensive and coordinated care. PPEP has been evaluated on several levels with significant positive results including health care cost savings, improved care coordination, increased family satisfaction and improved physician productivity. Rhode Island’s PPEP administrators provided technical assistance to the Nebraska Medical Home Learning Collaborative (NMHLC) in their planning for and implementation of a parent-professional partnership model of care coordination. As a result, the NMHLC is supporting three parent partners in primary and specialty care practices. This presentation will highlight how parent professional partnerships enhance medical homes and demonstrate how the PPEP model translates across states and in a variety of practice settings. The presentation will be of interest to state and local leaders from parent and professional organizations.

Moderator and Presenter
Deborah Garneau, MA, Special Needs Director, RI Department of Health, Providence, RI

Presenters
Lisa Schaffran, Associate Director, RI Parent Information Network, Cranston, RI
F7
The Role of Family Organizations in Enhancing Performance on the Core Outcomes for CYSHCN
Room:

Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 5: Communication
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems

Research demonstrates that effective communication and collaboration with families is essential to improving maternal and child health. Family-led organizations, whose primary mission is empowering families, are indispensable partners in improving communication and collaboration with families. Family-led organizations have the “on the ground” connections to community-based organizations that serve families whose children have the poorest health outcomes. This workshop will provide MCH programs and family organizations with concrete, how-to information, resources and tools on the role of family organizations in partnering with state MCH agencies to improve state performance in the six core outcomes for CYSHCN, especially for underserved children and families. It also will provide strategies and tools to develop and strengthen family-state partnerships from the perspective of two Family Voices state affiliates who house their State Improvement Grant for Integrated Community Systems of Care for CYSHCN, in partnership with their state departments of health and American Academy of Pediatrics chapters. The workshop will also facilitate the sharing of participants’ experiences with family organization leadership in the six core outcomes.

Moderator and Presenter
Diana Autin, JD, Executive Co-Director, Statewide Parent Advocacy Network, Newark, NJ

Presenter
Josie Thomas, Executive Director, Parents Place of Maryland, Glen Burnie, MD

F8
Understanding the Lives of CYSHCN Using a Video Intervention/Prevention Assessment
Room:

Adolescent Health
Data, Evaluation, & Research Methods
Cultural Competence

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication
MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care

This presentation describes the Video Intervention/Prevention Assessment (VIA) project at the University of Florida. VIA methodology, which originated at Boston Children’s Hospital, gives CYSHCN the opportunity to teach health care providers about life with a disability and to empower these children and youth in their own care. Teens with disabilities are loaned camcorders and are asked to “teach your provider about your condition.” Teens are encouraged to film family members, interests and activities, school and work, friends and social life, medications and treatments, views of health care and any other aspect of life they consider important. Teens are also asked to use the camcorders to create “video diaries,” talking about their feelings and observations about events and relationships in their lives. Implicit in these goals is the third, complementary goal that health care providers will learn about the lives of CYSHCN. VIA videotapes are transcribed and analyzed qualitatively to identify themes and topics that emerge when youth with chronic illnesses discuss their lives to teach providers nationwide about their views of CYSHCN.

Moderator and Presenter
Susan Horky, MSW, LCSW, Co-Director, Pediatric Pulmonary Center (PPC) Leadership Training Program, University of Florida, Gainesville, FL

Presenter
Angela Miney, BA, Family Partner, University of Florida PPC, Gainesville, FL

F9
Legislative Briefing: Advocating for MCH in the Era of Health Reform Implementation
Room:
Advocacy

MCH Leadership Competency 12: Policy and Advocacy

Come learn about the latest on AMCHP’s and Family Voices’ advocacy on behalf of maternal and child health and children and youth with special health care needs. This session will empower participants with new skills and key messages about how to be more effective advocates.

Moderator and Presenter
F10
Place-Based Initiatives to Promote Healthy Child Development: Communities of Practice Project
Room:

Partnerships & Collaboration
Workforce & Leadership Development
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

The Communities of Practice (COP) promotes the health and well-being of children by supporting a “community” of eight innovative, cross-sector, place-based children’s initiatives and national child health policy experts. This community is identifying promising policies and practices to spread these children’s initiatives across the county. Children and their families come into contact with services and programs in multiple systems, such as primary care, child care, education, and parks and recreation, from the moment they are born. These systems have the opportunity to work together to promote healthy child development. Across the country, a number of communities have developed innovative, place-based initiatives, which target a specific geographic area rather than any one specific issue. They promote coordination, collaboration and integration across sectors and engage families and communities. The work of COP will serve as a model for the rest of the country. The lessons learned, strategies and policies that are discussed can be used by other states and communities, federal officials, and national and state advocacy organizations to build and sustain comprehensive, integrated place-based initiatives similar to the COP.

Moderator and Presenter
Debbi Chang, MPH, Vice President, Policy and Prevention, Nemours, Washington, DC

F11
Good Communication: Understanding Differences, Building Successful Relationships
Room:

Partnerships & Collaboration

This interactive workshop will help participants reflect on how their personal backgrounds and experiences impact how they communicate and interact with others. We will discuss how simple
misunderstandings due to differences in communication styles can impact professional relationships, and how a resource or approach which worked well for one family may appear useless to another with apparently similar circumstances but different family dynamics. True life examples will be shared. Group discussion will explore how culture, ethnicity, gender and economic status impact communication. Due to current economic challenges, many families are themselves unsure about how to communicate their needs within the service systems they need to access. Successful collaboration is key. Additionally, we will take a humorous yet thought-provoking look at core differences between physicians and parents/family leaders. Using the famous book Men are from Mars, Women are from Venus as a backdrop, MCH grantees, parent partners and family leaders will learn how fundamentally different physicians and parent partners are. The director of integrated systems for a statewide parent advocacy network will use stories from the field to illustrate these differences. If patient-centered medical homes are really the wave of the future and parent partners are an integral part, an argument can be made that family leaders must master a new code of conduct and understand the communication style of physicians. Likewise, parent leaders will see the impact of using our most valuable resources, our families and staff, as cultural brokers to facilitate our navigation into new waters.

Presenters
Julie Sullivan, AS, State Coordinator, Family Voices of Tennessee, Nashville, TN
Trish Thomas, AA, Family Voices National TA/Partnership Coordinator, Family Voices National, Albuquerque, NM
Jennifer Bolden Pitre, MA, JD, Director Integrated Systems, SPAN, Cherry Hill, NJ

Monday, February 14, 4:15 p.m. – 5:30 p.m.
Workshops (G1-G11) – Shared with Family Voices

G1
Family-to-Family Support Increasing Family Capacity for Active Involvement in the Health Care of Children and Youth with Special Health Care Needs
Room:
Advocacy
Partnerships & Collaboration

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 5: Communication
MCH Leadership Competency 12: Policy and Advocacy

Effective family-to-family support is one of the least expensive supports we can offer families and it has the potential to reap large rewards for both the families and the medical communities. Increasing a family’s capacity to effectively partner with their child’s or youth’s physicians leads to more effective
decision making and greater family satisfaction with the health care system. Family support partners are effective in helping others access community-based supports and services. They can help new families navigate the often complex world of disability and health care services. Use of these supports and services improves outcomes for both the child and the family. Teaching families the skills of self-advocacy not only helps them gain confidence in their ability to care for their child but it also increases the likelihood that they will receive the services they have determined to be most needed. Increasing family confidence in their ability to advocate for their own child positions them to be able to advocate for broader change in their community, state or federal programs for families of children with special health care needs.

Moderator and Presenter
Gloria Klinefelter, RN, Family Services Coordinator, Community Circle of Care, Dubuque, IA

Presenter
Vickie Miene, LMHC, Program Director, Community Circle of Care, Dubuque, IA

G2
Engaging Child Health Providers in Medical Home: Connecticut’s EPIC Program
Room:

Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

MCH Leadership Competency 5: Communication
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

Connecticut’s CYSHCN program funds five regional care coordination centers to support pediatric medical home practices. The goal of organizing services this way is to give medical homes a resource for finding services for CYSHCN and building their capacity to coordinate care. The CYSHCN program also funds regional family support professionals to help practices in connecting families to support resources. Connecticut’s EPIC program uses an academic detailing model to educate practices about DPH CYSHCN services to support their implementation of medical home. Evaluation of the EPIC program has shown positive results in terms of provider learning as well as family outcomes. This session will review the organization of Connecticut’s CYSHCN program, how it engages child health providers in using the program components, and how family-centered care is promoted through the engagement process. Presenters will describe program activities and resources and review evaluation data. There will be ample time for questions as well as discussion among participants about their strategies for engaging pediatric providers in care coordination and family centered services for CYSHCN.
Moderator and Presenter
Lisa Honigfeld, PhD, Vice President for Health Initiatives, Child Health and Development Institute, Farmington, CT

Presenters
Ann Gionet, BBA, Health Program Associate, CT Department of Public Health, Hartford, CT
Tesha Imperati, Medical Home Family Support Coordinator, CT Family Support Network, North Haven, CT

G3
Promoting Healthy Nutrition Practices Among Black Families
Room:
Advocacy
Health Equity & Social Justice

MCH Leadership Competency 7: Cultural Competency

The session focus will be on facilitating the discussion of both successes of and challenges to supporting communities in their effort to develop and strengthen strategies that promote positive nutrition among African-American families with young children. Presenters share materials that help to heighten the visibility and effectiveness of positive nutrition campaigns and curricula in African-American communities.

Moderator and Presenter
Suzanne Randolph, PhD, Chief Science Officer, The MayaTech Corporation, Silver Spring, MD

Presenters
Pearline Tyson, Program Associate, National Black Child Development Institute, Washington, DC
Natii Wright, Program Manager, Summit Health Institute for Research and Education, Inc. (SHIRE), Bowie, MD

G4
Families as Agents of Change: Building Infrastructure and Systems for CYSHCN
Room:
Family-Centered Care
Workforce & Leadership Development
Youth in Transition
States Title V programs and DSCSHN continue to strive to include families and youth. Yet there is more work to be done to embrace families and engage families and youth as agents of change. Family involvement has been marked by steady movement along the continuum from no family involvement to involvement through active engagement; yet only some states have moved to the point of employing families and youth as agents of change. Engaging families as agents of change needs to be a more purposeful act that is important not only for systems integration but for sustainability.

Moderator
Lynda Honberg, MHSA, Project Officer, DSCSHCN, MCHB, HRSA, Rockville, MD

Presenters
Nancy Kasen, Director, John Snow, Inc., Boston, MA
Josie Thomas, Executive Director, Parents Place of Maryland, Glen Burnie, MD
Dawn Wardyga, Director, Health and Public Policy, RI Parent Information Network/Family to Family Health Information Center, Cranston, RI
Deborah Garneau, MA Special Needs Director, Rhode Island Department of Health, Providence, RI

G5
Parents and Professionals as Partners in Assessments, Outreach, System Development, Care and Evaluation

Room:

Family-Centered Care
Workforce & Leadership Development
Partnerships & Collaboration

Over more than two decades, Rhode Island Title V leadership has been shared with parents raising children with many needs. This session presents the Rhode Island Parent Consultant model, plus detailed discussion of several current parent consultant programs, the daily activities and challenges of a parent consultant in a community pediatric practice and lessons learned by and with hundreds of parent consultants over 25 years. The impact of Rhode Island Parent Consultants on state health policies and on
health insurers has been powerful. Both their direct activities and the resultant medical care savings are well documented. We believe that trained, supported and empowered parents can play many critical roles in building a more effective system of care for all families raising children. The impacts on care (and costs) for CYSHCN are best documented, but the implications for other programs and the impacts on professionals in community settings are equally important, especially as America moves to health coverage for all families. Parent consultants have demonstrated a new alignment of improved care, reduced costs, and a more responsive and satisfying system for both families and professionals.

Moderator and Presenter
William Hollinshead, MD, MPH, Retired, VP of RI AAP, Rehoboth, MA

Presenters
Dawn Wardyga, Director, Health and Public Policy, Rhode Island Parent Information Network (RIPIN)/Family to Family Health Information Center, Cranston, RI
Laura Jones, Director of Health Programs, RIPIN, Cranston, RI

G6
Regional Genetic and Newborn Screening Service Collaboratives Working with Patient and Family Organizations
Room:

Advocacy
Family-Centered Care

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 12: Policy and Advocacy

The seven Regional Genetics and Newborn Screening Collaboratives (RCs) were established to improve the health of children and their families by promoting the translation of genetic medicine into public health and health care services. The RCs strengthen and support the genetics and newborn screening capacity of the states, using a regional approach to addressing maldistribution of genetic services and resources. Working in collaboration with consumer and disease-specific organizations, the RCs have developed a variety of programs to bring genetic and related specialty services closer to the communities and families in their regions. This session will highlight several of these programs from across the nation to illustrate both the mission of the RCs and ways in which consumer and family organizations can partner with the RCs to enhance the provision of comprehensive services to CYSHCN.

Moderator and Presenter
Kate Tullis, PhD, Patient and Family Coordinator, NYMAC, Wilmington, DE
G7
A Model of Working Together to Change the System of Care for CYSHCN: Creating an Infrastructure That Facilitates Networking and Collaboration

Room:

Family-Centered Care

MCH Leadership Competency 5: Communication

The Wisconsin Title V MCHB-funded programs developed a model of working together to ensure program integration through grants management, family involvement and cross-program staffing. This paradigm shift leads to an enhanced service system and produces richer outcomes for the Wisconsin Title V CYSHCN Program, Family Voices, the Wisconsin Leadership Education in Neurodevelopmental Disabilities and the University of Wisconsin Pediatric Pulmonary Center’s interdisciplinary training programs. Partnerships are sustained through three groups: an integrated management team that assures coordination across grants; an MCH partner group that collaborates on training, service and outreach; and the CYSHCN Collaborators Network that promotes messages, refers families and assures information exchange and problem solving on service delivery. Families are partners in all that we do. Shared staff across MCH programs have allowed for more integration of objectives. This interactive session will provide an opportunity for participants to share challenges and success stories of how program integration and collaboration have enhanced the outcomes and sustainability of programs.

Moderator
Amy Whitehead, MPA, CYSHCN Statewide Coordinator, Wisconsin Title V Program, Madison, WI

Presenters
Barbara Katz, BS, MA, Co-Director, Family Voices of Wisconsin, Madison, WI
Sharon Fleischfresser, MD, MPH, Medical Director, CYSHCN, Wisconsin Division of Public Health, Madison, WI
Craig Becker, MSSW, Senior Clinical Social Worker, American Family Children’s Hospital and Clinics, Madison, WI

G8
Got Transition? Opening Doors to a Healthy Future for Youth and Young Adults with (and without) Special Health Care Needs

Room:
Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems

This interactive workshop will serve as an exciting launch of the new national center for health care transition – Got Transition. Staff and cabinet members from Got Transition will copresent key segments. The session combines newly released state-level data on health care transition (HCT) braided with provocative storytelling from a youth and parent navigating the process of transition. Presentations will address the new AAP HCT algorithm and how it can be applied and disseminated; three regional learning collaboratives that ultimately will help state Title V and family/youth leaders develop more effective strategies to improve HCT; and the national center’s initial analysis of state needs, challenges, and activities related to HCT. This workshop will also feature two nationally recognized presenters who will share compelling accounts of their respective journeys through the transition process. Presenters will give an “up close and personal” account of recent interactions with the health care system, sharing lessons learned and strategies for success.

Presenters
Mallory Cyr, BFA, National Youth Program Manager, National Healthcare Transition Center, Leeds, ME
Eileen Forlenza, BS, Director, Colorado Medical Home Initiative, Denver, CO
Jeanne McAllister, Co-Director, Got Transition - the National Health Care Transition Center, Concord, NH
Katherine Rogers, MLA, MPH, Senior Policy Analyst, National Alliance to Advance Adolescent Health, Washington, DC
W. Carl Cooley, MD, Co-Director, Got Transition - the National Health Care Transition Center, Concord, NH

G9
The Massachusetts New-Parent Initiative: An Emotion-Based Social Marketing Campaign

Room:
Health Information Technology & Social Media
Women’s & Perinatal Health
Infant & Child Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 5: Communication
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems
The Massachusetts New Parent Initiative (MNPI), a program with the Massachusetts Department of Public Health and funded by MCHB, is a social marketing campaign targeting health providers working with new mothers. The goal of MNPI is to improve the health of new parents, infants and their families across the lifespan through enhancing communication between providers and new parents using emotion-based messaging and digital stories. This workshop will describe the process MNPI used to develop project messages from its inception through completion as well as lessons learned. Using the project example as a springboard, the workshop will focus on discussing different approaches and methodologies for developing and implementing emotion-based messages and social marketing campaigns in other communities.

Moderator and Presenter
Beth Buxton-Carter, LCSW, Program Director, Massachusetts Department of Public Health (MDPH), Boston, MA

Presenters
Eileen Mack Thorley, MPH, Program Coordinator, MDPH, Boston, MA
Kathleen Curran, BA, Data Collection and Analysis Intern, Boston University School of Public Health, Cambridge, MA

G10
Parent Partners in the Medical Home: The Essential Ingredient
Room:

Health Equity & Social Justice

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building

Two central MCHB performance measures are ensuring that all children and youth have access to a quality medical home and that families are engaged as partners, receive family-centered care and have services organized in a useful way. State MCH programs need to ensure that quality medical homes exist in their states and that family-centered care is embraced in practice. This presentation will describe lessons learned in Pennsylvania that are applicable to other states and MCH programs.

Moderator and Presenter
Renee Turchi, MD, MPH, Director, PA Medical Home Program, St. Christopher’s Hospital for Children and Drexel University, Abington, PA

Presenters
Molly Gatto, MHA, Associate Program Director, PA Medical Home Program, PA Chapter AAP, Media, PA
Parents Take the Lead: Parents Helping Parents Navigate in a Hospital Setting
Room:

Family-Centered Care
Health Equity & Social Justice

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems

In 2009, Children’s National Medical Center created a Parent Navigator Program uniquely based within a hospital setting. The program consists of five paid parent navigators who are parents of children with special needs. They currently serve over 100 families and have resolved over 250 issues and concerns. The Parent Navigator Program was designed to assist families of children with special health care needs who are seen within the primary care clinic or the Complex Care Program at Children’s National. They seek to inform, educate, support, and empower families to be strong partners with their medical teams. They provide emotional support, facilitate communication with providers, and link them to community-based resources. This grant-funded program includes an institutional review board research component, which is optional, to assess family satisfaction with their medical care and perceptions about the access to services. Attendees of this workshop will gain a better understanding of the role of parent navigators within the medical setting and learn how to implement such programs within their own medical settings. Examples of consents, surveys, documentation templates and medical care notebooks will be shared.

Moderator and Presenter
Lisa Stewart, Parent Navigator, Children's National Medical Center (CNMC), Washington, DC

Presenter
Cara Biddle, MD, MPH, Medical Director-Children's Health Center, CNMC, Washington, DC

Tuesday, February 15, 11:00 a.m. – 12:15 p.m.
Workshops (H1-H8)

H1
Child Health Improvement Partnerships: Benefits for MCH Programs
Room:
Quality Improvement, Health Care Financing & Systems Building
Workforce & Leadership Development

MCH Leadership Competency 5: Communication
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Since 1999, several states have formed Improvement Partnerships (IPs) to improve children’s health care quality. IPs are durable collaborations that use a systems approach and quality improvement science to improve care. IPs draw from the expertise of partners from across the health care system including state government (MCH, Medicaid), American Academy of Pediatrics chapters, universities, pediatricians, and others to create a shared vision, reduce redundancies, improve policy and build infrastructure and provider capacity to improve health outcomes. Primary care practitioners who are active in IPs show measureable improvements in preventive services delivery, including developmental and autism screening, immunizations and chronic care management (e.g. asthma and obesity). A national network of over 15 IP states has formed as a vehicle to support shared learning. Beginning in 2011, Vermont will assist 20 additional states in forming an IP. MCH directors from three states (New York, Oregon and Vermont) will discuss impacts on system-wide partnerships, quality measurement, the medical home, Bright Futures delivery, and the provision of early periodic screening, diagnosis and treatment services. Specific benefits for MCH programs, including alignment with Title V goals, will also be discussed.

Moderator and Presenter
Judith Shaw, EdD, MPH, RN, FAAP, Research Associate Professor/Executive Director, University of Vermont/VT Child Health Improvement Program, Burlington, VT

Presenters
Christopher Kus, MD, MPH, Pediatric Director, New York State Department of Health, Albany, NY
Breena Holmes, MD, MCH, Director, Vermont Department of Health, Burlington, VT

H2
Healthy Start 20/20: Twenty Years of Family Focus
Room:

The federal Healthy Start Initiative has built its history and a substantial track record on serving vulnerable residents whose health and health care have been marginalized by virtue of race, gender, health status, economic status, and geography. A variety of effective home visitation models have been deployed to achieve positive outcomes for some 524,484 women, children, and families in underserved urban and remote rural America. The year 2011 marks the 20th anniversary of the initiative, a collective of urban and rural projects utilizing community-based strategies to improve pregnancy outcomes. The
original Healthy Start demonstration project, consisting of 15 projects, is now fully authorized by MCHB and has succeeded in ways that were not anticipated at its inception in 1991. Today, it has grown to 104 sites in 38 states, DC and Puerto Rico. This workshop will examine a review of the genesis of the national Healthy Start movement, the established core services, and the successful implementation of mixed provider models in use across the country to meet the needs of women and families. Presenters will also discuss the effectiveness of Healthy Start strategies and interventions and the implications for health reform.

Moderator  
Stacey Cunningham, MSW, MPH, Executive Director, National Healthy Start Association, Washington, DC

Presenters  
Estrellita "Lo" Berry, MA, President, REACHUP, Inc., Tampa, FL  
Alma Roberts, MPH, President-Elect/CEO, National Healthy Start Association/Baltimore Healthy Start, Inc., Baltimore, MD  
Mario Drummonds, MS, LCSW, MBA, CEO, Northern Manhattan Perinatal Partnership, Inc., New York, NY

H3  
State and Local Collaboration to Eliminate Racial Inequities Contributing to Infant Mortality

Room:

Collaboration between state and local health departments and federal Healthy Start Projects can create opportunities for improvement in MCH programs, policies and systems which may not occur otherwise. CityMatCH, AMCHP, and the National Healthy Start Association established a partnership to promote state and local MCH capacity to eliminate racial inequities contributing to infant mortality within U.S. urban areas. From October 2008 to March 2010, an Action Learning Collaborative (ALC) worked to forge working relationships among state and local representatives (including community-based coalitions) working to reduce racism’s impact on infant mortality. The six ALC teams were led through an extensive process of training and action planning on addressing racism and eliminating racial disparities in infant mortality. Strategies pursued by teams included holding community forums and town hall meetings, developing tools to educate medical providers on the connections between racism and health, and supporting the role of fathers in achieving better pregnancy outcomes. Additional project results, barriers to collaboration, and lessons learned from state and local public health collaboration will be shared.

Moderator  
Brenda Thompson, MPH, Project Coordinator, CityMatCH and the Section on Child Health Policy, Department of Pediatrics-UNMC, Omaha, NE

Presenters
Millie Jones, MPH, Family Health Clinical Consultant, Wisconsin Department of Health Services, Madison, WI
Caroline Hepburn
Karen Hughes, MPH, Chief, Division of Family and Community Health Services, Ohio Department of Health, Columbus, OH

H4
Empowering Kids for a Healthy Future: Obesity Prevention in Early Care and Education
Room:

Partnerships & Collaboration
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

This session will present effective models that target childhood obesity prevention in early care and educational settings, highlighting the Healthy Kids, Healthy Future (HKHF) national movement to promote a multidisciplinary approach to child health promotion and obesity prevention early in life. To support collaboration among experts in the obesity prevention and early care and education fields, Nemours and the CDC have formed the HKHF Steering Committee to develop and implement a strategic plan to advance obesity prevention and health promotion in early care and education settings. This session will also highlight Arizona’s innovative work to address potential mass closures and huge drops in enrollment in child care centers. To avoid the potential threat to the health and safety of children left in unsafe settings, the Arizona Department of Health Services launched the Empower Program to offset the increased fees while rallying child care providers statewide in the fight against childhood obesity through the implementation of best practices to improve nutrition, increase physical activity, and educate families about the dangers of tobacco.

Presenters
Jeanette Shea, MSW, Assistant Director, Division of Public Health Prevention Services, Arizona Department of Health Services, Phoenix, AZ
Sheila Sjolander, MSW, Bureau Chief/MCH Director, Arizona Department of Health Services, Phoenix, AZ
Allison Gertel-Rosenberg, MS, Senior Policy and Program Analyst, Nemours, Newark, DE

H5
Adolescent Reproductive and Sexual Health Disparities: Translating Information into Action
Room:

Health Equity & Social Justice
MCH Leadership Competency 1: MCH Knowledge Base

Many state Title V programs are working to address key adolescent reproductive and sexual health (ARSH) disparities related to social or demographic factors such as race, gender, age, income, sexual orientation and geographic region. In order to help build awareness, develop a coordinated strategy and support ongoing efforts, AMCHP conducted extensive research with MCH programs and worked with a group of experts in the field to launch the 2010 AMCHP ARSH Disparities Summit. AMCHP sponsored four scholars to attend the Summit and has been working with them since to implement cutting-edge approaches to address key ARSH disparities. The Summit and follow-up work have been designed to convert information into action and help states gain important skills and knowledge that they can utilize to make more informed programmatic and policy decisions. This session will highlight the successes and challenges of two state approaches in addressing ARSH disparities among underserved youth populations: Texas, where the focus is on ARSH disparities among youth in the foster care system and Alaska, where their goal is to engage students and teachers in alternative schools in the reduction and prevention of ARSH disparities.

Moderator
Sharron Corle, Associate Director, Adolescent Health, AMCHP, Washington, DC

Presenter
Lissa Pressfield, MHS, Program Manager, AMCHP, Washington, DC

H6
Innovative Approaches for Integrating Preconception Health Concepts into Adolescent Health Efforts

As many public health programs are recognizing that health trajectories, including those of reproductive health, are developed over the course of a lifetime, it follows that health habits initiated during adolescence can have a great impact on both present and future health. Since the CDC Recommendations to Improve Preconception Health and Health Care guidelines call for addressing issues such as screening, substance use, emotional health and nutrition/physical activity, “preconception care” for adolescents is another way to look at health promotion and disease prevention for adolescents and link current health behaviors with future sexual and reproductive health. AMCHP’s Adolescent Health and Women’s Health Teams, in partnership with the Association of State and Territorial Health Officials, is working to bridge the gap between women’s and adolescent preventive health efforts through an Action Learning Collaborative. This session will explore the concepts,
processes and work of the cross-disciplinary state teams from Missouri, Ohio, Oregon, Pennsylvania, South Carolina and Utah that are implementing innovative strategies to integrate the preconception health guidelines into adolescent health initiatives.

Moderator and Presenter
Sharron Corle, Associate Director, Adolescent Health, AMCHP, Washington, DC

Presenter
Darlisha Williams, MPH, Senior Program Manager, MCH Epidemiology, AMCHP, Washington, DC

H7
Roles for State Title V Programs in Building Systems of Care for Children and Youth with ASD and DD
Room:
Family-Centered Care
Youth in Transition

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

This workshop will share the recommendations developed by the AMCHP State Public Health Autism Resource Center’s partnership group for roles for Title V programs in building systems of care for children and youth with autism spectrum disorder (ASD) and developmental delay (DD). Members of the partnership group will share strategies and recommendations to help states determine appropriate roles and approaches. Speakers will also provide concrete approaches and examples. This session should be relevant to all Title V programs and the Family Voices membership as states struggle to determine their most effective and appropriate roles in building systems of care that can meet the needs of growing numbers of children and youth with ASD and DD.

Moderator and Presenter
Holly Williams, RN, MSN, Bureau Director, CSHCN, Utah Department of Health (UDOH), Salt Lake City, UT

Presenters
Georgina Peacock, MD, MPH, Pediatrician, NCBDDD, CDC, Atlanta, GA
Bonnie Strickland, PhD, Director, Division of Services for CSHCN, MCHB, HRSA, Rockville, MD
Harper Randall, MD, Medical Director, Family Health and Preparedness, UDOH, Salt Lake City, UT
Georgia Winson, MS, Chief Administrator, The Autism Program of Illinois, The Hope Institute for Children and Families, Springfield, IL
Promoting MCH and Chronic Disease Program Collaboration: Practical Tools and Perspectives

Room:
Women's & Perinatal Health
Workforce & Leadership Development

MCH Leadership Competency 5: Communication
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

With emphasis on the importance of chronic disease prevention and reduction of risk factors in women of child-bearing age, especially related to diabetes, obesity, hypertension and tobacco use, collaboration of MCH and chronic disease programs has become a vital issue. Collaborations have the potential for more efficient use of staff, funds, surveillance and intervention efforts. Many states may wish to develop such relationships but do not have the tools or skills to do so. AMCHP and the National Association of Chronic Disease Directors, with CDC support, developed a workshop to promote program collaboration, based on AMCHP’s Action Learning model, using gestational diabetes as an example. The workshop presentation will include five components, with tools for each component: (a) initiation, (b) preparation, (c) planning, (d) development of the action plan, and (e) evaluation of collaborative efforts. Participants from state programs in Missouri, Ohio and West Virginia will provide comments on their experiences with this collaboration process, address barriers and enablers, and provide implementation tips and lessons learned. MCH and chronic disease programs must work together now to ensure healthy mothers and offspring.

Presenters
Joan Ware, BSN, MSPH, Program Consultant, National Association of Chronic Disease Directors, Salt Lake City, UT
Gina Wood, RD, LD, Director, Diabetes Prevention and Control Program, West Virginia Department of Health, Charleston, WV
Melinda Sanders, BSN, MSM, MCH, Director, Missouri Department of Health and Senior Services, Jefferson City, MO

Tuesday, February 15, 2:30 p.m. – 3:45 p.m.
Workshops (I1-I6)

I1
Building a Better Transition System for Youth with Autism: Lessons Learned from the AMCHP Peer-to-Peer Exchange

Room:

Family-Centered Care
Partnerships & Collaboration

MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 9: Developing Others Through Teaching and Mentoring
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

Workshop presenters will address the elements necessary for a comprehensive approach to transition for youth with ASD and DD; identify some key challenge that youth with Autism in particular face in health, education, housing, and work transitions; share key resources (including a number of newly developed resources); and share how different states are addressing transition issues through their State Autism Implementation Grants (including strategies for using other states as leaders and guides). This workshop will be relevant to Family Voices attendees, state Title V leadership, academics and other representatives of organizations trying to address the issues facing rising numbers of children with autism as they grow into maturity.

Moderator
Treeby Brown, MA, Senior Program Manager, AMCHP, Washington, DC

Presenters
Cheryl Cotter, MEd, Educational Consultant, Autism Project, Johnston, RI
Sandy Tiahrt, MS, Health Services Facilitator, The Autism Program of Illinois, Edwardsville, IL
Karen Allan, MEd, Training Coordinator, Thompson Center, Columbia, MO

I2
Implementing Bright Futures Through Public Health at the State and Local Levels
Room:

Quality Improvement, Health Care Financing & Systems Building
Women's & Perinatal Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 4: Critical Thinking
MCH Leadership Competency 5: Communication
MCH Leadership Competency 11: Working with Communities and Systems
This workshop will provide an overview of Bright Futures materials and tools for use in implementation efforts and an in-depth discussion of the New York experience in implementing Bright Futures. Representatives from New York State will highlight their approach and partnering in implementation and provide strategies and examples of how participants can replicate and use this information in their states.

Moderator and Presenter
Paula Duncan, MD, Professor of Pediatrics, VCHIP Youth Health Director and CHIPRA Faculty, University of Vermont College of Medicine, Burlington, VT

Presenter
Christopher Kus, MD, Associate Medical Director, Division of Family Health, New York State Department of Public Health, Albany, NY

I3
Designing Effective and Appropriate Systems for Adolescents at the State and Local Levels
Room:
Partnerships & Collaboration
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 10: Interdisciplinary Team Building
MCH Leadership Competency 11: Working with Communities and Systems

In order to build efficient, effective and appropriate programs and services, particularly in this time of economic uncertainty, AMCHP and the National Association of County and City Health Officials (NACCHO) are concurrently advocating for state and local public health providers to consider systems approaches to adolescent health programming and services. In 2008, in an effort to leverage and protect state-level investments in early childhood comprehensive systems, AMCHP began to consider the evidence behind a comprehensive systems approach to adolescent health, and in 2010 they released the white paper, "Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being." In early 2010, NACCHO began the Adolescent Health Infrastructure Project to address the barriers and silos that prevent collaboration. The Adolescent Health Initiative’s Expert Panel created 14 recommendations for achieving the ideal adolescent health system. The purpose of this workshop is to review the systems-level work that states and communities have done to improve adolescent health and enable participants to identify and share strategies for achieving multisector collaboration.

Moderator
Sharron Corle, Associate Director, Adolescent Health, AMCHP, Washington, DC
New Developments in Federal and State Breastfeeding Policies and Programs
Room:

Infant & Child Health

MCH Leadership Competency 1: MCH Knowledge Base
MCH Leadership Competency 12: Policy and Advocacy

During the last year, several major developments have occurred in federal policies relating to breastfeeding: the Affordable Care Act has a provision mandating that employers of nonexempt lactating women provide them with reasonable break times and private and sanitary places for milk expression. In 2008, MCHB released a resource kit, The Business Case for Breastfeeding, and has provided training and technical assistance in using it to breastfeeding coalitions and Healthy Start sites in more than 30 states. Lessons learned from this project will be useful in implementing these new legal provisions. Additionally, the Surgeon General issued a Call to Action on breastfeeding with national recommendations, which will be analyzed. Speakers from state MCH programs will describe how the states of California and Oregon are implementing these changes and recommendations. Robin Stanton from Oregon, as Chair of the United States Breastfeeding Committee, will also provide information on their initiatives, and Suzanne Haydu from California will address a quality improvement and training project to promote breastfeeding-friendly hospital policies. Information presented will be useful in raising breastfeeding rates in the U.S.

Moderator and Presenter
Isadora Hare, MSW, Perinatal Health Specialist, Division of Healthy Start and Perinatal Services, MCHB, HRSA, Rockville, MD

Six Models for Understanding How Families Experience the System of Care for CYSHCN: An Ethnographic Approach
Room:
Advocacy
Cultural Competence
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 7: Cultural Competency
MCH Leadership Competency 8: Family-Centered Care
MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

This workshop will present the results of a study in which anthropologists conducted in-depth interviews with families of CYSHCN to deepen understanding of families’ experiences and viewpoints as they interact with the system of care. The researchers looked for patterns in the families' experiences and consolidated their findings into six conceptual models. The models address issues such as access to resources, system friction and how families relate to the system. This ethnographic study sought particularly to identify the hidden or tacit dimensions of families' experiences with the system. The goal was to understand each family's entire experience, from the onset of symptoms through initial diagnosis, treatment, financing, support services and resulting outcomes. The study was commissioned by the Lucile Packard Foundation for Children's Health as part of the Foundation's broader goal of helping to create better systems of care for CYSHCN and their families. The workshop will include a compelling video of families discussing their varying experiences with the system and a presentation of the six models, and will be relevant to families, service providers, policymakers and advocates.

Moderator and Presenter
David Alexander, MD, President and CEO, Lucile Packard Foundation for Children's Health, Palo Alto, CA

16
Transforming Early Childhood Community Systems
Room:

Partnerships & Collaboration
Quality Improvement, Health Care Financing & Systems Building

MCH Leadership Competency 11: Working with Communities and Systems
MCH Leadership Competency 12: Policy and Advocacy

Transforming Early Childhood Community Systems (TECCS) is fundamentally different from other early childhood development programs. In fact, TECCS isn’t a “program” at all. It’s a system for identifying local needs and crafting solutions in collaboration with local leaders - all while promoting accountability and accelerating our national understanding of what is needed to bring children to school healthy and ready to learn. TECCS has three core components: (a) mapping community school readiness needs, (b)
working with local leaders to develop and implement solutions and (c) accelerating knowledge and sharing best practices. The Early Development Instrument, from which the TECCS system was developed, has been used widely in Canada and Australia as part of a comprehensive strategy to improve school readiness. TECCS has been piloted for several years in California’s Orange and Los Angeles Counties. With support from the W.K. Kellogg Foundation, TECCS is now expanding to target cities in Louisiana, Michigan, New Mexico and Mississippi and, thanks to a unique collaboration with United Way Worldwide, TECCS is also being implemented in more local sites in U.S. states in 2010-2011.

Moderator and Presenter
Elizabeth Groginsky, Director of Early Childhood Education, United Way Worldwide, Alexandria, VA

Presenters
Neal Halfon, MD, MPH, Professor, UCLA Center for Healthier Children, Families and Communities, Los Angeles, CA
Lila Guirguis, Director, Magnolia Place Community Initiative, Los Angeles, CA

Posters
To be presented in the Exhibit Hall on Sunday, February 13 and Monday, February 14

P1
Perinatal Levels-of-Care Survey: Utah's Findings

Data, Evaluation, & Research Methods
Quality Improvement, Health Care Financing & Systems Building

Kathy Pope, RN MPH, Perinatal Nurse Case Manager, Utah Department of Health, Salt Lake City, UT
Lois Bloebaum, BSN, MPA, Manager, Maternal and Infant Health Program, UDH, Salt Lake City, UT

P2
The California Pregnancy-Associated Mortality Review: Background and Preliminary Findings

Data, Evaluation, & Research Methods


P3
Improvement in Dental Care Access by Pregnant Medicaid Recipients in Iowa
Partnerships & Collaboration

Debra Kane, PhD, RN, MCH Epidemiologist, Iowa Department of Public Health, Des Moines, IA

P4
Local Public Health Leadership and Maternity Care Quality Improvement in California
Room:

Partnerships & Collaboration
Workforce & Leadership Development
Quality Improvement, Health Care Financing & Systems Building


P5
Supporting Maternal Mental Health: Policy Initiatives and Partnerships in Oregon

Advocacy
Partnerships & Collaboration
Infant & Child Health

Nurit Fischler, MS, MCH Policy Specialist, Oregon Public Health Division, Portland, OR
Wendy Davis, PhD, Program Director, Postpartum Support International, Portland, OR
Katherine Bradley, PhD, MN, RN, Administrator, Office of Family Health, Oregon Public Health Division, Portland, OR

P6
Preventing Prenatal Exposure: A Collaborative Effort Toward "Superior Babies"

Infant & Child Health

Julie Jagim, MS, RN, Public Health Nursing Supervisor, St. Louis County Public Health and Human Services, Virginia, MN
Diane Torrel, BS, Public Health Nurse, St. Louis County Public Health and Human Services, Virginia, MN

P7
Perinatal Depression: Locating and Creating Local Resources and Trainings

Cultural Competence
Partnerships & Collaboration
Family-Centered Care

Adrienne Oleck, Founder and President, SaferMaternity, Potomac, MD
Ralph Wittenberg, MD, President, Family Mental Health Institute, Washington, DC
Lisa Kelly, RN, Perinatal Depression Outreach Program Coordinator, Sinai Hospital, Baltimore, MD

P8
Father Force: Engaging Fathers, Enhancing Maternal and Child Health

Cultural Competence
Infant & Child Health

Julia Johnsen, MPH, Director, Community Outreach, Center for Leadership Education in Maternal and Child Public Health, School of Public Health, University of Minnesota, Minneapolis, MN
Paul Masiarchin, MA, Executive Director, Minnesota Fathers and Families Network, St. Paul, MN

P9
The Milwaukee Safe Baby Program: A Comprehensive Approach to Addressing Infant Mortality

Women's & Perinatal Health

Anna Benton, MA, Director, Family and Community Health Services, City of Milwaukee Health Department, Milwaukee, WI

P10
Baby's First Test: Connecting Parents and Families to Newborn Screening Resources

Women's & Perinatal Health

Andria Cornell, BA, Advocacy and Health Policy Manager, Genetic Alliance, Washington, DC
Dena Freeman, MPH, MCH Program Assistant, Genetic Alliance, Washington, DC
Natasha Bonhomme, BA, Vice President of Strategic Development, Genetic Alliance, Washington, DC
Alaina Harris, MSW, MPH, Public Health Analyst, Genetic Services Branch, DSCSHN, MCHB, Rockville, MD

P11
Power to Inspire Generations: The National Center on Birth Defects and Developmental Disabilities' Ten-Year Anniversary

Family-Centered Care
Women's & Perinatal Health
Partnerships & Collaboration

Alison Johnson, Deputy Director, NCBDDD, CDC, Atlanta, GA

P12
**InfantSEE: An Early Look at Infant Vision Across the United States**

Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

Mark Schwartz, MPH, InfantSEE Program Manager, Optometry Cares, The AOA Foundation, St. Louis, MO
Glen Steele, OD, FCOVD, Professor, Southern College of Optometry, Memphis, TN

P13
**Service Coordinator Perceptions of Autism Screening and Referral Practices in Early Intervention**

Data, Evaluation, & Research Methods

Kris Pizur-Barnekow, PhD, Assistant Professor, University of Illinois at Chicago (UIC), Chicago, IL
Ann Cutler, MD, Clinical Assistant Professor, UIC, Chicago, IL

P14
**Neighborhood Level Poverty, Race/Ethnicity and Infant Mortality in Washington, DC**

Data, Evaluation, & Research Methods
Women's & Perinatal Health
Health Equity & Social Justice

Ndidi Amutah, PhD, MPH, Post-Doctoral Fellow, Kellogg Foundation- Morgan State University, Baltimore, MD

P15
**Evidence on Infant Sleep-Related Death Circumstances, Current State MCH Safe Sleep Programs and Support for Community-Based Education and Crib Distribution Programs**

Data, Evaluation, & Research Methods
Women's & Perinatal Health
Partnerships & Collaboration

Mary Overpeck, MPH, DrPH, Senior Research Scientist, National Center for Child Death Review, Michigan Public Health Institute, Santa Fe, NM
Theresa Covington, MPH, Director, National Center for Child Death Review, Okemos, MI
Judith Bannon, BSBA, Executive Director, SIDS of PA/Cribs for Kids, Pittsburgh, PA

P16
Should Social Media Be Used as a Means to Reduce Lost to Follow-Up for Newborn Screening Programs?

Infant & Child Health

Emily Berry, MSPH, Program Coordinator, OZ Systems, Arlington, TX

P17
Understanding Perceived Barriers to Breastfeeding Among Low-Income Medicaid Patients to Increase Breastfeeding Rates

Advocacy
Women's & Perinatal Health
Cultural Competence

Veronica Lewis, BA, Graduate Intern, Maternal, Child and Adolescent Health Programs, Los Angeles Department of Public Health (LADPH), Los Angeles, CA
Diana Ramos, Maternal, Child and Adolescent Health Programs, LADPH, Los Angeles, CA

P18
Beneath the Radar: Identifying, Rescuing and Rehabilitating Exploited Children

Adolescent Health
Family-Centered Care
Advocacy

Margaret Christopher, PhD, MPH, LSW, Associate Professor, California University of Pennsylvania, Monroeville, PA

P19
Access to Medical Homes for Adolescents: Results from the National Survey of Children’s Health
Health Equity & Social Justice
Quality Improvement, Health Care Financing & Systems Building

Jane Park, MPH, Project Coordinator, Division of Adolescent Medicine, University of California, San Francisco, San Francisco, CA
Charles Irwin, Jr., MD, Professor, Pediatrics, Division of Adolescent Medicine, University of California, San Francisco, San Francisco, CA

P21
Training Parents as Sex Educators in a Faith-Based Project

Family-Centered Care
Partnerships & Collaboration

Tonya Nicholson, DNP, Program Director, Frontier School of Midwifery and Family Nursing, Dublin, GA

P22
Lifespan Health Concerns for Children and Youth in Foster Care

Adolescent Health
Quality Improvement, Health Care Financing & Systems Building
Health Equity & Social Justice

Thomas Tonniges, MD, Director, Boys Town Institute for Child Health Improvement, Boys Town, NE
Jane Kavan, RN, BSN, Grant Project Manager, Boys Town Institute for Child Health Improvement, Omaha, NE

P23
How Texas Children's Hospital Is Preparing CYSHCN to Transition to Adult-Based Health Care

Adolescent Health
Family-Centered Care
Advocacy

Albert Hergenroeder, MD, Professor, Baylor College of Medicine and Texas Children's Hospital (BCM/TCH), Houston, TX
Valerie Bowman, LMSW, Project Manager, BCM/TCH, Houston, TX

P24
OPT4College: Educational and Medical Transition for Transition-Age Youth
Data, Evaluation, & Research Methods

Myra Rosen-Reynoso, PhD, Research Associate, University of Massachusetts, Boston, MA

P25
Engaging Patients and Families in State Medical Home Initiatives

Cultural Competence
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

Melita Jordan, CNM, MSN, APRN, Director, Bureau of Family Health, Pennsylvania Department of Health, Harrisburg, PA
Christy Blakely, MS, Director, Family Voices Colorado, Denver, CO

P26
Key Components of Effective Services for CSHCN and Their Families

Family-Centered Care

Jane Prusso, MSW, Program Supervisor for HIP, Resources for Children's Health, Philadelphia, PA
Nick Claxton, BA, CQSW, Program Coordinator for CSHCN, Division of Maternal, Child and Family Health, Philadelphia Department of Public Health, Philadelphia, PA

P27
Oregon's Title V CSHCN Care Coordination Program: A Promising Practice

Health Equity & Social Justice
Partnerships & Collaboration
Infant & Child Health

Marilyn Hartzell, MEd, Director, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), Portland, OR
Nancy Lowry, MSN, CaCoon Nurse Consultant, OCCYSHN, Portland, OR
Artemenko Candace, BSN, CaCoon Nurse Consultant, OCCYSHN, Portland, OR
Rosalia Messina, MPA, Policy and Systems Specialist, OCCYSHN, Portland, OR

P28
Cost-Benefit Analysis Fact Sheets for Injury Prevention Interventions

Adolescent Health
Youth in Transition
Data, Evaluation, & Research Methods

Ted Miller, PhD, Program Founder, Children's Safety Network Economics and Data Analysis Resource Center, Calverton, MD

P29
Creating a Strong Working Relationship Between the Oklahoma State Department of Health and the Oklahoma State Medicaid Agency

Infant & Child Health
Quality Improvement, Health Care Financing & Systems Building

Suzanna Dooley, MS, ARNP, Chief, MCH Service, Oklahoma State Department of Health (OSDH), Oklahoma City, OK
James Marks, MSW, LCSW, Director, Child and Adolescent Health, OSDH, Oklahoma City, OK
Jill Nobles-Botkin, MSN, CNM, Director, Perinatal and Reproductive Health, OSDH, Oklahoma City, OK
Shelly Patterson, MPH, Director of Child Health, Oklahoma Health Care Authority (OHCA), Oklahoma City, OK
Ed Long, Child Health Coordinator, OHCA, Oklahoma City, OK

P30
Moving to a Public Health Strategy for Child Maltreatment Prevention: Lessons from Five Case Study States

Infant & Child Health

Malia Richmond-Crum, MPH, PHL Project Director, Division of Violence Prevention, CDC, Atlanta, GA
Sally Fogerty, MEd, BSN, Director, Education Development Center, Inc., Newton, MA
Patricia Hashima, PhD, Behavioral Scientist, Division of Violence Prevention, CDC, Atlanta, GA

P31
Oklahoma State Agency Collaboration to Reduce Tobacco Use Among Pregnant Women

Infant & Child Health
Women's & Perinatal Health
Quality Improvement, Health Care Financing & Systems Building

Shelly Patterson, MPH, Perinatal Coordinator, Oklahoma Health Care Authority (OHCA), Oklahoma City, OK
Daryn Kirkpatrick, BA, Tobacco Cessation Outreach Specialist, OHCA, Oklahoma City, OK
Cross-State Partnerships to Improve Access to Care for Children and Youth with Epilepsy and Their Families in Rural Communities

Partnerships & Collaboration

Carin Kreutzer, MPH, RD, Community Education Director, USC UCEDD at CHLA, Los Angeles, CA

Recommendations to Increase Collaboration and Integration Across Children’s Programs

Advocacy
Quality Improvement, Health Care Financing & Systems Building
Data, Evaluation, & Research Methods

Lisa Rosenberger, MPH, Senior Research Analyst, The National Opinion Research Center (NORC), Bethesda, MD
Cheryl Austein-Casnoff, MPH, Senior Fellow, NORC, Bethesda, MD
Hillary Scherer, BA, Research Analyst, NORC, Bethesda, MD
Tiffany Dao, Intern, NORC, Bethesda, MD

Weaving of Shared Need: Lifespan Respite Collaboration to Establish a Coalition

Family-Centered Care

Sharon Kaiser, RN, BS, Early Childhood Systems Program Specialist, Special Medical Services, Title V, CYSHNC, Concord, NH
Terry Ohlson-Martin, BS, Co-Director, NH Family Voices, Concord, NH

The Connecticut Medical Home Initiative: An Improved System of Care for Children and Youth with Special Health Care Needs and Their Families and Caregivers

Family-Centered Care
Quality Improvement, Health Care Financing & Systems Building

Joy Liebeskind, Statewide Coordinator, CT Lifespan Respite Coalition, Rocky Hill, CT
Kareena DuPlessis, BS, Director, United Way of CT/Child Development Info Line, Rocky Hill, CT
Patricia Passmore, Care Coordinator, United Community Family Services, Norwich, CT
P36
Easy-to-Use Community Inclusive Recreation: Project Adventure

Cultural Competence
Health Equity & Social Justice

Judith Palfrey, MD, T. Berry Brazelton Professor of Pediatrics, Children's Hospital-Harvard Medical School, Boston, MA

P37
Collaborating to Improve Services for Mississippi’s CYSHCN

Cultural Competence
Quality Improvement, Health Care Financing & Systems Building
Family-Centered Care

Mina Li, MD, MS, PHD, CSM, Coordinator for Health Services and Research, Institute for Disability Studies, The University of Southern Mississippi, Jackson, MS

P38
Leveraging Partnerships to Support Families

Cultural Competence
Family-Centered Care

Marilyn Hartzell, MEd, Director, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), Portland, OR
Dee Tafolla, OCYSHN Family Liaison, OCCYSHN, Portland, OR
Luz Rivera, BA, MA, Director, Juntos Podemos, Salem, OR

P39
A New Oral Health Policy Analysis Tool to Evaluate Systems Investments: A Simulation Model for Designing Effective ECC Interventions

Infant & Child Health

Marcy Frosh, JD, Associate Executive Director, Children's Dental Health Project, Washington, DC

P40
The State of Affairs of Home Visiting in Iowa
Infant & Child Health
Quality Improvement, Health Care Financing & Systems Building
Partnerships & Collaboration

Laura DeBoer, MPH, Intern, Iowa Department of Public Health, Des Moines, IA
Britti Frederiksen, MPH, Doctoral Student, University of Colorado, Aurora, CO

P41
Linking Immunization Information System Data to the Oklahoma Pregnancy Risk Assessment Monitoring System to Determine Risk Factors of Undervaccinated Infants

Infant & Child Health

Robert Feyerharm, MA, Senior Biostatistician, Oklahoma State Department of Health (OSDH), Oklahoma City, OK
Paul Patrick, MPH, Director, MCH Assessment, OSDH, Oklahoma City, OK
Alicia Lincoln, MSW, MSPH, PRAMS/TOTS Projects Manager, OSDH, Oklahoma City, OK
Charlotte Kaboré, MS, CDC Public Health Advisor, Immunization Service, OSDH, Oklahoma City, OK

P42
Using Technology on Home Visits: Lessons Learned

Health Information Technology & Social Media
Quality Improvement, Health Care Financing & Systems Building
Infant & Child Health

Audrey Laszewski, MS, Project Director, Early Years Home Visitation Outcomes Project, Green Bay, WI

P43
MCH Needs Assessment in the 21st Century: Tribulations and Triumphs

Cultural Competence
Partnerships & Collaboration
Family-Centered Care

Karin Downs, RN, MS, MPH, Assistant Director Clinical Affairs, Massachusetts Department of Public Health (MDPH), Boston, MA
Suzanne Gottlieb, BA, Director, Office of Family Initiatives, MDPH, Boston, MA

P44
Do People Understand Our Health Messages? A Look at Adult Learning Needs

Health Information Technology & Social Media

Lee Wallace, MS, RD, LDN, FADA, Nutritionist, Boling CDD, University of Tennessee Health Science Center, Memphis, TN

P45
Family as a Discipline in Interdisciplinary Training: Results from the 2010 LEND Survey

Family-Centered Care
Partnerships & Collaboration

Fran Goldfarb, MA, CHES, Director, Family Support, USC UCEDD CHLA, Los Angeles, CA
Crystal Pariseau, MSSW, Director, MCH Technical Assistance and Materials Development, AUCD, Silver Spring, MD

P46
Leadership Behaviors of Health Professionals and Associations with Knowledge, Attitudes, and Practices Related to Health Promotion for Individuals with Developmental Disabilities

Workforce & Leadership Development

Jacqueline Stone, PhD, PT, Director, Resource Finder, Kennedy Krieger Institute, Baltimore, MD
Harolyn Belcher, MD, MHS, Associate Professor of Pediatrics, Johns Hopkins School of Medicine, and Director of Research, Family Center, Kennedy Krieger Institute, Baltimore, MD

P47
Reducing Missed Opportunities for Adolescent Preventive Care: Tennessee Adolescent Quality Improvement Project

Adolescent Health
Partnerships & Collaboration
Data, Evaluation, & Research Methods

Michael Warren, MD, MPH, Medical Director, Governor's Office of Children's Care Coordination, Nashville, TN

P48
Applicability of Certification of Parent Support Providers for Helping Families with Children with Special Needs
Workforce & Leadership Development

Frances Purdy, MEd, JD, Director, Initiative for Parent Support Providers, National Federation of Families for Children's Mental Health (NFFCMH), Rockville, MD
Elaine Slaton, BS, MSA, Senior Program Director, NFFCMH, Rockville, MD