



2010 Conference Session List

Saturday, March 6, 9:00 am – 12:00 pm

Session ID: A1

Session Type: Skills Building

Launching Leadership Skills Enrichment in Your Program

This hands-on session will introduce the MCH Leadership Skills Development Series (MCHLDS) training modules (www.jhsph.edu/wchpc/mchlds/) and explore options for their use. In advance of the session, participants will consult with colleagues and employees to determine areas of need and resources for leadership development in their programs. Based on that information, participants will craft plans for using the MCHLDS to implement leadership development programs in their organizations. The facilitators will provide structured mechanisms for planning and consultation to support plan development. As a group, participants will share ideas for implementing leadership development activities with different levels of resources and time commitments, identify potential barriers to successful implementation, and brainstorm solutions. The topics and content of the MCHLDS training modules are closely aligned with the MCH Leadership Competencies, especially self-reflection, communication, negotiation and conflict resolution, interdisciplinary team building, working with communities and systems, and developing others through teaching and mentoring. This session explicitly addresses "developing others through teaching and mentoring" by walking participants through a process of identifying the leadership development needs of program staff and devising mechanisms and resources for meeting those needs. The session fulfills the conference objective of leadership skills and competencies for the future workforce.

Presenter(s):

Marjory Ruderman, M.H.S., Associate, Women's and Children's Health Policy Center

Holly Grason, M.A., Associate Professor, Women's and Children's Health Policy Center

Session ID: A2

Session Type: Skills Building

Advancing and Sustaining Cultural and Linguistic Competence in Maternal and Child Health

Cultural and linguistic competence (CLC) is widely recognized by policy makers, researchers, educators, and providers as a fundamental aspect of quality in the delivery of health care, particularly in serving diverse populations. CLC is viewed as essential to reducing disparities by improving access, utilization, treatment, outcomes, and well-being of children, families, and the communities in which they live. While the evidence suggests the efficacy of this approach, many continue to struggle with the full integration of CLC into systems concerned with maternal and child health. Achieving CLC requires strong and informed leadership to spur the necessary changes within systems, organizations, policies, and practice. Without committed and effective leadership, these efforts typically stall. There is a need for leaders with the energy, knowledge, and skills to guide the difficult work of advancing and sustaining CLC within maternal and child health. This skills building session is expressly designed to respond to this need and offers an interactive forum to explore the unique role of those who currently lead or are interested in leading these efforts with an emphasis on programs serving children and youth with special health

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care needs and their families. The session will describe the outcomes of an 18-month community of learners (COL) to advance and sustain CLC, conducted by the National Center for Cultural Competence. Participants will share their perspectives on the impact of the COL and their leadership journeys. It also will provide opportunities for participants to share and learn from peers about the challenges and successes of leading such efforts and to develop an individualized action plan for leadership.

Presenter(s):

Tawara Goode, MA, Director National Center for Cultural Competence, Center for Child and Human Development Georgetown University

Renee Turchi, Turchi, MD, MPH, Medical Director, PA Medical Home Program (EPIC IC), St. Christopher's Hospital for Children & Drexel University

Alberto Cohen-Abbo, MD, Attending Physician/Assistant Professor Pediatrics, CT Children's Medical Center

Session ID: A3

Session Type: Skills Building

Getting the Word Out: Writing Strong Abstracts, Manuscripts, and MCH Epidemiologic Issue Briefs

Clear concise writing is critical to successful communication in public health, as is careful selection of a dissemination outlet that is most suitable for the intended audience. This workshop takes an active, participatory approach to help public health professionals develop effective written products. Participants will learn key principles of scientific communication as well as systematic approaches to deciding when it is best to submit their work for presentation at a conference or for publication, either in a peer review journal such as Maternal and Child Health Journal or an epidemiology newsletter or public health bulletin.

Presenter(s):

TBD

Session ID: A4

Session Type: Skills Building

Introduction to Conflict Management

Conflict can be defined as any situation in which your concerns or desires differ from those of another person. Whether you are building a team, negotiating a policy decision, or working closely with community partners, understanding your conflict mode style and the styles of others can assist you in navigating the processes of negotiation and conflict management. This session will identify five conflict mode styles as well as the best situations in which to use each style. Participants will assess their most and least used styles and learn tips for utilizing each style more effectively. Case studies of potential MCH conflict situations will be discussed.

Presenter(s):

Sarena Dacus, BA, Project Coordinator, CityMatCH

Kathleen Brandert, MPH, CHES, Education and Training Manager, CityMatCH

Saturday, March 6, 1:00 pm – 4:00 pm

Session ID: B1

Session Type: Skills Building

Introduction to Storytelling: How to Write Your Public Health Story

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Storytelling is becoming an important part of “making the case” for public health. A good story can motivate constituents and policymakers to take action and help others visualize the important work we do in a way that data and statistics cannot. But writing a good story with a clear and concise message is not as easy as you think! This workshop will teach participants the basic elements of how to write a good story for public health. Presenters will showcase the basic outline of a story and share information on the types of stories public health professionals can write. Participants will brainstorm different ways that stories can be used to raise awareness for public health issues, learn tips and tools for advancing storytelling skills, and practice identifying the elements of stories in real life examples. Participants will walk away from the session with a draft story outline they can use back home.

Presenter(s):

Kathleen Brandert, MPH, CHES, Education and Training Manager, CityMatCH
Sarena Dacus, BA, Project Coordinator, CityMatCH

Session ID: B2

Session Type: Skills Building

Using CDC's Online Data for Epidemiologic Research Systems to Access PRAMS Data on Key Maternal and Child Health Indicators.

PRAMS is a surveillance project of the CDC and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Recently, CDC announced the release of CPONDER and PONDER, Web-based query systems created to access data collected through PRAMS surveys. Prevalence and trend data from 2000-2007 are available in the form of tables and graphs. We will demonstrate the CPONDER and PONDER systems and give examples of the ways they can be used. Examples will illustrate analysis of indicators for a single state and year, for a single state over multiple years, and for a single year over all participating states. Key indicators such as prepregnancy insurance status, breastfeeding initiation and duration, postpartum depressive symptoms, and infant sleep position will be examined. CPONDER and PONDER are valuable tools for monitoring key MCH indicators, identifying disparities among subpopulations, and comparing information across states. They are also a useful source of information for program planning and evaluation. CPONDER and PONDER are user-friendly, valuable new tools available to provide timely access to MCH data from the PRAMS survey. Ready access to timely data on key MCH indicators will be useful for developing grant proposals, informing programs and policy, block grant reporting, monitoring trends, and identifying disparities. MCH program directors and Title V programs can benefit from the PRAMS data generated by the CPONDER and PONDER systems.

Presenter(s):

Holly Shulman, MS, Statistician, Centers for Disease Control and Prevention
Ayanna Harrison, BS, Program Manager, Science Applications International Corp (SAIC)

Session ID: B3

Session Type: Skills Building

Let It Be a Dance: Partnering With Family Organizations to Improve Outcomes

The old adage “Do unto others as you would have them do unto you” perpetuates an approach that ignores the differences that impact how families from various cultures experience health, health care, relationships, and services. State MCH efforts must be focused on “doing unto” families as they would have us do unto and with them. State MCH programs must understand families’ beliefs, strengths, needs, and how they want to participate in decision making about their children and access services. Family organizations can play a critical role in reaching out to and supporting diverse families, helping to identify possible disabilities and special health care needs at earlier stages, and encouraging and supporting families to access evaluations and services for their children and to partner more effectively with health providers and state MCH programs. Family organizations are knowledgeable about diverse family values, beliefs, and practices, and about the systems that they have learned to navigate; they also can help to ease the distrust that many diverse families have toward organizations that serve children and youth with special health care needs. Family organizations can help systems better understand real and perceived barriers to participation, engage families in the identification of barriers as well as in the development of action

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plans to build more effective systems, and work with state MCH programs to build and evaluate improved systems. But family organization partners must also be held accountable for the impact of their services. It is a dance where the lead and the steps are constantly changing. This presentation will provide state MCH and family leaders with dance lessons that can be practiced back home on the state dance floor.

Presenter(s):

Diana Autin, JD, Executive Co-Director, Statewide Parent Advocacy Network
Mercedes Rosa, , Director, Family to Family Health Information Center, Statewide Parent Advocacy Network

Session ID: B4

Session Type: Skills Building

Shifting Paradigms: Reframing Our Leadership Roles in Maternal and Child Health

The field of MCH is committed to developing MCH leaders who devote their careers to ensuring the health and well-being of women, children, and families. A key component of leadership development as highlighted in the MCH Leadership Competencies 3.0 is the ongoing professional development of the individual. Personal leadership development may include work to tap into a deep understanding/knowing/experience of one's unique leadership style, identification of leadership strengths and gaps, exploration of passion for MCH, and motivation to make a difference. This awareness and practice has a direct impact on our work with others and within our communities. From systems-thinking theory to emotional intelligence to increased self-awareness and inquiry, leadership development in the 21st century requires a commitment to building our internal and external leadership competencies by learning to develop our personal leadership strengths as well as by learning to navigate increasingly complex systems. In this interactive professional development session, we will examine how we as MCH professionals can overcome seemingly persistent conditions such as beliefs about limited funding, the perception that the field of public health is under-valued, or the pervasive feeling of never having enough time. Using a variety of tools from systems thinking and appreciative inquiry fields, we will examine how our beliefs contribute to these conditions and how we can positively impact systems-level changes. Each participant will identify individual action steps to contribute to the change we so greatly desire.

Presenter(s):

Kristina Risley, DrPH, Continuing Education Director, University of Illinois at Chicago
Hanna Cooper, MPH, CPCC, Public Health Consultant, Hanna Cooper Leadership and Organizational Coaching

Sunday, March 7, 9:00 am – 12:00 pm

Session ID: C1

Session Type: Skills Building – **All-day session, continuing 1:00 pm – 4:00 pm**

State MCH Data-Records Linkage Practice: Methodological Approaches

Data record-linkage systems are becoming critical for MCH epidemiology research at state and local public health settings to drive policy, program planning, and evaluation. There are organizational variations in MCH-linked data systems with different goals and capabilities. It is imperative that state MCH data-linkage systems share and understand the range of organizational and strategic data-linkage methods in order to help guide their service delivery and improve programs and policy applications. Because of the complexity of the data records-linkage methods involved, efficiency in methodological applications is critical in developing an effective state data records-linkage system. The training will be interactive with exercise activities. The exercises will include examples of linked data files from vital statistics (birth and fetal-death records, hospital discharge summaries, and birth defects registries, etc). Participants will review data linking methods with discussions not limited to basic and advanced techniques such as manual-, deterministic-, and probabilistic-record linkage.

Presenter(s):

Russell Kirby, PhD, MS, FACE, Professor, University of South Florida, Department of Community and Family Health

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Session ID: C2

Session Type: Skills Building

Health Information Technology Opportunities for Title V Programs in Health Care Reform

The heavy emphasis on health information technology as part of health care reform efforts to reduce costs and improve health outcomes will require public health agencies, including Title V programs, to exchange information electronically with a wide range of stakeholders such as hospitals, labs, and clinical care providers. These initiatives can align with the Title V mandates to assess needs, develop effective systems (including medical homes), and assure healthy development for all kids. At the policy level, speakers will review the Health Information Technology for Economic and Clinical Health Act, and describe the role government agencies are likely to play in Health Information Exchange (HIE). HIE impacts on Title V, and collaboration with other public health programs will be discussed. At the practice level, speakers will discuss consolidating child- and family-health information from multiple programs into integrated child health information systems. Title V leaders will face new opportunities to improve population health as part of health care reform efforts. National concerns that families raising children benefit from health reforms should position MCH leaders to fully participate in health information exchanges with the proper leadership, vision, and resources. This is an important time for MCH leaders to join the development of HIE, both to support medical homes and to improve Title V capacities to recognize and respond to MCH needs.

Presenter(s):

Debra Bara, MA, Associate Director, Programs, Public Health Informatics Institute

Claudia Brogan, MS, Training Manager, Public Health Informatics Institute

William Hollinshead, MD, MPH, Physician, Public Health Informatics Institute

Session ID: C3

Session Type: Skills Building

Reducing Injuries in Challenging Economic Times: Learning From the Past and Planning for the Future

If the United States reduced injury deaths by only 10% for children aged 0-19, there would be approximately 1,700 lives saved, potentially reducing medical costs by \$19.2 million. Now is the time to strengthen national, state, and local systems and partnerships to prevent injury and death, thus saving hospitalization and rehabilitative costs for states. This workshop will address injury risks and prevention strategies from birth through age 19 for both intentional and unintentional injuries, including asphyxia/suffocation, head injury and concussions, burns, spinal cord injury, poisoning, child maltreatment, and fractures. The workshop will feature a review of successful past practices to reduce injuries and how these can be updated for future work and discussions of the role of MCH leadership and partnerships and how to capitalize on current challenges during changing times in order to reduce injuries among people across the life span. Representatives from the State and Territorial Injury Prevention Directors Association, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the National Center for Child Death Review will be involved in the session. Participants will receive state-based information on leading causes of death and injury to children and adolescents; effective and evidence-based injury and violence prevention strategies; and national maps showing state status on special injury topics. Using an interactive discussion format, participants will focus on solutions, strategies, and partnerships. Participants will experience capitalizing on their strengths, their respective roles, and organizational missions to develop solutions in response to case examples. At the end of the session, participants will be able to explore how injury risk reduction strategies can be integrated into their 2011 performance measures and their implementation plans whether they directly address injury or not.

Presenter(s):

Ellen Schmidt, MS, OTR, National Outreach Coordinator, Education Development Center, Inc.

Sally Fogerty, RN, Med., Deputy Director, Center for Study & Prevention of Injury, Violence & Suicide; Director, Children's Safety Network National Injury and Violence Prevention Resource Center, Education Development Center (EDC)

Monique Sheppard, Ph.D., Children's Safety Network: Economics and Data Analysis Resource Center; Pacific Institute for Research & Evaluation (PIRE)

Session ID: C4

Session Type: Skills Building

The Nuts and Bolts of Building Community-Based Service Systems for CYSHCN

State Title V Children with Special Health Care Needs (CSHCN) programs are being charged with developing community-based service systems. This is particularly a challenge for programs that have historically focused on providing centralized specialty services as they seek to answer questions such as how to develop a shared vision; how to get buy-in from partners; how to engage communities, building on their strengths; and how this will impact our budget. The purpose of this session is to demonstrate the process used by three states in moving toward community-based service system: 1) strategic partnerships at the state and community levels, 2) the need and challenge of getting buy-in from staff, 3) community assessment, 4) developing a plan and budgeting, 5) implementation and budgeting, and 6) measurement. State CSHCN directors and family leaders will share first-hand experiences in implementing this process, along with complimentary tools from a national DSCSHN-funded center. Presenters will define critical components, sharing achievements and challenges. Participants will work in small groups to apply each step in their own states and communities, with ample opportunities to dialogue. In conclusion, states that have worked to develop community-based service systems all have made progress to varying degrees. Contextual factors, e.g., existing public health structures and budget crises, have impacted what was accomplished. The amount of time and effort required to obtain buy-in and develop a new vision of services is extensive and cannot be rushed. The ten essential public health functions have served as a foundation for our efforts, emphasizing the importance of mobilizing communities, linking people to needed services, and assurance. Evidence-based care coordination and coalition building practices will be presented as well as promising practices pertaining to the implementation of the six CSHCN performance outcomes.

Presenter(s):

Diane Behl, M.Ed., Senior Researcher, Utah State University

Harper Randall, M.D., CSHCN Medical Director, Utah Dept. of Health

Kathy Watters, M.S., Director, Health Care Program for Children with Special Needs, Colorado Dept. of Health

Eileen Forlenza, BS, Director -- Colorado Medical Home Initiative, Colorado Dept. of Public Health and Environment

Session ID: C5

Session Type: Skills Building

Social Marketing and Maternal & Child Health: Identifying and Understanding Your Target Audience

The mission of CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) is to promote the health of babies, children, and adults and to enhance the potential for full, productive living. The Center works to educate parents and potential parents about important maternal and child health issues such as taking folic acid to prevent birth defects, monitoring a child's developmental health, and ensuring that parents have access to accurate information about autism. Social marketing applies traditional marketing principles and techniques to influence a target audience to engage in behavior changes that benefit individuals and/or the larger community. It has proven successful at preventing teens from smoking, convincing women to take an HIV test, and encouraging commuters to carpool. Similarly, NCBDDD has applied social marketing to influence behaviors that impact maternal, infant, and child health. This presentation will highlight three different evidence-based NCBDDD programs that use a social marketing approach: the award-winning "Learn the Signs. Act Early" child development campaign, reaching parents of young children; a suite of campaigns to increase folic acid use among women of child-bearing years, reaching women in different stages of family planning; and message development on autism based on qualitative and quantitative audience research with mothers of young children, including first-time mothers and mothers who have an older child. Emphasis will be placed on the impact target-audience research played in development and implementation of the programs and how attendees can apply social marketing tools, resources, and principles to their own programs.

Presenter(s):

Martha Alexander, MA, MPH, Deputy Associate Director for Communication Science, National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention

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Kate Galatas, MPH, Acting Director of the Division of Partnerships and Strategic Alliances, National Center on Health Marketing, Centers for Disease Control and Prevention

Melissa Taylor, MA, Executive Vice President of Strategic Planning & Research, Porter Novelli

Session ID: C6

Session Type: Skills Building

Designing and Implementing New Internet-Based Technologies for MCH

The Center for the Advancement of Distance Education at the School of Public Health, University of Illinois at Chicago, has been doing Web communications for MCHB for the past 10 years (e.g., www.mchcom.com). Recently the Center has been developing strategies for public health using Web 2 and 3.0 technologies. A longer version of this workshop was given at the University of Minnesota Public Health Institute this summer. Another version was delivered in the spring of 2009 to MCHB leadership staff.

Presenter(s):

Colleen Monahan, DC, MPH, Director, University of Illinois at Chicago, School of Public Health, CADE

Session ID: C7

Session Type: Skills Building

Getting the Message Out: Distance Learning Using a Variety of Methods for MCH Professional Development

A 2008 AMCHP survey of professional development needs of state Title V programs found that the three most important barriers to providing staff training were travel restrictions, difficulty taking time away from work, and costs of continuing education. Adapting professional development for distance methods improves access for those in underserved or remote areas, can provide more flexible scheduling, and decreases travel costs. MCH distance learning (DL) program grantees have been adapting professional development programs, using adult learning principles, for use with various distance modalities (e.g., Webinars, video- and teleconferences, and online courses), and have met annually to discuss lessons learned. The session will begin with a 15-minute overview on DL (when and why it makes sense to offer DL instead of, or blended with, in-person training; incorporating adult learning principles into various DL modalities; and benefits, barriers, and costs). Representatives from four DL Programs will then each describe key lessons learned in adapting their training to various DL methods. The session will conclude with a twenty-minute case study-format discussion with audience members who are considering distance learning for a particular topic and want help thinking through which modality would be best suited for their goals. Program staff responsible for professional development will learn about benefits, costs, and challenges of various distance learning modalities and will have an opportunity to discuss first steps in adapting a training to distance methods. Distance methods are responsive to needs described in the AMCHP survey and have the potential to reach MCH professionals whose professional development has been limited due to location, busy schedule at home and work, and costs of travel. A better-trained MCH workforce will benefit children and families.

Presenter(s):

Karen Edwards, MD MPH, LEND Program Director, Westchester Institute for Human Development

Barbara Levitz, , Director of LEND Family Partnerships Training, Westchester Institute for Human Development/UCED

Lee Wallace, MS, RD, LDN, FADA, Nutritionist, Boling Center for Developmental Disabilities, University of Tennessee Health Science Center

Toby Long, PhD, PT, FAPTA, Director of Training, Georgetown University

Catherine Barber, MPA, Research Manager, Harvard Injury Control Research Center, Harvard School of Public Health

Sunday, March 7, 3:00 pm – 4:30 pm

Session ID: D1

Current as of January 15, 2010 – subject to change and may differ from final conference program

Session Type: Workshop

Educating the MCH Workforce on the Life-Course Perspective

Since the 2003 article in the Maternal and Child Health Journal by Dr. Michael Lu and Dr. Neal Halfon, “Racial and Ethnic Disparities in Birth Outcomes: A Life-Course Perspective,” the life-course perspective has been gaining traction as a new framework for maternal and child health practice. While the framework resonates as a theory for MCH professionals, the work it will take to fully incorporate this perspective into practice can feel overwhelming. In this session, participants will be led through an interactive game designed to illustrate key concepts of the life-course framework. Discussion will follow for participants to share their own ideas for incorporating a life-course perspective into their MCH practice.

Presenter(s):

Brenda Thompson, MPH, Project Coordinator, CityMatCH

Kathleen Brandert, MPH, CHES, Education and Training Manager, CityMatCH

Session ID: D2

Session Type: Workshop

Innovative Communication Strategies to Promote Preconception Health

Life-course health development models using a variety of communication techniques are transforming the work of MCH programs. In this session, three cutting-edge life-course/preconception health programs will be explored. LA Best Babies Network, in partnership with Worksite Wellness LA, conducted the How Healthy Are You? Worksite Wellness program with a major garment industry employer in Los Angeles, demonstrating that women are receptive to preconception health messages in the workplace. LA Best Babies Network developed a scorecard for women to score their preconception health. The scorecard and specially designed Web sites provide health education information and were used as tools for incorporating preconception health messages into a targeted worksite wellness program for women. The program encouraged women to develop a healthy life plan with clearly defined action steps. In addition, Louisiana’s The Stork Reality Campaign will be introduced. Sammy the Stork spends many evenings with his flock (a street team) swooping in and out of neighborhood bars throughout the state, making new friends and spreading the word about the importance of preconception health. The campaign’s strategic approach combines traditional marketing methods (advertising and Web site) with grassroots efforts, supported by social media and online tactics. All drive traffic to www.TheStorkReality.com Web site. The Web site houses a series of videos where Sammy is interacting with the target audience. Through Nebraska’s Title V/MCH planning process, a life course health development model directed the state’s Title V efforts to focus on preconception health. The opportunity to apply for and receive a First Time Motherhood/New Parents Initiative grant has allowed Nebraska to share with its MCH colleagues new and innovative ways to promote both women’s health and healthy future pregnancies. Soon to be launched will be a musical, interactive digital campaign named “Tune.”

Presenter(s):

Sue Huffman, B.S., Program Manager, Perinatal, Child & Adolescent Health, Nebraska Department of Health & Human Services

Karis Schoellmann, MPH, Clinical Assistant Professor, Tulane School of Public Health and Louisiana Office of Public Health MCH Program

Tonya Gorham, MSW, Director of Policy, LA Best Babies Network

Session ID: D3

Session Type: Workshop

The Development of Quality-of-Care Standards for the Care of Children With Epilepsy

Guidelines for the primary care management of children with epilepsy in a comprehensive family-centered manner have been lacking despite high rates of comorbidity (developmental problems and mental health and learning issues) that are best addressed at the community, not specialty, level. Neurology seizure-type specific guidelines exist but none for comanagement of the range of issues that include education and health care transition. A reiterative process involving primary care and neurology clinicians with parents and care coordinators developed the process of identification, previsit assessment, and planned care visits with education and provision of seizure-emergency action plans. Registries of patient

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populations were developed and planned visits implemented. The results of the guideline implementation process in seven primary care and three neurology practices will be detailed. The factors that facilitate and impede the implementation of patient registries, planned care visits, and provision action plans will be detailed. The performance of practices in meeting guideline-level care at baseline as well as after four and 12 months will be presented. Lessons learned from this process about the role of families, primary care clinicians, and quality improvement experts can inform future state-level MCH interventions.

Presenter(s):

Ardis Olson, MD, Professor of Pediatrics, Dartmouth Medical School

Session ID: D4

Session Type: Workshop

From College to Community Through Peer Education: Educating College-Aged African American Youth About Preconception Health

Disparities in infant mortality rates persist, with African American infant mortality rates more than twice the rates of non-Hispanic whites. While preconception health is one of the most important aspects influencing birth outcomes and maternal and infant health, it is often little emphasized. The Preconception Peer Educators (PPE) pilot program is part of the “A Healthy Baby Begins with You” infant mortality awareness campaign of the Office of Minority Health, U.S. Department of Health and Human Services. The program aims to reach college-aged African American youth with targeted health messages emphasizing preconception health and care. Peer education is an effective and innovative approach to educating minority youth, particularly those who are younger and less educated. In the fall of 2008, students were recruited and trained on six college campuses on key concepts related to infant mortality and preconception health. Preconception Peer Educators provide information to other students and peers in their respective communities through mass media and interpersonal communication channels. Outreach strategies include the “First College to Community Health Outreach Week” in Memphis, Tennessee, and subsequently the production of a documentary, *Crisis in the Crib*, by national campaign spokesperson Tonya Lewis-Lee. Collaboration with local and state organizations facilitates outreach activities on the PPE’s respective campuses and surrounding communities. The PPE program has successfully promoted preconception health and care messages among African American communities with high rates of infant mortality across the nation. Peer education interventions, including outreach and communication strategies developed through the PPE program, should be more largely incorporated into infant mortality prevention and preconception health promotion efforts to more effectively reach and educate this population.

Presenter(s):

Isabel Estrada-Portales, MS, Director of Communications, Office of Minority Health Resource Center

Matilde Gonzalez-Flores, MPH, Research and Social Marketing Specialist, Office of Minority Health Resource Center

Session ID: D5

Session Type: Workshop

Building Professional Capacity to Meet Infant Mental Health Needs

Ongoing partnerships between Indiana’s Early Childhood Coordinating Council and the Indiana Association for Infant and Toddler Mental Health (IAITMH) have created an innovative program to build capacity statewide to meet the mental health needs of young children and their families. The IAITMH Infant Mental Health (IMH) mentorships are an opportunity for early intervention professionals to learn about major concepts in IMH in a small group setting with facilitation provided by a seasoned IMH professional (psychologist or social worker). Groups usually meet for two hours once per month for one year, earning credits that can be used for credentialing in Indiana’s Part C system. Sessions involve minilectures, videos, group discussion, and vignettes. Following the increase in awareness of mental health issues in early childhood, it became evident that there were few mental health providers that early intervention professionals could turn to for consultation or referral. To address this deficit in personnel, the Indiana Department of Health and the Early Childhood Comprehensive Systems Initiative planned to increase training for mental health professionals in IMH. An important method for disseminating this information is through mentorship opportunities. The original mentorship program was revised to be more appropriate for mental health professionals. In recognition of their previous mental health training and time pressures, this mentorship was

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condensed into a six-session experience. Each training module included a PowerPoint presentation, handouts and activities, recommended readings, and written background and outline for the facilitators. The modules were designed to address training needs in mental health and included information about evaluation, diagnosis, treatment, and consultation. The modules were piloted with three groups spread out across the state. Following some minor changes, the program was launched in 2009.

Presenter(s):

Stephan Viehweg, ACSW, LCSW, Associate Director, Riley Child Development Center

Session ID: D6

Session Type: Workshop

Taking Care of Mom: New Resources for MCH Programs

Pregnancy and postpartum parenting are times of significant, constant change. Experiences such as fatigue, weight gain, relationship changes, and increased demands on time and resources can negatively impact maternal wellness. Since half of all pregnancies are unintended, some women may be at even higher risk of poor maternal wellness. Materials describing the perinatal period traditionally only focus on MCH physical health and frequently refer to pregnancy and parenting as a blissful time, which may provide unrealistic expectations. This misconception can leave women feeling isolated in their perinatal experience. Twenty-two multidisciplinary MCH experts defined maternal wellness. A review of scientific literature yielded 1,117 articles of interest. Applying the third U.S. Preventive Services Task Force criteria, 150 articles were selected for the content evidence base. A review of consumer literature identified over 1000 articles and 100 resource tools; applied selection criteria yielded 163 consumer articles and 31 tools for sample format and content focus. Four concept-testing focus groups were conducted with pregnant and postpartum women to explore physical, emotional, and social stressors and strategies having the greatest impact on their outlook, self-confidence, stress/anxiety, and readiness for pregnancy and postpartum recovery and parenting. Four concept-testing focus groups were conducted with MCH providers to explore the changes and information perinatal women frequently asked about and were provided. Findings were incorporated into the final TMC booklet, poster and pocket card. Then eight product-testing focus groups were conducted with perinatal women and providers to assess and improve the materials. Overall, both consumers and providers endorsed the content and indicated they were a much needed resource.

Presenter(s):

Karen Hench, RN, MS, Deputy Director, DHSPS, MCHB, HRSA, HHS
Darlene Roebuck

Session ID: D7

Session Type: Workshop

The Journey From Families as Consumers to Family Leadership: Cultivating Human Capital to Bring About Systems Change

Family leadership development is an evolution of skills, knowledge, opportunities, and dedication to systems change. When families become ready to participate in policy development, funding strategies, and program sustainability, they often are assigned without appropriate training or mentoring. For full family integration into partnerships, governance structure, and decision-making processes, core competencies are required. In this session, representatives of three states provide an overview of models for preparing families for leadership and partnerships with professionals to influence systems change. HOPE Center Network for Families in Delaware has developed the HOPE Model of Connecting with Families™, which is a framework with strategies that strengthen professional partnerships with families, and the Parent Power Ladder™, which characterizes a family's own situation and is a tool that helps assess the readiness of families for leadership and collaboration. Colorado uses the Parent Leadership Training Institute curriculum from Connecticut to support families in making desired changes for their children. Outcomes for participants include improvement in self-confidence and the ability to be change agents for their children and communities, the capacity to work with professionals, and access to community information. The Riley Child Development Center in Indiana, a Leadership Education in Neurodevelopmental Disorders training program, is using the Family Leadership Initiative (FLI) to create and leverage partnerships with existing and new parent support

entities to expand the advocacy and public policy impact of family leaders. Through FLI, families are engaged in roles meeting individual interests. FLI provides strategies for families to be fully integrated into a program's leadership. Families have meaningful participation and opportunities for leadership at national, regional, state, and local levels related to systems of care.

Presenter(s):

Samra Devard, BSChE, Parent and Founder, HOPE Center of Delaware
Rylin Rodgers, , Family Discipline Coordinator, Riley Child Development Center
Eileen Forlenza, , Director - Colorado Medical Home Initiative, Colorado Dept. of Public Health and Environment

Session ID: D8

Session Type: Workshop

Childhood Obesity: Exploring Causes and Prevention Strategies in the Periconceptional, Fetal, and Early Childhood Periods

Two areas of research are emerging as potential arenas for exploring causes and effective interventions to prevent childhood obesity: the role of prenatal stress on fetal origins of early childhood obesity and the need for obesity prevention in child care settings. Participants will hear the results of a study from Orange County, California, that examined the influence of prenatal stress on child body composition and obesity risk as well as determined whether breast-feeding practices moderate the effects of prenatal stress on obesity risk. In the study, the Women, Infants, and Children database was used to quantify sociodemographic, nutritional, obstetric, and behavioral indicators of prenatal stress. Prenatal conditions were found to be correlated to maternal stressors. The public health implications of the study point to the need to recognize the complex, multifactorial nature of the problem of child obesity and to adopt policies that integrate periconceptional, fetal, and childhood periods of the life span. Despite recent research revealing that a child's weight at age five closely predicts their weight at age nine, current efforts within the field focus primarily on programs for children in grades K-12, overlooking the need for obesity prevention and health promotion in child care settings. A comprehensive summit that occurred in Washington, DC, titled "Healthy Kids, Healthy Future: Promising Practices and Policies for Health Promotion and Obesity Prevention in Early Care and Education," addressed childhood obesity in early care and education settings. The summit identified current best policies, practices, and tools, which will be presented. Approaches to supporting obesity prevention include policies and practice changes focusing on providing healthier meals, reducing or eliminating intake of sugar-sweetened beverages, and increased participation in physical activity.

Presenter(s):

Eric Walsh, M.D., M.P.H., Medical Director, Health Care Agency, County of Orange
William Dietz, MD, PhD, Director, Division of Nutrition, Physical Activity, and Obesity, NCCDPHP, CDC
Sonja Entringer, Ph.D., Post Doctoral Research Fellow, University of California, Irvine
Debbie Chang, MPH, Senior Vice-President and Executive Director of Health and Prevention Services, Nemours

Session ID: D9

Session Type: Workshop

The Changing Face of Children's Health: Results From the National Survey of Children's Health

Policy issues such as the childhood obesity epidemic, parity for treatment of mental health problems, and increasing breastfeeding promotion initiatives are changing the picture of children's health in the United States. Together with the 2003 National Survey of Children's Health (NSCH), the recently-released 2007 NSCH can serve as a means of gauging changes in the health needs of children and our capacity to meet their needs. The 2007 NSCH can also serve as a baseline for measuring the future impacts of health care reform efforts on the health of America's children. Both surveys had sample sizes of about 100,000 children, with about 2,000 interviews per state. These surveys were designed to produce national- and state-specific prevalence estimates for a variety of physical, emotional, and behavioral health indicators and measures of children's experiences with the health care system. In this session, the findings from the 2007 NSCH will be compared to the 2003 findings for state-specific and national changes in three key areas: obesity and overweight prevalence among children 10-17 years of age; breastfeeding initiation, duration, and exclusivity; and emotional and behavioral problems, both parent-reported

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and diagnosed. For each area, the extent to which socioeconomic, behavioral, and neighborhood, social, and built environmental characteristics explain geographic disparities were explored. When applicable, these changes were also examined in the context of broader factors, such as breastfeeding promotion legislation or mental health parity legislation and related regulatory changes. We found that important changes did occur between 2003 and 2007, at both the state and national levels: the prevalence of obesity and overweight increased, as did breastfeeding initiation, although breastfeeding exclusivity was well below recommended levels. The public health implications of these findings will be discussed.

Presenter(s):

Gopal Singh, PhD, Senior Epidemiologist, HRSA/Maternal and Child Health Bureau
Reem Ghandour, DrPH, Public Health Analyst, HRSA/Maternal and Child Health Bureau
Jessica Jones, MPH, Public Health Analyst, HRSA/Maternal and Child Health Bureau

Session ID: D10

Session Type: Workshop

Health Equity: A Final Frontier

Despite increasing diversity in the United States, significant disparities in health care and health outcomes persist. Average infant mortality in 1000 live births is 13.8 among African Americans and 5.7 among Caucasians. Health disparities affecting children include a higher incidence among minorities of low birth weight, obesity, prematurity, oral health, asthma, family violence, social and behavioral development, and mental health concerns. It is essential that health care providers and public health professionals continue to work towards elimination of health disparities and the realization of health equity. This workshop will discuss the sixth and final case in the MCHB-funded Pediatric Pulmonary Centers' online Cross Cultural Case Studies, "Recognizing Disparities: The First Step Towards Health Equity," which was completed earlier this year. Workshop leaders will present a brief overview of the entire module that was designed to teach students and health professionals about different aspects of cultural competence. Each case consists of a case story, lecture, key concepts, learning activities, and resources. With the inclusion of the final case, the series now meets all criteria identified in the American Association of Medical Colleges' Tools for Assessing Cultural Competence Training. Workshop leaders will then focus on the sixth case, discussing health disparities and health equity in greater depth. The importance of understanding the roots of the striking health disparities in our country will be discussed. Causes of health disparities at the individual, institutional, and national levels, as well as ways to address these, will also be covered. Presenters will help participants consider how best to use these cases for training in their unique settings. We will conclude with a brief description of the evaluation study currently in progress to assess the cases.

Presenter(s):

Susan Horky, MSW, LCSW, Co-Director and Social Work Faculty, University of Florida Pediatric Pulmonary Center Training Program
Craig Becker, MSSW, Senior Clinical Social Worker and Social Work Education Director, University of Wisconsin Pediatric Pulmonary Center Training Program

Session Type: Roundtable

Sexual Health Promotion Through NGO/School Partnerships

District of Columbia schools are developing work plans to strengthen adolescent reproductive and sexual health (ARSH) programs using a collaborative approach that integrates traditional public middle and high schools, charter schools, the Sexuality Information and Education Council of the U.S., and local MCH partners. Needs assessments conducted at over a dozen selected schools indicate a diversity of needs and possible action steps for building capacity at each school site. Planners propose to assess current ARSH programming and school environments through site visits, meetings, and interviews with teams of school stakeholders and to draft action plans tailored toward the specific strengths and interests of each school.

Presenter(s):

Kurt Conklin, MPH, CHES, School Health Project Coordinator, SIECUS - Sexuality Information and Education Council of the U.S.

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Session Type: Roundtable

A Statewide Model for Family-Professional Partnerships

Over the last two years, Missouri's Bureau for Special Health Care Needs has formed partnerships to implement the HRSA Integrated Community Services grant and the Family-to-Family Health Information Center. The focus of these grants is to support families in meeting their individual needs as they relate to information/referral and peer support as well as to identify and support family leaders who can partner on systems change for Missouri. The strength of these grants is that they bring together key stakeholders from many disciplines, communities, and family organizations that are committed to enhancing and building a statewide system of support so that families are not alone in their experience with disability and/or special health care needs.

Presenter(s):

Michelle Reynolds, M.O.T., OTR, Director of Individual Advocacy and Family Support, UMKC-Institute for Human Development, UCEDD

Tracy Damario, BSHCN Family Partner, Bureau of Special Health Care Needs

Sunday, March 7, 7:30 pm – 9:00 pm

POSTER DISPLAYS

Jump Start for Child Health: A Child Care Center Consultation Model

Ruby Natale, PhD, PSYD, Assistant Professor of Clinical Pediatrics, University of Miami School of Medicine

Predictors of Gambling Behavior among Eighth and Eleventh Grade Students

Robert Nystrom, M.A., Adolescent Health Section Manager, Oregon Department of Human Services

Nigel Chaumeton, Ph.D., Research Analyst, Oregon Department of Human Services

Cultural Competence of Maternal and Child Health Programs in Maryland

Jacqueline Wallen, PhD, MSW, Associate Professor, Department of Family Science

Hospital Capacity for Perinatal Care Services in Puerto Rico

Marianne Cruz, MS, Epidemiologist, Puerto Rico Department of Health

Dental Sealants of Third Grade Students in Puerto Rico, 2006-2007

Leslianne Soto, MS, Epidemiologist, Puerto Rico Department of Health

Addressing the Medical and Behavioral Health Needs of Children in Out-of-Home Care in Maine

Stephen Meister, MD, MHSA, FAAP, MCH Medical Director, State of Maine Center for Disease Control

Oral Health: Facts, Philosophies, and Hands-On Information

Sarah Wovcha, JD, MPH, Executive Director, Children's Dental Services

Going Green: Utilizing New Technology to Facilitate Home Visiting, Data Collection, and Quality Assurance

Mitchell Coates, MBA, IT Liaison, Healthy Start, Inc.

Improving Health Literacy in Deaf Teens and Cultural Competence in Pediatric Residents

Susan Wiley, MD, Associate Professor, Cincinnati Children's Hospital Medical Center

Birth and Beyond California: Using Quality Improvement to Increase Hospital Breastfeeding Initiation Rates

Karen Ramstrom, DO, MSPH, Chief, Policy Development Branch, CDPH, Maternal, Child and Adolescent Health Division

Leona Shields, RN, PHN, NP, MFT, Nurse Consultant III Specialist, California DPH, MCAH Division

Suzanne Haydu, MPH, RD, Nutrition and Physical Activity Coordinator, CDPH, Maternal, Child and Adolescent Health Division

Reducing Recurring Preterm Birth: the North Carolina 17P Project

Sarah Verbiest, DrPH, MSW, MPH, Executive Director, UNC Chapel Hill School of Medicine

Belinda Pettiford, MPH, Unit Supervisor, NC DHHS, Division of Public Health

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Women's Health Now and Beyond Pregnancy

Millie Jones, MPH, Family Health Clinical Consultant, Wisconsin Division of Public Health

The Fourth Trimester: A Novel Paradigm for Calming Fussy Babies and Promoting Sleep

Harvey Karp, MD, Assistant Clinical Professor Pediatrics, UCLA, The Happiest Baby, Inc

The Link Between Asthma and Nutrition: A Needs Assessment and Implications for Continuing Education in the Florida WIC Program

Ellen Bowser, MS, RD, LD/N, RN, Faculty Nutritionist, UF Pediatric Pulmonary Division

Home By One Program Building Integrated Partnerships With Connecticut Agencies, Parents, and Providers

Tracey Andrews, R.D.H., B.S., Health Program Associate, State of Connecticut Department of Public Health

Promoting Reproductive Life Planning

Alvina Long Valentin, RN MPH, Women's Health Network Supervisor, NC DHHS, Division of Public Health, Women's Health Branch

Using a Health Communications Model to Improve Access to Care for Children and Youth with Epilepsy and Their Families

Cary Kreutzer, MPH, RD, Community Education Director, USC UCEDD at CHLA

Valerie Hill, MPH, CHES, Program Manager, Epilepsy Foundation

The Massachusetts New Parent Initiative: Enhancing Communication Between Providers and New Parents Utilizing Emotion-Based Messages and Digital Stories

Eileen Mack Thorley, MPH, Project Coordinator, Massachusetts Department of Public Health

Karin Downs, RN, MS, MPH, State MCH Director, Massachusetts Department of Public Health

Beth Buxton-Carter, LCSW, Program Director, Massachusetts Department of Public Health

Birthing Project, Nashville Chapter

Lillian Maddox-Whitehead, MS, BSW, Program Director, Metro Nashville Public Health Department

A Public Health Approach to Reducing Youth Suicide: Why It's Important to Talk about Firearms...and How to Begin

Catherine Barber, MPA, Research Manager, Harvard School of Public Health, Injury Control Research Center

Integrating Data Systems to Ensure Timely Referral and Follow-up for Children With Hearing Loss

Brittini Frederiksen, BA, Intern, Iowa Department of Public Health

Tammy O'Hollearn, LBSW, State EHDI Coordinator, Iowa Department of Public Health

Monday, March 8, 10:15 am – 11:45 am

Session ID: E1

Session Type: Workshop

Group Prenatal Care Strategies for Diverse Sites

CenteringPregnancy® is an innovative model that provides group prenatal care for women with similar due dates. The model integrates health assessment, education, and support. Each pregnancy group meets for ten sessions throughout pregnancy and early postpartum, with the provider completing standard physical health assessments within the group space. The model has shown improved health outcomes for pregnancies and high satisfaction rates for women and providers. The March of Dimes is supporting the implementation of CenteringPregnancy® at eight sites in Illinois. Site personnel have received training in the model, technical assistance via a consultant from the Centering Healthcare Institute, and opportunities to network and problem solve with the other local site personnel. They also are participating in a joint evaluation of prenatal care attendance and birth outcomes. Partial funding is provided through a CDC cooperative agreement. This presentation will share the results of the initiative including site implementation rates, common barriers to implementation and strategies to address them, and results from outcome evaluation. Public health implications include lessons learned on how to affect system redesign for more client-focused care; how to build momentum for change; and enhancing partnerships between public and private institutions, providers, and the community. CenteringPregnancy® is an evidence-based model of prenatal care that has demonstrated positive impact on birth outcomes in numerous research studies, including a randomized control trial. The

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provision of technical assistance and development of a network of organizations initiating the model at the same time is a promising practice to increase successful implementation, sustainability, and fidelity to the model. It is an approach that was used effectively in Louisiana and is currently used in Texas.

Presenter(s):

Mary Alice Grady, MS, CNM, CHI Faculty and System Redesign Consultant, Centering Healthcare Institute
Jennifer Oh, BSN, MSN, Certified Nurse Midwife/Women's Health Nurse Practitioner, Lawndale Christian Health Center
Lisa Doot, M.A., L.C.S.W., MCH Prenatal Program Supervisor, Lawndale Christian Health Center

Session ID: E2

Session Type: Workshop

Engage, Enroll, Enhance: How Title V Programs Can Promote Health Care Coverage for Children and Youth With Special Health Care Needs

This workshop will build capacity among Title V programs to achieve the 2010 objective of “access to adequate health insurance” by providing specific, replicable examples of best practice models in health benefits counseling and advocacy. The Catalyst Center, located at the Boston University School of Public Health, is the Maternal and Child Health Bureau-funded national center responsible for providing technical assistance and research support for improving financing of care for children with special health care needs (CSHCN). Recent needs assessments and our invitational topical meeting have documented interest among Title V program personnel to enhance state-level capacity to provide individual benefits counseling to families of CSHCN as well as to increase Title V program effectiveness in strengthening health care financing systems for CSHCN. This workshop will describe model programs for increasing individual access to coverage and maximizing benefits, whether public or private, as well as strategies being used by states to promote system-level changes in health care financing. A panel of experts on health care financing will present information on the causes and consequences of medical debt and family financial hardship, best-practice models that can be replicated by Title V programs, and strategies for doing so. Resource materials will also be distributed.

Presenter(s):

Meg Comeau, MHA, Director, the Catalyst Center, Boston University School of Public Health
Carol Tobias, MMHS, Director, Health and Disability Working Group, Boston University School of Public Health

Session ID: E3

Session Type: Workshop

Preconception Health: From Concept to Measurement to Action

With continued lack of improvement in U.S. perinatal trends, national prevention recommendations and strategies have focused efforts on improving women’s health and health care prior to pregnancy. But state MCH programs don’t always know where to start, how to prioritize, or whether there is an impact. Population measurement of women’s preconception health has not been well defined nor standardized for use by state public health agencies. Seven state public health agencies and the CDC joined efforts to review, define, and select a core set of state preconception health indicators from existing data sources. The purpose is to assist state public health agencies in assessing, monitoring, and evaluating preconception health at a state level. After a systematic review of potential data sources and existing measures, 45 indicators from 11 domains were selected: general health, reproductive health, chronic conditions, infections, nutrition and activity, genetics, substance abuse, mental health, health care, social support, and social determinants. This session will define the current status of preconception health measurement, describe the selection process, present selected measures, and discuss the limitations and challenges to their use. More importantly, this session will demonstrate ways these indicators can be used in five-year needs assessments, prioritizing initiatives promoting awareness and measuring impact. The session will discuss policy and program issues and challenges related to their implementation and use. The first speaker will present the background, selection process, and proposed indicators. The next two speakers, both state MCH leaders, will describe their state’s response to the release of these measures including potential uses, implications, and challenges. Special attention will be given to stimulating audience discussion on the policy and program impacts of selected indicators.

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Presenter(s):

William Sappenfield, MD, MPH, State MCH Epidemiologist, Florida Department of Health
Annette Phelps, ARNP, MSN, Director, Division of Family Health Services, Florida Department of Health
Lois Bloebaum, MPA, BSN, Manager, Reproductive Health Program, Utah Department of Health

Session ID: E4

Session Type: Workshop

Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People

A teachable moment is a situation where opportunity knocks, a time when a person, especially a child, is likely to be particularly disposed to learning something. Adults can be most effective by providing the information and support needed to promote responsible decision-making in youth and help ensure that the transition to adulthood is safe and healthy. Using lecture, large group discussion, role play, and small group activity, this session will address what teachable moments look like, what leads to a teachable moment, how to make the initiation of conversation about sex and contraception easier and more comfortable for everyone involved, ways to capitalize on teachable moments, issues of disclosure and confidentiality, creating a teachable moment, and making the most out of a teachable moment. We will discuss how to educate and empower youth workers unfamiliar with the field of sexual and reproductive health to make the most of teachable moments with the young people they serve regarding safer sex and contraceptive choices. Consideration will be given to important information youth should know, including about abstinence, contraception, and emergency contraception. Resources will be reviewed.

Presenter(s):

Gina Desiderio, MA, Program Manager, Healthy Teen Network
Janet Max, MPH, CHES, Director of Programs and Policy, Healthy Teen Network

Session ID: E5

Session Type: Workshop

Exploring the Role of Families, Communities, and Public Health in Implementing the Medical Home System

This session will focus on two medical home approaches in Colorado and Pennsylvania. The Colorado presentation looks at the medical home on the state and community levels while the Pennsylvania talk focuses more on the practice level. Colorado is building a medical home system, which is the infrastructure to support a medical home approach for all families. The Colorado Medical Home Initiative asserts that a medical home is a team approach to health and health care guided by quality standards. A medical home approach requires all professionals involved in a child's care to operate as a team; families to be critical members of that team through education and mentoring; and all team members to understand the importance of quality, coordinated medical, mental, and oral health care. The Pennsylvania Medical Home Program embraces parent partners in the adoption and implementation of medical home in pediatric practices. To date, this program has worked with over 100 pediatric practices and over 35 parents have been engaged as parent partners within these practices. These parents and caregivers have inspired quality improvement changes such as scheduling, efficiency, access to care, and outreach events in practices. Focus groups are often employed to identify parent leaders and the issues parents and caregivers identify as areas for growth. Parents are given specific tasks and goals regarding community resources or parent-to-parent support. Guidelines for recruiting, engaging, and maintaining parent partners will be shared. Finally, results and implications of the Pennsylvania Medical Home Family Survey will be explored, including levels of unmet needs, family satisfaction, measures of family-centered care, and cultural competency. The role of parent partners is integral to the adoption and implementation of pediatric medical homes.

Presenter(s):

Renee Turchi, MD, MPH, FAAP, Director, PA Medical Home Program, St. Christopher's Hospital for Children
Eileen Forlenza, , Director - Colorado Medical Home Initiative, Colorado Dept. of Public Health and Environment

Session ID: E6

Session Type: Workshop

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State Programs to Identify and Improve the Health of Children With Autism Spectrum Disorders and Other Developmental Disabilities

The rising numbers of children identified and diagnosed with autism spectrum disorders (ASD) and other developmental disabilities represent a major challenge and opportunity for states. As a result, the numerous state agencies, including Title V and provider and advocacy organizations, are focused on developing and implementing systems to assure that all children and youth with ASD receive early identification, assessment, diagnosis, and intervention services. This session will highlight the efforts of a range of state agencies and other stakeholders to improve services and systems including the CDC's Learn the Signs, Act Early campaign and the Act Early autism state summits. The session will also focus on Alaska's response to ASD with the new and strengthened existing health systems of care.

Presenter(s):

Grace Williams, , Sr. Program Manager, CYSHCN, AMCHP

George Jesien, Ph.D., Executive Director, Association of University Centers on Disabilities

Kristine Green, BS H.ed, MAT, MS, Autism and Parent Services Program Manager, State of Alaska - Section of Women's, Children's and Family Health

Jimael Lawson, BA, Combating Autism Public Health Specialist, State of Alaska - Section of Women's, Children's and Family Health

Session ID: E7

Session Type: Workshop

Integrating Bright Futures Into Public Health at the State and Local Levels

This workshop will give state MCH and CYSHCN programs the tools needed to disseminate Bright Futures (BF) information to local health departments and health care delivery systems throughout their states. The American Academy of Pediatrics (AAP), with support from the federal MCHB and collaborating partners, developed Bright Futures Guidelines, Third Edition, a set of principles, strategies, and tools that can be used to improve the health and well-being of children from the prenatal period through age 21. BF puts forth 10 themes related to community and public health (e.g. child development, mental health, healthy weight, and oral health). The newly released "Bright Futures Tool and Resource Kit," a companion to the Bright Futures Guidelines, includes tools and materials for BF implementation. State-level leadership in adopting BF has been essential in fostering the ability of local health departments to use BF in their own activities and to train local health department staff. The Wisconsin MCH program and local health departments in Wisconsin have worked closely with the BF Education Center at the AAP to develop a one-day orientation program for public health nurses, focused on the 10 BF themes. This program was followed by theme-based 90-minute Webcasts given every two months. Local public health leaders have found these sessions useful and have incorporated BF themes into their practices. They have also formed collaborations with local health care providers to assure high-quality health supervision. This workshop will provide an overview of BF materials and tools for use in implementation efforts and an in-depth discussion of the Wisconsin experience in implementing BF. Representatives from both the state and local levels will highlight their approaches and implementation partnerships and provide strategies and examples of how participants can replicate and use this information in their states.

Presenter(s):

Murray Katcher, MD, Chief, Medical Officer for Community Health Promotion, State of Wisconsin

Gretchen Klug, BSN, public health nurse, Dodge County Human Services and Health Department - Public Health Unit

Paula Duncan, MD, Director, Youth Programs, VCHIP

Session ID: E8

Session Type: Workshop

The New Maternal and Child Health Public Health Leadership Institute: Developing Critical Leadership Skills for MCH Leaders

The University of North Carolina and its partners are developing a year-long MCHB/HRSA-funded intensive leadership training institute that aims to a) develop sophisticated personal leadership skills in mid to senior MCH leaders, b) foster fellows' impact on their home organizations, c) enhance fellows' ability to impact at the community, political, and systems

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levels of MCH through their personal leadership projects (PLPs), d) help build and support a community of learners in MCH, and e) build the organizational capacity of our partners. Between 25 and 30 fellows annually will complete 10 days of intensive training through three retreat-based experiences including seven leadership assessment instruments. A robust distance education program supports fellows at home. Fellows will spend about two hours a week on ongoing training between retreats. Fellows customize learning through a 10-component continuous learning system. An individual development plan and PLP will focus fellow skills on practical, results-oriented outcomes in the field. Impact on the field will be measured by the implementation of the PLPs. Dissemination of MCH-focused learning materials will help support the development and continuation of a community of learners in MCH professions. It is critical to invest in leadership development and organizational capacity in order to serve constituents more fully. Through intensive development, key leaders will be able to work in diverse environments and lead change. More than 100 PLPs will impact areas of high concern to MCH professionals who will be connected in a community of learners through shared resources and dissemination of the impacts of the PLPs through the partners. Focusing intensive, practical, skills-based leadership development on impact-related outcomes provides professionals with real-life learning laboratories and enhances and accelerates skill development, while fostering networks.

Presenter(s):

Karen Anzola, M.Ed., Training and Technical Assistance Coordinator, Family Voices, Inc.
Librada Estrada, MPH, Associate Director, AMCHP

Session Type: Roundtable

Engaging the "Unusual" Suspects in Eliminating Racial Inequities in Birth Outcomes

Many forces impinge on the health of African Americans in Milwaukee, including high unemployment, low rates of high school graduation, and high male incarceration. A leadership team participated in an Action Learning Collaborative (no direct funds) to address the impact of racism on infant mortality and to address structural barriers to male and father involvement. Partnerships were developed to engage leaders in fatherhood advocacy and workforce development. Sustaining a collaborative process was found not to be dependant on direct funding. Nontraditional sectors can successfully be engaged in health-related planning. Engagement of partners outside the health sector is critical to developing policies that will positively impact birth outcomes.

Presenter(s):

Sheri Johnson, Ph.D., Assistant Professor of Pediatrics and Population Health, Medical College of Wisconsin

Session Type: Roundtable

State and Territorial Efforts to Improve Pediatric Emergency Care and Prevent Child Maltreatment

This session will cover two hot topics in improving child health at the state and territorial levels. First, EMS systems were designed to treat adult patients and are often inadequately prepared to treat children. We will recommend strategies for EMS agencies to collaborate with other MCHB programs to improve the emergency infrastructure and better assure reduced morbidity and mortality from injury and illness. Second, adverse events in childhood have a significant impact on brain development and are linked to a wide range of poor health outcomes, including chronic diseases. We will provide a national perspective on the role and current efforts of state public health agencies in the area of primary prevention of child maltreatment.

Presenter(s):

Malia Richmond-Crum, MPH, Technical Assistance Specialist, Children's Safety Network
Sally Fogerty, B.S.N., M.Ed., Director, Children's Safety Network
Patricia Hashima, PhD, , CDC
Tasmeen Weik, DrPH, NREMTP, Executive Director, Children's National Medical Center
Lenora Olson, PhD, MA, Coinvestigator, University of Utah

Monday, March 8, 3:00 pm – 4:15 pm

Session ID: F1

Session Type: Workshop

Promoting Medical Homes for CYSHCN Through Strengthened Partnerships

Medical homes have long been considered the ideal for children and youth with special health care needs (CYSHCN). Current federal and state activities are moving the concept of medical home by leaps and bounds for the entire population, not just CYSHCN. Hear from the Region Four Genetics Collaborative and the Washington State medical home learning collaborative about the tools, talking points, and resources they have developed to advance the medical home. The Region Four Genetics Collaborative works to identify issues and to plan, select, and implement strategies that will improve the quality of genetic services, expertise, and access to those services within the context of the medical home. “Partnering With Your Doctor: The Medical Home Approach” is a guide developed by families and providers and it represents a grassroots effort to assist parents in obtaining quality services and advocating for their children’s health through a partnership with their health care providers. Based on what is known of the medical home model, the development of this guide and family-doctor partnerships offer promising results in increased access to quality care and advocacy for CYSHCN. Washington’s governor and legislature have ramped-up medical home efforts over the last few years, including 2008 legislation requiring the state department of health, which houses the Title V Children with Special Health Care Needs Program, to conduct a medical home learning collaborative for 20 to 40 primary care practices. Having been involved in promoting medical homes for CYSHCN for approximately 15 years, Washington Title V staff recognized the necessity of becoming involved from the start. Through identification and relationship building with new partners, Title V personnel have become active members of the patient-centered medical home collaborative, providing information about the history of the medical home, current evidence, and resources.

Presenter(s):

Linda Barnhart, MSN, Public Health Nurse Consultant, WA State Department of Health

Patricia Justis, MA, Washington Patient-Centered Medical Home Collaborative Manager, WA State Department of Health

Robert Cook, B.S., Family Liaison, University of Illinois

Jane Turner, MD, Professor, Pediatrics and Human Development, College of Human Medicine, Michigan State University

Session ID: F2

Session Type: Workshop

Are You Part of the Conversation? A March of Dimes Review of Social Media

Social media have not just grown but exploded into the public consciousness, providing a direct line to the immediate thoughts and concerns of pregnant women and new parents. The March of Dimes was an early adopter, creating an online community, Share Your Story, for neonatal intensive care unit families in 2004, then jumping onto Facebook in 2006 and Twitter in 2007. By having an active social media presence, the foundation proactively pushes health messages, answers questions, provides support in times of crisis, and converses about its mission, advocacy, and fundraising efforts with hundreds of thousands of friends and information seekers. This session will focus on these three platforms and demonstrate the value of listening to and engaging with our constituents as they prepare for pregnancy, complain about pregnancy woes, face complications and sometimes tragedy, and revel in the joy of their newborns. With 31,000 members and nearly half a million visitors, Share Your Story provides support through open forums as well as a place to share through hosted blogs. The Facebook cause page was started by a youth volunteer and now has over 362,000 members who are active volunteers for the March of Dimes. In order to reach women and offer relevant messaging to their life stage, the March of Dimes created four Twitter accounts to deliver pregnancy and baby tips in English and Spanish. Now with almost 9000 followers, the foundation is able to monitor and analyze conversations about its mission, constituent connectiveness, and brand. Not only can the foundation mobilize for advocacy, fundraising, and other e-action, but families get the support they need from a caring, trusted source. With social media, these members and followers are now friends who have a connection to the mission and seek to support the March of Dimes in many ways.

Presenter(s):

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Beverly Robertson, MS, MA, National Director, Pregnancy & Newborn Health Education Center, March of Dimes
Allison Hauser, MPA, Associate Director, National Youth Leadership Development, March of Dimes
James Soohoo, MA, Online Community Host, March of Dimes

Session ID: F3

Session Type: Workshop

Community-Based Approaches to Caring for Children With Special Health Care Needs in Rural and Urban Areas

This session features speakers working with disability populations in rural and urban areas and addresses the unique problems and opportunities these settings provide. Dr. Spearman will discuss the three-year grant from the Centers for Medicare and Medicaid Services to develop and test a hospital discharge planning model for persons with disabilities. The program includes reviewing and developing best practices, providing training to discharge planners and case managers, and working within the hospital and health care community to meet the needs of children and adults with disabilities after hospital discharge. The focus is on developing sustainable methods of community discharge planning for rural and underserved areas as well as on enhancing information exchange related to opportunities for community living. Preliminary results from a 2009/2010 pilot test will be discussed. Dr. Coletti will discuss his involvement in an American Academy of Pediatrics Community Access to Child Health grant which investigates how the medical home is provided to children with special health care needs and their families in Queens, New York. Information from pediatric health care providers, families, and community agencies revealed strengths and weaknesses in the implementation of the medical home. Perceptions of the medical home in Queens were assessed with a medical provider survey, a questionnaire for families, and a semistructured interview with community agencies. Lack of communication between pediatricians and community agencies, as well as the caregiver's role as primary case manager, will be among the interesting findings to be explored.

Presenter(s):

Jack Levine, MD, American Academy of Pediatrics NY State Chapter 2 Chairman Committee on Children with Disabilities, KGH Pediatrics
Daniel Coletti, PhD, Director of Research and Behavioral Health Services, St. Mary's Healthcare System for Children
Russell Spearman, M.Ed., Senior Research Associate, Idaho State University, Institute of Rural Health

Session ID: F4

Session Type: Workshop

HealthConnect One

Since 1996, Health Connect One has been engaged in the development and replication of the community-based doula model. Community-based doulas are lay health workers who support birthing mothers in underserved communities, improving infant health, strengthening families, and establishing supports for families to ensure ongoing family success. Now in our fourteenth year of studying and promoting this timely service approach, we work closely with 39 existing sites in 14 states, and an additional 13 sites have applied to replicate the model. An additional 15 interested communities in 11 states, Puerto Rico and Japan have begun the planning steps. This brings us to a total of 67 communities across the globe. More than 7,000 families have benefitted from services provided by HC One's trained doulas through community-based doula replication programs nationwide. The diverse agencies that have engaged in replication and the varied communities served by their programs testify to the wide applicability of the model. Positive maternal and child outcomes reported by replication sites support the early evidence of the model's efficacy. This presentation will tell the story of this model, the positive maternal and child outcomes produced in both pilot and replication program sites, and the successful grassroots advocacy initiative that developed the first federal funding stream for this program. Since relationship building is the basis of the community-based doula model, as it is for the Title V program, community-based doulas are a natural fit for Title V funding. We will engage participants in strategy discussion to determine local needs and best strategies for incorporating community-based doula funding into Title V.

Presenter(s):

Rachel Abramson, RN, MS, IBCLC, Executive Director, HealthConnect One
Laura McAlpine, MS, LCSW, Principal, McAlpine Consulting for Growth

Session ID: F5

Session Type: Workshop

Adolescent Health: Connecting the Dots Between Data, Disparities, and Innovation

Healthy People 2010 objectives for adolescents span six areas: mortality, unintentional injury, violence, mental health and substance use, reproductive health, and the prevention of chronic disease during adulthood. A midcourse review of national data found little or no improvement on most of these objectives. The National Adolescent Health Information and Innovation Center created a Web-based resource to make state-level data on these objectives easily retrievable in formats useful for analysis and program planning. State-level data sources for the 21 objectives were analyzed and presented, with overall national comparisons and state-level breakdowns by race/ethnicity, gender, and age, where possible. A tool providing detailed data tables and brief written summaries is available to help state-level stakeholders monitor progress on key adolescent and young adult health objectives, determine what efforts are needed to improve health for these populations, and help mobilize decision makers. Effective utilization of data is key to identifying target populations. In order to help build awareness, develop a coordinated strategy, and support ongoing efforts, AMCHP has been working to gather information from members about efforts planned or underway that focus specifically on adolescent reproductive and sexual health (ARSH) disparities. States are engaging in a variety of programmatic, policy, and strategic efforts to address ARSH disparities, including innovative approaches to reach some of the most underserved groups. Although there are successes, there are still many policy, organizational, and community-level obstacles. Oklahoma, Oregon, and Mississippi are three states that are currently working to create innovative and strategic solutions to existing challenges to reduce disparities and improve health outcomes for adolescents. Representatives from these states will provide their diverse perspectives related to creating programs and policies that address ARSH disparities.

Presenter(s):

Claire Brindis, DrPH, Director, Philip R. Lee Institute for Health Policy Studies, and Professor, Dept of Pediatrics, University of California, San Francisco

Robert Nystrom, MA, Manager, Adolescent Health Section, Office of Family Health, Oregon Public Health Division, Oregon Department of Human Services

Teresa Ryan, BNS, MLS, Adolescent Health Coordinator, Oklahoma State Department of Health

Gwen Winters, , State Adolescent Health Coordinator, Mississippi Department of Health

Session ID: F6

Session Type: Workshop

Creating Effective Partnerships: How to Build Capacity Without Dollars

In the creation of the MCH Public Health Leadership Institute (MCH-PHLI) at the University of North Carolina at Chapel Hill, limited financial resources needed to be judiciously focused on building leadership skills in the target audience of program fellows. MCH-PHLI also aims to impact a broader audience than can possibly attend such a program. The team formed a partnership that builds the capacity of each partner and enriches the experience of each fellow. The team considered a range of potential partners to invite into creating this year-long institute enrolling up to 120 fellows over four years. Strategic partnerships were chosen based on shared values, transparency, ability to work constructively, chemistry, mutually compatible goals, partner audience, and potential for MCH-PHLI to contribute to the partner organizational capacity. As a result, the MCH-PHLI has built a “partnering culture” with shared responsibility, curriculum creation, leadership development, and capacity building. Partners bring expertise and content knowledge of those they serve (Title V directors, families, and professionals who work with children and youth with special health care needs and urban MCH programs) and send fellows to the MCH-PHLI as mentees who work with the principal investigator to develop skills and use tools to enhance their ability to contribute to their home organization, access materials developed for MCH-PHLI leadership training, and help foster growth of, continued learning from, and connection among a community of learners. Of greatest impact, no financial resources were exchanged in this partnership model, yet the benefits gained by each partner are significant and stretch each member’s capacity. MCH-PHLI will enhance the leadership skills of professionals and build partner capacity. It will create clear criteria for strategic partnerships; invest time to build a culture of partnership; and find creative, non-financial ways to strengthen and benefit all.

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Presenter(s):

Librada Estrada, MPH, Associate Director, AMCHP
Karen Anzola, M.Ed., Training and Technical Assistance Coordinator, Family Voices, Inc.

Session ID: F7

Session Type: Workshop

Family Involvement in Training Future Interdisciplinary Health Care Leaders: Different Perspectives from the Pediatric Pulmonary Centers

MCHB training programs have long placed a strong value on family participation. The seven MCHB-funded Pediatric Pulmonary Centers (PPCs) across the country have taken different approaches to involving families in all aspects of program and policy development and in teaching interdisciplinary trainees. Based on regional demographics, geography, and family feedback, the PPCs have developed family-involvement and education programs targeted to patients, families, and health professionals at all levels. This workshop will provide participants with an overview of how several PPCs have structured family participation efforts and activities to meet the needs of patients, families, and interdisciplinary trainees. At the University of Florida PPC, these initiatives include family and faculty participation in interdisciplinary family health, humanism in medicine, family-centered rounds, education through Live Meeting, and one-on-one education in the outpatient clinic setting. At the University of Wisconsin PPC, family involvement is achieved through trainee family mentoring experiences, diagnosis-specific parent advisory councils, condition-specific parent education programs, parent involvement in pediatric resident education, and one-on-one consultation with families and trainees. Examples from other PPCs will also be shared. Through presentation and discussion, attendees will have an opportunity to share their own experiences with family participation efforts. Presenters will discuss how PPC family involvement efforts meet MCHB performance measure #07 related to family participation, specifically “the degree to which MCHB-supported programs ensure family participation in programs and policy activities.”

Presenter(s):

Kate Kowalski, MSSW, Family Involvement Faculty, University of Wisconsin Pediatric Pulmonary Center
Angela Miney, BA, Family Partner, University of Florida Pediatric Pulmonary Center

Session ID: F8

Session Type: Workshop

Newborn Screening and Genetics: Resources and Strategies to Promote Collaboration and Improve Program Outcomes

This session will share new tools, strategies, and information about state newborn-screening and genetics programs and will highlight interagency collaboration. In particular, the session will share strategies to increase family and provider participation in newborn screening programs, highlight HRSA’s regional genetics collaboratives, and present information about interagency collaboration in early hearing detection and intervention programs.

Presenter(s):

Ellen Schleicher Pliska, MHS, MCH Senior Analyst, Association of State and Territorial Health Officials
Sylvia Au, MS, State Genetics Coordinator, Hawaii Department of Health
Kimberly Noble Piper, RNC, BS, CPH, CPHG, State Genetics Coordinator, Iowa Department of Public Health

Session ID: F9

Session Type: Workshop

Collaborative Strategies to Serve Substance-Exposed Newborns and Mothers

Current research indicates that although prenatal drug exposure can have immediate and latent effects on children, the postnatal environment is a critical element in child development outcomes. Early identification and intervention improves

outcomes and saves billions in health care, special education, and child welfare services, allowing substance-exposed newborns the opportunity to achieve their full potential. The Child Abuse and Prevention Treatment Act (CAPTA) reauthorization in 2003 required that state child welfare (CW) agencies be notified of “infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure” and that a plan of safe care be developed. The Children’s Bureau has funded four demonstration projects to implement these CAPTA requirements. The four projects are situated in different types of agencies and have each developed unique approaches to service delivery. Two programs use the promising practice Peer Worker Model, one program uses a team approach to inform family service plans, and another program exclusively uses CW case workers. Despite different methodologies, the projects had similar results and converged on key recommendations. These included 1) developing clear policies and procedures; 2) promoting cross-agency collaboration; 3) engaging birth hospitals; and 4) developing strategies for engaging mothers. The purpose of this workshop is to describe each of the approaches used by the four projects to create effective systems of care for substance-exposed newborns and families through effective engagement in services and collaboration among providers. The workshop will also share challenges; strategies and joint recommendations for building these cross-system collaborations; and models required to deliver comprehensive, coordinated services needed for good outcomes.

Presenter(s):

Karin Downs, RN, MS, MPH, MCH Director, MA Department of Public Health
Celeste Smith, MA, Program Coordinator, St. Vincent Mercy Family Center
Liz Twombly, MS, Sr. Research Assistant, University of Oregon Early Intervention Program

Session Type: Roundtable

Comparing and Contrasting Care Coordination Models

The literature reveals evidence that a medical home approach results in the improvement of health outcomes for children with special health care needs. Few existing comprehensive studies measure the care coordination effectiveness or compare and contrast medical home components and their relationships to one another. Colorado and Minnesota state care coordination models supporting a medical home team approach will be compared, contrasting care coordination characteristics, levels of care, functions, and care coordinator competencies. Discussion will include implications from the MCHB-funded Colorado Pediatric Nursing Leadership and Special Needs Program and the Minnesota Center for Children with Special Health Care Needs.

Presenter(s):

Barbara Deloian, PhD, RN, CPNP, Care Coordination Program Manager, Colorado Dept of Public Health and Environment, Children with Special Health Care Needs Unit
Linda Lindeke, PhD, RN, CPNP, Director of Graduate Studies, Director of Graduate Studies, University of Minnesota, School of Nursing

Session Type: Roundtable

A Comprehensive Systems Approaches to Adolescent Health: What Does This Mean for MCH Programs?

Systems thinking recognizes that parts of a system do not function in isolation but are interrelated. The Early Childhood Comprehensive Systems Initiative is a key example of how states bring together separate systems, services, and funding streams that serve young children and their families to create a stronger infrastructure for improving child health outcomes. AMCHP, with the support of members and partners, produced a white paper making the case for a similar approach with adolescents. Simultaneously, Nebraska’s Division of Public Health has been pioneering an example of this approach for adolescents. Participants will learn about this national and state-level work and explore how the concepts could be incorporated into their current and future MCH endeavors.

Presenter(s):

Lissa Pressfield, MHS, Program Manager, Adolescent Health, Association of Maternal & Child Health Programs
Linda Henningsen, Adolescent Health Coordinator, Division of Public Health, Lifespan Health Services, Nebraska Department of Health & Human Services

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Session ID:

Session Type: Roundtable

Infertility, Assisted Reproductive Technology, and New Families: The Impact on MCH

This roundtable will include an overview of infertility issues and assisted reproductive technology (ART) surveillance in the United States. The first speaker will highlight findings from CDC's ART surveillance data from 2006, including trends in ART use and outcomes. The second speaker will focus on the new types of families created through ART, such as single-parent or gay-parent families as well as families where the child might have some relationship with five parental figures: egg and sperm donors, gestational carrier, and the social or commissioning parents. The issues raised and the dynamics of such families will be discussed. The psychosocial and mental health aspects of infertility will also be presented.

Presenter(s):

Isadora Hare, MSW, Perinatal Health Specialist, HRSA, MCHB

Tonji Durant, PhD, Epidemiologist/ART Team Leader, CDC

Monday, March 8, 4:30 pm – 5:45 pm

Session ID: G1

Session Type: Workshop

Parents as Partners and the Effect of a Care Coordinator in Establishing a Medical Home

Peer parent partnerships in medical homes are proven to broaden the scope of community care resources; shift health investments toward primary, preventive, and behavioral services; and reduce total insurer costs, largely by reducing hospital services. This workshop will present details of the Rhode Island Parent Consultant model, which recruits, trains, and supports parents as partners in MCH settings, including medical homes. Presenters will also discuss a prospective study to evaluate whether the addition of a nurse care coordinator can improve: 1) the ability of a pediatric clinic to meet medical home criteria for children with special health care needs (CSHCN); and 2) CSHCN family satisfaction with the practice post-Hurricane Katrina when resources were disrupted, families displaced, and much of the healthcare infrastructure in New Orleans destroyed.

Presenter(s):

Susan Berry, M.D., MPH, Director Children's Special Health Services, LA Office of Public Health; Associate Professor of Clinical Pediatrics, LSU Health Sciences Center, Department of Pediatrics

Lisa Schaffran, BS, Associate Director, Rhode Island Parent Information Network

Arleen Williams, , ,

Session ID: G2

Session Type: Workshop

Supporting Children and Adolescents After Traumatic Brain Injury: State Innovations

Each year in the United States, over 30,000 children become permanently disabled after a brain injury from falls, concussion, anoxia, stroke, or motor vehicle accidents. Providers, schools, and families need tools and resources to assist with the transition of children into the education system following medical rehabilitation to ensure children and adolescents with brain injuries are receiving appropriate supports. This session will highlight two brain injury programs, New York's LEARNet and Pennsylvania's BrainSTEPS Brain Injury School Re-Entry Program, both of which help families, providers, and school personnel identify ways to support and educate children and adolescents with traumatic brain injuries.

Presenter(s):

Brenda Eagan Brown, M.S.Ed., CBIS, Child & Adolescent Brain Injury School Re-Entry Program Coordinator, Brain Injury Association of Pennsylvania

Kristin Weller, MS, CRC, Director of Family Services, The Brain Injury Association of New York State

Carolyn Cass, , Director, Division of Children & Adult Health Services, Pennsylvania Department of Health

Session ID: G3

Session Type: Workshop

Clearing the Hurdles to Create the Maine Integrated Youth Health Survey

Before the Maine Integrated Youth Health Survey (MIYHS), Maine had three school health surveys, causing resistance from schools and the Maine Department of Education. Recently, Maine has developed eight public health districts. Data for these districts is important for identifying geographic disparities. Creation of the MIYHS started with a long process of partnership building, identifying core needs, and building will. Next steps included questionnaire development, submission to the Institutional Review Board, and contractor selection. Finally, we recruited schools, fielded the survey, processed the data, and developed reports and an interactive Web site. The final survey design provided for a kindergarten through third grade parent survey and a fifth and sixth grade survey, each of about 50 questions, with a direct measure of height, weight, and oral health status for kindergarten, third, and fifth graders. There were four overlapping versions for middle school (seventh and eighth graders) and for high school. These surveys provide local data on about 50 items and state-level data for a total of 150 items for the middle school and 201 items for the high school. Response rates varied by public health district and by grade level of the survey. Selected indicators of the survey results will be presented, along with sample reports. It is possible, with persistence, to create a single student survey. School-based surveys can therefore remain the most practical and possible way to assess adolescent health at the state level. Youth surveillance systems must be responsive to all partners, state and local. Using established questions that have been tested for validity brings more credibility to the data. However, many adolescent health surveys do not meet a “gold standard” for validity testing. We did limited testing on selected questions.

Presenter(s):

Nancy Birkhimer, MPH, Population Health and Prevention Section Leader, Maine CDC

Erika Lichter, ScD, Assistant Research Professor/MCH Epidemiologist, University of Southern Maine/Maine CDC

Session ID: G4

Session Type: Workshop

Nurse-Family Partnership: Financing and Implementation

The Nurse-Family Partnership is a well-tested and replicable preventive intervention for low-income women pregnant for the first time and for their families. Robust support exists for planning, financing, implementing, and evaluating this research-tested program through state and local agencies, based on over ten years experience moving the program into practice in 28 states. This process, of necessity, includes culturally respectful community involvement and decision-making, integration with existing services and programs, and adaptation to promote effective implementation and strong outcomes. It also includes necessary state-level policy and advocacy efforts. This session will address questions about the model, its implementation, financing, and 'fit' with other important MCH programs.

Presenter(s):

Peggy Hill, MS, MS Ed, Director, Program Development, Nurse-Family Partnership National Service Office

Tamar Bauer, JD, Chief of Policy and Government Affairs, Nurse-Family Partnership National Service Office

Session ID: G5

Session Type: Workshop

Interconception Care Learning Community: Quality Improvement in Healthy Start Communities

The interconception period is a time to modify risks – diseases, health behaviors, psychosocial risks, and environmental hazards – associated with adverse outcomes for women and infants. The literature points to evidence-based approaches for providing interconception services. The purpose of the Healthy Start Interconception Care Learning Community (ICC LC) is to improve the health of women by advancing the quality and effectiveness of interconception care. The ICC LC focuses on improving care through the implementation of evidence-based practices and innovative community-driven strategies. This

project uses the Institute of Healthcare Improvement collaborative model for improvement. The quality improvement (QI) approach examines processes and aims to make them more effective through peer sharing and teaching, intensive focus on a specific aspect of service delivery, and implementation of best practices. The ICC LC is made up of 102 Healthy Start teams organized in 17 QI learning collaboratives which bring together geographically disparate teams to achieve common goals in change projects. The ICC LC is a partnership that includes all Healthy Start grantees; an expert work group of leaders in women's health, public health, and QI; MCHB representatives; and a staff team from Abt Associates and Johnson Group Consulting. To date, the 102 teams have been convened, have designed change projects that fit into six core topic areas (primary care, screening assessment, case management, maternal depression, family planning, and healthy weight), and have begun to implement Plan-Do-Study-Act cycles. The first ICC LC meeting offered structured learning to more than 500 traveling team members. This session will teach participants how to design QI projects, structure learning, engage the community and consumers, and achieve results.

Presenter(s):

Kay Johnson, MPH, EdM, President, Johnson Group Consulting
Lisa LeRoy, PhD, MBA, Senior Associate/Scientist, Abt Associates

Session ID: G6

Session Type: Workshop

Dental Home Initiative Successes: AAPD and Head Start Programs Partnering for Optimal Oral Health

This session will focus on addressing the oral health access issue through the development of collaborative relationships between the oral health community and Head Start (HS). Oral Health is integral to the healthy physical, social-emotional, and intellectual development of every child. In his 2000 report, *Oral Health in America*, the Surgeon General noted that not only is dental caries the most common chronic disease of childhood, but low-income children suffer twice as much from dental caries as children who are more affluent. Current statistics indicate that 28 percent of all preschoolers between the ages of two and five suffer from tooth decay, but in HS programs, decay rates often range from 30-40 percent of three-year-old and 50-60 percent of four-year-olds. HS directors, program specialists, staff, and parents have reported that access to oral health services is the number one health issue affecting HS programs nationwide. Through initiation of a five-year contract by the Office of Head Start (OHS), the American Academy of Pediatric Dentistry (AAPD) and OHS have partnered to develop a network of dentists to provide dental homes for HS children. The dental home concept is based on the belief that the oral health care of children is best addressed through an established relationship between a dentist who is familiar with the child, the child's family, and the community. We are partnering with dental organizations and with HS programs at federal, regional, state, and local levels to ensure access to dental homes for HS children and oral health information for children, families, and program staff. An overview of the initiative and of collaborative activities at the regional, state, and local levels will be provided. Information provided will enhance the MCH knowledge base of participants. The presentation will highlight several representative local partnerships that illustrate promising practices and strategies for successful community collaborations.

Presenter(s):

James Crall, DDS, Sc.D, Head Start Dental Home Project Director, American Academy of Pediatric Dentistry
Janice Silverman, MS, MSW, LCSW, Head Start Dental Home Project Manager, American Academy of Pediatric Dentistry

Session ID: G7

Session Type: Workshop

Prevention and Early Intervention: Developing a System to Improve Perinatal and Parental Mental Health Outcomes

The University of Illinois at Chicago Perinatal Mental Health Project was formed with the assistance of HRSA to increase screening for perinatal mental health disorders, train health care providers, help establish screening programs, and provide expert assistance in managing women with perinatal mental health disease. The project trains health care providers, offers technical assistance to clinics and providers, offers clinical consultation to primary care providers, creates a network of agencies, and initiates a public awareness campaign. The Los Angeles Best Babies Network partnered with the Los Angeles

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County Perinatal Mental Health Task Force to develop a policy agenda and action plan aimed at identifying and eliminating the policy barriers to appropriate screening and treatment of maternal depression. The task force is a network of public and private organizations, consumers, and health care providers dedicated to promoting the health and well-being of women and their families through the effective prevention and treatment of perinatal depression. The task force has influenced screening practices, helped increase trainings on perinatal depression, and planned a five-year policy initiative to address perinatal depression. Depression affects approximately 7.5 million parents in the U.S. each year. Depression in either parent may place approximately 15 million children at risk for developing health and social problems each year. Almost one in five young people develops a mental, emotional, or behavioral disorder in any given year, costing the nation an estimated \$247 billion in treatment and productivity costs. However, there is limited awareness of the effects of parental depression on a child. Presenters will outline strategies for effective interventions that consider the psychological, behavioral, interpersonal, and social contexts.

Presenter(s):

Vamsi Vasireddy, MD, MPH, Consultant/ Doctoral candidate, University of Illinois at Chicago
Linda Randolph, MD, MPH, President and CEO, Developing Families Center
Tonya Gorham, MSW, Director of Policy, LA Best Babies Network
Ardis Olson, MD, Professor, Dartmouth Medical School

Session ID: G8

Session Type: Workshop

Shaping the Future of SIDS/SUID Programs

Although infant mortality and sudden infant death syndrome (SIDS) have been core public health issues for many years, strategies have recently shifted due to new evidence. The change in our understanding of SIDS and sudden unexpected infant death (SUID), new research, and the anticipated revision of infant sleep recommendations represent a convergence of issues that challenge traditional SIDS/SUID programs. This has resulted in a sense of urgency to realign MCH infrastructure to better address SIDS, SUID, and infant safe sleep. In this session, participants will learn to describe national and state strategies in SIDS/SUID programs, increase the capacity of communities to understand and educate about risk factors and case investigations associated with SIDS/SUID, and develop next-step strategies to address the changing landscape of SIDS/SUID programs.

Presenter(s):

Mary Adkins, RN, MSW, Project Director, National SUID Project IMPACT
Annette Phelps, ARNP, MSN, Director, Division of Family Services, Florida Department of Health
Lena Camperlengo, RN, MPH, DrPH (c), Program Coordinator, Centers for Disease Control & Prevention
Hanan Kallash, MS, Deputy Director, NSUICDPL-PSC
Shannon Stotenbur-Wing, , , Michigan Public Health Institute

Session ID: G9

Session Type: Workshop

From Analysis to Action: Addressing Maternal Morbidity and Mortality at the State and International Levels

Explore efforts to address maternal morbidity and mortality from a state and international perspective. One effort is California's maternal health initiative using a framework for action; the other is the global advocacy of the White Ribbon Alliance and Amnesty International to reduce maternal and newborn mortality and morbidity. To address the rise of maternal mortality in California, the California Department of Public Health's Maternal, Child, and Adolescent Health (MCAH) Division developed a framework for action that combines a life-course approach with the social-ecology model in order to capture phases of maternal health and forces that positively impact reproductive health at the individual, family, community, and society levels. The tool has facilitated the development of more upstream approaches to improving maternal health, helped develop understanding regarding the "connectivity" of various activities, and linked epidemiologic sources with programmatic efforts. Because it is intuitive and visually appealing, it also has enhanced communication with external MCAH partners. The White Ribbon Alliance for Safe Motherhood (WRA) and Amnesty International (AI) will share current

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advocacy efforts to ensure women's and newborns' access to quality health care before, during, and after childbirth. From the grassroots through all levels of government, WRA works to increase investment in health systems and family planning services, skilled birth attendance, and emergency obstetric and postpartum care. Learn about WRA's efforts to build coalitions, strengthen capacity, influence policies, harness resources, and inspire action to reduce maternal and newborn mortality and morbidity. AI works to hold governments accountable for fulfilling the right to maternal health through in-country lobbying, international attention, and empowerment of rightsholders. The cornerstones of its maternal health work are a series of country reports, which form the basis for targeted campaigns.

Presenter(s):

Betsy McCallon, MA, Deputy Director, White Ribbon Alliance for Safe Motherhood
Connie Mitchell, MD, MPH, Policy Development, California Department of Public Health
Jason Disterhoft, MA, Economic, Social and Cultural Rights Campaigner, Amnesty International USA
Karen Ramstrom, DO., Section Chief, MCAH, California Department of Public Health

Session ID: G10

Session Type: Workshop

Perinatal Initiatives: Building Partnerships to Create and Implement Culturally Responsive and Evidence-Based Approaches

This session will examine two initiatives to improve perinatal outcomes: the Healthy Births Care Quality Collaborative (HBCQC) and the March of Dimes and American Indian/Alaska Native Women's Committee. Despite best efforts, evidence-based guidelines known to improve pregnancy outcomes are not implemented consistently in clinical settings. HBCQC works to change organizational systems so that evidence-based perinatal healthcare is embedded into daily clinical care. The HBCQC combines a client-centered, community-based team approach with proven strategies to achieve organizational change, which also can be used by other prenatal care providers. Strategies improve the quality of perinatal care by using a framework that is respectful of every family's cultural background, adopts the most effective methods of care, refers families to community resources, involves the whole clinical team, and utilizes web-based technology for shared learning. Teams meet regularly to plan, review data, and share on-line reports and ideas for improvement. American Indian/Alaska Natives (AI/AN) have strong family and community bonds. Despite these healthy beliefs, disparities in birth outcomes between AI/AN and non-Hispanic whites remain. Some barriers to prenatal care for AI/AN woman include access and perceived and real cultural insensitivity on the behalf of healthcare providers. The March of Dimes partnered with the AI/AN community to help address the disparities in birth outcomes. A committee of AI/AN women representing 10 different tribes was formed which conducted focus groups and reviewed existing educational materials and a prenatal education project on the Wind River Reservation. In response, a comprehensive perinatal educational tool addressing the needs of AI/AN women entitled "The Coming of the Blessing" was developed. This booklet is now widely used, and self-report surveys have shown that AI/AN women who received the booklet adopted healthy lifestyle changes and gained a sense of empowerment.

Presenter(s):

Janice French, CNM, MS, Director of Programs, LA Best Babies Network
Carol Arnold, PhD, RN, Associate Professor, Texas Woman's University

Session Type: Roundtable

Paternal Perspectives: Pathways to Improving Fathers' Involvement

This session will identify ways to improve paternal involvement in maternal and child health. Jermane Bond, PhD, will discuss the role of the expectant father in improving pregnancy outcomes. W. C. Hoecke, MEd, will address effective intervention and program delivery strategies for engaging and empowering fathers. Paul Masiarchin, MA, will explore barriers to full inclusion of fathers in MCH programs and policies as well as promising practices for enhancing fathers' inclusion.

Presenter(s):

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

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WC Hoecke, MEd, Director of Family Information and Education, Family Connection SC
Paul Masiarchin, MA, Executive Director, Minnesota Fathers and Families Network

Session Type: Roundtable

Youth Transition

This roundtable will provide an opportunity to promote dialogue, share perspectives, and explore strategies related to youth with special health care needs (YSHCN) transitioning into adult primary care and employment. Topics for discussion include clarifying transition to and navigation within the adult health care system from a youth perspective, exploring sex- and gender-specific health issues and concerns, identifying partnerships and strategies to support YSHCN seeking employment and in transition, and identifying policies that have an impact on employment and community practices on behalf of YSHCN.

Presenter(s):

Debbie Gilmer, M.Ed., Co-Director, HRTW National Resource Center and Maine Support Network
Anna Lenhart, MPH, Project Manager, New Editions Consulting, Inc.

Monday, March 8, 5:45 pm – 8:00 pm

POSTER DISPLAYS

Characteristics Associated With State Performance on Provision of Transition Services to Children With Special Health Care Needs

Laurin Kasehagen, MA, PhD, MCH Epidemiologist / CDC Assignee, CDC / Assignee to CityMatCH
Debra Kane, PhD, MCH Epidemiologist, CDC / Assignee to Iowa

Gasping for Air: Choking Game Participation Among Oregon Youth

Robert Nystrom, MA, Adolescent Health Section Manager, Oregon Public Health Division

Federal Performance Measures and the Effect of State Mandates on Health Care Infrastructure

Karen Belli, BA, Senior Public Policy and Partnerships Specialist, Children's National Medical Center
Tasmeen Weik, DrPH, NREMT-P, Executive Director, Children's National Medical Center

Veterans' Traumatic Brain Injury Virtual Grand Round Series Ranks High

Russell Spearman, M.Ed., Principal Investigator, Idaho State University - Institute of Rural Health
Mary Kelly, Lt. Col. RN., Transition Assistance Advisor, Idaho National Guard

Idaho Traumatic Brain Injury Grant Program: Preparing for Change in a Rural State

Russell Spearman, M.Ed., TBI Program Director, Idaho State University - Institute of Rural Health

Using Administrative Data to Improve Perinatal Quality

Julie Shocksnyder, RNC-HROB, MS, APN, C, Associate Vice President, National Perinatal Information Center/Quality Analytic Services
Donna Caldwell, PhD, Vice President, National Perinatal Information Center/Quality Analytic Services

Innovative Collaborations: State Agencies Working Together to Meet the Needs of Juvenile Justice-Involved Youth

Jennifer May, MPH, LCSW, Policy Specialist, National Academy for State Health Policy
Sarabeth Zemel, JD, Policy Specialist, National Academy for State Health Policy

Pregnancy Exposure Registry Web Site

Beverly Gallauresi, MPH, RN, Health Programs Coordinator, Food and Drug Administration
Ameeta Parekh, Ph.D., Director of Research and Development, Office of Women's Health, Food and Drug Administration

First-Time Motherhood/New Parents Initiative: MCH Social Marketing Campaigns in Action

Makeva Rhoden, BS, MPH, Public Health Analyst, DHHS/HRSA/MCHB

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Tools to Support Families and Professionals as They Navigate the Funding Maze

Rylin Rodgers, Consultant, Emerald Consulting

Judy Ganser, MD, MPH, Medical Director for Maternal and Children's Special Health Care Services, Indiana State Department of Health

Low Maternal Age and Neonatal Survival of Extremely Preterm Twins

Bharath Bachimanchi, MD, Physician, Sanjivani Health Care Center, India

Addressing the Education and Service Needs of Diverse Populations with Sickle Cell Disease

Nancy Callanan, MS, CGC, Professor, University of North Carolina at Greensboro

Joseph Telfair, DrPH, Professor, University of North Carolina at Greensboro

Eileen Miller, MPH, Ms., University of North Carolina at Greensboro

CBPR Approach to Understanding and Addressing Disparities in Breastfeeding for African American Women

Elizabeth Jensen, MPH Candidate, Project Coordinator, University of North Carolina at Chapel Hill

Elizabeth Woods, MA, MPH, Community Health Liaison, Community Health Coalition, Inc

Expansion of an Existing Birth Defects Registry to Include Muscular Dystrophy, Stillbirths, and Confirmed Newborn Screening Cases

Kimberly Noble Piper, RN, BS, CPH, CPHG, State Genetics Coordinator, Iowa Department of Public Health

Disparities in Birth Outcomes Among U.S.-Born and Non-US-Born Hispanic and Vietnamese Mothers in Orange County: Are There Identifiable Risk Factors?

Eric Wash, MD, MPH, Medical Director, Orange County Health Care Agency

Sheila Gill, MA, MS, Research Analyst, Orange County Health Care Agency

Implementation of a Quality Improvement Initiative in School-Based Health Centers

Suzanne Gagnon, MSN, CFNP, CFNP, Envision New Mexico

John Booker, PhD, Senior Epidemiologist, Envision New Mexico

Attitudes of Recent and Prospective Mothers About Newborn Genetic Screening: A survey of 2,266 U.S. Women

Natasha Bonhomme, VP of Strategic Development, Genetic Alliance

Integrating Consumer Perspectives Into the Newborn Screening Research Process: The Mutual Benefits

Natasha Bonhomme, VP of Strategic Development, Genetic Alliance

Sickle Cell Disease and Trait: From Data to Action

Lisa Davis, BSN, MBA, Title V MCH Director, State of CT, Department of Public Health

Lasting Impressions: The Impact of Family Stories on NICU Staff Education

Christina Lloyd, RNC-NIC, MS, March of Dimes NICU Family Support Specialist, March of Dimes/Children's National Medical Center

Tuesday, March 9, 11:00 am – 12:30 pm

Session ID: H1

Session Type: Workshop

AMCHP Current Legislative Briefing and Advocacy Training

State MCH leadership and families will hear from AMCHP's Director of Public Policy and Government Affairs about federal legislation affecting women and children, including what changes occurred with national health reform and the current status of the Title V Maternal and Child Health Block Grant. AMCHP will be joined by Family Voices Washington, DC-based policy staff who will discuss other national issues related to children and families, including the Family to Family Information Centers. Participants will also learn about making visits to Congress with the goal of increasing support for the

Title V MCH Block Grant. How to schedule a Hill visit, what types of information to provide, and how to follow up afterwards are all important factors that will be covered during this informative session.

Presenter(s):

Brent Ewig, Director of Public Policy and Government Affairs, AMCHP
Brooke Lehmann, MSW, Esq, Family Voices, Inc.

Session ID: H2

Session Type: Workshop

Research, Advocacy, and Policy for Health Care Transition and a System of Care for Youth With Emotional Disorders

This session will address issues related to youth with special health care needs in transition and the care of youth with serious emotional disorders. The presentation on transition will focus on Florida's experience in developing a statewide strategic plan to improve the health care of youth and adults with special health care needs and how the Title V agency in Florida played a leadership role in organizing and implementing this cross-disciplinary effort. The presentation on the care for youth with serious emotional disorders will focus on Iowa's Community Circle of Care, which was developed to assist children and youth with emotional and behavioral challenges and their families to meet their goals by developing strong local community partnerships with families and service providers.

Presenter(s):

Janet Hess, MPH, Assistant Program Director, University of South Florida
Debra Waldron, MD, MPH, Director and Chief Medical Officer, University of Iowa Children's Hospital, Iowa's Child Health Specialty Clinics
Vickie Miene, MA, LMHC, Program Director, University of Iowa, Center for Disabilities and Development

Session ID: H3

Session Type: Workshop

Collaborating to Reduce Infant Mortality Among African Americans

This session will feature programs in two states, Mississippi and Maryland, to reduce the rate of infant mortality among African Americans. Montgomery County (MD) has long engaged in coordinated efforts with a range of community partners to address disparities in fetal and infant mortality. In 1999, Montgomery County embarked on an aggressive campaign to close the disparity gap and reduce black infant mortality rates by creating the African-American Health Program (AAHP) with the mission to eliminate health disparities and improve quality of life for African Americans. The AAHP Strategic Plan to reverse these statistics includes its Infant Mortality Coalition to combat infant mortality, a nurse case-management program that enhances clinical care received by pregnant African-American women and babies regardless of income or insurance status, labor and delivery preparation classes, breast-feeding and parenting support, a wide range of media efforts, and the www.onehealthylife.org Web site and newsletter. Mississippi has experienced little change in infant mortality over the past decade, indicating the need to identify new strategies to improve outcomes. Mississippi has many barriers to care including critical health professional shortages; federally designated medically underserved areas in all 82 counties; a high rate of poverty; high unemployment, high school dropout, and teen birth rates; and lack of public transportation. Modeled after a Georgia program, two pilot projects were devised to work with indigent African-American women at risk for very low birth weight delivery, which accounts for more than half of Mississippi infant deaths. Innovative and collaborative relationships among national, state, and local MCH partners have been developed and new partners are being recruited as opportunities and needs are identified. To date, the collaborative process has been effective in delivering primary care services to high-risk minority women of child-bearing age.

Presenter(s):

Thomas Storch, M.D., CAT Chair, retired
Brenda Lockley, BSN, MSN, AAHP Program Manager, Montgomery County Dept. of Health and Human Services
Juanita Graham, MSN RN, Health Services Chief Nurse, Mississippi State Department of Health

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Session ID: H4

Session Type: Workshop

Using Data to Inform Adolescent Health Programs and Policies

In comparison with members of other age groups across the life span, adolescents are typically thought of as enjoying relatively good health. Adolescence, however, is a period of transition and exploration that can involve exposure to risky health behaviors. As demonstrated by the recent uptick in adolescent pregnancy and childbearing rates, too high rates of sexually transmitted infections, inadequate rates of physical activity, poor nutrition habits, and steady rates of unintentional injuries, it is clear that there is still much work that needs to be done to improve the health of adolescents. Translating data into action is critical for program success. This session highlights two different uses of data and how they can inform prevention programs for adolescents. The first presentation features combined data from the National Survey of Family Growth and their implications for the relationship between living arrangements of adolescent mothers and multiple health outcomes for the mothers and their children. The second presentation features the outcomes of data received from opinion surveys of youth, parents, and service providers and their implications for state Title V programs.

Presenter(s):

Kate Riera, M.S. Ed., Doctoral Candidate, University of Maryland

Sophie Wenzel, MPH, Adolescent Health Program Manager, State of Alaska, Division of Public Health

Session ID: H5

Session Type: Workshop

Taking Injury Prevention to Scale: New Approaches at the State and Community Levels

To reduce injury deaths in rural areas, the Children's Safety Network formed a community of practice (COP) consisting of six states that met monthly to learn about rural injury issues, share resources, and develop prevention strategies. The COP offers a model of multistate, cross-agency collaboration to address the disparity in rural and urban injury rates, focusing on four key injury issues: teen motor vehicle crashes, teen suicides, ATV injuries, and farm injuries. This workshop describes the COP and explains how each participating state developed and implemented an action plan to adapt evidence-based interventions for use in rural communities. Since it was implemented at Children's Hospital of Buffalo, the Upstate New York Shaken Baby Syndrome (SBS) Prevention Project has reduced the incidence of SBS and other inflicted head injuries by more than 50%. It has been adopted and extended to culturally diverse settings such as the Ontario SBS Prevention Project, which is part of Ontario's provincial injury prevention initiative, and the Centers for Disease Control, which have funded statewide prevention projects in North Carolina and Pennsylvania. During this workshop, participants will learn to 1) develop effective strategies and coalitions to reframe and support prevention initiatives; 2) develop, implement, and support hospital-based prevention education for new parents in MCH settings; 3) respond to common challenges and obstacles to adoption of prevention initiatives; and 4) use advocacy tools and techniques in the legislative process to support adoption of prevention legislation.

Presenter(s):

Richard Volpe, PhD, Dr., Institute of Child Study, University of Toronto

Sally Fogerty, BSN, MEd, CSN Director, EDC, Children's Safety Network

George Lithco, JD, Mr., SKIPPER Initiative

Sally Kerschner, MSN, RN, MCH Planning Specialist, Vermont Department of Health, Division of Maternal and Child Health

Session ID: H6

Session Type: Workshop

Policy Put Into Action! When MCH Is a Priority

Many factors affect whether a woman has adequate prenatal care such as access, intendedness of the pregnancy, and availability of insurance. While many states have tried to respond to women's needs by implementing programmatic and

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systemic responses, we have learned that this is not enough. A more collaborative and innovative approach is necessary to be successful. With the support of the commissioner of health and senior services, New Jersey embarked on a journey to find solutions to this issue that were budget neutral and comprehensive. A recent study that ranked New Jersey 40th in first trimester prenatal care exposed a critical need. The commissioner convened the Prenatal Care Task Force in February 2008. Its charge was to make recommendations to improve access to early prenatal care; to increase the number of women seeking and receiving care; and to review data related to access, including about racial and ethnic disparities. They also were charged with reviewing the adequacy of the provider network and identifying any regional or geographic barriers to care, examining best practices and identifying successful programs to increase prenatal care, reviewing current support for improved pregnancy outcome activities, and making recommendations to improve first trimester prenatal care rates. The task force, comprised of leaders and experts in maternal and child health, prepared recommendations for consideration and possible implementation. Three subcommittees were formed focusing on education, capacity, and quality outcomes. All three subcommittees formulated goals and recommendations, which focused on education, access to reproductive health care services and practitioners, systems, and evaluation. The recommendations stress goals such as increasing public awareness of preconception health, ensuring the availability of ongoing early prenatal care services to women in areas affected by hospital closures and/or reduction in obstetric services, and promoting equity in birth outcomes.

Presenter(s):

Robyn D'Oria, RNC, MA, APN, Executive Director, Central NJ Maternal Child Health Consortium

Celeste Andiot Wood, , Assistant Commissioner, Division of Family Health Services, New Jersey Department of Health and Senior Services

Sandra Schwarz, RNC, MS, Program Manager, State of New Jersey

Session ID: H7

Session Type: Workshop

Improving Perinatal Quality Through Government/Academic Partnership (on a Shoestring Budget)

In 2006, Tennessee's governor charged state child-serving offices with addressing infant mortality (IM) as a priority and committed recurring funds to address the problem. The Governor's Office of Children's Care Coordination (GOCCC) quickly identified a need for data-informed, evidence-based strategies to improve birth outcomes. As part of a multi-faceted effort to meet this need, GOCCC funded the Tennessee Initiative for Perinatal Quality Care (TIPQC) as a statewide perinatal quality improvement (QI) network. The goals of TIPQC are to 1) establish a statewide perinatal database; 2) foster state-wide QI initiatives to reduce mortality and morbidity associated with premature birth and low birth weight; and 3) promote system changes by provider organizations to increase use of evidence-based clinical practices for obstetric and neonatal intensive care unit (NICU) patients. TIPQC developed a statewide QI network comprised of government agencies, payers, families, advocacy groups, obstetricians, and all 25 NICUs in the state. Through an inclusive, iterative process, the membership identified two initial projects. Twenty hospitals are participating in a project to decrease NICU admission hypo- and hyperthermia. Five hospitals are engaged in an obstetrics initiative to eliminate elective near-term or late preterm births. Projects currently in development include breastfeeding promotion by obstetricians and creation of a statewide Web-based QI data system. The statewide network has also been instrumental in advocacy efforts to sustain state funding for IM reduction initiatives. Though funded at a level much lower than initially requested, TIPQC has made outstanding strides in creating a culture of quality in Tennessee's NICUs. Remarkable early growth of the network necessitated additional support, which GOCCC has been able to fund; however, the program continues to work creatively to achieve maximum outcomes on a limited budget.

Presenter(s):

Peter Grubb, MD, Medical Director, TIPQC

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

Session ID: H8

Session Type: Workshop

Interconception Care for Women With a Previous Preterm Birth

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Previous preterm birth is one of the strongest indicators for preterm birth, with a recurrence rate greater than 20%. There are several risk factors for preterm birth that can be addressed prior to a subsequent pregnancy. Many women, however, receive no follow-up care after a poor pregnancy outcome. Through a cooperative agreement with the CDC Division of Reproductive Health, the March of Dimes is supporting programs that provide interconception care for high risk women in Florida and North Carolina. While the programs differ in staffing, interventions, and demographics of their participants, they all recruit women with a previous poor birth outcome and follow them for at least six months postpartum. The programs all provide education, counseling, and support to assist women in making positive behavioral changes and collect a core set of outcome data. This presentation will report on the projects' outcomes in the areas of postpartum visits, folic acid use, and pregnancy spacing. Lessons learned in the areas of participant recruitment and retention, health promotion strategies, and needs for special populations will be addressed. The presentation will discuss whether services changed women's knowledge, behavior, and use of services and what factors affected the success of incorporating interconception care into a program's services. Women with a previous preterm birth are a priority population for interconception care. These programs provide strategies for reaching women early in the postpartum period and assisting them to improve their health status and access care. Many components of interconception care are evidence-based, such as encouragement of smoking cessation, diabetes management, folic acid use, and birth spacing. In addition, these programs represent a promising practice. They are replicating successful elements from a pilot program in South Carolina.

Presenter(s):

Thomas Bryant, MSW, Administrator/Senior Researcher, Duval County Health Department
Sarah Verbiest, DrPH, MSW, MPH, Executive Director, UNC Center for Maternal and Infant Health

Session ID: H9

Session Type: Workshop

Family Touchpoints

Scholars, representatives of families, and family mentors will come together before the end of the conference to discuss strategies for sharing the information they have learned during the conference with their peers at home. Doing so will provide networking opportunities for family participants and will expand how they will use the information from the AMCHP annual conference in their programs, in their states, and in engaging other families.

Presenter(s):

Grace Williams, , Senior Program Manager, CYSHCN, AMCHP
Ruth Walden, , Family Specialist, New York State Department of Health

Session Type: Roundtable

A Novel Approach to Promoting Infant Vision Health: MCH Partnerships

A public health pilot program, InfantSEE®, was developed to provide no-cost eye examinations to infants in eight diverse socioeconomic and geographic locations across the country utilizing public-private partnership with local and state maternal and child health agencies. Various outreach strategies were implemented by MCH staff in two states, including flyer distribution and a direct mail piece endorsed by the state MCH agency. More pediatric vision assessments were completed in the states that utilized the MCH partnership. The direct mail piece reached high-risk populations that might not otherwise have taken advantage of this program. Partnerships with state maternal and child health agencies proved to be an excellent outreach strategy.

Presenter(s):

Mark Schwartz, MPH, Community Health Manager, American Optometric Associations
Glen Steele, OD FCOVD, Chief of Pediatrics & Vision Therapy, Southern College of Optometry

Session Type: Roundtable

Improving Quality Measures for Population-Level Care

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The National Committee for Quality Assurance (NCQA) is engaged in developing feasible measures of quality of well-child care, well care for women of childbearing age, and coordination of care for children with, or at risk of, developmental delays. NCQA begins each measurement project with a scan of current clinical guidelines and measures, along with a review of the health care needs of the specific population. A measurement strategy is developed. Next, detailed measure specifications identify the numerator, denominator, and data sources; these specifications allow multiple organizations to report comparable measures. Measures are subjected to public comment and analyzed for feasibility. We will share the findings from these projects.

Presenter(s):

Sarah Hudson Scholle, DrPH, MPH, Assistant Vice President Research, National Committee for Quality Assurance
Sepheen Byron, MHS, Assistant Director, Performance Measurement, National Committee for Quality Assurance
Jessica Briefer French, , Senior Consultant, National Committee for Quality Assurance

Session Type: Roundtable

2009 H1N1 Infection in Pregnant Women: CDC's Maternal Health Response

Human infections with the H1N1 virus were first identified in April 2009. Severe illness and death among pregnant women and infants have been reported although the epidemiology and spectrum of the illness are not yet fully understood and are under investigation. This roundtable will provide an up-to-date overview of H1N1 illness in pregnant women from an epidemiological perspective, a review and evaluation of prevention and treatment strategies, and an overview of the broad array of communications activities related to infection in pregnant women, including the CDC's communications materials development, as well as strategies to reach partners, pregnant women, and the international audience with information and guidance.

Presenter(s):

CAPT Kitty F. MacFarlane (USPHS), MN, MPH, Lead Midwife, WHO Collaborating Center for Reproductive Health, CDC
Jennifer Williams, FNP-C, MPH, ,

Tuesday, March 9, 2:45 pm – 4:00 pm

Session ID: I1

Session Type: Workshop

Using CQI Strategies, Clinician Champions, and Asthma Coordinators to Improve Asthma-Related Health Outcomes Among Low-Income, Multi-Ethnic Children

Asthma is the most common chronic disease of childhood, with low-income and minority children disproportionately affected. The optimal management of asthma is frequently compromised by noncompliance with asthma care guidelines. We designed and tested a multipronged, evidence-based intervention that combined continuous quality improvement (CQI) strategies and care coordinators to improve the quality of asthma care for children and families served by 17 community clinics around California. At baseline and 12 months, a subset of patients with poorly controlled or persistent asthma was longitudinally evaluated by family interviews and the overall population with asthma was assessed through random cross-sectional chart reviews. Children were mostly Hispanic (77%) and African-American (11%); 60% were enrolled in Medicaid, 9% uninsured. Comparing 12 month follow-up to baseline data, significantly fewer patients in the longitudinal sample reported acute clinic visits, emergency department visits, hospitalizations, frequent day and nighttime symptoms, and missing school. Significantly more patients reported satisfaction with care and confidence in asthma self-management. Quality of life scores increased significantly for both children and caregivers. Cross-sectional data showed clinic-wide improvements in documentation of asthma symptoms, disease severity, and review of action plans. This comprehensive approach using CQI to increase adherence to asthma guidelines and care coordinators to monitor care and asthma control in higher risk children with

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asthma was able to effect changes in clinic processes and provider practice, producing major improvements in clinical outcomes. It holds great potential for reducing asthma-related health disparities among minority children in low-income communities.

Presenter(s):

Jennifer Holloman Boer, MS, CAPHI Program Coordinator, University of California, San Francisco

Session ID: I2

Session Type: Workshop

Making the Call to Improve Pregnancy Outcomes: A Focus on Tobacco Cessation Quitlines and HIV Hotlines

This session will examine successful tobacco cessation quitlines and HIV hotlines that target pregnant women. Smoking during pregnancy causes harm to both the fetus and the mother. In the U.S., prenatal smoking prevalence was 10-12% in 2005. Telephone-based cessation quitlines may provide an excellent resource for MCH providers to assist in helping pregnant smokers quit. This session will highlight the experiences of states in using the quitlines, identify barriers to and facilitators of use by MCH providers and pregnant and postpartum smokers, and describe best practices for implementing an effective referral program in state MCH programs. To better understand the use of quitlines, a New Jersey representative will describe the results of key-informant interviews, a state-representative survey conducted among obstetrician-gynecologists and nurse midwives, and focus groups conducted among pregnant women. A West Virginia speaker will describe the feasibility and impact of a pilot fax referral program among pregnant smokers receiving care in two clinics. A Wisconsin speaker will identify clinic strategies and organizational features that have promoted successful implementation of the fax referral program and will describe pregnant women's experiences with using the quitline. The dramatic decline in perinatal HIV transmission in the U.S. has improved pregnancy outcomes and is a major public health success. Supporting clinicians in providing state-of-the-art care and linking HIV-positive pregnant women with care is a critical component to maintaining this success. Representatives of the National Perinatal HIV Hotline and the Illinois Perinatal HIV Hotline will describe the similarities and differences in strategies that a national- and a state-level hotline utilize to provide medical consultation and to link pregnant HIV-infected women to care. National and regional resources for perinatal HIV care will be shared.

Presenter(s):

Laurie Ayala, MPH, Coordinator-Illinois Perinatal HIV Hotline, Northwestern Memorial Hospital

Heather M. Jordan, MPH, CHES, CTTS, Research Specialist and Program Manager, Center for Tobacco Surveillance and Evaluation Research, University of Medicine and Dentistry of New Jersey - School of Public Health

Shannon Weber, MSW, Perinatal HIV Hotline Coordinator, National HIV/AIDS Clinicians' Consultation Center

Kimberly Horn, EdD, MSW, Associate Director, WVU Mary Babb Randolph Cancer Center; Co-Director West Virginia Prevention Research Center

Kate Kobinsky, MPH, CHES, Quit Line Coordinator, University of Wisconsin School of Medicine and Public Health

Session ID: I3

Session Type: Workshop

Developing an Evidence-Based Model Through Leadership, Multiuser Service Coordination and Delivery, and Information Technology

Several initiatives merged to develop a one-stop shop in the highest risk community in Volusia County, Florida, where the black infant mortality (IM) rate is three times the state average for all races. While multiple studies and singular initiatives have been employed in this neighborhood, service delivery was fragmented with no scientific evaluation of the efforts. Stakeholders aligned public and private services in a single location. The Chiles Academy was located in the heart of the identified neighborhood and coordinated with GO BEYOND to manage intelligence technology (IT). They employed a single philosophy to ensure that multiple agencies could establish a common purpose and direction. A steering committee conducted a study to provide an overview of challenges related to MCH outcomes, using key data components in relation to IM, black IM, low birth weight, fetal loss, and school readiness and completion. Healthy Start conducted a mini-study for a snapshot of the neighborhood. Leaders used MCH competencies to work toward common goals and methods for service delivery such as mutual consent, integrated assessment forms, and staff development. They identified the Well Family

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System as a key component of the project for managing information. Jennie Joseph's JJWay® was utilized to develop a training plan to align multiple partners in a common purpose and ongoing identification of training needs. The result of these efforts is a one-stop shop that improves access to health and support services, shares leadership, and manages data such that continuous quality improvement is incorporated and reviewed per family, worker, agency, and service. Since this effort incorporates outcomes for an entire community and is still in implementation, the overall outcomes in the community cannot yet be measured. However, the process objectives related to leadership, IT development to support multiple agencies, and unified training provide a promising practice for communities.

Presenter(s):

Dixie Morgese, B.A., CAP, ICADC, Executive Director, Healthy Start Coalition of Flagler and Volusia Counties
Jennie Joseph, , Executive Director, The Birth Place
Allan Stamm, , Chief Executive Officer, GO BEYOND LLC

Session ID: I4

Session Type: Workshop

Ten Years and Counting: Youth Development MCH-Academic Partnerships in ACTION

Health problems of youth have proven resistant to traditional public health preventive interventions. Positive youth development (PYD) is an evidence-based approach that grew out of youth services activities and involves active and mutual partnerships between adults and youth intended to increase the internal and external resources needed to fully prepare youth for adulthood. It has been proposed in the public health literature as a framework to address the goals of Healthy People 2010. In 2000, the New York State Department of Health established a statewide PYD initiative, ACT for Youth, to develop novel approaches to preventing abuse, violence, and high-risk sexual behavior. Central to the success of the initiative is an academic Center of Excellence that connects leading-edge youth development research to practice, providing training and technical support, evaluation assistance, and resources to communities and youth-serving programs across New York State. This workshop, presented by the New York State Adolescent Health Coordinator and partners from community-oriented academia and adolescent medicine, will review the key elements of this successful collaboration with an emphasis on an interdisciplinary MCH team working toward a common goal. The role of academic partners in enhancing the work of state MCH partners will be discussed in synergistic terms. The evidence base to view PYD as an effective public health approach will be presented. Active audience participation is expected, with ample opportunity to ask questions, to share successes and barriers, and to network with other MCH colleagues with similar interests.

Presenter(s):

Kristine Mesler, RN, MPA, NY State Adolescent Health Coordinator, New York State Department of Health
Jane Powers, PhD, Director, ACT for Youth, Cornell University
Richard Kreipe, MD, Professor of Pediatrics, University of Rochester

Session ID: I5

Session Type: Workshop

Building Social and Political Will for MCH Programs: The Role of Reframing

In colonial times, children born out of wedlock were viewed as a financial hardship on the community and unwed mothers were maligned as immoral. Fathers were seen largely as vehicles for decreasing the financial burden of these families on the community. Fast forward three centuries and this perception has changed very little. Should we be surprised by the lackluster public support for teens as parents, the inherent controversies in meeting the sexual health needs of young people, or the lack of progress in reducing health disparities? Framing is a critical strategy for building the social and political will needed to advance MCH programs. In this session, participants will learn the concept of framing and receive short briefings on key findings from communications research discussing teen parents, adolescent sexuality, and health disparities. Specific recommendations for how to improve the framing of these issues will be provided and examples discussed. Finally, the workshop will address the challenges MCH professionals face when working to build social and political will by using framing strategies. To explore these challenges, the presenters will discuss actual scenarios, then brainstorm solutions and alternatives. Participants are encouraged to bring their own concerns and issues to the table for discussion and resolution.

Presenter(s):

Patricia Paluzzi, CNM, DrPH, President and CEO, Healthy Teen Network
Brigid Riley, MPH, Executive Director, Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP)
Glynis Shea, BA, Communications Director, University of Minnesota

Session ID: I6

Session Type: Workshop

Family Health History Models for Community Engagement

Family health history is a useful tool for disease prevention, diagnosis, and treatment in primary care, but its impact and utility extend beyond the traditional medical setting. Care comes from all angles, starting with the family and the community. Disease-specific advocacy groups, community-based organizations, state and local programs, and other support networks all provide care and can be access points for individuals and families to engage in family health history activity. In 2008, Genetic Alliance distributed ten Community Centered Family Health History (CCFHH) Program Awards for communities and organizations to integrate family health history (FHH) materials into existing programs and initiatives. There is no such thing as a one-size-fits-all family health history resource or approach. Awardees demonstrated innovation in their incorporation of FHH into ongoing programs. No new systems were created to support the promotion of FHH knowledge. Instead, FHH was adapted to the community setting at the gym, at work, in school, at church, in the library, at the doctor's office, at the salon, or wherever there was a group of individuals willing to listen, learn, and share. CCFHH Program awardees customized the "Does it Run in the Family?" toolkit with personal health stories, photos, quotes, resources, and health condition information. An online version of the toolkit is available (www.familyhealthhistory.org) so that anyone can create accessible, relevant FHH materials for their families and communities. This presentation will demonstrate the online tool and present awardees' projects, representing a broad range of community types with diverse outreach techniques, to be used as models for organizations interested in launching their own family health history initiatives.

Presenter(s):

Vaughn Edelson, , Programs Manager, Genetic Alliance
Karen Powell, MS, CGC, Genetic Counselor/Project Coordinator, The University of North Carolina at Greensboro
Julianne O'Daniel, MS, Associate in Research, Duke Institute for Genome Sciences & Policy

Session ID: I7

Session Type: Workshop

State Partnerships to Improve the Quality and Availability of Medical Homes to Vulnerable Participants

There is substantial evidence indicating that sufficient access to high quality primary care results in lower overall health care costs and lower use of higher cost services such as specialists, emergency rooms, and inpatient care. Yet many people in the United States do not have access to high quality primary care. Further, there are indications that primary care providers who care for large numbers of minority and Medicaid patients face greater quality-related challenges in serving these populations due to limited resources to coordinate care and limited time to spend with patients during office visits. As a result of these factors, state policymakers are increasingly interested in developing new models of service delivery that better support the provision of effective, patient-centered primary care, such as the medical home. This session is cosponsored by the National Center for Medical Home Implementation of the American Academy of Pediatrics (AAP) and the National Academy for State Health Policy (NASHP). A panel will present on improving the quality and availability of medical homes to Medicaid and Children's Health Insurance Program recipients. The AAP describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. NASHP is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a nonprofit, nonpartisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government.

Presenter(s):

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Colleen Kraft, MD, Assoc Professor of Pediatrics, Virginia Tech Carilion School of Medicine and Research Institute
Gina Robinson, , Program Administrator, Colorado Dept of Health Care Financing and Policy
Jeffrey Schiff, MD, MBA, Director, MN Department of Human Services, Minnesota Dept of Health

Session ID: I8

Session Type: Workshop

Blueprint for Success: The Role MCH Agencies Play in Promoting and Implementing an Infant Vision Health Program

Utilize an innovative public-private model that partners with state and local MCH programs to provide comprehensive vision examinations to infants six to 12 months of age in eight diverse socioeconomic and geographical populations across the United States. A variety of methods were used to educate the general public about the InfantSEE® program, a comprehensive, no cost vision examination for infants. These methods included grassroots flyer distribution, television and radio public service announcements, mobile clinic outreach, a direct mail piece, and partnerships with MCH agencies. More than one thousand infants received an InfantSEE® examination as a result of these diverse outreach strategies. Nearly half of those receiving an examination indicated that they became aware of the InfantSEE® program through an endorsed MCH activity. The predominant method of discovery for the program was the MCH-endorsed direct mail piece. This innovative public-private partnership demonstrates an effective model of care into routine health care for infants and pediatric populations. The model created to promote and integrate an infant vision health program with MCH agencies has proven to be an effective strategy. State and local MCH agencies are powerful messengers of health information as demonstrated by this unique model.

Presenter(s):

Mark Schwartz, MPH, Community Health Manager, American Optometric Association
Glen Steele, OD FCOVD, Chief of Pediatrics & Vision Therapy, Southern College of Optometry

Session ID: I9

Session Type: Workshop

Using Innovative Tools to Improve MCH Services' Quality and Outcomes

Organizations seeking to improve MCH outcomes and service quality require tools with which they can measure, monitor, and engage partners in improving performance and impact. This session will review the application of three innovative methods for collecting, analyzing, and communicating MCH data in ways that engage partners, including parents, pediatric providers, child care providers, schools, youth-serving organizations, and policymakers in advancing evidence-based improvements in policy and practice. This session will review three data collection and reporting tools specifically created to support partnership-driven health policy and system improvements for children, youth, and families. Tools will be reviewed and case studies presented to elucidate relevance and application for improving MCH outcomes.

Presenter(s):

Christina Bethell, PhD, MBA, MPH, Director, Child and Adolescent Health Measurement Initiative, Oregon Health & Science University
Allison Gertel-Rosenberg, MS, Senior Policy and Program Analyst, Nemours

Session Type: Roundtable

Parents' Role at the Centers for Disease Control

The parent consultant role at the National Center for Birth Defects and Developmental Disabilities is new. The parent hired cofounded Family Voices, a national grassroots organization for families, friends, and youth who work to improve the lives of children and youth with special health care needs. She has worked closely with state MCH programs, their leadership, and state Medicaid programs to better deliver and pay for services needed by these children and youth. This interactive session will allow participants the opportunity to learn more about the Center, the role each participant group can play in providing

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input, and the relationship building methods needed to further the agenda for children and youth with special health care needs and their families.

Presenter(s):

Julianne Beckett, MA, Parent consultant, National Center for Birth Defects and Developmental Disabilities at the CDC

Session ID: I10

Session Type: Skills Building

Understanding Adolescents: An Oxymoron?

"Understanding Adolescence: Seeing Youth Through a Developmental Lens" is a training-of-trainers curriculum available to state public health professionals engaged in adolescent health work. It was developed by the State Adolescent Health Resource Center – University of Minnesota as a result of our work providing technical assistance and training to state MCH professionals. The training was piloted with 16 State Adolescent Health Coordinators and refined and re-piloted with the Missouri Department of Health and Senior Services – Council for Adolescent and School Health in the spring and early fall of 2009. As a result, the curriculum has been finalized and created in a way that state public health professionals can use the training in their own programs to build the knowledge and skills of those who address youth health issues. This session will offer an overview and exposure to the curriculum and provide opportunities both to learn about Missouri's experiences with the training and to explore how this training resource and support can be used by MCH professionals.

Presenter(s):

Kristin Teipel, BSN, MPH, Director, State Adolescent Health Resource Center - University of MN

Glynis Shea, MLS (anticipated 2011), Communications Director, State Adolescent Health Resource Center - University of MN

Patti VanTuinen, M.Ed., CHES, Adolescent Health Coordinator, Missouri Department of Health and Senior Services

Session Type: Roundtable

The Interdisciplinary Professional Environment for Graduates of MCHB Training Programs

This presentation examines the experiences with interdisciplinary practice of participants from five MCHB-funded training programs at the University of North Carolina-Chapel Hill from 2001 through 2006. Participants were contacted three to eight years after completion of their programs. Attitudes toward and current experience with interdisciplinary practice were measured, as well as perceptions of challenges to interdisciplinary practice. The findings of this study suggest that organizations and agencies may benefit from more deliberate attention to the value of interdisciplinary practice and the strategies to reinforce that practice, especially as graduates of training programs acquire more interdisciplinary knowledge and skills.

Presenter(s):

Lewis Margolis, MD, MPH, Associate Professor, University of North Carolina

Angela Rosenberg, DrPH, Associate Professor, University of North Carolina

Karl Umble, PhD, Evaluator, University of North Carolina