Launching Maternal and Child Health: Opportunities for a New Era

Most AMCHP activity takes place on this level.
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**Welcome**

**President’s Welcome**

Welcome to the AMCHP Annual Conference! I look forward to meeting many of you during your stay. I would also like to invite you to get more involved in AMCHP throughout the year.

AMCHP would like **YOU** to be a part of the AMCHP movement! Join our efforts to make a difference for **US** by volunteering to participate in AMCHP committee work, teleconferences, on-line meetings, and other leadership opportunities. Help us with our efforts to plan with the new administration and promote change on national issues such as health reform, autism, workforce capacity and development, adolescent health, newborn screening, and many others. Visit the AMCHP website to see what we have accomplished during the past year and learn about the many opportunities you could be a part of—learn a lot, give a lot, meet a lot of people just like you from other states, and take a lot back home.

AMCHP soon will send out a “willingness to serve” form to invite members to join us in our work. You can make a difference for mothers and children.

Interested in leadership opportunities? Serving on the board? Please speak with any AMCHP board member or contact me directly. I look forward to seeing you during the Annual Conference and working with you to keep AMCHP on the move!

Nan Streeter, AMCHP President

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**CEO’s Welcome**

On behalf of AMCHP’s Conference Planning Committee, Board of Directors, staff, and partners, welcome to the 2009 AMCHP Annual Conference! What a great opportunity to learn new skills, hear about new developments in our field, and gather tools and information that will benefit your daily work. This year’s theme—“Launching Maternal & Child Health: Opportunities for a New Era”—promises sessions that will recharge and energize us, and help us consider the impact our programs have in states and communities nationwide. Great content, combined with plenty of time for meeting with colleagues, conference sponsors, and exhibitors, make this year’s conference an exceptional professional development opportunity. I hope you take advantage of these next three days and all the learning, networking, and sharing that makes this a not-to-be missed annual event. The days ahead will continue to challenge us, force us to think differently about what we do, and inspire us. Again, welcome and please be sure to let me or any member of the AMCHP staff know what you think about our conference this year and what we can do to make it even better next year!

Michael R. Fraser, PhD
Chief Executive Officer
About AMCHP

The Association of Maternal and Child Health Programs (AMCHP) supports state maternal and child health (MCH) programs and works to improve the health of women, children, and families nationwide. AMCHP members protect and promote the health and well-being of all families, especially those who are low-income and underserved. Our members include directors of maternal and child health programs, directors of programs for children with special health care needs, adolescent health coordinators and other public health leaders. Headquartered in Washington, DC, AMCHP is an advocate for maternal and child health legislation in the United States, including full funding for the Title V MCH Services Block grant. AMCHP pushes for legislative and policy solutions to solve tough MCH problems in the United States. The organization is a resource for state MCH programs providing best practices, publications, and technical assistance to member agencies. AMCHP is also a partner with many other national and international groups committed to improving the health of women and children in the United States and worldwide. AMCHP actively pushes for solutions to improve maternal, child, and infant health here and looks to learn from other countries and other groups with our shared purpose.

What’s New This Year

In order to provide you with a more enjoyable conference experience, AMCHP has added some special elements to this year’s program, including:

• We have rearranged the Annual Conference agenda to make it easier for you to attend! Instead of meeting Saturday to Wednesday, as we have traditionally done, we are meeting Saturday to Tuesday for the first time. This allows you to spend less time away from your responsibilities at home but still take full advantage of all of the opportunities the conference has to offer.

• Workshops will begin Sunday afternoon, followed by the Opening Plenary (traditionally presented Monday morning), thereby using the time you’re here in Washington as fully as possibly.

• We are presenting two themed Poster Sessions with only one showing each, bringing you double the information without extending the length of the conference.

• The Closing plenary will take place on Tuesday afternoon (it is traditionally presented on Wednesday), shortening your stay by a day.

• The National Association of Chronic Disease Directors has invited all AMCHP conference attendees to its Networking Reception on the new National Harbor. Take advantage of this valuable networking opportunity on Tuesday, February 24, from 6:00 PM – 9:00 PM at the beautiful new Gaylord National Resort and Convention Center. Located just south of Washington, DC, this unique property is situated on the scenic Potomac River and boasts fabulous waterfront views. All 2009 AMCHP Conference attendees are welcome to attend—just be sure to wear your AMCHP conference badge. Buses will leave the Marriott Wardman Park Hotel at 6:00 PM and 6:15 PM from outside the main lobby entrance.

• This year, the Saturday and Sunday skills building sessions are included in your conference fee, making more development opportunities available to all conference attendees.

• AMCHP and Family Voices have partnered to present the Family Voices Gala on Monday evening (separate tickets required).
Schedule At-A-Glance

Friday, February 20

1:00 PM to 5:00 PM  Women's Health Council Partnership Meeting (NACDD)  Thurgood Marshall South

Saturday, February 21

7:00 AM to 6:00 PM  Registration Open  Registration A, Thurgood Marshall Foyer

8:00 AM to 4:00 PM  Skills Building Session (A1, one all-day session; by pre-application)  Hoover

8:00 AM to 11:30 AM  Skills Building Sessions (A2 to A4)  See pages 16-17

8:00 AM to 2:00 PM  AMCHP Board Meeting  Thurgood Marshall South

8:30 AM to 12:00 PM  Women's Health Council Partnership Meeting (NACDD)  Congressional

11:30 AM to 12:30 PM  Lunch Break (lunch not provided)  See pages 18-20

12:30 PM to 4:00 PM  Skills Building Sessions (B1 to B7)  Johnson

2:30 PM to 6:00 PM  MCHB Medical Home Meeting (MCH and CSHCN Directors invited)  Congressional

4:00 PM to 6:00 PM  AMCHP Committee Meeting: Family and Youth Leadership Committee  Thurgood Marshall South

6:30 PM to 8:30 PM  Family Scholars Welcome Dinner (by invitation)  Thurgood Marshall South

Sunday, February 22

7:00 AM to 6:00 PM  Registration Open  Registration A, Thurgood Marshall Foyer

8:00 AM to 11:30 AM  Skills Building Sessions (C1 to C4)  See pages 21-22

8:30 AM to 10:00 AM  CityMatCH/AMCHP Leadership Breakfast Meeting (by invitation)  Suite 8206

9:30 AM to 11:30 AM  AMCHP Committee Meeting: Workforce Development Committee  Ethan Allen

11:30 AM to 1:00 PM  New Directors Luncheon (by invitation)  Nathan Hale

11:30 AM to 1:00 PM  Lunch Break (lunch not provided)  Thomas Paine

11:30 AM to 1:30 PM  AMCHP Committee Meeting: Emerging Issues Committee  Embassy

11:30 AM to 1:30 PM  AMCHP Committee Meeting: Health Care Finance and Legislative Committee  See pages 22 - 24

1:00 PM to 2:30 PM  Workshops (D1 to D4)  See pages 24 - 26

3:00 PM to 4:30 PM  Workshops (D6 to D10)  Thurgood Marshall Ballroom

5:00 PM to 6:30 PM  Opening Plenary  Thurgood Marshall Foyer

6:30 PM to 8:00 PM  President's Welcome Reception  Thurgood Marshall Foyer

6:30 PM to 8:00 PM  Exhibits Open  Thurgood Marshall Foyer

6:30 PM to 8:00 PM  Poster Session I: Promoting Partnerships in MCH Practice  See pages 27 - 29
Monday, February 23

7:00 AM to 5:00 PM   Registration Open
7:00 AM to 4:00 PM   AMCHP SharePoint Demonstration
7:00 AM to 8:00 AM   Fitness Walk
7:00 AM to 8:30 AM   Breakfast with Exhibitors
7:15 AM to 8:15 AM   All Family Representatives Meeting *(all families invited)*
8:30 AM to 10:00 AM  Morning Plenary
10:15 AM to 11:45 AM Emerging Issues Roundtables
10:15 AM to 11:45 AM Workshops (E1 to E10)
12:00 PM to 1:30 PM  Plenary Luncheon: Family Involvement
1:30 PM to 2:00 PM   Dessert with Exhibitors
2:00 PM to 3:30 PM   Emerging Issues Roundtables
2:00 PM to 3:30 PM   Workshops (F1 to F10)
3:30 PM to 5:00 PM   Visits to Capitol Hill
3:45 PM to 5:15 PM   Workshops (G1 to G10)
5:15 PM to 7:00 PM   Exhibits Open
5:15 PM to 7:00 PM   Poster Session II: Looking Across the Life Course: Focus on MCH Populations
6:00 PM to 10:00 PM  Family Voices Gala *(separate ticket required)*

Tuesday, February 24

7:00 AM to 4:00 PM   Registration Open
7:00 AM to 4:00 PM   AMCHP SharePoint Demonstration
7:00 AM to 8:00 AM   Fitness Walk
7:00 AM to 8:30 AM   Breakfast with Exhibitors
7:00 AM to 8:30 AM   Regional Breakfast Meetings
8:45 AM to 10:00 AM  Morning Plenary
10:15 AM to 11:45 AM Emerging Issues Roundtables
10:15 AM to 11:45 AM Workshops (H1 to H10)
10:15 AM to 11:45 AM AMCHP Business Meeting
12:00 PM to 1:30 PM  Plenary Luncheon – MacQueen Lecture
1:30 PM to 2:15 PM   Dessert with Exhibitors
2:15 PM to 3:45 PM   Emerging Issues Roundtables
2:15 PM to 3:45 PM   Workshops (I1 to I10)
4:00 PM to 5:30 PM   Closing Plenary
6:00 PM to 10:00 PM  Chronic Disease Directors Networking Reception *(transportation provided, AMCHP attendee badge required)*
General Information

Badges

*Don’t forget to wear your conference name badge!* Look for ribbons recognizing new directors and family representatives and color-coded by region to make networking easier. Here’s your color-coded guide to who’s who at the conference:

- REGION 1: Aqua
- REGION 2: Brown
- REGION 3: Gray
- REGION 4: Red
- REGION 5: Orange
- REGION 6: Blue
- REGION 7: Green
- REGION 8: Violet
- REGION 9: Lavender
- REGION 10: Pink

Say Hello to Our Neighbors!

This year the AMCHP Annual Conference is sharing the hotel with the Child Welfare League of America (CWLA) National Conference. CWLA is a coalition of hundreds of private and public agencies serving vulnerable children and families since 1920. Its conference, Children Today… America’s Future!, is taking place February 23-25.

Messages and Job Postings

A message board will be located near the main registration desk. Use this board to post messages for conference attendees. Job postings can be placed at any of the “Take One” tables.

Cyber Café

Internet access will be available during the conference at our Cyber Café. The Cyber Café will be located in the main registration area and will feature a number of computers connected to the Internet for those who wish to check email or search the Internet.

Conference Evaluation

All conference attendees will receive a link to an on-line conference evaluation by email immediately following the conference. Please make sure we have your current email address by stopping by the registration desk.

AMCHP’s Still Green!

Following last year’s new green initiatives, the Annual Conference is taking further steps to reduce our waste. Here are a few of the efforts we have in place to protect the environment:

- Bulk containers for water, sugar, and cream to reduce packaging waste
- Cloth rather than paper napkins, and cutlery rather than plastic utensils
- Online registration and email communications rather than traditional mail
- Double-sided copies of handouts

Thank you for helping us make a difference for the planet!

Regional Baskets

An AMCHP tradition, regional baskets will be raffled during the Monday plenary luncheon, Tuesday morning plenary, and Tuesday plenary luncheon. Join the fun! Bring an item that represents your state or region to add to the giveaway baskets. Turn in your item by Monday morning (10:00am) at the main registration desk.

Art Exhibits

Don’t miss our quilt-inspired art displays! The Newborn Screening Unity Quilt will be displayed in the Thurgood Marshall Foyer from Sunday to Tuesday, and Quilt: Art to Mend the World will be displayed Sunday and Monday in the Mezzanine area.

*A Celebration of Rarity*

The Newborn Screening (NBS) Unity Quilt allows families to celebrate and share the lives of their children who were born with disorders detectable through newborn screening. The NBS Unity Quilt celebrates the lives of all affected individuals, including those spared and lost. The mission of the NBS Unity Quilt is to create a visual testimony of the most compelling symbol of newborn screening—the children touched by it.

*Quilt: Art to Mend the World*

Quilt invites participation and conversation to create a more peaceful and equitable world—a world that ends violence against women, and the imbalances between the rich and the poor and the different world cultures. Quilt speaks words not safe to speak, to truths hidden in silence; words that awaken, heal and empower the hurt and left behind. Quilt’s goal is to shine light on life after violence and the disparity between peoples. Quilt is made by sewing recycled paper, fabric and words together, creating two-sided books that unite differing world perspectives.
I am pleased to report that AMCHP’s family involvement efforts continue to progress and we have accomplished a great deal since the last AMCHP Annual Conference. More and more states are partnering with families. To provide examples of these activities, AMCHP will be publishing a state issue brief highlighting how several states are engaging families in Title V programs. To date there are 32 states that have identified an AMCHP Family Delegate. To provide a good description of the roles and responsibilities of an AMCHP Family Delegate, the Family and Youth Leadership Committee (FYLC) developed a document that answers some of the questions states may have about these individuals. Additionally, to continue to assist AMCHP in engaging families, the FYLC provides input on an ongoing basis to staff. In the next year we will continue to focus on family leadership development and youth involvement.

While we are doing a great deal, there is still a great deal to do and I would like to urge all families to assure that their states have named an AMCHP Family Delegate! Please let me or any AMCHP staff member know if you would like more information on how to name your family delegate, if you are interested in these opportunities, or if you would like to know who your state’s current family delegate is.

The Family and Youth Leadership Committee extends a special invitation to all conference attendees to attend activities specially designed to develop and promote family leadership within MCH. Family involvement at the AMCHP Annual Conference gives families the opportunity to learn and share how to have an important voice in MCH policy and program development. Be sure to visit the Family Welcome Center for federal and state information, for updates on the conference, and to network with other family representatives.

Family Voices Executive Director Dr. Sophie Arao-Nguyen and her staff have been working with AMCHP to increase family involvement in Title V programs. AMCHP and Family Voices signed a memorandum of agreement in summer 2008 “to work to identify and highlight opportunities for family involvement in state MCH programs and work to create environments that promote family involvement. Expected outcomes include enhanced family involvement and information sharing between Family Voices programs and AMCHP programs at the state and national levels.” Dr. Arao-Nguyen and other Family Voices staff will be at the conference – look for them at the Family Welcome Center and be sure to say hello!

Thank you all for all you do to involve families in our work. Enjoy the Conference!

**Ruth Walden, AMCHP Board of Directors, Family Representative**
Family Involvement continued

Family Events

Several events at the conference are designed especially for family representatives, including but not limited to Family Scholars, Family Mentors, and Family Delegates. Please note that there are many other events open to family representatives that are not included on this list. For a complete listing of activities, please review the conference program and agenda.

SATURDAY, FEBRUARY 21

- **A1 Skills Building Session – Family Leadership Institute**
  8:00 AM – 4:00 PM

- **Family and Youth Leadership Committee (FYLC) Meeting**
  4:00 PM – 6:00 PM
  *Open to all interested conference attendees.*
  A two-hour interactive meeting for FYLC members to discuss committee business and future activities.

- **Family Scholars Welcome Dinner**
  6:30 PM – 8:30 PM, *by invitation only*
  Honoring the 2009 Family Scholars, their Title V Directors, and Family Mentors, and hosted by AMCHP and FYLC.

SUNDAY, FEBRUARY 22

- **C1 Skills Building Session—New Opportunities for Family Partnerships With Title V**
  8:00 AM – 11:30 AM

MONDAY, FEBRUARY 23

- **Family Representative Meeting**
  7:15 AM – 8:15 AM
  *Open to all interested conference attendees.*
  For Family Representatives, Family Scholars, Family Mentors, Family Delegates, and others to meet and discuss pressing issues.

- **Plenary Luncheon – Family Involvement**
  12:00 PM – 1:30 PM

- **Family Voices Gala**
  6:00 PM – 10:00 PM, *tickets required*
  Sponsored by Family Voices to celebrate families and those who support families.

TUESDAY, FEBRUARY 24

- **Regional Breakfast Meetings**
  7:00 AM – 8:30 AM
  *Open to all interested conference attendees.*

- **Family Touch Points**
  2:30 PM – 4:00 PM
  *Open to all interested conference attendees.*
  A meeting for Family Scholars, Mentors, Delegates, and other individuals to come together before the end of the conference to discuss strategies for sharing the information they have learned during the conference with their peers upon returning home.

2009 Family Scholarship Program

*AMCHP is pleased to welcome the following family scholars to the 2009 conference:*

Beverly Baker, Maine
Desiree Durham-Deleon, Florida
Debbie Gilbert, Kentucky
Leslie Gilbert, Oregon
Carol Grady, Minnesota
Evonne Kosnar, Illinois
Nanfi Lubogo, Connecticut
Mary Olvera, North Carolina
Sharon Rettinger, Iowa
Mercedes Rosa, New Jersey
Kara Van Vooren, Wisconsin

*We would also like to thank the following family mentors for their work and support of family involvement:*

Barbara Chambers, Alaska
Meg Steimle, Wisconsin
Julie Stover, Illinois
2008-2009 Family Delegates

Becky Adelmann, Oregon Center for Children and Youth with Special Needs
Rita Aitken, Arizona Department of Health Services
Kristi Bartlett, Division of Developmental Disabilities Services, Arkansas Department of Health and Human Services
Joni Bruce, Oklahoma Department of Health
Barbara Chambers, Alaska Department of Health and Social Services
Susan Colburn, Alabama Department of Rehabilitation Services
Robert Cook, Division of Specialized Care for Children, University of Illinois-Chicago
Anna Cyr, Maine Center for Disease Control and Prevention
Marian Dalsey, California Department of Public Health
Donene Feist, North Dakota Department of Health
Eileen Forlenza, Colorado Department of Public Health and Environment
Terri Gibson, Division of Family Health Services, Florida Department of Health
Ann Gionet, Connecticut Department of Public Health
Suzanne Gottlieb, Massachusetts Department of Public Health
Carol Grady, Minnesota Department of Health
Carol Harvey, Texas Department of State Health Services
Laura Jones, Rhode Island Department of Health

Rebecca Kirby, Indiana State Department of Health
Beth MacDonald, Delaware Health and Social Services
Martha-Jean Madison, New Hampshire Department of Health and Human Services
Mary J. Marin, Michigan Department of Community Health
Tiffany McAulren-Smallwood, District of Columbia Department of Health
Leolinda Parlin, Hawaii State Department of Health
Gina Pola-Money, Utah Department of Health
Theresa Rasch, Iowa Child Health Specialty Clinics
Susan Ray, Community and Family Health, Washington State Department of Health
Jackie Richards, South Carolina Department of Health and Environmental Control
Carla J. Sandwell, Missouri Department of Health and Senior Services
Ruth Walden, New York State Department of Health
Kim Weimer, Ohio Department of Health
Amy Whitehead, Division of Public Health, Wisconsin Department of Health Services
Dana Yarbrough, Virginia Department of Health
Connie Zienkewicz, Kansas Department of Health and Environment

Association of University Centers on Disabilities

The AUCD members of university-based centers and programs serve as a resource in every US state and territory, and include:
- 38 LENDs: Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities
- 67 UCEDDs: University Centers for Excellence in Developmental Disabilities
- 21 IDDRCs: Intellectual and Developmental Disabilities Research Centers

Leadership Education in Neurodevelopmental and related Disabilities

LEND Programs provide the opportunity for the next generation of health and allied health leaders to engage in interdisciplinary, family-centered, and culturally competent training that focuses on the needs of children and youth with neurodevelopmental disabilities including autism and related special health care needs and their families.
AMCHP defines “best practices” as a continuum of practices, programs, and policies that range from emerging to promising to those that have been extensively evaluated and proven effective. A best practice could focus on the health of women, adolescents, young children, families, or children and youth with special health care needs. It could address mental health, data and assessment, financing, program integration, workforce development, emergency preparedness, family involvement, or another public health issue in MCH.

For example, a best practice may involve:

- Improving care coordination for children and youth with special health care needs
- Reducing lead poisoning through home visits
- Developing an interagency application process for WIC, Early Intervention, and Medicaid
- Collaborating with school nurses to improve care for children with asthma
- Successfully reducing the rate of adolescent suicide
- Promoting early intervention for hospitalized children
- Building linkages between health and child care systems
- Expanding screening and intervention for depression in pregnant and postpartum women
- Linking data to address infant mortality

AMCHP is seeking submissions for the Innovation Station, an online, searchable database of best practices in maternal and child health from around the country. Whether it’s an effective campaign to promote breastfeeding, an outstanding nurse-family partnership, or a proven early intervention program for young children, get the word out about your best practice. Best practices will be featured in Pulse, AMCHP’s monthly electronic newsletter, and promoted on the AMCHP Web site. Selected best practices may be also highlighted at AMCHP’s annual conference!

Submit your best practices today at:
www.amchp.org/best_practices

For further information, please contact:
Darlisha Williams, dwilliams@amchp.org

Congratulations to the following agencies, which will be recognized Tuesday, February 24, at the luncheon plenary session:

- CHIP of Virginia, Partners in Pregnancy Program
- Colorado Department of Health and Environment, Prenatal Plus Program
- First Five California Children and Families Commission/University of California, Berkeley, First Five Kit for New Parents

Earn an Online MPH In Maternal and Child Health

A flexible program for working professionals who are concerned about vulnerable populations and want to acquire leadership skills for addressing the health needs of families, women, infants, children, and adolescents.

University of Minnesota
School of Public Health

To learn more: visit our website www.epi.umn.edu/mch/academic/distance_learning.shtm
or email us at gradstudies@epi.umn.edu
or call the School of Public Health at (612) 626-8802
Vince Hutchins Leadership Award

For leadership in promoting a society responsive to the needs of women, children, youth, and families

AWARDEE: Senator Ted Kennedy (D-Massachusetts)

Senator Kennedy will be recognized at the morning plenary on Monday, February 23, but will not be able to attend the conference in person.

In 1998, AMCHP launched what was then called the “AMCHP Leadership Award” to recognize outstanding individuals, living or deceased, whose work has contributed to significant societal changes that have resulted in improvements in the health of American families and their various members. The first honoree, former First Lady Hillary Rodham Clinton, is exemplary of the stature of Leadership Award recipients. In 2001, AMCHP renamed the Leadership Award for Dr. Vince Hutchins, a beloved national leader and life-long advocate for children’s health. During fifteen years as director of the Maternal and Child Health Bureau, Dr. Hutchins expanded the federal government’s commitment to women, children, youth, and families. He also led the development of new initiatives for children and families such as the Healthy Mothers, Healthy Babies Coalition. Nominees for the Vince Hutchins Leadership Award must meet the following criteria: be a recognized national leader, living or deceased, with a long record of significant contributions to society; and, demonstrate accomplishments that advance, directly or indirectly, the health of American women, children, youth, and families, including those with special health care needs.

Merle McPherson Award

For leadership in promoting family involvement in state MCH programs and/or AMCHP

AWARDEE: Ruth Walden, Family Specialist, New York State Department of Health

To be presented Monday, February 23, during the luncheon plenary session.

Presented for the first time in 2008, this award is developed to honor Dr. Merle McPherson. Dr. McPherson retired from MCHB in January 2007, leaving a legacy of leadership and vision for how to create a new model of family-centered health care delivery for children and youth with special health care needs. She has also led the way to expanding the family-centered care model for children with special health care needs internationally. Awardees must be a family representative or professional whose efforts have significantly increased family involvement in a state program and/or AMCHP, whose work has changed policy and procedures within a state program and/or AMCHP to encourage greater family involvement, and who has actively contributed to AMCHP and the organization’s efforts to advance the inclusion of families. This award is administered by the AMCHP Family and Youth Leadership Committee.
Launching Maternal and Child Health: Opportunities for a New Era

John C. MacQueen Lecture Award
For innovation in the field of maternal and child health

AWARDEE:
Magda Peck, ScD, Professor and Associate Chair for Community Health, Department of Pediatrics; Senior Advisor, CityMatCH at the University of Nebraska Medical Center; Director, Great Plains Public Health Leadership Institute

To be presented Tuesday, February 23, at the Annual MacQueen Lecture Luncheon.

This annual lectureship is awarded to honor one of AMCHP’s most distinguished members, Dr. John C. MacQueen, the former director of the Iowa Child Health Specialty Clinics, the state’s program for children with special health care needs (CSHCN). A pediatric neurologist, Dr. MacQueen achieved success at state and national levels. As an administrator and clinician, advocate, innovator, and educator, Dr. MacQueen made his presence felt throughout the country through his tireless work on behalf of children with special health care needs. AMCHP takes special pride in those accomplishments that have advanced family health programs. They include 30 years as a CSHCN state director; leadership as vice-chair of the Congressional Select Panel for the Promotion of Child Health; membership on the Advisory Panel on Technology and Child Health, Congressional Office of Technology Assessment; contributions to the Maternal and Child Health Bureau and to the Surgeon General’s workshops; and advocacy for Title V. Criteria for this award state that the awardee be a contributor to the field of MCH and an advocate on behalf of the MCH community. Their work must focus on or around the establishment and maintenance of healthy communities. Each year, the awardee is invited to deliver a dynamic and inspirational lecture at the Annual MacQueen Lecture Luncheon during the AMCHP Annual Conference.

Legislative Champions for Maternal and Child Health Award
Recognizing the efforts of Members of Congress and their staff to improve the health of mothers, children, and families, including children and youth with special health care needs

AWARDEES:
Senator Chris Dodd (D-Connecticut) and Tamar Magarik-Haro, Senate HELP Children’s Subcommittee Professional Staff Member; Representative Lucille Roybal-Allard (D-California’s 34th District) and Debbie Jessup, Legislative Assistant to Rep. Royball-Allard

To be presented on Tuesday, February 24. Due to the uncertainty of congressional schedules, the awardees were not able to confirm in advance that they will be able to attend the meeting to receive their awards in person.

The goal of the Legislative Champions Award is to celebrate the efforts of Members of Congress and their staff to improve the health and lives of mothers, children, and families, including children with special health care needs. This award recognizes efforts to support state maternal and child health programs and advocacy on behalf of children, women, and families at the national level. The award is administered by the AMCHP Legislative and Health Care Finance Committee and will be awarded for the first time in 2009.

AMCHP Award Winners continued
Registration Hours

Located in the Thurgood Marshall Foyer, Registration A

Saturday, February 21  7:00 AM to 6:00 PM
Sunday, February 22  7:00 AM to 6:00 PM
Monday, February 23  7:00 AM to 5:00 PM
Tuesday, February 24  7:00 AM to 4:00 PM

Exhibit Hours

Located in the Thurgood Marshall Foyer

Sunday,  11:30 AM to 4:30 PM Installation of Exhibits
Sunday,  6:30 PM to 8:00 PM Exhibits Open
Monday,  7:00 AM to 8:30 AM Breakfast with Exhibitors
Monday,  1:30 PM to 2:00 PM Dessert with Exhibitors
Monday,  5:15 PM to 7:00 PM Exhibits Open
Tuesday,  7:00 AM to 8:30 AM Breakfast with Exhibitors
Tuesday,  1:30 PM to 2:15 PM Dessert with Exhibitors
Tuesday,  4:00 PM to 5:30 PM Dismantle Exhibits

Poster Sessions

Located in the Thurgood Marshall Ballroom

Sunday,  6:30 PM to 8:00 PM Poster Session I: Promoting Partnerships in MCH Practice

Located in the Marriott Foyer

Monday,  5:15 PM to 7:00 PM Poster Session II: Looking Across the Life Course—Focus on MCH Populations

AMCHP SharePoint Technology Demonstration

Located in the Thurgood Marshall Foyer

A new benefit that AMCHP is pleased to share this year is our introduction of Web-based SharePoint sites to support member collaboration. These sites allow you to participate in “virtual” communities of MCH professionals. Our first use of SharePoint will be to support regional groupings based on the ten HHS regions used by the Maternal and Child Health Bureau. Additional sites include AMCHP workgroups, committees, and task forces. Stop by the AMCHP Technology Demonstration booth located near the registration desk for more information about how to use SharePoint and to try out our new sites!

Monday,  7:00 AM to 4:00 PM
Tuesday,  7:00 AM to 4:00 PM

Portions of the 2009 conference program were underwritten by grants and cooperative agreements between AMCHP and HRSA, CDC, and the Commonwealth Fund.
SKILLS-BUILDING SESSIONS are interactive trainings focused on developing specific competencies and skills that may be required of MCH leaders, including family leaders.

EMERGING ISSUES ROUNDTABLES are facilitated group discussions at which all participants are expected to share information and discuss current MCH issues and practices. Roundtables are informally structured and seek to maximize participation of all attendees.

WORKSHOPS are designed to share information on particular programs and topics primarily from the presenters’ point of view. Workshop moderators may engage participants through activities or exercises, and through discussion at the end of the presentations.

**Friday, February 20**

1:00 PM to 5:00 PM

Women’s Health Council Partnership Meeting (NACDD)

Thurgood Marshall South

**Saturday, February 21**

7:00 AM to 6:00 PM

Registration Open

Thurgood Marshall Foyer

8:00 AM to 4:00 PM

**SKILLS BUILDING SESSION (A1, ALL-DAY SESSION)**

Hoover

A1 - *Family Leadership Institute*  
(participation predetermined through application process)

**STRATEGY TRACK:**

The Family Voices Policy Team will present a day of leadership training opportunities to prepare families of children and youth with special health care needs (CYSHCN) to develop key advocacy skills and broaden their coalition-building activities. This will be particularly important as families prepare for significant roles in helping policymakers understand the needs of families during the national health care reform debate. In order to participate in this event, you must have pre-applied and been accepted based on your commitment to the mission and focus of Family Voices and your availability to lead advocacy building activities for one year. The agenda includes an advocacy-training workshop produced by the National Manufacturing Association. This training actively instructs participants about the pressures associated with working in a congressional office. It helps participants better understand how to craft their advocacy goals and messages. Additionally, this policy day will feature nationally recognized advocacy and coalition-building expert Nancy Amidei from the University of Washington. Participants will also learn about specific policy initiatives for CYSHCN and will begin developing their own plans for building coalitions in their home states. Finally, participants will hear from highly successful Family Voices leaders about their approaches to building statewide advocacy capacity. This policy day will increase participants’ knowledge about CYSHCN, particularly their cultural and social diversity. This day will also increase their ability to advocate for medical homes to address all of the health needs of this vulnerable population.

*Julie Beckett*, National Policy Director, Family Voices

8:00 AM to 11:30 AM

**SKILLS BUILDING SESSIONS (A2 TO A4)**

Thurgood Marshall North

A2 - *Discovering Your Leadership Strengths to Become Effective and Empowered*

**STRATEGY TRACK:**

This interactive session draws from the MCH leadership development programs at the Johns Hopkins Bloomberg School of Public Health and the University of Illinois at Chicago School of Public Health. Participants at all levels of their organizations and in all stages of their careers will benefit from this opportunity to explore the role leadership plays in having a powerful impact at work. Participants will leave the workshop with a greater sense of their natural leadership strengths and how to more effectively contribute to change in their work. During this session participants will: explore characteristics and skill sets of leaders; discuss difference between management and leadership; discover their unique and natural leadership styles and strengths; learn about the role of leadership in fostering an organizational climate that empowers and inspires people; discuss how to take exercises presented in this workshop and apply them at work; and explore next steps for developing their leadership
This strengths-based skills building session will include multiple learning formats including video clips, group discussion, self-reflection exercises, case study, and small group exercises.

Marjory Ruderman, MHS, Project Director, Johns Hopkins University Women’s and Children’s Health Policy Center

Holly Grason, MA, Associate Professor, Johns Hopkins University Women’s and Children’s Health Policy Center

Kristina Risley, DrPH, Senior Research Associate, UIC School of Public Health

Tyler

A3 - Baltimore City Healthy Start Hope Express: A Model for Community-Based MCH

POPULATION TRACKS:

Baltimore City Healthy Start, Inc. (BCHSI) has developed a mobile health delivery system (The BCHSI Hope Express) to expand its targeted case management model to four communities. These communities are some of Baltimore’s most vulnerable due to poor socioeconomic and health status and low community assets. Development of the system included:

1) comprehensive needs assessments of the communities;
2) a review of the literature on mobile health delivery systems;
3) establishment of a community advisory committee;
4) development of mobile unit operating and marketing plans; and
5) establishment of partnerships with service providers.

The mission of The Hope Express is to expand access to family health and support services for women living in vulnerable communities through the use of a mobile delivery health system in partnership with BCHSI satellite offices, local stakeholders, and a network of providers. BCHSI and its partners will provide services that result in improved pregnancy outcomes, reduced infant mortality, and enhanced family health and well-being for 1,000 women in the targeted communities. Providing mobile health services and Healthy Start case management in urban settings, coupled with methodical community engagement, serves as a model for MCH programs. This model can be replicated through the use of the detailed operating manual developed for this project and reviewed in this session.

Alma Roberts, MPH, CEO, Baltimore City Healthy Start, Inc. (BCHSI)

Julia Hayman-Hamilton, MSW, MPH, Program Consultant, BCHSI

Maxine Reed-Vance, Director of Clinical Affairs and Quality Assurance, BCHSI

Thurgood Marshall West

A4 - Pediatrics in Practice: An Innovative Web-Based Learning Program to Advance Competencies for MCH Professionals

STRATEGY TRACK:

The Bright Futures Health Promotion Workgroup created Pediatrics in Practice, a Bright Futures-based curriculum to advance MCH competencies. Pediatrics in Practice, a curriculum book and its companion website, www.PediatricsInPractice.org, offers educational information to supplement clinical skills with developmental and behavioral knowledge to treat the whole child. PediatricsInPractice.org is an online hub of tools provided in Learning Center, Teaching Center, and Practice Center sections. The Learning Center is composed of eight modules: health, partnership, communication, health promotion, time management, education, advocacy, and family-centered cultural competence. This session will foster the development of skills focusing on family-centered communication utilizing Bright Futures strategies and on clinical- and community-based partnership building to promote health. The Pediatrics in Practice and the Bright Futures concepts were evaluated in pediatric residency training using a pre-/post-objective structured clinical examination design. Results indicate a positive impact on residents’ perceptions of their own clinical practice one year after participation. Residents agreed that other MCH health trainees would benefit from such a program. The diverse set of curricula provides action-oriented solutions for improving the health of children and families across the country. Each offering provides key practices that are tested and proven for both community and clinical settings.

Kara Connors, MPH, Education Consultant, Dartmouth Hitchcock Medical Center

Henry Bernstein, DO, General Chief of Pediatrics, Dartmouth Hitchcock Medical Center

Catherine Bodkin, LCSW, MSHA, Program Coordinator, Virginia Department of Health

8:00 AM to 2:00 PM
AMCHP Board Meeting

Thurgood Marshall South

8:30 AM to 12:00 PM
Congressional

Women’s Health Council Partnership Meeting (NACDD)

11:30 AM to 12:30 PM
Lunch Break (lunch not provided)
Jefferson

B2 - Obtaining Data After a Natural Disaster: The Interactive Reproductive Health Atlas

STRATEGY TRACK:

This workshop is designed for state MCH professionals who are interested in learning how to rapidly obtain maternal and infant health data to be used in emergency preparedness and during response to disasters. Health care services, including prenatal and postpartum, are often disrupted when a disaster occurs. Health departments will be better equipped to address the postdisaster needs of affected women if they have immediate access to reproductive health data that can be used to develop, enhance, and promote targeted programs, services, and policies. The Interactive Reproductive Health Atlas is an online public resource that integrates reproductive health data from U.S. vital statistics records into a geographic information system (GIS) that displays data in both table and map format. Users can calculate the number of women giving birth in a specified geographic area and explore risk factors for poor birth outcomes. This type of information and other reproductive health indicators may be useful for clinical service providers and public health program staff to address the needs of mothers and infants. The atlas is particularly advantageous for use following a disaster because it is free, accessible via the Internet, and produces data instantaneously. During this session, participants will learn to describe the types of reproductive health data to be considered following a disaster, identify current data resources available via the Internet, describe the fundamentals of GIS, and use the Interactive Reproductive Health Atlas in different scenarios. Participants will be provided with a user’s manual for the atlas, including detailed documentation of the scenarios. Participants will be encouraged to explore data in the atlas that is specific to their geographical area of interest. Technical experts will be available to provide assistance.

Dabo Brantley, MPH, Epidemiologist, Division of Reproductive Health, CDC

J. Gary Stuart, MEd, Health Education Specialist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Jackson

BI - Past Influences on Present Work: The Legacy of Federal Maternal and Child Health Initiatives on the Health Outcomes of American Indians and Alaskan Natives

POPULATION TRACK:

STRATEGY TRACK:

This session will investigate MCH programs and policies for American Indian and Alaskan Native (AI/AN) people in the U.S. during the first half of the 20th century in an effort to understand the accomplishments and struggles of current MCH efforts. To provide culturally competent care, MCH practitioners must understand the social and political history of AI/AN people in relation to health. The creation of the Indian Health Services (IHS) in 1954 changed health care for AI/AN people in the U.S., and MCH work was quickly and successfully integrated into IHS services during the 1960s. But what public health response took place for AI/AN women and children prior to the 1950s? Using evidence from historical documents, connections will be traced between federal MCH and AI/AN health care programs prior to the development of the IHS, focusing on the influences of relevant legislation and important federal agencies. The effects of these policies and programs will be examined and current federal and state efforts will be presented. New insights into current MCH practices can be gained by reviewing old data and interventions, which often serve as important reminders of best and worst practices in the field. Current MCH outcomes may be traced to policy decisions influencing the health of past generations. Discussion will also cover current efforts to reduce health disparities.

Laurel Iverson Hitchcock, MPH, MSW, ABD, University of Alabama at Birmingham School of Public Health

Lorie Wayne Chesnut, MPH, Doctoral Student, UAB School of Public Health

Judith K. Thierry, DO, MPH, Maternal and Child Health Coordinator, Indian Health Service

Christina Compher, Community Health Epidemiologist, United South and Eastern Tribes

Katsi Cook, Field Coordinator, Running Strong for American Indian Youth
There is increasing evidence and widespread acknowledgement of the fundamental impact of social, political, and environmental determinants on maternal and child health. National experts have agreed that achieving and sustaining significant progress at the state and local levels in addressing National Outcome Measures will require a life-course approach, including explicit attention to health equity. The principles and practice of health equity provide a new foundation and framework for MCH practice. The tools and strategies required to implement this new practice paradigm, the pedagogy necessary to prepare practitioners, the methodologies for evaluation, and the definition of and context for leadership and leadership development will need to evolve to effect this paradigm change. This session will introduce core concepts and build basic skills for advancing equity-based MCH practice, with emphasis on the state MCH context. Using a child health equity framework, participants will: 1) define health equity and describe its core principles; 2) learn to use tools and strategies for transforming MCH into an equity-based practice; 3) learn how equity-based practice strengthens leadership for MCH; and 4) experience selected curricula and approaches to training MCH professionals to incorporate a health equity approach into their clinical, administrative, and leadership practices. Shifting the paradigm to an equity-based practice of public health can enable MCH practitioners and the organizations and systems they serve to better respond to the social epidemiology of maternal and child health, and more effectively translate emerging science into improved health outcomes.

Jeffrey Goldhagen, MD, MPH, Chief, Division of Community Pediatrics, University of Florida-Jacksonville
Magda Peck, ScD, Associate Chair for Community Health, University of Nebraska

Understanding the basic concepts of epidemiology is necessary to prevent disease, prolong life, and promote health. This knowledge is also important for realizing the core functions of public health (assurance, policy development, and assessment). The National Committee on Vital and Health Statistics Subcommittee on State and Community Health Statistics recommended that the promotion of community health assessment is critical. State and local public health agencies establishing MCH program and policy priorities need staff skilled in performing community health assessment. Through Power Point presentation and hands-on exercises emphasizing assessment approaches and processes used by state and local public health agencies, participants will learn: 1) basic epidemiology for community health assessment practice; 2) fundamentals of data sources, collection, management, and presentation; and 3) assessment and evaluation of priorities and challenges in the implementation process.

Wendy Nembhard, PhD, Assistant Professor of Epidemiology, University of South Florida

Through this workshop, participants will develop skills in facilitation and mediation and will learn to identify situations that require transformative leadership skills, identify the characteristics of these transformative skills, and determine when mediation is appropriate. These capacities are required by for all leaders who want to create a highly effective and successful work environment in the midst of constant change. Organizations today are faced with a variety of challenges, such as diverse clientele, complex workplace issues, dwindling resources, and a shifting workforce profile. MCH leaders must address complex problems with no easy solutions, involving diverse perspectives and conflicting values and beliefs. Leaders at the federal, state, and local levels need the vision, expertise, and skills necessary to provide the leadership to design and implement policies and programs to ensure that children grow into competent, independent, nurturing, and caring adults and that women live to their full potential. This leadership requires the mediation and facilitation skills to
solve problems and to create environments and processes to promote problem solving among others. MCH leaders, including family leaders, need to be able to continuously improve and maintain their skills. This interactive workshop will address the skills needed for MCH leaders to work in diverse environments, align perspectives, and mediate conflict. Strategies for acquiring these skills through training, coaching, and mentoring will be explored.

Suganya Sockalingam, PhD, Senior Partner/CFO, Changematrix

Elizabeth Waetzig, JD, Founding Partner/CEO, Changematrix

Truman

B6 - Moving Male Involvement Forward: Methods for Making It Work

This session will highlight the essential value of father involvement to the outcome of maternal and child health efforts. Presenters will discuss research conducted by the NHSA Male Involvement Cohort comprised of volunteers from the 99 federal Healthy Start sites. The cohort sought to build a case for father involvement by examining research, investigating national and local evidence-based program models, and documenting findings to support moving forward with a national initiative. This work affirmed the essential value of father involvement in the lives of expectant mothers and children and identified barriers to and strategies for engaging fathers in MCH services. The research showed that fathers continue to devote significantly less time to parenting than mothers. This is particularly troubling because infants without a father’s name on their birth certificates were found in one study to be 2.3 times more likely to die in the first year of life compared to infants with a father’s name on their birth certificates. Additionally, children of absent or uninvolved fathers are more likely to drop out or perform poorly in school, and a majority of the youth in juvenile detention facilities grew up with uninvolved fathers. Father involvement and support has been found to contribute to improved weight gain in preterm infants, improved breastfeeding rates, receipt of prenatal care, and reduced low-birth-weight. Time will be allotted to discussion of the findings and how to get men more involved in parenting.

Kenneth Scarborough, MPH, MDIV, Coordinator, CHHS/National Healthy Start

Sheldon Applewhite, PhD, Program Evaluator and Researcher, Brooklyn Healthy Start - NYS

Thurgood Marshall West

B7 - Managing Conflict Effectively

This session is based on a new training module from the MCH Leadership Skills Development Series produced by the Johns Hopkins Bloomberg School of Public Health. During this interactive session, participants will examine their personal views of and reactions to conflict; examine the effects of their emotions on their effectiveness at work; enhance their communication and negotiation skills to more productively deal with conflict; and learn and apply new strategies for analyzing and responding to conflict. We will make use of multiple learning formats, including video clips, group discussion, self-reflection exercises, and small group exercises. Case study and role play techniques will be used to analyze conflicts commonly experienced by MCH practitioners and to practice new strategies for effective negotiation and conflict resolution.

Marjory Ruderman, MHS, Project Director, Johns Hopkins University Women’s and Children’s Health Policy Center

Holly Grason, MA, Associate Professor, Johns Hopkins University Women’s and Children’s Health Policy Center

2:30 PM to 6:00 PM Johnson

MCHB Medical Home Meeting (MCH and CSHCN Directors invited)

4:00 PM to 6:00 PM Congressional

AMCHP Committee Meeting: Family and Youth Leadership Committee

6:30 PM to 8:30 PM Thurgood Marshall South

Family Scholars Welcome Dinner (by invitation)
Sunday, February 22

7:00 AM to 6:00 PM
Registration Open

8:00 AM to 11:30 AM
SKILLS BUILDING SESSIONS (C1 TO C4)

Wilson A

C1 - New Opportunities for Family Partnerships With Title V

This three-part session will provide a broad look at the history, structure, and purposes of Title V maternal and child health and children with special health care needs programs. Presenters will discuss the Title V block grant and state programs. For those new to Title V, the first part of this session will give the necessary background and vocabulary for the rest of the conference. Following this, a panel will share successes, challenges, and promising practices to involve and engage families with state Title V programs. Finally, in small group discussions, participants will have a chance to share ideas and resources, including what’s happening in their own states, and discuss the selection of and roles for the new AMCHP family delegates. Resource packets will contain information, strategies, and ideas to pursue when participants return home.

- Annette Phelps, ARNP, MSN, Director, Family Health Services, Florida Department of Health
- Betsy Anderson, Director, Family Voices IMPACT Project
- Donene Feist, Executive Director, Family Voices of North Dakota
- Maria Nardella, CSHCN Section Manager, Washington State Department of Health
- Patricia Tilley, Title V Director, New Hampshire
- Amy Whitehead, Statewide Coordinator, CYSHCN Program, Wisconsin

Truman

C2 - Family-Centered Care Revisited

During this session, family and professional experts will review key concepts in the practice of family-centered care. The fundamental concepts of family, partnership, and community are critical to implementing family-centered care in practice and policy. Using examples from a variety of settings, participants will distinguish the MCHB model of family-centered care from others in the marketplace. Presenters will review the current MCHB definition and principles of family-centered care and their implications for practice and policy, as well as stumbling blocks that families and professionals identify as barriers to effective implementation. The critical concepts of family, partnership, and community will be explored through concrete practice, program, and policy examples. We will discuss models of best practices, programs, and policies that provide direction to the training of professionals and families in family-centered care. Finally, we will affirm the importance of research and evaluation for building the necessary evidence base.

- Merle McPherson, MD, MPH, Consultant
- Nora Wells, MSED, Director, National Center for Family/Professional Partnerships, Family Voices, Inc.
- Polly Arango, MD, Consultant

Wilson B

C3 - Touching Hearts, Touching Minds: Using Emotion-Based Messaging to Promote Healthy Behaviors

Traditional health and nutrition education models use a fact-based approach to teaching healthy habits, an approach that has not stemmed the tide of lifestyle-related chronic diseases such as obesity and diabetes. The Touching Hearts, Touching Minds (THTM) project uses techniques and strategies from the fields of advertising and marketing. Experts in these fields have demonstrated that people change behavior in response to emotional messages combined with a limited amount of logical and factual information. Logic and fact alone, the approach most often used in traditional health and nutrition education, is far less persuasive in changing behavior. Through...
THTM, Massachusetts WIC has created emotion-based nutrition education materials for parents and young children. The materials cover a range of topics such as breastfeeding, obesity prevention, physical activity, smoking cessation, and postpartum depression. THTM also includes a counseling component focused on connecting parents with their key emotional pulse points to trigger behavior change. Lastly, the project utilizes facilitated group discussion to generate credible conversation that is more likely to lead to action. THTM has achieved significant success in its initial years of implementation. Focus group data confirm that mothers are much more drawn to the new style of messaging as compared to traditional materials. They report improved relationships with WIC staff and are enjoying the opportunity to learn from other mothers in group settings. WIC staff report having better conversations with their clients and they are successfully utilizing emotion-based techniques to learn more about client situations and concerns. The THTM project is used in all WIC programs in Massachusetts and has achieved wide national reach.

Rachel Colchamiro, MPH, RD, LDN, CLC, State Breastfeeding Coordinator/Nutritionist, Massachusetts Department of Public Health

McKinley

**C4 - Practical Approaches to Evidence-Based Evaluation Practice in Public Health**

Evidence-based, data-driven decision making at public health agencies requires systematic data and information collection to inform programs and policy. Such processes involve carefully evaluating program data and information in order to make informed decisions. MCH practitioners in state and local public health agencies need to understand and apply both basic and advanced evaluation methods in order to identify practical data useful to MCH programs. This course is designed for both new and seasoned state and local MCH services program staff who want to learn new skills or update their knowledge of evaluation methods useful to their agencies. Upon completion of the training, participants will be able to describe basic and advanced concepts in evidence-based public health evaluation, identify the essential components needed to evaluate a public health program, describe an evaluation framework or model, and assess potential challenges in evaluation practice. Participants will also engage in hands-on exercises.

Joseph Telfair, DrPH, MSW, MPH, Professor, Public Health Research and Practice, School of Health and Human Performance, University of North Carolina at Greensboro

Henry Maingi, Senior Program Manager, Data and Assessment, MCH Epidemiology, AMCHP

**8:30 AM to 10:00 AM**

**Suite 8206**

**CityMatCH/AMCHP Leadership Breakfast Meeting (by invitation)**

**9:30 AM to 11:30 AM**

**Ethan Allen**

**AMCHP Committee Meeting: Workforce Development Committee**

**11:30 AM to 1:00 PM**

**Nathan Hale**

**New Directors Luncheon (by invitation)**

**11:30 AM to 1:00 PM**

**Lunch Break (lunch not provided)**

**11:30 AM to 1:30 PM**

**Thomas Paine**

**AMCHP Committee Meeting: Emerging Issues Committee**

**11:30 AM to 1:30 PM**

**Embassy**

**AMCHP Committee Meeting: Health Care Finance and Legislative Committee**

**11:30 AM to 4:30 PM**

**Thurgood Marshall Foyer**

**Exhibit Installation**

**1:00 PM to 2:30 PM**

**WORKSHOPS (D1 TO D4)**

**Wilson A**

**DI - Maternal Mortality: An Opportunity to Make a Difference**

**POPULATION TRACK:**

During this workshop, presenters and participants will discuss the Pregnancy-Associated Mortality Review (PAMR) process in Florida and New Jersey, examine findings regarding risks for pregnancy-related death, identify system-related issues which may be associated with pregnancy-related death, and articulate three interventions to reduce and potentially prevent pregnancy-related deaths.

Deborah Burch, RN, BS, CPCE, Consultant, Florida Department of Health

Robyn D’Oria, MA, RNC, APN, Executive Director, Central New Jersey MCH Consortium

Sandra M. Schwarz, MS, RNC, Program Manager, New Jersey Department of Health and Senior Services
**Wilson B**

**D2 - Using Partnerships and Bright Futures to Improve the Delivery of EPSDT Services**

**POPULATION TRACK:**

Early access to high quality health care increases the likelihood that children will grow strong physically, emotionally, and socially. Medicaid, the primary insurer for more than a quarter of all children in the U.S., is the critical link to building this foundation for poor and low income children. In 1967, Congress added Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for beneficiaries under the age of 21. EPSDT is Medicaid’s comprehensive and preventive child health program that ensures that each child’s health and developmental needs are assessed through initial and periodic examinations and evaluations, and that health and developmental problems found are identified and treated early. Interagency partnerships (and the use and collection of data) between Medicaid and MCH agencies facilitates the delivery of critical services such as informational health materials for families, transportation, scheduling of doctors’ appointments, and links to other health-related programs. Bright Futures, the health supervision guidelines for infants, children, and adolescents, uses a developmentally based approach to address children’s health needs in the context of the family and community. The American Academy of Pediatrics/Bright Futures Periodicity Schedule is the guide followed by EPSDT programs to develop policies and programs aimed at improving the quality of children’s health care and children’s health outcomes, as well as the barometer for gauging the state’s performance on key child health indicators. Public health professionals are key partners in the implementation of Bright Futures. During this workshop, participants will learn about the above topics, will hear about progressive programs in Minnesota and Vermont, will learn strategies for implementing Bright Futures at the state and local levels, and will leave with a preliminary plan for Bright Futures implementation in their states.

- **Wendy Davis, MD**, Commissioner, Vermont Department of Health
- **Judith Shaw, EdD, MPH, RN**, Executive Director, Vermont Child Health Improvement Program
- **Susan Castellano**, Manager, Maternal and Child Health Assurance, Minnesota Department of Human Services

**Delaware AB**

**D3 - Using Public Health Data to Address Disparities: Meeting the Challenges**

**POPULATION TRACKS:**

Addressing health disparities based on factors such as race, ethnicity, age, gender, and sexual orientation requires the ability to collect and integrate accurate and consistent data about these demographic variables. As states work to address health disparities and inequities, they face major challenges to accurate data collection and reporting. First, those collecting the data often report discomfort in doing so and need support, policy mandates, and training to collect accurate and complete data sets. Second, with many entities charged with data collection, it is challenging to collect consistent data that allows state public health entities to create effective policies and programs and to monitor progress regarding health disparities. Presenters will provide an overview of the importance of accuracy in data collection and of comparability of data sets related to health disparities, and address the challenges to public health entities in gathering that data. We will discuss the role of community engagement in data collection and dissemination, and present resources and approaches to support front line staff. Finally, we will present a case study of California’s efforts to create “one-stop” data sets, to synchronize variables such as age, gender, and race/ethnicity in existing data sets, and to plan for synchronizing data collection across programs. The case study will include a discussion of how state programs can meet the reporting requirements of federal funders.

- **Karen Ramstrom, DO, MSPH**, Policy Development Chief, Center for Family Health, California Department of Public Health
- **Suzanne M. Bronheim, PhD**, Associate Research Professor of Pediatrics, Georgetown University Center for Child and Human Development

**Jackson**

**D4 - The Role of MCH in Serving Families Affected by War and in Creating a Culture of Peace**

**STRATEGY TRACK:**

War and social injustice related to war have a profound impact on the health of mothers and children. Since 2001, hundreds of thousands of American parents have served in Iraq and Afghanistan. They are part of a military that has a greater percentage of parents in service than during any other war. Of roughly 263,000 people currently deployed overseas, approximately 43 percent are parents. Children with
a parent at war are vulnerable to anxiety, depression, and other effects, some of which may last throughout their lives and pass to future generations. Homecomings are traumatic as well, especially when parents return with physical or emotional wounds. There is an urgent need for MCH and State Title V leadership to place this issue at the top of our agendas. Following the 2008 MacQueen Lecture by Dr. Victor Sidel and a subsequent workshop at the AMCHP annual conference, we formed a peace and social justice work group that views war as part of the continuum of violence prevention that is integral to MCH. We seek partnerships with military parents, the National Guard, and other military agencies that provide MCH services to affected families, including mental health services. If we cooperate in new ways, we can make a difference for families and communities and at the national level. Our long-term goal is the primary prevention of war. This means the creation of a culture of peace. During this workshop, through a panel discussion and interactive format, we will report on the work of our group to date, highlight an educational initiative to raise urgency for action by the MCH community, bring family voices and military MCH providers into our dialogue, and propose incorporating this issue into the 2010 MCH Five Year Needs Assessment.

Richard Aronson, MD, MPH, Director, Humane Worlds Center for Maternal and Child Health, Public Health Physician Consultant

Christopher Kus, MD, MPH, Associate Medical Director, New York State Department of Health

3:00 PM to 4:30 PM

WORKSHOPS (D6 TO D10)

Truman

D6 - Health Care Reform: A Family Perspective

Background: The new Administration needs to address health care reform due to increases in premiums as well as dissatisfaction with the current health care system. Vulnerable populations such as children and youth with special health care needs require unique consideration during any health care reform debate. This session will prepare participants to actively contribute to the health care reform debate on behalf of children and youth with special health care needs at the federal, state and local-levels. Family Voices understands the health care system because of our interaction with it as families and is well-positioned to identify strategies and approaches that will not only benefit children and youth with special health care needs but all children and youth receiving health care in the United States. Methods: A special emphasis will be placed on understanding the importance of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT). This session will highlight EPSDT as a unique benefit that is critical to the Medicaid program but should also be the standard of care and an integral part of the health care infrastructure. This session will also highlight the importance of the Title V program as it relates to children and youth with special health care needs and a changing health care infrastructure. This presentation will also explore strategies for improved coverage, benefits, and access to specialty services. Conclusions: Participants will become articulate in the program and policy language of EPSDT and Title V. Participants will be better able to accurately relate their experiences to policymakers. They will be better equipped to participate in the debate regarding infrastructure change that will specifically impact children and youth with special health care needs, and therefore improve the system for all children and youth.

Janis Connallon, National Policy Coordinator, Family Voices

Julie Beckett, National Policy Director, Family Voices

Wilson A

D7 - The Role of Public Health in the Medical Home: Federal, State, and Practice Initiatives

The medical home model is on a rapid trajectory and public health is central to its ongoing development in the health care delivery system. During this workshop, presenters will provide an overview of current medical home activities, including the Patient-Centered Primary Care Collaborative, the National Committee for Quality Assurance (NCQA), Medicare initiatives, Medicaid and SCHIP advocacy, multipayer or multiplayer medical home pilots. We will describe successful medical home care coordination initiatives at the state level and highlight specific advancements with regards to standards of care and the NCQA. We will address medical home activities at the federal/national, state (Medicaid and SCHIP), and practice levels. Care coordination, a cornerstone of the medical home model, links children and their families to ancillary health services and resources in a coordinated effort to maximize the potential of children and provide them with optimal health care. We will present an example of a successful statewide care coordination support program, Iowa’s 1st Five Healthy Mental Development Initiative, a regionalized system of
care coordination utilizing public health nurses to support primary care provider screening for child social and emotional developmental issues, family stress, and parental depression.

Fan Tait, MD, FAAP, Associate Executive Director, American Academy of Pediatrics

Neva Kaye, Senior Program Director, National Academy for State Health Policy

Jane Borst, RN, Bureau Chief, Bureau of Family Health, Iowa Department of Health

Tyler

D8 - Natural Partners: Parent to Parent Organizations Partnering With Managed Care Organizations

POPULATION TRACKS:

About Special Kids, Inc (ASK) is a statewide nonprofit organization that supports children with special needs, their families, and the professionals that serve them in Indiana. ASK helps families navigate systems by providing: information, peer support, and training regarding public/private insurance options; community, state, and national resources; and educational options for children and youth with special health care needs (CYSHCN). MDwise, Inc. is a nonprofit managed care organization that currently manages Indiana Medicaid programs for low income families and for children and persons with disabilities. In 2002, MDwise approached ASK to pilot a program to refer children with special needs, identified through medical management, directly to ASK parent liaisons as a quality initiative. It shortly became evident that both the families and the medical management staff gained valuable knowledge about systems, resources, and options for CYSHCN. ASK staff also gained knowledge about the operation of medical management systems. Since then, MDwise and ASK have created a formal agreement which has developed from addressing only low income families and children to addressing children enrolled in the Indiana Medicaid Disability program. The objective of this session is to inform participants about the establishment and maintenance of this partnership, success stories and challenges, and replication in your own state.

Nancy Stone, Project Manager, About Special Kids

Laurie Weinzapfel, MSW, LCSW, Director of Outreach and Customer Service, MDwise, Inc.

Taylor

D9 - Public Health Home Visiting: Effects on Low Birth Weight, Premature Births, and Medicaid Costs

POPULATION TRACK:

During this session, we will assess the ability of specific demographic measures to predict the incidence of low birth weight and premature births and examine the effects of home visiting on birth outcomes and Medicaid costs. Despite the long history of home visiting, evidence regarding effectiveness is elusive. Even proponents of home visiting services recognize the limitations, noting that home visitation programs often do not work. Despite the lack of documentation, home visiting continues to be supported by policy makers and funders, including the Maternal Child Health Block Grant Program. Home visiting impacts birth outcomes by providing support, intervention, and advocacy throughout the course of pregnancy and into the perinatal period, improving the capacity of women to decrease risk behaviors and to manage their environments. Research has demonstrated that certain risk behaviors such as tobacco use, poor nutritional, and stress can be positively influenced by home visiting. A retrospective cohort study examined birth certificates, home visiting records, and Medicaid files to determine the birth outcomes of high risk women who received home visiting services, compared with the birth outcomes of women with similar risk who did not have home visits. Public health providers have a responsibility to evaluate this service methodology. Evidence-based practice research documents positive influences of home visiting on the incidence of low birth weight and preterm births, and on other maternal and child health outcomes.

JoAnn Walsh Dotson, MSN, RN, Chief, Family and Community Health Bureau, Montana Department of Health
Children with special health care needs require complex care coordination across multiple systems. Timely and accurate information is critical to providing quality care. Technology and effective information systems can contribute to improved quality through the provision of timely, relevant, and accurate information and data. Through working with public health agencies that are developing information systems, the Public Health Informatics Institute has developed a useful methodology that analyzes work flow and highlights opportunities for improved quality and increased efficiency and effectiveness of public health services. This presentation introduces key tools of the methodology that can be used to enhance agencies’ quality improvement work. Three tools of the institute’s Requirements Development Methodology will be introduced: the Context Diagram, the Business Process Matrix, and the Task Flow Diagram. The crucial benefits of using stakeholder input as part of the analysis will also be discussed. Information systems can assist in collecting and monitoring metrics, allowing public health agencies to quantify their work, establish benchmarks, and measure the changes that take place as part of the continuous quality improvement cycle.

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

Rebecca Head, PhD, DABT, Health Director, Monroe County Health Department

Debra Bara, MA, Community Manager, Public Health Information

A Vision for Transforming Our Public Health and Health Care System to Better Serve America’s Women, Children, and Families

Sponsored by the Commonwealth Fund and Nemours Health and Prevention Services

Dr. Halfon’s recent conceptual work attempts to define a developmentally-focused model of health production across the life course and to understand the implications of life course health development for the delivery and financing of health care. His Life Course Health Development model has been used to inform new approaches to health promotion, disease prevention, and developmental optimization. What does this work mean for MCH populations, and for state and local MCH programs? Join us for a lively discussion of this work as we launch our conference with this session.

Moderator: Ed Schor, MD, Vice President, The Commonwealth Fund, New York, NY

Presenter: Neal Halfon, MD, MPH, Director, Center for Healthier Children, Families and Communities and Professor, Department of Pediatrics, Health Sciences, and Policy Studies, University of California Los Angeles, Los Angeles, CA

Panel:
- Charles Bruner, PhD, Director, Child and Family Policy Center, Des Moines, IA
- Debbie Chang, MPH, Senior Vice President and Executive Director, Nemours Health and Prevention Services, Newark, DE
- Cathy Hess, MSW, Senior Program Director, National Academy for State Health Policy, Washington, DC
- Jeffrey Lobas, MD, EdD, MPA, Chief Medical Officer, Banner Children’s Hospital at Banner Desert Medical Center, Mesa, AZ
Join us in welcoming the School Without Walls Concert Choir and Music Director, Joan Moten, performing as part of our opening plenary session! School Without Walls is a small public high school in Washington, DC. Located on the campus of the George Washington University and founded in 1971, it provides an academic curriculum and encourages students to “use the city as a classroom.” It is part of the District of Columbia Public Schools system and draws students from all parts of the city. Any student interested in applying must follow an entrance procedure, involving a multiple choice test, a written essay, an interview, and a report of the applicant’s standardized test scores and grades from previous years. School Without Walls now has approximately 345 students and spans the 9th through 12th grades.

**FAMILY INVOLVEMENT**

**BULLETIN BOARD 1**

*The Challenges and Rewards of Developing, Maintaining, and Translating Disease-Specific Fact Sheets*

**POPULATION TRACKS:**

The expansion of newborn screening via tandem mass spectrometry has required the development of nontechnical, disease-specific educational materials for families, which must be updated regularly. This poster will discuss the challenges, costs, and rewards of developing, maintaining, and updating these materials.

**BULLETIN BOARD 2**

*Parent Partnerships for Tomorrow*

**POPULATION TRACKS:**

This poster will help MCH staff to begin or enhance the process of recruiting families to work in their Title V programs at all levels. Methods of recognizing families and acknowledging their advice, knowledge, tips, and feedback will be shared.

- **Ruth Walden, BS,** Family Specialist, New York State Department of Health
- **Sophie Arao-Nguyen, PhD,** Executive Director, Family Voices

**BULLETIN BOARD 3**

*Understanding and Empathizing With Families of Children With Disabilities, or “If It Weren’t for Parents, I’d Really Love My Job!”*

**POPULATION TRACKS:**

What do parents of children with disabilities worry about and want you to know? Experienced parents and staff members offer a better understanding of how to work effectively with parents who are sometimes considered angry or difficult.

- **Joni Bruce,** Parent Advocate, Oklahoma Family Network

**BULLETIN BOARD 4**

*Cultural Reciprocity With Families in the Health Care System*

**POPULATION TRACKS:**

Families from underserved communities experience significant health disparities in our country. This poster covers effective strategies for partnering with diverse families of children with special health care needs using cultural reciprocity to develop and enhance relationships between families and health providers.

- **Mercedes Rosa,** Project Director, F2F HIRC, Statewide Parent Advocacy Network
Mental Health

Bulletin Board 5
Community-Based Maternal Mental Health Screening in an Early Intervention Program

Population Tracks:
Untreated maternal mental health concerns have consequences for child development. Screening algorithms and educational materials may be promising when serving families of children with special needs in an early intervention program. A screening algorithm and consumer materials, at a fifth grade level, have been developed.

Kris Pizur-Bernekow, PhD, OTR, Assistant Professor, University of Illinois-Chicago

Bulletin Board 6
The Integration of Physical Health, Mental Health, and Substance Use and Addiction Services

Strategy Track:
A Wisconsin collaboration between the Division of Public Health and the Division of Mental Health and Substance Abuse Services has led to a Joint Integration Statement. Acknowledging that mental health and physical health are inseparable, this document will serve as a tool for systemic changes.

Claude Gilmore, MSSW, MHSA, Youth Policy Director, Wisconsin Department of Health Services

Bulletin Board 7
Cooking Enhances the Mental Health of Both Mothers and Children: A Randomized Controlled Trial

Population Tracks:
Mothers and children were asked to cook hot cakes at home once a week and the mothers were asked to praise the children during the cooking. The results show beneficial effects on the mental health of both the children and their mothers.

Yoshiyuki Tachibana, MD, IDAC, Tohoku University
Ryuta Kawashima, MD, PhD, Professor, IDAC, Tohoku University

Partnership

Bulletin Board 8
Using A Community-Based Systems Approach to Improving Preventive Child Health Care

Population Tracks:
This poster provides an overview of a New Jersey community-based integrated systems approach for preventing child abuse and neglect by building community connections and relationships with local child protective services and family-strengthening agencies.

Francine Gallagher, MA Ed, Executive Director and Parent Advocate, New Jersey Pediatric Council on Research and Education

Bulletin Board 9
Cross-Systems Collaboration in a Community Developmental Screening Program

Population Tracks:
This poster offers a systems perspective on the role of interagency collaboration in developing and implementing a program that screens more than 1,500 young children each year. It will focus on monthly screening events scheduled at sites throughout the county.

Janet Hess, MPH, Director of Programs, Early Childhood Council of Hillsborough County

Bulletin Board 10
Aligning State and Local Public Health Priorities for Maternal and Child Health in Oregon

Population Track:
Distinct priorities, pressures, and fiscal realities of state and local public health agencies pose a challenge to developing strong and well-aligned maternal and child health systems. A statewide MCH leadership planning process in Oregon identified common perinatal health priorities and mobilized partnerships to address them.

Katherine Bradley, PhD, RN, Administrator, Office of Family Health, Oregon Department of Human Services
BULLETIN BOARD 11

Developing a Public Health Initiative for Perinatal Depression

POPULATION TRACKS:

This poster presents the Oregon Public Health Perinatal Depression Action Plan and strategies to mobilize public health and other partners on this critical issue. The Plan reflects work with individuals and families, as well as communities, populations, and systems.

Katherine Bradley, PhD, RN, Administrator, Office of Family Health, Oregon Department of Human Services

BULLETIN BOARD 12

The Use of Collaborations to Improve MCH Outcomes

POPULATION TRACKS:

This poster highlights the Salt Lake Valley Health Department’s collaboration with community and academic resources at a health center in an ethnically diverse community, resulting in fewer low-birth-weight babies, better immunization rates, and less spread of communicable diseases.

Audrey Stevenson, PhD, MPH, MSN, FNP-BC, Division Director, Salt Lake Valley Health Department

BULLETIN BOARD 13

Improving Immunization Rates Through Partnerships With WIC

POPULATION TRACK:

A Utah health department reviews the immunization records of WIC participants at each appointment. Children who are not up to date either receive immunizations at an on-site clinic or their parents can provide proof of vaccination in exchange for WIC vouchers.

Audrey Stevenson, PhD, MPH, MSN, FNP-BC, Division Director, Salt Lake Valley Health Department

BULLETIN BOARD 14

Healthy Babies Are Worth the Wait

POPULATION TRACK:

The Healthy Babies Are Worth the Wait program works with health care providers and partners to maintain healthy, full-term pregnancies in six Kentucky communities through professional, patient, and community education and the implementation of hospital-based patient safety and quality improvement protocols.

Ruth Ann Shepherd, MD, FAAP, CPHQ, Director, Division of Maternal and Child Health, Kentucky Department for Public Health (KDPH)

BULLETIN BOARD 15

Linking Practice-Based Knowledge With a Conceptual Framework to Guide Care Coordination Intervention

POPULATION TRACKS:

This mixed-methods approach will blend scientific, theoretical, practical, and expert evidence to generate standards relevant for coordination practice. Descriptive and inferential statistics will be used to analyze survey data stratified by discipline and years of experience. Study results will be discussed.

Phyllis Sloyer, PhD, MSN, Network Director, CMSN, FDOH
Monday, February 23

7:00 AM to 5:00 PM  Thurgood Marshall Foyer
Registration Open

7:00 AM to 4:00 PM  Thurgood Marshall Foyer
AMCHP SharePoint Demonstration

7:00 AM to 8:00 AM  Meet in Lobby Area
Fitness Walk

7:00 AM to 8:30 AM  Thurgood Marshall Foyer
Breakfast with Exhibitors

7:15 AM to 8:15 AM  Thomas Paine
All Family Representatives Meeting (all families invited)

8:30 AM to 10:00 AM  Thurgood Marshall Ballroom
MORNING PLENARY

Welcome  Kathleen Toomey, MD, MPH, Director, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA

Award Presentation  Vince Hutchins Leadership Award to Senator Edward M. Kennedy

Preconception Care: Identifying New Opportunities to Improve Women’s and Children’s Health
What does “preconception care” mean to you and your state’s MCH program? Panelists in this lively presentation will share examples from national and state perspectives on preconception health followed by an update on federal activities to promote preconception care nationally. Broadly defined, preconception care is a set of interventions that identifies and modifies biomedical, behavioral, and social risk to a women’s health and pregnancies. It includes health promotion and disease prevention and management, and emphasizes health issues that require actions before conception, early in pregnancy, and between pregnancies for healthy pregnancy outcomes.

Moderator:  Nan Streeter, MS, RN, AMCHP President and Director, Maternal and Child Health Bureau, Utah Department of Health, Salt Lake City, UT

Presenters:  Maxine Hayes, MD, MPH, State Health Officer, Washington State Department of Health, Olympia, WA
Tonya Lewis Lee, ESQ, Writer, Producer, and Attorney; Healthy Baby Begins With You Spokesperson, New York, NY

10:15 AM to 11:45 AM  EMERGING ISSUES ROUNDTABLES

Adolescent Health Pregnant and Parenting Teens
Janet Max, Healthy Teen Network
Lissa Pressfield, AMCHP

Unintended Injury Prevention
Sally Fogerty, Children’s Safety Network
Sara Fahey, AMCHP

10:15 AM to 11:45 AM  WORKSHOPS (E1 TO E10)

Truman
E1 - Your Voice in Congress: How AMCHP Sets Our Legislative Agenda

STRATEGY TRACK:  This session will focus on how AMCHP develops its annual legislative agenda. AMCHP members, staff, and partners will provide an overview of the legislative process and illustrate how AMCHP’s priorities are linked to “hot” issues in Congress. AMCHP leaders will review how member input guides the legislative directions that staff and partners jointly implement. Participants will learn how the legislative agenda is developed and how they can help advance a national maternal and child health agenda. Implications for state-based programs and legislative activities will also be discussed. Participants will interact with the presenters and one another as they engage in an interactive exercise during the session.

Mike Fraser, PhD, CEO, AMCHP
Phyllis Sloyer, PhD, MSN, Network Director, Children’s Medical Services Network, Florida Department of Health
Joshua Brown, Senior Manager, Public Policy and Government Relations, AMCHP

Wilson B
E2 - The State Title V Workforce in 2008: New Data and a Conversation About Addressing Workforce Development

STRATEGY TRACKS:  Challenges facing the state Title V workforce are reflective of the nation’s public health workforce overall. More efforts are needed to train, develop, and sustain the Title V workforce of
Evidence-Based Approaches to Teen Pregnancy, Improving Perinatal Oral Health

Johns Hopkins University, and MCHB to survey state MCH and CYSHCN programs about training capacity and needs. The survey results provide a starting point for dialogue to address both Title V-specific issues and broader public health workforce development challenges. Survey results profile the state MCH and CSHCN workforce; identify current and future competencies and training needs; and suggest resources, trainings, and tools which may be necessary to assure a strong professional workforce serving women, children, and youth in the coming decades. A brief overview of survey findings will be presented, followed by a panel of discussants representing state, federal, and academic Title V perspectives. Workshop discussion will inform strategies for intervention at the national level, and can stimulate ideas for action in individual states.

Suzanna Dooley, MS, ARNP, Chief, MCH Services, Oklahoma Department of Health

Arden Handler, DrPH, Professor, Community Health Sciences, University of Illinois School of Public Health

Laura Kavanagh, MPP, Training Branch Chief, Division of Research and Training, MCHB

Tyler

E3 - Evidence-Based Approaches to Teen Pregnancy, HIV, and STI Prevention: What Are They and How Are State MCH Programs Using Them?

In 2002, the CDC Division of Reproductive Health funded a national project to define and promote science-based approaches in teen pregnancy, HIV, and STI prevention. The goal of the initiative is to increase the use of research-proven practices and programs, or what we call “science-based approaches.” Healthy Teen Network, a national membership organization focused on preventing teen pregnancy and supporting young families since 1979, is one of three national organizations funded to help foster national capacity to implement science-based approaches. Healthy Teen Network works to increase the capacity of adolescent reproductive health professionals to strengthen the fabric of their teen pregnancy, STD, and HIV prevention programs through the provision of capacity-building technical assistance and training on using science-based approaches. Since 2007, Healthy Teen Network has been working in partnership with AMCHP, CityMatCH, and the National Association of County and City Health Officials to build state-, local-, and community-level knowledge of evidence-based programs and to increase the programs’ ability to implement evidence-based teen pregnancy, HIV, and STI programs. Better information about best practices and collaboration between state and local health departments and communities can create opportunities for improvements in programs, policies, and systems. Workshop participants will gain basic knowledge of evidence-based approaches to teen pregnancy, HIV, and STI prevention; increased awareness of AMCHP’s adolescent health efforts; and, information on how state health agencies are collaborating with local health departments and community-based organizations to implement evidence-based teen pregnancy prevention programs.

Sharron Corle, Associate Director, Adolescent Health, AMCHP

Kelly Holland, Public Health Program Manager, Pennsylvania Department of Health

Jennifer O’Brien, Adolescent Health Coordinator, Minnesota Department of Health

Gina Desiderio, Program Manager, Healthy Teen Network

Jefferson

E4 - Improving Perinatal Oral Health

While it is recognized that oral health is essential to overall health and wellbeing, many women do not visit a dentist before, during, or after pregnancy, though it is essential to maintaining their health and the health of their infants. Opportunities and best practices exist to engage and educate health providers and professionals who work with perinatal women to promote oral health. The MCHB Perinatal Oral Health Workgroup was convened to promote perinatal oral health on a national level, and facilitates developing nationwide practice guidelines, enhancing coordination among providers, and increasing awareness of the importance of perinatal oral health among the public. The workgroup has convened key MCH stakeholders such as AMCHP, ACOG, AAPD, the Children’s Dental Health Project, and others to bring research to practice by sharing promising practices from the state level and by providing evidence and practice guidelines to providers. Objectives of this workshop are to increase participant awareness of the importance of oral health for perinatal women and of barriers to addressing oral health needs during this period; to identify best practices in strategies to promote perinatal women’s oral health to
Launching Maternal and Child Health: Opportunities for a New Era

diverse stakeholders; to increase understanding of strategies to establish partnerships and coordination among providers as well as state and community programs that serve pregnant women; to develop skills in methods to increase awareness about the value of oral health among women; and to increase understanding of the role of public policy and coverage in improving women’s access to oral health care.

Ann Drum, DDS, MPH, Private Consultant
Jayanth Kumar, DDS, MPH, Director, Oral Health Surveillance and Research Unit, New York State Department of Health
Gina Sharps, RDH, BS, Private consultant

Nathan Hale

E5 - Changing Systems, Changing Lives

Enhancing Developmentally Oriented Primary Care (EDOPC) is a partnership among the Illinois Chapter of the American Academy of Pediatrics, the Advocate Health Care Healthy Steps Program, and Medicaid, initiated to improve the health and development of children in Illinois. This initiative has increased primary care provider use of validated tools for developmental, social/emotional, and maternal depression screening and raised early awareness of symptoms of autism during visits with children from birth to age three. These screenings facilitate the identification of children at risk and referral to diagnostic and treatment services as indicated. Recently the project added promotion of screening for domestic violence as another major family risk factor that impacts child development. EDOPC will present our experience and impact since 2005 with primary care providers, including: increased knowledge regarding key topics identified as priority areas for the developmental care of young children; improved practitioner confidence regarding the identification of developmental issues or delays, perinatal depression, and domestic violence; improved parent knowledge regarding the importance of screening, as well as satisfaction with care; and use of training, technical assistance, and practice toolkits to help practices and residency programs overcome barriers to the implementation of routine screening. To date, EDOPC has reached approximately 2,900 providers of care to 239,000 children from birth to age three. Practitioners (90%) report significant positive change in their ability to identify and make referrals regarding developmental delays. Using the EDOPC Summary Evaluation Report and excerpts from our training, we will make a case for consideration of this innovative program. Participants will receive tools to develop best practices for a successful developmental screening program that incorporates the whole practice and addresses coding and billing.

Scott Allen, MA, Executive Director, Illinois Chapter, American Academy of Pediatrics
Anita Berry, Director, Healthy Steps Program, Advocate Health Care

Wilson C

E6 - Ohio Perinatal Quality Collaborative: Building Statewide Systems for Improving Perinatal Care

The Ohio Department of Health (ODH) and Ohio Medicaid co-lead the Ohio Perinatal Quality Collaborative which links state agencies to the direct care of pregnant women and newborns. ODH provides prematurity reports and access to Regional Perinatal Centers. Ohio Medicaid provides reports of care and expenditures. Ohio ranks in the bottom third of states in prematurity and infant mortality. Considering the number of preterm infants and the associated cumulative lifetime costs, this results in a large negative impact on the social and economic well-being of Ohio residents. Session presenters will share lessons learned by providers, state agencies, quality improvement experts, payers, and consumers, and will demonstrate that collaboratives are effective in achieving and disseminating rapid improvements in care.

Edward Donovan, MD, Co-Chair, Ohio Perinatal Quality Collaborative (OPQC), Cincinnati Children’s Hospital Medical Center
Karen Hughes, RDH, MPH, Director, Community and Family Health Services, Ohio Department of Health
Barbara Rose, RN, MPH, Co-Chair, OPQC, Cincinnati Children’s Hospital Medical Center

Thomas Paine

E7 - Pandemic Influenza: Special Considerations for Pregnant Women

Pregnant women are at high risk for adverse outcomes during an influenza pandemic, yet few state or hospital preparedness plans specifically address health care triage, health care access, and communications issues related to managing this
large group of vulnerable citizens. This session will present a series of talks on special considerations for pregnant women during an influenza pandemic and will help MCH program staff members advocate for more comprehensive state-level preparedness planning. The information presented will be based on current guidance and, where possible, evidence-based science that was compiled during a meeting of subject matter experts and partners held at CDC in April 2008.

Participants will learn about treatment options for pregnant women with influenza, nonpharmaceutical interventions likely to decrease the impact of an influenza pandemic on pregnant women and their families, recommendations for influenza vaccination for pregnant women, and communications challenges and best practices for reaching pregnant women and their health care providers during an influenza pandemic.

Richard Beigi, MD, MSc, Assistant Professor, University of Pittsburgh Medical Center, Magee Women's Hospital

Jeanne Sheffield, MD, Associate Professor, University of Texas Southwestern Medical Center

Flor Munoz-Rivas, MD, Assistant Professor of Pediatrics, Baylor College of Medicine

Donna Garland, Chief, Office of Enterprise Communications, CDC

Ethan Allen

**E8 - Pediatric Medical Emergency Preparedness in Alaska: The All Alaska Pediatric Partnership**

**POPULATION TRACKS:**

Alaska was awarded one of 11 competitive federal grants by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness in 2008-2009. The All Alaska Pediatric Partnership, a coalition of Alaskan health care institutions, collaborated on an unprecedented scale to improve the state’s pediatric emergency preparedness. Children are often excluded from disaster planning, their special needs surfacing as an afterthought or left for future planning. The MEP-P Project was created in response to a recurring RSV that has caused pediatric patient surges annually in Alaska. The project goal was to increase Anchorage (Alaska's largest city and hub for pediatric health care) pediatric surge capacity by 100% with normal standards of care and by 200% with altered standards of care. This goal was met with additional resources and training and some creative solutions that could apply to institutions throughout the country. There were five focus areas of the project: curriculum, equipment, exercise, ethics, and community. The project also promotes collaboration and creative solutions between health care institutions, governmental agencies, and schools.

Ethan Allen

**E9 - Strategies and Tools for Reducing Teen Suicide in Rural and Frontier America**

Population Track:

Suicide rates among youths aged 15-19 is an MCHB National Performance Measure. There are notable geographic disparities in the rates of youth suicide, with western and mountain states continuing to have higher rates of youth suicide than the rest of the U.S. Those states with the highest suicide rates also have many rural counties. State MCH programs face many challenges to developing prevention efforts in these low-density areas, including geographic population separations and barriers. The Suicide Prevention Resource Center (SPRC) has developed a number of new tools and innovative approaches that can assist state MCH programs with their needs assessments and suicide prevention planning and that have special relevance for rural and frontier areas. These materials will help states with their efforts related to suicide prevention, surveillance and needs assessment, injury prevention, adolescent health promotion, infrastructure building, and preventive health partnerships. The materials include Preventing Youth Suicide in Rural America: Recommendations to States, prepared by the Rural Suicide Prevention Workgroup and co-sponsored by SPRC and the State and Territorial Injury Prevention Directors Association; the new SPRC emergency department posters and guide; and the SPRC training program for mental health professionals on suicide prevention. By applying the recommendations outlined in these materials, State MCH programs can provide leadership and develop partnerships to reduce suicidal behaviors among youth where significant geographic disparities exist.

Lisa Millet, MSH, Senior Advisor, Suicide Prevention Resource Center

Gayle Jaffee, MSW, MPH, Injury and Violence Prevention Manager, Oregon Health Services

Stephanie Birch, RNC, MPH, MS, FNP, MCH Title V/CSHCN Director, Division of Public Health, Alaska Department of Health and Social Services (ADHSS)

Debbie Golden, RN, BS, MS, Perinatal Nurse Consultant, ADHSS
Wilson A

E10 - Family Involvement in Title V: Starting and Sustaining a Strong Program

POPULATION TRACKS:  

The Massachusetts Title V, Children and Youth with Special Health Care Needs (CYSHCN) program hired its first family advocate in 1991. Over the following four years, we established two family-directed and staffed projects to support family participation, leadership development, and creation of opportunities across systems of care for families whose children (aged birth to 22) utilized public health services and supports. These and other programs have grown and remained strong because of energized, knowledgeable parents and committed Title V leadership. Close to 20 years of family input has helped to ensure that Massachusetts offers meaningful, effective services that are family-centered and accessible and are provided as part of an extensive, community-based system of care for CYSHCN and their families. In this session, we will provide a historical perspective; present both the challenges of and benefits to engaging families as partners in the development of policies and programs; and identify strategies to address barriers, dedicate resources, and maintain commitment. Participants will learn about the numerous ways families have contributed to the Title V agenda in Massachusetts and the important assets they bring to the process. We will share our plans to expand opportunities for family involvement as a critical component of building an effective system of care and as an approach to systems change.

Suzanne Gottlieb, Director, Office of Family Initiatives, Massachusetts Department of Public Health

Ron Benham, MDiv, MEd, Director, Division of Perinatal, Early Childhood and Special Health Needs, Massachusetts Department of Public Health

A highlight of our Monday luncheon will be a performance by LJ Arao-Nguyen, son of Family Voices’ Executive Director Sophie Arao-Nguyen, who will honor family involvement and children with special health care needs through song. LJ is a Senior at Del Norte High School in Albuquerque, New Mexico. LJ loves to sing and has been a member of the concert choir since middle school. He also tried his hand at playing the piano for two years. Since his junior year he has been involved in drama and his future college plans include trying out in the performing arts. LJ’s autism diagnosis in preschool enabled him to receive early intervention. He has been fully included since preschool and continues to succeed in his educational goals with the help of a team of educators in the school system, as well as his parents who are an integral part of the team.

10:15 AM to 11:45 AM

WORKSHOPS (E1 TO E10) cont.

12:00 PM to 1:30 PM

Thurgood Marshall Ballroom

PLENARY LUNCHEON: FAMILY INVOLVEMENT

Award Presentation
Merle McPherson Award to Ruth Walden

Regional Baskets
Regions 1, 2, and 3 and Family Baskets

Family Involvement: Working Together to Launch MCH in a New Era

Families contribute invaluable insight and experience to programs and policies concerning women, children, and families. How can we continue to engage families in the work of Title V? What works to enhance the role of families in MCH programs and involve families as partners in policy development and the planning and delivery of services for special populations? While there have been significant increases in the levels and types of family involvement, there is still a need to share strategies and mechanisms used by state agencies and nonprofit organization to effectively work together. Join your colleagues from Colorado who will share the story of their work and the insights they have gained by engaging families and promoting family leadership. At the conclusion of the session, national leaders in family involvement will be introduced and will brief you on current activities in their organizations and agencies.

Moderator:
Millie Jones, MPH, AMCHP Secretary and Clinical Consultant, Bureau of Community Health Promotion, Wisconsin Department of Health, Madison, WI

Presenters:
Eileen Forlenza, Director, Colorado Medical Home Initiative

Kathy Watters, MA, Director, Children with Special Needs Unit, Colorado Department of Public Health and Environment, Denver, CO

Partner Update on This Issue:
Sophie Arao-Nguyen, PhD, Executive Director, Family Voices, Inc.
1:30 PM to 2:00 PM  Thurgood Marshall Foyer
Dessert with Exhibitors

2:00 PM to 3:30 PM  EMERGING ISSUES ROUNDTABLES

**Children's Mental Health**  Johnson
Lori Smith, Utah Department of Health
Jessica Hawkins, AMCHP

**Family Involvement**  Jackson
Craig Becker, American Family Children's Hospital
Librada Estrada, AMCHP

2:00 PM to 3:30 PM  WORKSHOPS (F1 TO F10)

Wilson B

**F1 - What Washington Needs to Hear: Explaining Your Programs to the New Congress and Administration**

STRATEGY TRACK:

Your programs are important, but money is tight. How can you make the best case to Congress to increase funding for the work you do? This session will focus on how the appropriations process for health funding works and how and when you can make a difference. While recognizing that your job may place restraints on how vocal you can be, there are things you can do to get your point across. Hear from important representatives of national health coalitions, AMCHP government relations staff, and actual Capitol Hill staff about how to get Congress to listen to you.

AMCHP Policy Staff and invited guests from Congressional Offices and AMCHP Advocacy Partners

Jefferson

**F3 - Increasing Knowledge and Usage of State Quitlines to Reduce Tobacco Use in Women of Reproductive Age**

POPULATION TRACK:

Evidence has demonstrated the negative health effects and birth outcomes related to smoking among women of reproductive age and the need to initiate and improve smoking cessation programs. State quitlines can provide counseling and support to help smokers quit using tobacco. Improving the knowledge and use of tobacco quitlines can help women of reproductive age stop smoking. This workshop will provide information, highlights, and lessons learned from programs working to improve knowledge about quitlines and quitline usage. The CDC Evaluation of Pregnant and Postpartum Women's Use of State Quitlines grant helps states assess knowledge about quitlines and barriers to referring patients to a state quitline among prenatal care providers. AMCHP's Smoking Cessation Mini-Grant Initiative helps states improve knowledge and use of quitlines among women of reproductive age. Grantee teams built sustainable nontraditional partnerships with representatives from state health departments, ACOG, and Planned Parenthood to develop and implement action plans to reduce tobacco use in their states. Kentucky, Michigan, and Rhode Island representatives will share overviews of and lessons learned from their state team projects. Kentucky will discuss in depth Giving Infants and Families Tobacco-Free Starts (GIFTS), a program that provides evidence-based individualized counseling and support and tailored educational materials.
to promote smoking cessation and the prevention of adverse outcomes caused by smoking. In addition, GIFTS utilizes assessments, appropriate referrals, and practical incentives to motivate women to quit smoking. Workshop attendees will leave with knowledge about state tobacco quit lines, the ability to bring together nontraditional partners to address smoking cessation, and the ability to adapt and replicate programs in their states.

Patricia M. Dietz, DrPH, MPH, Team Leader, Research and Evaluation Team, Applied Sciences Branch, CDC
Joyce M. Robl, MS, CGS, Branch Manager, Kentucky Department for Public Health
Irene Centers, Tobacco Prevention and Cessation Department of Public Health
Teri Wilson, Public Health Consultant, Tobacco Section, Michigan Department of Community Health
Kristin Ashford, ARNP, PhD, Assistant Professor, Women’s Health Nurse Practitioner, University of Kentucky College of Nursing

MICHIGAN - The Road to 2010 Strategically

This presentation will focus on the process and results of strategic planning to meet national 2010 outcomes for the Michigan Title V Children’s Special Health Care Services program. Specifically, the presentation will focus on strategies used for the planning process, results, lessons learned, and how other states can implement their own successful strategic planning process. Presenters will take participants through the entire process of creating a strategic plan for their state CYSHCN programs that gathers input from and is prioritized by many different stakeholders. Over two years ago, Michigan embarked on this process to create a strategic plan that was supported and developed in partnership with multiple stakeholders. This presentation will take you through the steps of creating a successful plan, including: 1) recruiting strategic partners for participation; 2) creating compelling issue briefs for participants; 3) gathering pertinent materials and information for review; 4) training facilitators, recorders, and experts for small group discussion; 5) structuring the strategic planning meeting; 6) convening small work groups and their importance in creating priority recommendations; 7) voting on recommendations; and 8) follow-up. Discussion will also address a successful collaboration between families and professionals with input from presenters representing each viewpoint.

Kathy Stiffler, Director, Michigan Department of Community Health
Mary Marin, MPA, Executive Director, Family Center for CYSHCN

Thomas Paine
F5 - NHS Data Integration Efforts in Alaska Identify Education Needs for Midwives

In January 2008, Alaska enacted a mandate for newborn hearing screening. At the same time, the state expanded their Web-based database to electronically import newborn bloodspot results to link them with newborn hearing screening results. Through the database, MCH staff receiving bloodspot results on patients of midwifery centers and observed they were not receiving results of hearing screenings for these patients. Having an integrated child-centric record helped identify infants who were born out of a hospital setting and were not having their hearing screens reported to the state. This became an opportunity to educate midwives about the need to ensure the infants they deliver are referred to a hearing screening location. Effective information management can be a safety net to assure better outcomes in newborn screening. Integrated newborn hearing and metabolic screening data management helps ensure newborns receive screening and follow-up for both programs.

Thalia Wood, MPH, Manager, Children’s Health Unit and Metabolic Screen, Alaska Division of Public Health
Lura Daussat, MPH, Program Coordinator, OZ Systems

Truman
F6 - Being Born at the Right Place and the Right Time: Definitions and Data on Neonatal Levels of Care

This session will address current levels of newborn care as outlined in the 2004 American Academy of Pediatrics (AAP) guidelines. Health departments and MCH programs will have the opportunity to participate in defining levels of neonatal care in the upcoming revision of these guidelines and lead the development of methods to monitor the quality of maternal, perinatal, and newborn care through policy, data collection, and analysis. Perinatal regionalized systems, including obstetrical transport and appropriate referral to neonatal intensive care, have been an important mechanism for improving outcomes for preterm and medically complex infants. However, regionalized systems do not exist in all states and regulatory language defining levels of neonatal care
vary significantly. National Performance Measure 17, which measures the percent of very low birth weight (VLBW) infants delivered at facilities for high-risk deliveries and neonates, has been below the goal of 90% for many states. Recent increases in infant mortality may be in part an unintended consequence of deficiencies in regional organization of perinatal care. Our review of state data revealed that no consensus exists for the use of AAP definitions of neonatal levels of care. States varied in infant gestational age and birth weight criteria, health care provider criteria, transport responsibilities, and enforcement of standards used. The 2003 revised birth certificate provided new data on NICU admission or use of effective therapies such as antenatal steroids and surfactant. Only 10 states reported reaching the national goal of 90% of VLBW infants delivered in appropriate facilities, with states ranging from 33% to 92%.

Wanda D. Barfield, MD, MPH, Senior Scientist, MCH EPI Team, CDC

Ann R. Stark, MD, Professor of Pediatrics, Baylor College of Medicine

Lillian R. Blackmon, MD, Clinical Associate Professor of Pediatrics (Retired), University of Maryland School of Medicine

Tyler

F7 - Newborn Screening: Developing a National Contingency Plan

Population Track:  

Each year, more than 4,000,000 babies born in the U.S. need to be screened for endocrine, metabolic, hematological, and hearing disorders. If not identified early, these disorders can have severe consequences. In August 2005, Hurricane Katrina disrupted the processes involved in newborn screening and follow-up in much of Louisiana. This major disaster highlighted the need for disaster preparedness plans addressing newborn screening. In February 2007, representatives of state agencies, federal agencies, disease support groups, and hospitals, along with providers of genetic services, met to follow-up on lessons learned from Hurricane Katrina and other disasters and to determine how to best meet the needs of genetic patients during disasters. At this meeting and others a recommendation for a contingency plan for newborn screening was made. In January 2008, Congress enacted The Newborn Screening Saves Lives Act of 2008, section 1115 of which requires a National Contingency Plan for Newborn Screening. CDC, in coordination with HRSA, was delegated responsibility for establishing this plan. Using the Integrated Planning System for Homeland Security, CDC and HRSA are engaged with partners in developing an objective- and capability-based national plan that will be completed through further plans at the state and local levels. Many state MCH programs have direct involvement in the follow-up of children that have positive newborn screens. MCH programs may also be the provider of direct services to children and their families, and thus need to be involved in preparedness planning efforts within their jurisdictions. Working collaboratively on the contingency plan will prepare us for emergencies and may also improve the newborn screening system in general. This session will provide participants with the background and knowledge needed to participate in planning efforts in their organizations.

Alison Johnson, MPA, Deputy Director, National Center for Birth Defects and Developmental Disabilities, CDC

Hans Andersson, MD, Associate Professor, Tulane University Medical Center

Michael Watson, PhD, Executive Director, American College of Medical Genetics

Taylor

F8 - Positive Youth Development Approaches to Healthy Weight Promotion: One Example of an Implementation

Population Tracks:  

Many state Title V and Medicaid programs are actively addressing the issue of healthy weight promotion for children and adolescents at the individual, family, and community levels. The 2007 Bright Futures Health Supervision Guidelines include a specific focus on healthy weight and the use of positive youth development and strength-based approaches. Health departments, Title V agencies, Medicaid agencies, private health insurers, and academia are key partners in the implementation of these aspects of the Bright futures guidelines. Vermont has experience with this implementation for school-age children and adolescents at the practice, clinic, and community levels. Participants will be invited to discuss the work that they have done. The objectives of the workshop are to enable participants to integrate positive youth development into their healthy weight promotion activities and to develop a systematic way to help primary care professionals with measurable implementation of strength-based approaches to health weight screening and anticipatory guidance.

Paula Duncan, MD, Professor of Pediatrics, University of Vermont

Judith Shaw, EdD, MPH, RN, Executive Director, Vermont Child Health Improvement Program

Wendy Davis, MD, Commissioner, Vermont Department of Health
Wilson A

F9 - A Novel Approach to Facilitating State-Local Collaboration to Reduce Infant Mortality

POPULATION TRACK:

In 2006, Tennessee’s Governor brought infant mortality (IM) to the forefront by charging state child-serving offices to address IM as a priority and by committing recurring funds to address the problem. The Governor’s Office of Children’s Care Coordination (GOCCC) developed a collaborative process among state and local governmental and private entities to facilitate community IM reduction efforts. The GOCCC identified three priority areas for state IM reduction efforts and cofunded with local governmental agencies full-time IM reduction coordinators. Core Leadership Groups (CLGs) in each priority area were comprised of representatives of community agencies, faith-based groups, local governments, businesses, schools, and social service agencies. The CLGs were charged with identifying proximal determinants of IM locally, setting priorities for IM reduction efforts, and soliciting proposals from local groups to implement IM reduction activities. Tennessee has maintained three CLGs which have identified and implemented a series of evidence-based and promising models for IM reduction. Over $10 million has been committed to IM reduction efforts in the areas of preconceptual health promotion, prenatal care, and home visiting. All interventions are required to conduct process, outcome, and impact evaluation. The effective use of state-local and public-private partnerships can improve the sustainability of efforts.

Veronica Gunn, MD, MPH, Chief Medical Officer, Tennessee Department of Health

Michael Warren, MD, FAAP, Medical Director, Governor’s Office of Children’s Care Coordination

Ethan Allen

F10 - Nebraska’s Oral Health Olympics: Going for the Gold

Population Tracks:

This session will provide an overview of the collaborative, intersecting efforts of five entities in Nebraska and the creation of a game plan for improving oral health care access for the maternal and child populations, including children and youth with special health care needs (CYSHCN). PTI Nebraska, with a contract from the Developmental Disabilities Council using funds from Association of State and Territorial Dental Directors (ASTDD), is conducting an Oral Health Family Forum in August 2008. Families and professionals will collaborate on what’s working and what options exist for CYSHCN in urban and rural areas of the state for dental care. A white paper will document the results. Lifespan Health Services Unit, with technical support from MCHB and ASTDD, gathered input from a wide range of oral health stakeholders to develop a SWOT analysis. This analysis guided the actions taken at a State Access Workshop (SAW), resulting in an action plan for developing an MCH Oral Health Coalition. Oral health is a federal Head Start priority, supported at the state level through partnerships facilitated by the Head Start-State Collaboration Office (HSSCO). Past Head Start Oral Health forums and additional resources have helped to provide meaningful networking opportunities. Oral health has been a priority topic of Nebraska’s ECCS Project, Together for Kids and Families (TFKF), since its inception. Upon completion of the SAW and Oral Health Forum, the TFKF Access Work Group will develop and disseminate a white paper to synthesize findings and recommendations from all of the oral health efforts underway in Nebraska.

Nina Baker, Health Information Coordinator, PTI Nebraska

Eleanor Kirkland, MA, BSW, LDAC, Head Start-State Collaboration Office Director, Nebraska Department of Education

3:30 PM to 5:00 PM

Visits to Capitol Hill

Take time to visit your elected representatives while you are here in Washington. This is a perfect time to inform, educate, and advocate for the Title V Block Grant and other programs that protect, promote, and improve maternal and child health. If you are visiting the Hill, please contact a member of our AMCHP policy staff so we can provide you with the latest materials and most current news on happenings in Washington. Stop by the registration desk where we can connect you with a government affairs staff member. Be sure to tell us how your visits went when you come back!
Wilson C

G1 - Creating Effective Partnerships to Enhance the Use and Translation of PRAMS Data Into Science-Based Maternal and Child Health Programs and Policies

POPULATION TRACK:

This workshop will present an example of successful partnering among federal, state, and university programs to effectively build capacity for MCH research to impact the delivery of services. The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state-based, population-based surveillance system that monitors maternal behaviors and experiences among women who deliver a live-born infant. In 2006, Alaska piloted a two-year follow-up survey of 2004 PRAMS respondents. The CDC Maternal and Child Health Epidemiology Program sponsored a distance-based course designed to facilitate high level analysis of complex survey data. The Alaska state team analyzed longitudinal data from PRAMS linked to the follow-up survey. In total, 16 state teams participated in the course and produced fact sheets, reports, and manuscripts to use for translating MCH surveillance data into programs and policies. PRAMS and PRAMS follow-up surveys can guide programs by providing state-level information on MCH performance measures related to breastfeeding, health insurance, prenatal smoking, immunization, oral health, and child safety. The statistical approaches taught in the course are applicable to other complex sample surveys used in MCH, including the National Survey of Children with Special Health Care Needs and the National Survey of Children's Health. Follow-up surveys can be replicated in states with established PRAMS programs.

Leslie Harrison, MPH, PRAMS Team Leader, Division of Reproductive Health, CDC

Wanda Barfield, MD, MPH, Senior Scientist, MCH EPI Program, CDC

Margaret Blabey, MPH, CUBS Coordinator, MCH Epidemiology Unit, Alaska Department of Health and Social Services

Jefferson

G2 - The Business Case for Integrating Child Health Information Systems

Population Tracks:

Loss to follow-up rates in child health programs and subsequent detrimental health effects are currently unacceptably high. Integration of child health information systems to reduce those rates has been proposed as a way to address this issue. However, to do so it is necessary to demonstrate the projected cost-effectiveness of integrating previously independent systems. With support from the Robert Wood Johnson Foundation and MCHB, the Public Health Informatics Institute has developed a model for assessing the anticipated costs and benefits of integrating vital records and immunization, newborn dried bloodspot screening, newborn hearing screening, lead screening, EPSDT, WIC, and birth defects data. The Business Case Model (BCM) uses an Excel spreadsheet that incorporates: information on population; incidence, outcomes, and costs of specified conditions; coverage and costs of different interventions; and actual or projected improvements resulting from the integration of individual information systems. The BCM is prepopulated with state-specific data and allows for calculation of the projected costs and benefits in a given state of integrating a variety of combinations of child health information systems. When information from all child health programs in which a child is enrolled is integrated, a built-in cross checking system results which helps reduce missed opportunities for early interventions and needed treatment to prevent more serious conditions. This workshop will provide hands-on experience using the July 2008 version of the BCM, which has been updated and made more user-friendly, and present the results of a case study in Indiana. Prior participants are invited to attend to review and to learn about the BCM User Group.

Karen Torghele, MPH, Health Scientist, Public Health Informatics Institute

Alan Hinman, MD, MPH, Senior Public Health Scientist, Public Health Informatics Institute
Wilson B

G3 - Maternal and Infant Mental Health: Two Program Models to Reach At-Risk Urban Populations

Approximately 10% to 15% of US women experience depression during pregnancy. Research clearly delineates the link between maternal depression and a host of poor child health and developmental outcomes including cognitive delays, difficulties in emotional regulation and attachment, and behavioral and educational problems. Detecting and treating depression in pregnant and parenting women will have profound effects on promoting the mental wellness of all family members, including infants. Two innovative programs in Massachusetts and New York have been developed to address maternal-infant mental health among urban families. The pediatric clinic at the Comprehensive Family Care Center (CFCC) of Montefiore Medical Group has implemented a Healthy Steps (HS) program unique for its emphasis on mental health in addition to child development. HS at CFCC focuses on maternal depression, parent-infant attachment, stressful life circumstances and social support. The Massachusetts Maternal and Infant Mental Health (MMIMH) Project has implemented interventions on three levels: individual, social and organizational. On the individual level, the Project provided individual and group-based mother-infant dyad services for families. On the social level, the Project increased community and social support for families; and on the organizational level, the Project enhanced the capacity of community and state partners to support positive mental health for caregivers and their infants through training and policy development. Initial data from HS at CFCC reveal infants in the program have 50% fewer delays in social-emotional health compared to the general clinic population. Surveys of residents and attending pediatricians indicate that not only do they rely on HS to provide comprehensive services to their patients, but 63% also stated that HS increased their ability to address mental health and social emotional development. Qualitative and quantitative data collected from the MMIMH Project specifically identified mother-infant support groups as a promising practice for addressing maternal-infant mental health. Learning objectives for participants are to 1) discuss the prevalence of maternal depression and the impact on infant mental health and development; 2) identify evidence-based screening tools for both maternal depression and infant social-emotional development; 3) discuss effective individual and group interventions; and 5) identify policy recommendations for promoting maternal-infant mental wellness.

Harding

G4 - Developing and Sustaining a Statewide Child Health Improvement Partnership

An Improvement Partnership (IP) is a durable, regional collaboration within a state or region focused on improving the quality of children’s health care using a systems approach. The Vermont Child Health Improvement Program (VCHIP) was formed in 1999 as a partnership among the department of health (Medicaid EPSDT administrator), the American Academy of Pediatrics Vermont Chapter, and the University of Vermont Pediatrics Department. The VCHIP mission is to optimize the health of Vermont children by initiating and supporting measurement-based efforts to enhance private and public child health practice. VCHIP has engaged approximately 85% of pediatric practices, 23% of family medicine practices, and 27% of obstetric practices, as well as 100% of hospitals, in child health improvement projects. Annual funding of approximately $5 million (in 2006) supports 20 faculty and 29 staff members.

Taylor

G5 - What Is PPOR? Introduction to the Perinatal Periods of Risk Approach

Since 1997, communities across the country have utilized the Perinatal Periods of Risk (PPOR) approach to investigate, better understand, and prevent feto-infant mortality. PPOR offers health departments and their community partners a comprehensive approach to addressing the health of women
and infants in their jurisdictions. Designed to extract as much information as possible from a small number of death events (minimum of 60 deaths over 5 years), PPOR’s relatively simple analytic steps are structured to help lead the community toward the most effective actions. This session will discuss the six stages of the PPOR approach (including community and analytic readiness), and will provide an exercise in Phase 1 data methods and analysis.

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

McKinley

G6 - The Transition to Adulthood: A Lifespan Approach to Creating Coordinated Systems of Care for Young Adults

During this workshop, presenters will provide an overview of health issues during the transition to adulthood and describe a specific transition initiative for the YSHCN population. The overview will summarize national data on health status and access to care, highlighting the needs of vulnerable populations. Using a lifespan approach, presenters will address health and health care needs in terms of the developmental tasks of this age group, when young people transition to adult roles and responsibilities. Current systems of care are not developmentally based, with adolescent eligibility for many safety net programs ending abruptly at transition (ages 18-22). In this context, the Center for Youth and Adults with Conditions of Childhood (CYACC) is implementing a transition initiative that has served over 150 youth in its first year through a trans-disciplinary model designed to meet MCH Core Outcomes for YSHCN. In addition to health-related screening, the CYACC engages patients and families in identifying and addressing social, educational, employment, legal, financial, and living goals and needs. A multidisciplinary team of service providers develops portable medical summaries and transition plans. Gaps in current services are addressed and care is coordinated in collaboration with community programs. An advisory board of youth, families, and state and community partners assists in program development and implementation and the promotion of system change. This presentation will conclude with short- and long-term recommendations for research, programs, and policies to improve systems of care for young adults.

M. Jane Park, MPH, Policy Research Coordinator, Division of Adolescent Medicine, University of California, San Francisco

Mary Ciccarelli, MD, Associate Chair for Education, Indiana University School of Medicine

Tyler

G7 - Putting Policy Into Practice: Lessons Learned From the AAP Developmental Screening Project

In 2006, the American Academy of Pediatrics published the policy statement “Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening.” The developmental surveillance and screening (DSS) recommendations include developmental surveillance (SU) at every well-child visit, and formal developmental screening (SC) using a standardized tool at 9, 18, and 24 or 30 months and whenever the parent or physician raises concerns. The Developmental Surveillance and Screening Policy Implementation Project (D-PIP) was developed to test the feasibility of implementing the DSS guidelines. Seventeen practices in 15 states were selected to participate in D-PIP, with eight urban, five suburban, three rural, and one mixed settings. Practice type included seven private practices, five community health centers, and five residency-based practices. Practices were asked to collect data one month into implementation and at project completion after nine months of implementation. Data collected included SC test chosen, frequency of SU and SC, referrals made, and SC visit coding. In addition to quantitative data collected by participating practices, an extensive qualitative evaluation of the D-PIP project was conducted to better understand the experiences of practices in implementing the recommendations. During this session, presenters will explore D-PIP findings and discuss implications for states. Faculty representing the project coordinators, project investigators, and a study site will review project findings regarding the practices’ implementation of surveillance and screening, including necessary practice changes. Continued challenges to successful implementation of surveillance and screening will also be discussed, including coding, billing, reimbursement, and placement and tracking of referrals for children with suspected delays and disabilities.

Paul Lipkin, MD, Director, Center for Development and Learning, Kennedy Krieger Institute

Tracy King, MD, MPH, Assistant Professor of Pediatrics, Johns Hopkins School of Medicine
Hoover

G8 - Bridging Two Worlds: Working With the Latino Community to Reduce Teen and Unplanned Pregnancy

This interactive workshop will focus on strategies for working with the Latino community to reduce high rates of teen and unplanned pregnancy. More specifically, presenters will seek to address issues of health equity by providing information on evidence-based and promising programs to reduce teen and unplanned pregnancy among Latino adolescents and young adults. Compared to other racial/ethnic groups, Latinas have the highest teen pregnancy and birth rate in the U.S., and the rate of unplanned pregnancy among Latinas is more than twice that of their non-Hispanic white peers. In fact, 53% of Latina teens will experience a pregnancy at least once before they turn 20, and more than half of all pregnancies to Latina women are unplanned. Through interactive discussion and Power Point presentation, participants will explore state and local efforts to reduce teen and unplanned pregnancy among Latino youth. In addition to describing the National Campaign’s Latino Initiative, this session will present national- and state-specific data along with nationally representative polling data of Latino teens and parents and the lessons learned through the analysis focus group discussions with Latino youth and practitioners working with Latino youth. In particular, the polling data will explore subgroup differences within the Latino population by generation status, language, and country of origin. We will also discuss the potential role of state MCH programs in reducing the high rates of Latino teen and unplanned pregnancy at the state and community level with a particular focus on implementing evidence-based strategies to reduce teen and unplanned pregnancy.

Ruthie Flores, MTS, Senior Manager, Latino Initiative, National Campaign to Prevent Teen and Unplanned Pregnancy

Truman

G9 - Connecting the Dots for Social and Emotional Development

Social, emotional, and behavioral difficulties not addressed in early childhood result in poor success rates in school, causing a host of social and economic sequelae. Connecting the Dots is a comprehensive model for early intervention that utilizes the existing relationship between the Cleveland County Health Department, community-based out-of-home child care providers, and Head Start classrooms. The project operates on four levels. In Level I, a series of trainings based on the Center for the Social and Emotional Foundations of Early Learning program are provided to child care and Head Start teachers. In addition, classroom observations and consultations are done by a child care health consultant (CCHC). In Level II, a two-stage, classroom-based screening of children ages two to five is implemented by child care providers, Head Start teachers, and parents, with guidance and support from the CCHC. Children who screen positively are referred by the CCHC to their primary health care provider for further evaluation and treatment (Level III). Those children who are in need of mental health services are referred to a pediatric mental health professional by the primary provider (Level IV). We have completed two school years of operation, have served over 1,000 children in 19 centers and 14 Head Start classrooms, and are beginning our third year.

Joan Walsh, PhD, Project Coordinator, University of North Carolina - Chapel Hill (UNC-CH)
Jonathan Kotch, MD, MPH, FAAP, Professor, Gillings School of Global Public Health, UNC-CH
Oscar Barbarin, PhD, Professor, School of Social Work, UNC-CH
Wilson A

**G10 - Title V CYSHCN Program Evolution: Achieving a Community-Based System of Services by 2010**

Population Track:

This session will serve to advise and guide CYSHCN leaders in their efforts to meet the goal of developing a comprehensive, community-based service system. Many state CYSHCN programs are challenged by the movement to develop comprehensive, community-based systems of care for the broad population of CYSHCN. This is particularly challenging for states that have historically provided direct services for categorically-defined CYSHCN subgroups. Given the increasing financial constraints faced by CYSHCN programs, leaders can and must turn to one another for ideas on how to ensure that they are leveraging their funds to meet their goals. A learning community was formed among CYSHCN leaders in three states (Colorado, Utah, and Maine) and with the Champions for Inclusive Communities National Center with the purpose of guiding one another in their efforts to: 1) identify the strengths and gaps within their current service systems; 2) develop a plan for infrastructure changes; 3) implement changes working closely with families and community leaders; and 4) measure and monitor the process and outcomes. The learning community model was successful in supporting the three state leaders in developing systems change strategies that met the unique needs of their states. Utah and Maine benefited from the experience of Colorado, which had a more advanced community-based systems model in place. Workshop participants will learn to: 1) define key components of a Title V community-based system of services based on public health principles; 2) describe the various stages of system change developed by three states to design community-based services to meet the needs of the broad CYSHCN population; and 3) demonstrate benefits of a learning community model used to support one another in quality improvement.

Kathy Watters, MA, Director, CSHCN Unit, Colorado Department of Public Health and Environment

Harper Randall, MD, Medical Director, Bureau of CSHCN, Utah Department of Health

Toni Wall, MPA, Director, CSHCN Program, Maine Center for Disease Control and Prevention

Eileen Forlenza, Director, Colorado Medical Home Initiative, Colorado Department of Public Health and Environment

5:15 PM to 7:00 PM

**AHOLESCENT HEALTH**

**BULLETIN BOARD 1**

Making the Most of Checkups: Promoting the Adolescent Well Visit

POPULATION TRACK:

This poster showcases a health promotion effort to educate parents of adolescents about the importance of the comprehensive well visit. A booklet shows that primary care providers can be allies in talking to youth about sensitive topics. It also provides information on normal adolescent development.

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

**BULLETIN BOARD 2**

Transition Education and Planning for Youth With Special Health Care Needs

STRATEGY TRACKS:

This poster presents major elements for a successful transition to adulthood for children and youth with special health care needs. It includes an action timeline and resources available to help families and professionals assist young people prepare for this transition.

Jennifer Semel, MD, Project Director, Suffolk Medical Home Network, St. Charles Hospital

Virginia Cover, Project Coordinator, Suffolk Medical Home Network, The Cody Center

Marie Ritzo, MSW, LICSW, Project Director, Suffolk Medical Home Network, St. Charles Hospital

Lorraine Sawyer, LC, MSW, Senior Social Worker, St. Charles Hospital

5:15 PM to 7:00 PM

Exhibits Open

Thurgood Marshall Foyer
CHILD HEALTH

BULLETIN BOARD 3

Expanding CDR to All Preventable Deaths Using Lessons Learned From FIMR

Two methods examine child deaths at the local level: Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR). Some components of FIMR can help CDR teams improve their reviews and ultimately reduce the rates of infant, child, and adolescent mortality.

Rosemary Fournier, RN, BSN, State FIMR Program Coordinator, Michigan Department of Community Health
Theresa Covington, MPH, Director, National MCH Center for CDR, Michigan Public Health Institute

BULLETIN BOARD 4

Creating a Medical Home for Children in Foster Care

Children in foster care have a high prevalence of chronic medical, dental, mental health, developmental, and educational issues. This poster addresses creating medical homes for these children, who often change neighborhoods, to provide care that is comprehensive, coordinated, compassionate, and continuous.

Rhonique Harris, MD, MHA, Medical Director Mobile Health Programs, Children’s National Medical Center
Franklyn Baker, MBA, Director of Public Sector Partnerships, Children’s National Medical Center

BULLETIN BOARD 5

TEAM: A Medical-Home Resident Training Program

A Wisconsin medical home residency training program teaches residents care coordination, interdisciplinary team management, and community resource navigation and utilization, leading to efficacious, cost-effective improvements in the health and functioning of children and youth with special health care needs.

Sarah Brown, MD, Assistant Professor of Pediatrics, Medical College of Wisconsin
Natalya Miller, MD, Chief Pediatric Resident, Medical College of Wisconsin
Anne Juhlmann, BSN, Assistant Professor of Pediatrics, Medical College of Wisconsin

BULLETIN BOARD 6

Educational Materials and System Navigation Tools for Parents of Young Children with Sickle Cell Disease

This poster introduces an educational and system navigation tool for parents of young children with sickle cell disease. It shows techniques for developing reader-friendly educational materials and describes the results of the formative evaluation of the tool.

Joseph Telfair, DrPH, MSW, MPH, Professor, Public Health Research and Practice, School of Health and Human Performance, University of North Carolina at Greensboro

BULLETIN BOARD 7

Developing an Oral Health Medicaid Portability Model for Migrant and Seasonal Head Start Children

Consistent coverage under Medicaid is often beyond the reach of low-income migrant farmworker families. This poster presents a Medicaid-based portability model being used in Texas and Michigan that is bringing oral health services to migrant farmworker children.

Naomi Tein, MPH, Senior Policy Associate, Altarum Institute
BULLETIN BOARD 8

**Our Vision for Children’s Vision**

**POPULATION TRACKS:**

Children’s vision problems can lead to blindness. They negatively impact a child’s learning, athletic performance, and self-esteem. In this poster, Prevent Blindness America introduces its platform, including professional vision care, vision screening, school readiness and vision, eye safety, public awareness, and research.

**Jeff Todd, JD, MS,** Senior Vice President, Prevent Blindness America

BULLETIN BOARD 9

**Impact of Early Intervention on Language Skills Among Young Children with Permanent Hearing Loss**

**POPULATION TRACKS:**

This poster examines the impact of early intervention on language over time for children with permanent hearing loss and describes the association of language skills with ages of identification, ages of enrollment in early intervention programs, and degree of hearing loss.

**Susan Wiley, MD,** Pediatrician, Cincinnati Children’s Hospital Medical Center

**Jareen Meinzen-Derr, PhD,** Epidemiologist, Cincinnati Children’s Hospital Medical Center

**Debbie Cheatham, RN,** Pediatrician, Cincinnati Children’s Hospital Medical Center

BULLETIN BOARD 10

**Rates of Developmental Delays and Access to Services for Children Under Three**

**POPULATION TRACK:**

This poster presents rates of developmental delays and rates of enrollment in early intervention. Most children eligible for early intervention fail to receive services, both in the general population and among children investigated for maltreatment. Fewer African-American children receive services than white children.

**Steven Rosenberg, PhD,** Associate Professor, University of Colorado Denver

**Cordelia Robinson, PhD, RN,** Professor, University of Colorado Denver

WOMEN’S HEALTH

BULLETIN BOARD 11

**The Value of a Learner’s Stance: Lessons Learned from Pregnant and Parenting Women**

**POPULATION TRACKS:**

The voices, perspectives, and experiences of pregnant and parenting women are vital sources of information often overlooked or not understood by professionals. Focus groups were conducted with primarily Medicaid consumers. This poster outlines the themes that were identified.

**Larry Humbert, MSSW, PgDip,** Executive Director, Indiana Perinatal Network

BULLETIN BOARD 12

**Breastfeeding Support in the Workplace**

**POPULATION TRACK:**

The “Come Back Pack” for employers to give to employees prior to maternity leave encourages breastfeeding and informs them that breastfeeding will be supported when they return. This poster shows how engaging the business community helps establish breastfeeding as a cultural norm.

**Julia Block, MD, MPH, FAAP (CAPT, MC, USNR),** AAP Chapter Breastfeeding Coordinator, New York

BULLETIN BOARD 13

**African American Faith-Based Bereavement Initiative**

**POPULATION TRACKS:**

This poster presents findings on how the black church can assist African-American families who have experienced pregnancy loss or infant death and prevent the common parents’ mental health problems and siblings’ emotional and behavioral problems that often follow these events.

**Suzanne Bronheim, PhD,** Associate Research Professor of Pediatrics, Georgetown University Center for Child and Human Development

**Debra Howe, BA,** Program Coordinator, First Candle
BULLETIN BOARD 14

Promising Partnerships for Addressing a Persistent Problem

POPULATION TRACKS:

Nearly half of all Americans, including children, are routinely exposed to tobacco smoke, and the multiyear decline in youth smoking rates has now stalled. Schools in the U.S. are not necessarily tobacco-free. This poster describes partnerships formed to promote comprehensive policies for tobacco-free schools.

Caroline Myers, Project Assistant, School Health Programs, National School Boards Association

BULLETIN BOARD 16

A Touch of Wellness Kiosk

POPULATION TRACK:

The touch-screen kiosk is an affordable method of disseminating health information and improving women’s health prior to pregnancy in Pinellas County, Florida. A Web-based touch-screen provides preconceptional health information. Women can take a self-survey of personal risk factors and receive important health information.

Jason Stamm, COO, Go Beyond LLC

BULLETIN BOARD 17

Student Nurse Birth Companions Support Underserved Pregnant Women

POPULATION TRACK:

This poster describes an innovative program utilizing student nurse doulas to provide ongoing prenatal, labor, birth, and postpartum information and emotional and physical support to a diverse group of underserved women. The program has improved maternal and newborn outcomes.

Shirley Van Zandt, MS, MPH, CRNP, Instructor, Johns Hopkins University (JHU) School of Nursing
Elizabeth Jordan, DNSc, RNC, Assistant Professor, JHU School of Nursing

BULLETIN BOARD 18

A Novel Approach to Providing Interpreters in the Maternity Setting

POPULATION TRACK:

Luz de mi Vida is a model that trains Spanish-language interpreters in an inner-city maternity center in labor support and postpartum education. Besides enhancing care, the program may also entice Spanish speakers to pursue nursing and become bilingual nurses.

Sandra Maher, MSN, RN, Family Nurse Practitioner, Clarian Health

BULLETIN BOARD 19

Oral Health Care During Pregnancy

POPULATION TRACK:

Many women do not seek oral health care during the perinatal period, and some health professionals are hesitant about the provision of oral health services to pregnant women. This poster provides clinical guidance on safe and effective oral treatment for pregnant women.

Katrina Holt, MPH, MS, RD, National Maternal and Child Oral Health Resource Center, Georgetown University
Jessie Buerlein, MSW, Project Manager, Children’s Dental Health Project
Ann Drum, DDS, MPH, formerly of MCHB
Tuesday, February 24

7:00 AM to 4:00 PM  Thurgood Marshall Foyer
Registration Open

7:00 AM to 4:00 PM  Thurgood Marshall Foyer
AMCHP SharePoint Demonstration

7:00 AM to 8:00 AM  Thurgood Marshall Foyer
Fitness Walk  Meet in Lobby Area

7:00 AM to 8:30 AM  Thurgood Marshall Foyer
Breakfast with Exhibitors

7:00 AM to 8:30 AM  Thurgood Marshall Foyer
Regional Breakfast Meetings
Join a discussion of important issues impacting family health in your region. Continental buffet breakfast will be set in each meeting room.

8:45 AM to 10:00 AM  Thurgood Marshall Ballroom

MORNING PLENARY

Welcome  Loretta Deliana Fuddy, ACSW, MPH, AMCHP Treasurer and Chief, Family Health Services Division, Hawaii Department of Health, Honolulu, HI

Award Presentation  Legislative Champions for Maternal and Child Health Award presented to Senator Chris Dodd (D-Connecticut) and Tamar Magarik-Haro, Senate HELP Children’s Subcommittee Professional Staff Member

Regional Baskets Presentations  Regions 4, 5, 6

MORNING PLENARY

Moderator:  Christopher Kus, MD, Pediatric Director, Division of Family and Local Health, New York State Department of Health, Albany, NY

Presenters:
- Jennifer Howse, PhD, President, March of Dimes, White Plains, NY
- Jim Kelly, Pro Football Hall of Fame Member and Founder, Hunter’s Hope Foundation, Orchard Park, NY
- Edwin Trevathan, MD, MPH, Director, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA
- Peter van Dyck, MD, MPH, Associate Administrator, Maternal and Child Health Bureau, Health Resources and Services Administration, Rockville, MD

Plenary: Newborn Screening Saves Lives—The Inside Story of How a Bill Became a Law

In 2008, the Newborn Screening Saves Lives Act was signed into law, capping off several years of concerted advocacy. This law lays the groundwork for implementing national screening guidelines and authorizes increased federal support for states to improve their programs, develop educational materials for parents and health professionals, and provide follow-up and treatment for infants when a disorder is detected. This session will feature the story of former Buffalo Bills quarterback and pro football hall-of-famer Jim Kelly. Mr. Kelly and his wife Jill established the Hunter’s Hope Foundation when their son was diagnosed with Krabbe Disease four months after he was born in seemingly perfect health. Despite being told his health would decline rapidly and he would probably not live past fourteen months, Hunter lived eight years and became the inspiration for Mr. Kelly and his family to take a leadership role in advocating for federal legislation. Mr. Kelly will be joined by representatives of the March of Dimes and the Maternal and Child Health Bureau to discuss perspectives on this new law and what states can expect with its implementation.
**TUESDAY • AMCHP Conference Program**

10:15 AM to 11:45 AM

**EMERGING ISSUES ROUNDTABLES**

**Health Equity**
Marian McDonald, DrPH, CDC
Sharron Corle, AMCHP

**Preparedness**
Robbie Prepas, American College of Nurse Midwives
Michelle Alletto, AMCHP

10:15 AM to 11:45 AM

**WORKSHOPS (H1 TO H10)**

**Delaware B**

**H1 - 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 MCH 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, we will define the life-course perspective for MCH practice, interpret the framework as it relates to MCH populations served, and describe opportunities and strategies for educating the MCH workforce on the life-course perspective. Participants will be led through an interactive game designed to illustrate key concepts of the life-course framework. A discussion period will follow for participants to share their own ideas for incorporating a life-course perspective into their MCH practice.

- **Kathleen Brandert, MPH, CHES**, Education and Training Manager, CityMatCH
- **Brenda Thompson, MPH**, Project Coordinator, CityMatCH

**Hoover**

**H2 - Addressing Intimate Partner Violence and Mental Health in Minority Communities**

Evidence-based research has established that intimate partner violence (IPV) has adverse mental and physical health consequences for victims. Screening and treatment for domestic violence and perinatal depression is recommended by professional bodies, including the American College of Obstetricians and Gynecologists. However, studies indicate differences in IPV service utilization among immigrant populations. For example, immigrant women who experience IPV report lower levels of help-seeking behaviors for IPV compared with U.S. women. While the burden of IPV on racial and ethnic minorities is not well documented, the effects and impact of IPV are likely to be greater for these groups due to significant economic and health disparities. This session will demonstrate the need to effectively address and reduce IPV in minority communities by using community-based, coordinated, comprehensive, and culturally competent approaches. Health care providers, including reproductive health care providers, are in a unique position to provide screening and referrals for women.

- **Valerie J. Edwards, PhD**, Research Psychologist, Division of Adult and Community Health, CDC
- **Karen Hench, RN, MS**, Perinatal Health Specialist, Division of Perinatal Systems and Women’s Health, MCHB
- **Rissa Obcemea, MSW**, Case Management Supervisor, Survivor Services Department, Boat People SOS, Inc.

**Wilson B**

**H4 - A Systems Approach to Promoting Early Childhood Developmental and Socio-Emotional Health**

The implementation of developmental screening in practice settings is shown to increase referral rates to early intervention services. Many children do not receive timely screenings and many providers do not use standardized instruments. Minnesota has implemented a systems approach using fiscal, policy, research, and quality improvement strategies to recommend developmental and social-emotional screening instruments and to train private and public providers. Participants will identify strategies to coordinate child screening, outreach, and referral systems. The Minnesota Interagency Developmental Task Force, first convened in 2004, disseminates evidence-based recommendations and training to assure the quality and effectiveness of the developmental and social-emotional components of screening children (birth to age 5) and to provide a standard of practice. The task force evaluates screening instruments using epidemiologic criteria. Minnesota Child Health Improvement Partnership (MNCHIP) is a public-private partnership to create and support continuous quality improvement in pediatric clinical practices. The first MNCHIP Learning Collaborative involves 10 pediatric clinics using developmental, social-emotional, and maternal depression instruments. Minnesota reinforces these initiatives.
with multifaceted training and education methods such as online modules, videos, and DVDs; “At-a-Glance” instrument review; a state parents’ website (www.MNParentsKnow.info); and statewide workshops. Many screening instruments are in several languages and available on hand-held devices and/or in MP3 format. Lead partners in this systems approach are the state departments of health, human services and education, the University of Minnesota Center for Early Education and Development, and the Minnesota chapter of the Academy of Pediatrics. Effective partnerships enable state MCH programs to better serve the needs of children and their families across systems.

Meredith Martinez, MPH, MCH Policy Specialist, Minnesota Department of Human Services (MDHS)
Susan Castellano, Manager, Maternal and Child Health Assurance, MDHS

Harding
H5 - MCH Blueprint for Nutrition and Physical Activity

Physical activity and nutrition are essential determinants of health. The Association of State and Territorial Public Health Nutrition Directors (ASTPHND), with support from MCHB, has developed Cornerstones of a Healthy Lifestyle: Blueprint for Nutrition and Physical Activity. Many of the health outcomes for women and children associated with the MCH Block require that participants are healthy. More of the health outcomes and performance measures relevant to MCH will be achieved if eating and exercise habits among women, children, and families are improved. It will also be beneficial to create partnerships with other public health professionals with similar goals. Increased collaboration between AMCHP and ASTPHND members will enhance the work of both. The strategies presented in the Blueprint are developed from a strong evidence base approved by leading public health nutrition and physical activity experts. This session will share relevant strategies and approaches from this report and facilitate discussion about practical ways to integrate additional nutrition and physical activity interventions into MCH activities.

Karen Probert, MS, RD, Executive Director, Association of State and Territorial Public Health Nutrition Directors
Sandy Perkins, MS, RD/LD, CBE, Maternal and Child Nutrition Consultant, Kansas Department of Health and Environment

Wilson C
H6 - Reaching All Kids: Opportunities and Strategies for Collaboration Between Title V, Medicaid, and SCHIP Agencies

POPULATION TRACKS:

Public health and public coverage policymakers share many constituencies and objectives. Yet they often operate independently of one another. This session will explore effective state approaches to integrating the educational, outreach, and access strategies of the agencies that administer Title V, Medicaid, and the State Children's Health Insurance Program (SCHIP). Recognizing that strategies that may prove effective with parents and younger children generally are less successful with adolescents, innovative strategies to reach children and youth of all ages will be discussed. Speakers will explore the symbiotic relationship between Title V, Medicaid, and SCHIP for improving health outcomes as well as innovative state approaches to linking the public health and prevention needs of children and adolescents with efforts to encourage their enrollment in and utilization of the health coverage offered by SCHIP and Medicaid. Speakers also will address strategies to engage adolescents in taking responsibility for their own behavior and care as a way to increase enrollment in public health coverage programs and to improve health outcomes.

Jane Borst, Title V Director, Bureau Chief, Bureau of Public Health, Iowa Department of Public Health
Cathy Caldwell, Director, Bureau of Children’s Health Insurance, Alabama Department of Public Health
Rebecca Mendoza, SCHIP Director, Virginia Department of Medical Assistance Services

Jefferson
H7 - Oral Health: State Policies and Programs for Children and Families

STRATEGY TRACK:

Oral diseases, though almost completely preventable, continue to be a burden on states and communities because of lack of access to care and prevention programs. Only through coordination between state and local agencies can the disparities in oral health be adequately addressed. State oral health programs play a critical role in coordinating local, state, and federal resources to address the oral disease burden. States can use successful approaches to enhance their program effectiveness, including the use of policy development and coalition building to direct dwindling resources. With effective planning, state and local programs benefit in the areas of prevention, access, education, and policy. According to the Council of State Governments,
lawmakers adopted nearly 70 bills related to oral health in 2007. Included among these measures were state laws that mandated screening for school-aged children. Requiring dental screenings as a condition of school entry is among the strategies policymakers are considering to address the oral health of children suffering disproportionately from dental caries. This session will examine how state and local programs can partner with MCH programs to develop prevention programs to improve oral health, how coalitions can help implement best practices, and how dental screening laws are developed to address children’s oral health.

Lynn Douglas Mouden, DDS, MPH, Director, Office of Oral Health, Arkansas Department of Health  
Marcy Frosh, JD, Project Director, Children’s Dental Health Project  
Christine Wood, RDH, Oral Health Program Manager, Nevada State Health Division

Tantrums and uncooperative behavior often provoke parental frustration and may lead to abuse. The current reflective listening-based communication approach to help parents defuse difficult situations is effective for preschoolers but often fail with distraught toddlers and may even increase distress. This session's presenter will highlight how a toddler’s relative immaturity regarding the left vs. right cerebral hemispheres leads to increased impulsivity and unresponsiveness to verbal communication, and simultaneously increased responsiveness to nonverbal cues (e.g. gesture, repetition, tone of voice). These characteristics are amplified as toddlers become increasingly upset. A communication paradigm based upon this feature of brain development has been developed employing a critical modification of the classical reflective listening approach emphasizing the importance of nonverbal vs. verbal communication during the period of upset. It includes two core principles: the “Fast Food Rule” and “Toddler-ese.” The Fast Food Rule states that when two people interact, the one most upset should be allowed to speak and be acknowledged first. As a person’s level of upset increases, their verbal decoding ability diminishes while their nonverbal decoding ability remains intact (or is heightened). Toddler-ese is an adaptation of normal speech (akin to mother-ese). It recognizes that a toddler’s verbal cognition is enhanced when the speaker uses three alterations of normal speech to sincerely reflect the child’s affect: 1) short phrases; 2) abundant repetition; and 3) increased nonverbal cues. Numerous video examples will be presented illustrating how this approach can immediately improve toddler cooperation, shorten or prevent tantrum behavior, and promote patience.

Harvey Karp, MD, FAAP, Assistant Professor of Pediatrics, UCLA School of Medicine, The Happiest Baby, Inc.

Balcony D

H9 - Fostering Wellness in Children: Strategies From the Project LAUNCH Grant Program

In fiscal year 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) granted $5.5 million to states, territories, and tribes to strengthen early childhood system capacity and programming to promote the physical, emotional, social, and behavioral health of young children from birth to age 8. Through six cooperative agreements to Title V agencies, Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) provides funding to support young child wellness by enhancing comprehensive planning, infrastructure development, policy reform, and coordination at the state, territorial, and tribal levels and by funding a local pilot program. Coordinating councils comprised of representatives from the health, mental health, child welfare, substance abuse prevention, early childhood education, elementary education, and child care fields work to integrate child-serving systems and to increase the availability of evidence-based promotion and prevention programs for young children and their families. This session will highlight the experiences of two Project LAUNCH grantees with building cross-agency, interdisciplinary child-serving systems at the state, territorial, and local levels to achieve healthy outcomes for young children. Drawing from the experiences of Project LAUNCH sites, participants will learn strategies for building a cross-system public health effort to promote mental health and wellness and to prevent problems for all young children and their families.

Neal Horen, PhD, Co-Director, Georgetown University Center for Child and Human Development  
Jane Weil, Project LAUNCH, Substance Abuse and Mental Health Services Administration (SAMHSA)  
Jennifer Oppenheim, PsyD, Public Health Analyst, SAMHSA  
David DeVoursney, MPP, Public Health Advisor, SAMHSA
Wilson A

H10 - The Critical Role of Families in the Medical Home Approach

POPULATION TRACKS: 

STRATEGY TRACK: 

This workshop will offer a brief but powerful discussion on the value of the family/consumer perspective in the medical home approach. Many individuals and families engage with primary care physicians but remain unclear about their roles in helping coordinate with specialists. Families bring experience and solutions to their health partners, but are often underutilized. As a result, families may feel powerless when it comes to sharing their experiences and expertise in order to impact the system in a positive manner. We will present a video of family stories, seen as a promising practice to increase the understanding and use of key medical home elements. Six families of young children of different ages with hearing loss are depicted. These families share their personal stories about how they forged successful partnerships with their health care professionals to create medical homes. Utilizing proven adult learning strategies, this interactive workshop will encourage participants to explore their own leadership skills and ideas related to parent/professional partnerships.

Eileen Forlenza, Director, Colorado Medical Home Initiative, Colorado Department of Public Health and Environment

Mary Olvera, MAT, Early Childhood Instructor, Surry Community College North Carolina

AMCHP Business Meeting 

Calling all AMCHP Members!

Come hear an update on AMCHP’s program and policy activities and learn what is going on at AMCHP from AMCHP’s leaders. The business meeting will cover several important items and include time for members to provide input on how to best revise AMCHP’s Strategic Plan.
Tyler

I1 – Touchpoints

POPULATION TRACK:

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.

Ruth Walden, Family Specialist, CSHCN Program, New York State Department of Health

Coolidge

I2 – Integrating Chronic Disease and MCH Programs to Address Gestational Diabetes

POPULATION TRACK:

This session will explore the prevalence of gestational diabetes mellitus (GDM), trends, surveillance efforts, research on future risk of Type 2 Diabetes, effective interventions for women with a history of GDM, the role of MCH programs in preventing Type 2 Diabetes among women with a history of GDM, and how chronic disease and MCH programs can collaborate to improve pregnancy and birth outcomes among women with a history of GDM. The primary objective of this session is to demonstrate how the integration of MCH and chronic disease programs can reduce the development of Type 2 Diabetes among women with a history of GDM. Participants will leave with a better understanding of the evaluation and surveillance tools (e.g., PRAMS) used to collect information on GDM, as well as the role played by interconceptional care in chronic disease prevention. Participants also will gain increased knowledge of GDM and the importance of screening high risk and postpartum women, and an understanding of how one state has integrated programs to effectively meet the health needs of women of childbearing age.

Joan Ware, RN, MSPH, Consultant, National Association of Chronic Disease Directors

Patricia Dietz, DrPH, Division of Reproductive Health, CDC

Betsy Wood, BSN, MPH, Consultant, National Association of Chronic Disease Directors

Harding

I3 – Promoting Preconception Health in State MCH and Family Planning Programs

POPULATION TRACK:

Since 2004, there has been renewed emphasis on preconception health and health care as a means to address the persistent increase in adverse pregnancy outcomes. Following publication of the CDC Recommendations to Improve Preconception Health and Health Care, many state and local health departments initiated programs to implement the recommendations. Title V MCH and Title X family planning programs can play key roles in improving the health of woman. During this workshop, presenters will highlight promising practices and policy developments initiated and implemented by state MCH and family planning programs to improve preconception health and health care. This work is now in more advanced stages of implementation that during previous presentations to AMCHP audiences. This workshop will highlight three distinct approaches that have been used by states to advance work on preconception health. First, a number of states have created new partnerships and coalitions to advance work in this area. Second, some states are looking at ways to maximize the potential of family planning programs. Third, states have taken a more comprehensive approach that involves Title V, private, and other resources to expand programs and access to care. Each approach has increased access to services for women of childbearing age with the goal of improving birth outcomes and reducing disparities.

Kiko Malin, MPH, MSW, Preconception Health Coordinator, Center for Family Health, California Department of Public Health

Charlan D. Kroeling, PhD, Scientific Director, Center for Family Health Research and Epidemiology, State MCH Epidemiologist, Delaware Health and Social Services

Maryjane Puffer, BSN, MPA, Director, Clinical and Community Health Programs, California Family Health Council
Wilson A

I4 – The State of the States for Children With Special Health Care Needs

Geographic variations in the health and health care experiences of children with special health care needs (CSHCN) likely exist and may reflect differences in the demographic composition of states and their policies. The 2001 and the 2005/2006 National Surveys of CSHCN offer the ability to examine issues across all 50 states. These datasets can also be merged with other state-level data to provide policy-relevant information to guide state MCH and CSHCN programs. Preliminary findings indicate that both individual and policy-level factors contribute to having a medical home. Further, it was found that unmet needs for family support services, family financial problems due to the child’s condition, and negative impact on employment were most strongly related to well-being. Lack of a usual place for care and a personal provider indicated the lowest levels of well-being; adequate health insurance was associated with the highest levels of well-being. For most states, well-being declined from 2001 to 2005-2006, in part due to increases in out-of-pocket costs for health care and the proportion of CSHCN whose conditions impact their functional ability. These findings have numerous important implications. They can highlight areas or populations where states can target programs, and they can also illuminate policies that are adversely affecting CSHCN. This session will include four presentations that compare states across different aspects of caring for CSHCN, including: 1) state-level Medicaid variability and the financial burden of raising CSHCN; 2) geographic disparities in access to a medical home; 3) the impact of insurance on satisfaction with care for CSHCN; and 4) the well-being of CSHCN and their families across states and time. Participants will learn about advanced methods for comparing states, how to interpret and synthesize findings related to their states, and how to understand data quality and limitations.

Stephen Blumberg, PhD, Senior Scientist, National Center for Health Statistics, CDC

Lindsay Thompson, MD, MS, Assistant Professor of Pediatrics and Epidemiology, Division of General Pediatrics, University of Florida

Susan Parish, PhD, MSW, Professor, University of North Carolina

Gopal K. Singh, PhD, Senior Epidemiologist, Office of Data and Program Development, MCHB

Ethan Allen

I5 – Protect the Ones You Love: The Burden of Child Injuries

Child injuries are a global public health problem. Injuries are a leading cause of death for all children between the ages of 1 and 18. There is also high morbidity associated with childhood injuries; for every child who dies, there are several thousand children who live on with varying degrees of disability. To highlight this issue, WHO and UNICEF led the development of the World Report on Child Injury Prevention. The report was released in December 2008 and summarizes what is known about child injuries including risk factors and promising prevention practices. The report focuses on burns, drowning, falls, poisoning, and road traffic injuries and includes case studies from around the world. It also provides recommendations for preventing each type of injury and overall recommendations for injury prevention and control. Workshop presenters will describe the process by which CDC’s Injury Center is using the launch of the report to raise awareness of the burden, cost, and preventability of child injury in the U.S. In particular, CDC is targeting messages to parents to raise their awareness of the leading causes of child injury in the U.S. and what they can do to prevent them. In December 2008, CDC is launching a new initiative, Protect the Ones You Love: Child Injuries Are Preventable. Through this initiative, CDC will work with federal, state, and nongovernmental organizations to reach out to parents across the country. Our efforts will include a variety of strategies, including those related to policy, communications/media outreach, and community programs. To support these efforts, CDC is releasing data highlighting the fatal and nonfatal injury rates for children in the U.S. in each of the five topic areas, developing a set of recommendations that parents can follow to help prevent child injury, and developing communications and outreach tools.

Grant Baldwin, PhD, MPH, Director, Division of Unintentional Injury Prevention (DUIP), National Center for Injury Prevention and Control (NCIPC), CDC

Nagesh Borse, PhD, MS, EIS Officer, DUIP, NCIPC, CDC
Common risk factors can result in HIV/STD infection and pregnancy among youth, but efforts to address these issues at the state level are often fragmented and uncoordinated. This workshop will provide an overview of the rationale for state MCH agencies to collaborate with other state-level agencies to integrate HIV, STD, and teen pregnancy prevention education and will outline real-life challenges that hinder state-level collaborations. Experiences from a coordinated effort in place since 2003 among four national organizations — AMCHP, the National Alliance of State and Territorial AIDS Directors, the National Coalition of STD Directors, and the Society of State Directors of Health, Physical Education, and Recreation — to strengthen state health and education agency partnerships through the National Stakeholder Meetings and action planning process will be described. Presenters from MCH agencies in two states who have been through the process will share promising strategies for establishing viable, long-lasting relationships to strengthen health and education agency collaborations. In addition, discussion around the challenges and solutions related to integrating HIV, STD, and teen pregnancy prevention efforts and to collaborating with other state agencies will be held among workshop participants, facilitated by the lead presenter.

Sandra Serna Smith, MPH, Program Coordinator, National Coalition of STD Directors

Patti Van Tuinen, Adolescent Health Coordinator, Missouri Department of Health and Senior Services

Donna Heins, Associate Education Consultant, Coordinated School Health Program, Connecticut State Department of Education

Gary A. Jenkins, MSW, Manager, Racial and Ethnic Health Disparities, National Alliance of State and Territorial AIDS Directors

Lissa Pressfield, Program Manager, Adolescent Health, AMCHP

This interactive, hands-on session will engage participants in designing training initiatives for MCH and other professionals on family-centered/family-directed practices that are culturally and linguistically competent. Members of the MCHB Family-Centered and Family-Directed Practices Workgroup will discuss new products, including training indicators, teaching and curriculum resources, field experiences, self-assessment tools, and guidelines for family advisory groups. The purpose of the workgroup was to identify, assess, promote, and integrate knowledge of family-centered concepts, principles, experiences, and practices in the organization and implementation of training programs. The ultimate training goal is to achieve high-quality health care delivery systems by involving a wide range of professionals to advance family-professional partnerships that honor the cultures, languages, traditions, and expertise that every family member brings to these relationships. Workgroup activities included compiling and critiquing available family-centered/family-directed practices curricula and materials for trainees and faculty; developing indicators of comprehensive instruction in family-centered/family-directed practices; developing criteria for field placements that are family-centered/family-directed and culturally and linguistically competent; and developing guidelines for family advisory boards. Workgroup members from diverse MCHB training settings will discuss how best to develop culturally competent, family-centered, family-directed programs. They will also help participants identify suitable training activities for their unique programs. All products are available on the MCHB training program website.

Susan Horky, MSW, LCSW, Social Work Faculty, University of Florida Pediatric Pulmonary Center (UFPPC)

Angela Miney, BA, Family Involvement Consultant, UFPPC

Tawara Goode, MA, Social Work Faculty, UFPPC

Using Celebratory Learning (Markovchick and Kinzie, 2007), participants will practice strategies to enhance youth involvement in Title V Five-Year Needs Assessments. The MCH Needs Assessment, due with the 2010 block grant application,
provides Title V agencies the opportunity to engage youth in learning about their state health and social systems, analyzing and comparing data, creating statements of MCH problems and need, and developing programming to address these needs. Celebratory Learning is a technique that combines positive interdependence, individual accountability, equal participation, play and humor, connections to previous learning, and theme- and need-based learning in a brain-compatible environment. It respects the capacity of youth and families to make their own assessments and answer their own questions. Continuing last year’s AMCHP focus, this session will use Celebratory Learning to model how states can engage youth (and other MCH consumers) in needs assessments focusing on all six CYSHCN Performance Measures, emphasizing transition. The Maine CSHN program has involved youth in needs assessments and uses Celebratory Learning in regional councils where youth have a sense of belonging and where their voices are honored and respected. These councils develop meaningful relationships among all participants as they engage in purposeful and important work that not only impacts their ability to secure independent and productive futures, but lays the groundwork and process for ensuring that the future of all youth with significant health care needs is addressed through policy, education, and action. This session will actively engage participants in a variety of techniques that honor diversity of learning needs, knowledge levels, and personal participation styles. Participants will leave the session with a variety of strategies to use to include consumers of MCH and CYSHCN services, especially youth, in their needs assessments.

**Toni Wall, MPA**, Director, CSHCN Program, Maine Center for Disease Control and Prevention

**Mallory Cyr, BA**, Youth Coordinator, Healthy and Ready to Work National Resource Center

**Theresa Glore, MS**, Program Director, CSHCN Program, Maine Center for Disease Control and Prevention

**Balcony C**

**I10 – The Home Safety Literacy Project: Poisoning Prevention, Fire Safety, and Disaster Preparedness**

**POPULATION TRACKS:**

**STRATEGY TRACK:**

Low literacy is a serious problem in the U.S. In every community, those at highest risk include people who are unable to read proficiently or speak English. The National Assessment of Adult Literacy, conducted by the Center for Education Statistics and released in 2005, estimated that approximately 93 million adults—40 percent of the U.S. population today—have limited reading skills, and nearly half of those read only at the lowest level. Available safety materials are typically written in English and in the form of text-heavy brochures and other handouts that are written at 6th to 11th grade reading levels. The Home Safety Literacy Project was developed by the Home Safety Council to provide effective low-cost fire safety, disaster preparedness, and poisoning prevention education materials that can be used by adults at all reading levels. The innovative diffusion model pairs local literacy tutors with firefighters, EMS personnel, poison prevention educators, and others. Session participants will learn to articulate key messages in fire safety, disaster preparedness, and poisoning prevention to link with the Home Safety Council and ProLiteracy to better serve their target audiences.

**Meri-K Appy**, President, Home Safety Council

Discussion will address mentoring programs on health and wellness for children with special needs and how these can result in improved behaviors, as demonstrated in a recent controlled behavioral intervention study with trained peer parent mentors. Partnership is key, both with primary care providers as well as others such as family organizations in states and communities, many of whom now focus on health and wellness. Consider ways to capitalize on these efforts so that families receive the information and support they need to raise healthy children. This session will include presentation, an interactive workshop component, and the opportunity for participants to share their own Bright Futures/health promotion work for families.

**Betsy Anderson**, Director, Family Voices IMPACT Projects

**Beth Dworetzky, MA**, Family Voices of Massachusetts

**Truman**

**I9 – Bright Futures: Ensuring That Families Are on Board!**

**POPULATION TRACKS:**

As primary providers and decision makers for children, families are essential to ensuring their children’s health. Family Voices will share a wealth of Bright Futures information, discussion ideas, workshop outlines, and peer support strategies intended for families of all children, including children with special health needs. These ideas can be utilized by state Title V programs and others who see or communicate with families, whether in groups, individually, or via E12the Internet.
## Closing Plenary

### Award Presentation

Legislative Champions for Maternal and Child Health Award presented to Representative Lucille Royball-Allard (D-California's 34th District) and Debbie Jessup, Legislative Assistant to Representative Royball-Allard.

### AMCHP Leadership Transition Presentation

Attend the passing of the gavel from President Nan Streeter to President-Elect Phyllis Sloyer, the introduction of the newly elected AMCHP President-Elect, and acknowledgement of out-going Past President Jeff Lobas and Board Members.

### A New Era for MCH: What to Expect From the New Administration and Congress on Maternal and Child Health

Hear perspectives from national leaders on what the new President and Congress might have in store for policies addressing the health of women, children, and families. Join Neera Tanden, a senior health advisor in the Obama administration, and national health policy experts Sara Rosenbaum and Bruce Lesley, as they present their perspectives on the new administration and engage in dialogue about the potential for health care reform legislation, the future of Medicaid, and possible changes to federal budget priorities.

**Moderator:** Phyllis Sloyer, RN, PhD, FAAP, AMCHP President-Elect and Division Director, Children's Medical Services Network, Florida Department of Health, Tallahassee, FL

**Presenters:**
- Neera Tanden, Esq., Senior Health Advisor, Obama Administration, Washington, DC
- Sara Rosenbaum, Esq., Chair, Department of Health Policy, and Harold and Jane Hirsh Professor of Health Law and Policy, School of Public Health and Health Services, The George Washington University, Washington, DC
- Bruce Lesley, President, First Focus, Washington, DC

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**TUESDAY • AMCHP Conference Program**

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<tr>
<th>Time</th>
<th>Location</th>
<th>Event Description</th>
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| 4:00 PM to 5:30 PM | Thurgood Marshall Ballroom      | **Closing Plenary**
|                  |                                 | Legislative Champions for Maternal and Child Health Award presented to Representative Lucille Royball-Allard (D-California’s 34th District) and Debbie Jessup, Legislative Assistant to Representative Royball-Allard. Attend the passing of the gavel from President Nan Streeter to President-Elect Phyllis Sloyer, the introduction of the newly elected AMCHP President-Elect, and acknowledgement of outgoing Past President Jeff Lobas and Board Members. **A New Era for MCH: What to Expect From the New Administration and Congress on Maternal and Child Health**
|                  |                                 | Hear perspectives from national leaders on what the new President and Congress might have in store for policies addressing the health of women, children, and families. Join Neera Tanden, a senior health advisor in the Obama administration, and national health policy experts Sara Rosenbaum and Bruce Lesley, as they present their perspectives on the new administration and engage in dialogue about the potential for health care reform legislation, the future of Medicaid, and possible changes to federal budget priorities. **Moderator:** Phyllis Sloyer, RN, PhD, FAAP, AMCHP President-Elect and Division Director, Children’s Medical Services Network, Florida Department of Health, Tallahassee, FL. **Presenters:** Neera Tanden, Esq., Senior Health Advisor, Obama Administration, Washington, DC; Sara Rosenbaum, Esq., Chair, Department of Health Policy, and Harold and Jane Hirsh Professor of Health Law and Policy, School of Public Health and Health Services, The George Washington University, Washington, DC; Bruce Lesley, President, First Focus, Washington, DC. |
| 4:00 PM to 5:30 PM | Thurgood Marshall Foyer         | **Exhibits Dismantle**                                                            |
| 6:00 PM to 10:00 PM | Gaylord National Resort         | **Chronic Disease Directors Networking Reception**
|                  |                                 | (transportation provided — buses will leave at 6:00 PM and 6:15 PM from outside the main lobby entrance of the hotel; AMCHP attendee badge required). |
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Launching Maternal and Child Health: Opportunities for a New Era
Special Thanks

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Web: www.altarum.org

Altarum is a nonprofit health research institute that works with MCH agencies to deliver systems-based solutions for the health of women, children, adolescents, and families.

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Email: mfitzger@unmc.edu
Web: www.citymatch.org

CityMatCH (National Urban MCH Membership Organization) is improving the health and well-being of urban women, children and families by strengthening public health organizations and leaders in their communities.

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Email: lzerbe@jhsph.edu  
Web: www.jhsph.edu/wc

The Women’s and Children’s Health Policy Center promotes the well-being of U.S. children and families by linking research to programs, policy and practice.

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Fax: 914-997-4501  
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<td>American Thyroid Association</td>
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<td>Champions for Inclusive Communities</td>
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<td>Logan, UT USA</td>
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<td>Email: <a href="mailto:Diane.Behl@usu.edu">Diane.Behl@usu.edu</a></td>
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Web: www.fns.usda.gov

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<td>Web: gucchd.georgetown.edu/nccc</td>
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<td>1029 Vermont Ave., Suite 500</td>
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<td>Web: <a href="http://www.nfimr.org">www.nfimr.org</a></td>
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<td>717 Delaware Street SE, #375</td>
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<td>Minneapolis, MN 55414 USA</td>
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<td>Phone: 612-624-0182</td>
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<td>Email: <a href="mailto:teipe001@umn.edu">teipe001@umn.edu</a></td>
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<th>National Maternal &amp; Child Oral Health Resource Center</th>
<th>Table 16</th>
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<tbody>
<tr>
<td>PO Box 571272</td>
<td></td>
</tr>
<tr>
<td>Washington, DC 20057 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 202-784-9551</td>
<td></td>
</tr>
<tr>
<td>Fax: 202-784-9777</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:kholt@georgetown.edu">kholt@georgetown.edu</a></td>
<td></td>
</tr>
<tr>
<td>Web: <a href="http://www.mchoralhealth.org">www.mchoralhealth.org</a></td>
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<tr>
<th>Office of Minority Health</th>
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<tr>
<td>1101 Wootton Resource Center Pkwy, #650</td>
<td></td>
</tr>
<tr>
<td>Rockville, MD 20852 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 301-251-1797</td>
<td></td>
</tr>
<tr>
<td>Fax: 301-251-2160</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:swilliams@omhrc.gov">swilliams@omhrc.gov</a></td>
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<tr>
<td>1300 L Street NW, #800</td>
<td></td>
</tr>
<tr>
<td>Washington, DC 20005 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 202-218-4408</td>
<td></td>
</tr>
<tr>
<td>Fax: 202-218-4409</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:bminnick@phf.org">bminnick@phf.org</a></td>
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<td>Web: <a href="http://www.phf.org">www.phf.org</a></td>
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<th>Tamarac Medical Inc.</th>
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<tr>
<td>7000 S Broadway, #1A</td>
<td></td>
</tr>
<tr>
<td>Centennial, CO 80122 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 800-842-7069</td>
<td></td>
</tr>
<tr>
<td>Fax: 303-794-1093</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:info@tamaracmedical.com">info@tamaracmedical.com</a></td>
<td></td>
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<td>Web: <a href="http://www.tamaracmedical.com">www.tamaracmedical.com</a></td>
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<tr>
<th>US DHHS Office on Women’s Health</th>
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<tr>
<td>200 Independence Avenue, SW, Room 719E</td>
<td></td>
</tr>
<tr>
<td>Washington, DC 20201 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 202-690-7650</td>
<td></td>
</tr>
<tr>
<td>Fax: 703-663-6942</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:priscilla.novak@mail.ps.net">priscilla.novak@mail.ps.net</a></td>
<td></td>
</tr>
<tr>
<td>Web: <a href="http://www.womenshealth.gov">www.womenshealth.gov</a></td>
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<tr>
<th>United Cerebral Palsy of NYC</th>
<th>Table 6</th>
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<tbody>
<tr>
<td>80 Maiden Lane, 8th Floor, 80 Maiden Lane</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10038 USA</td>
<td></td>
</tr>
<tr>
<td>Phone: 212-683-6700 x282</td>
<td></td>
</tr>
<tr>
<td>Fax: 212-679-0893</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:lmeyerson@ucpnyc.org">lmeyerson@ucpnyc.org</a></td>
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</tr>
<tr>
<td>Web: <a href="http://www.ucpnyc.org">www.ucpnyc.org</a></td>
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</table>
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Tell moms about our no-cost eye and vision assessment for infants 6 to 12 months.

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