AMCHP ANNUAL CONFERENCE

MOVING AHEAD TOGETHER:

Celebrating the legacy, shaping the future of maternal and child health

AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

AMCHP ANNUAL CONFERENCE
MARCH 6-10, 2010
GAYLORD NATIONAL HOTEL AND CONVENTION CENTER
NATIONAL HARBOR, MD

Hotel Maps

Hotel Meeting Space | Level 2

Exhibit Hall Scavenger Hunts

AMCHP 2010 attendees will have the opportunity to win an iPod Shuffle™ and an AMCHP 2011 conference registration by participating in the Exhibit Hall Scavenger Hunts! Collect colored stickers on both the Monday and Tuesday cards by visiting the exhibitors each day. Cards and scavenger hunt instructions can be found in your conference tote bag. The scavenger hunts will culminate with drawings during the Monday evening reception and the Tuesday morning coffee break in the Exhibit Hall (Woodrow Wilson A) – join in to win a great prize!

Don't forget to wear your conference name badge color-coded by state to make networking easier. Your badge is also your ticket to general conference events (unless tickets otherwise provided).

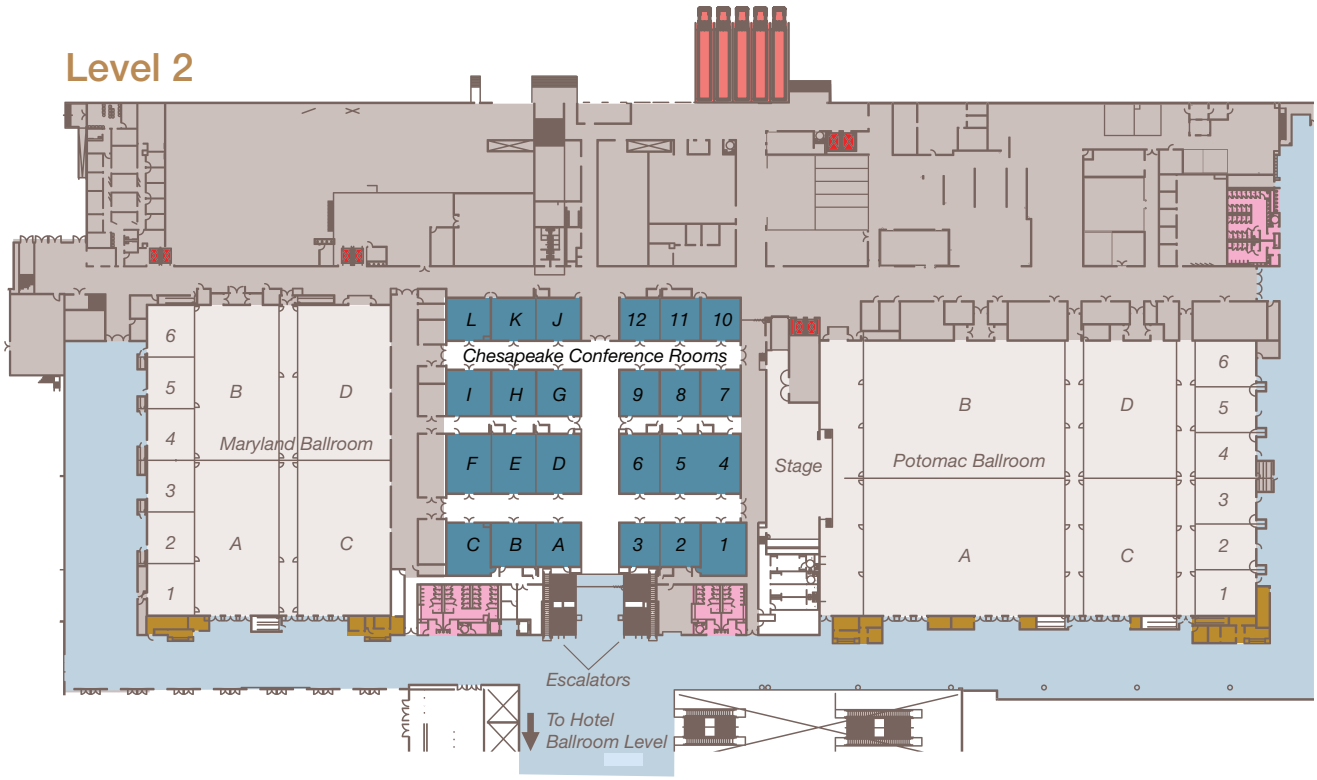
Here's your color-coded guide to who's who at the conference:

REGION I:	Aqua
REGION II:	Brown
REGION III:	Gray
REGION IV:	Red
REGION V:	Orange
REGION VI:	Blue
REGION VII:	Green
REGION VIII:	Violet
REGION IX:	Lavender
REGION X:	Pink

Conference Rooms

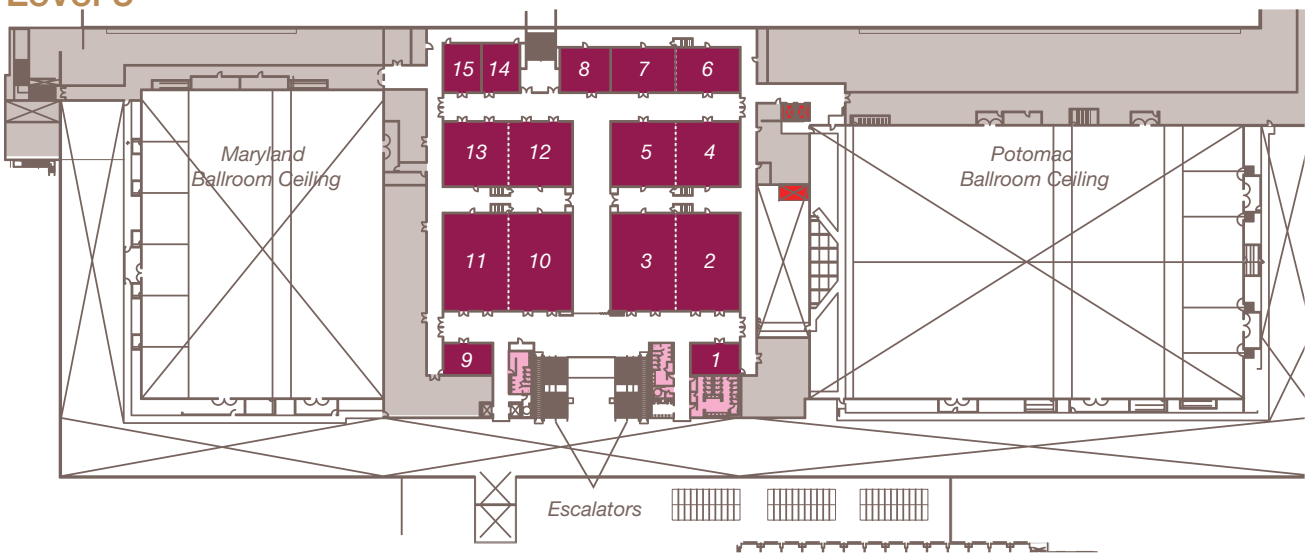
Convention Center | Levels 2 & 3

Level 2



Restrooms

Level 3



National Harbor Conference Rooms

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AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Celebrate 75 Years of Title V!

A legacy of advocacy, partnership, and health promotion for America's women, children, and families

The Maternal and Child Health Services Block Grant (Title V of the Social Security Act) has operated as a federal-state partnership since 1935, when the Social Security Act was passed immediately following the Great Depression. The federal government, through Title V, pledged its support of state efforts to extend health and welfare services for mothers and children. This landmark legislation, led by President Franklin Delano Roosevelt and his wife Eleanor Roosevelt among others, resulted in the establishment of state departments of health or public welfare in some states, and facilitated the efforts of existing agencies in others. Title V has been amended frequently in ensuing years to reflect changing national approaches to maternal and child health and welfare issues. As we celebrate 75 years of Title V, we remember a legacy of advocacy, partnership, and health promotion for our nation's women, children, and families.

Interested in learning more? Visit the FDR Library on line at **http://www.fdrlibrary.marist.edu/** or the Maternal and Child Health Bureau website, **http://mchb.hrsa.gov/**.

Photograph Citations:
FDR, circa 1940 and Children, circa 1935. Courtesy of the Franklin D. Roosevelt Presidential Library and Museum, Hyde Park, New York.

Forward to Health: The Story of Ten Years in Westchester's Program for a Healthier Community, 1930-1940. White Plains, NY. The Westchester County Dept of Health, 1941.

welcome

President's Welcome

Welcome to AMCHP! As it is every year, the 2010 AMCHP conference was developed by our peers for us – to give us the opportunity to learn new skills, hear about new developments in our field, and gather tools and information that will benefit our daily work. Amidst economic challenge and imminent health system change, we've entered 2010 in circumstances that can overwhelm us or energize us, incapacitate us or motivate us. Let's decide to be energized and motivated, and take full advantage of this week to help us succeed with our goals at home.

This year's conference promises sessions that will recharge 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, will make this year's conference an exceptional professional development opportunity. Join in the learning, join in the networking, and join in the sharing that will surely take place during this not-to-be missed annual event. I look forward to meeting you this week!

Phyllis Sloyer, RN, PhD
AMCHP President

CEO's Welcome

On behalf of AMCHP's Conference Planning Committee, Board of Directors, staff, and partners, welcome to the 2010 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 – "Moving Ahead Together: Celebrating the Legacy, Shaping the Future of Maternal and Child Health" – celebrates the 75th Anniversary of Title V. We will honor its history by looking towards the future and how we will ensure that it's a healthy and safe future for women, children, and families.

Our 2010 conference will provide state-of-the-art information and cutting-edge presentations related to maternal and child health. I hope you take advantage of the coming days and all the learning, networking, and sharing on offer. The days ahead will 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 us

About AMCHP

The Association of Maternal and Child Health Programs supports state maternal and child health 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 and youth 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 (MCH) 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. AMCHP actively seeks 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 challenging and enjoyable conference experience, AMCHP has added new elements to this year's program:

- Continuing education is being provided by the CDC for physicians, nurses, health educators, and other professionals—at no additional cost to you! See page 10 for details.
- Professional coaching available at AMCHP 2010! Need a career boost, time to reflect on what's next, or work on your own professional development? **Group and individual professional coaching sessions** are included with your conference registration. See page 11 for more information.
- To **better guide your selection of sessions**, conference tracks have been revised to more accurately highlight your interests and a grid has been included in the program identifying the sessions that address each of the 12 MCH Leadership Competencies.
- AMCHP 2010 is **co-locating with the annual meetings** of the National Birth Defects Prevention Network (NBDPN), and the Association of University Centers on Disabilities (AUCD), hosting meetings for the Leadership Education in Adolescent Health (LEAH) and **L**eadership **E**ducation in **N**eurodevelopmental and Related **D**isabilities (LEND) programs. The program includes several joint events. See page 10 for more information about these organizations.
- Tuesday afternoon **AMCHP 2010 moves to Capitol Hill** for an attendee-only reception and the presentation of the 2010 AMCHP Legislative Champion Awards (transportation provided).
- The March of Dimes will sponsor a **mini-March for Babies** on Monday afternoon to raise awareness of and support for prematurity prevention.
- Attendees staying at the Gaylord National Hotel and Convention Center have free access to the fitness center during their stay to keep healthy, balanced, and active throughout the conference.
- We have worked hard **to help you better afford attendance** to AMCHP 2010! We have kept our 2010 early bird registration rates at 2009 levels and have included skills-building sessions with your conference registration. We have offered a low one-day registration rate for presenters. And we have introduced a room-sharing alternative to cut hotel costs.

Schedule-at-a-Glance

Saturday, March 6, 2010

7:00 am – 7:00 pm	Registration Open	Woodrow Wilson Registration Desk
8:00 am – 4:00 pm	AMCHP Board Meeting *(open)*	Baltimore 4/5
8:30 am – 5:30 pm	Adolescent Reproductive and Sexual Health Disparities Summit *(by pre-registration only)*	Magnolia 3
9:00 am – 12:00 pm	Skills-Building Sessions (A1-A4)	*See pages 24 to 25*
12:00 pm – 1:00 pm	Lunch Break *(on your own)*	
1:00 pm – 4:00 pm	Skills-Building Sessions (B1-B3)	*See pages 26 to 27*
4:00 pm – 7:00 pm	Family and Youth Leadership Committee (*open until 5:30 pm*)	Baltimore 1
5:00 pm – 7:00 pm	Emerging Issues Committee Meeting *(open)*	Annapolis 1
5:00 pm – 7:00 pm	Health Care Finance and Legislative Committee Meeting *(open)*	Annapolis 2
7:00 pm – 9:00 pm	Family Scholars Welcome Dinner (*by invitation)*	Baltimore 4/5

Sunday, March 7, 2010

7:00 am – 7:00 pm	Registration Open	Woodrow Wilson Registration Desk
8:00 am – 11:30 am	Workforce Development Committee Meeting *(open)*	National Harbor 15
8:00 am – 5:00 pm	National Network of State Adolescent Health Coordinators Leadership Meeting (*by invitation)*	National Harbor 6
9:00 am – 4:00 pm	Joint AMCHP/NBDPN Skills Building (C1)	Woodrow Wilson D
9:00 am – 12:00 pm	Skills-Building Sessions (C2-C7)	*See pages 27 to 30*
11:00 am – 12:00 pm	AMCHP/CityMatCH Meeting (*by invitation)*	National Harbor 14
11:30 am – 1:00 pm	New Directors Luncheon (*by invitation)*	Magnolia 3
12:00 pm – 1:00 pm	Lunch Break *(on your own)*	
1:00 pm – 2:45 pm	Regional Meetings	*See page 30*
3:00 pm – 4:30 pm	Roundtables (RT1-RT2)	*See page 31*
3:00 pm – 4:30 pm	Workshops (D1-D11)	*See pages 31 to 36*
5:00 pm – 7:30 pm	Opening Plenary Session: Welcome, MacQueen Memorial Lecture, and Oxon Hill High School Choir and Capitol Steps Performances	Cherry Blossom Ballroom
7:30 pm – 9:00 pm	Welcome Reception and Exhibit Hall Opening	Woodrow Wilson A
7:30 pm – 9:00 pm	Sunday Poster Displays: Excellence in MCH Research and Practice I	Woodrow Wilson Foyer

Monday, March 8, 2010

7:00 am – 7:00 pm	Registration Open	Woodrow Wilson Registration Desk
7:00 am – 8:00 am	Conference Planning Workgroup Meeting *(closed)*	Annapolis 1
7:15 am – 8:30 am	All Family Representatives Meeting *(open)*	Baltimore 5
7:30 am – 8:30 am	Continental Breakfast with Exhibitors	Woodrow Wilson A
7:30 am – 11:45 am	Exhibit Hall Open	Woodrow Wilson A
8:30 am – 9:45 am	Plenary Session: *M*aking *C*hange *H*appen: What Does “Change” Mean for State MCH Programs?	Cherry Blossom Ballroom

Monday, March 8, 2010, continued

9:45 am – 10:15a m	Coffee Break	Woodrow Wilson A
10:15 am – 11:45 am	Roundtables (RT3-RT4)	*See page 43*
10:15 am – 11:45 am	Workshops (E1-E8)	*See pages 44 to 47*
11:45 am – 1:30 pm	Plenary Luncheon: Improving Birth Outcomes – What Is Next for MCH?	Cherry Blossom Ballroom
1:30 pm – 2:15 pm	March of Dimes: Mini-March for Babies	Cherry Blossom Ballroom Lobby
1:30 pm – 8:00 pm	Exhibit Hall Open	Woodrow Wilson A
2:15 pm – 3:00 pm	Dessert Break	Woodrow Wilson A
3:00 pm – 4:15 pm	Roundtables (RT5-RT7)	*See pages 48 to 49*
3:00 pm – 4:15 pm	Workshops (F1-F9)	*See pages 49 to 53*
4:15 pm – 4:30 pm	Refreshment Break	Woodrow Wilson A
4:30 pm – 5:45 pm	Roundtables (RT8-RT9)	*See pages 53 to 54*
4:30 pm – 5:45 pm	Workshops (G1-G10)	*See pages 54 to 58*
5:45 pm – 8:00 pm	AMCHP/NBDPN Joint Reception	Woodrow Wilson A
5:45 pm – 8:00 pm	Monday Poster Displays: Excellence in MCH Research and Practice II	Woodrow Wilson Foyer

Tuesday, March 9, 2010

7:00 am – 5:00 pm	Registration Open	Woodrow Wilson Registration Desk
8:00 am – 9:15 am	Continental Breakfast with Exhibitors	Woodrow Wilson A
8:00 am – 12:30 pm	Exhibit Hall Open	Woodrow Wilson A
8:00 am – 9:15 am	AMCHP Member Business Meeting *(open)*	Baltimore 1/2
9:15 am – 10:45 am	Plenary Session: What's the Role of Home Visitation in Maternal and Child Health Programs of the Future?	Cherry Blossom Ballroom
10:45 am – 11:00 am	Coffee Break	Woodrow Wilson A
11:00 am – 12:30 pm	Roundtables (RT10-RT12)	*See pages 64 to 65*
11:00 am – 12:30 pm	Workshops (H1-H9)	*See pages 65 to 68*
12:30 pm – 2:30 pm	Plenary Luncheon: Health Care Reform: What's Next?	Cherry Blossom Ballroom
1:00 pm	Bus transportation begins for Capitol Hill visits	*See pages 63 and 69*
2:45 pm – 4:00 pm	Roundtables (RT13-RT14)	*See pages 69 to 70*
2:45 pm – 4:00 pm	Workshops (I1-I10)	*See pages 70 to 74*
4:15 pm	Bus Rotation to Congressional Reception on Capitol Hill	*See page 74*
5:00 pm – 7:00 pm	Congressional Reception and Legislative Champion Award Presentation	Rayburn House Office Building, Rooms B-338, B-339, and B-340 (Downtown Washington, DC) *Buses will return beginning at 7:00 pm*

Wednesday, March 10, 2010

7:30 am – 3:00 pm	AMCHP/MCHB/NASHP – State Medical Home Initiatives Meeting (*by invitation)*	Annapolis 2
8:30 am – 12:00 pm	AMCHP Board Meeting *(closed)*	Annapolis 3/4

General Information

Continuing Education Information

Continuing education (CE) will be provided by the Centers for Disease Control and Prevention (CDC) and will be offered for skills-building sessions and workshops only.

CE credits/hours/units are available through the *CDC Training and Continuing Education Online* system only. Instructions will be provided on the AMCHP Web site (www.amchp.org; use center/course code AMCHP2010) after the opening of the conference. You must complete the CDC online CE evaluation by **April 12, 2010,** to receive your continuing education credits/hours/units or your certificate of completion. After this date the system will be closed and you can no longer receive CE.

Our target audience includes physicians, nurses, health educators, and other professionals. Questions regarding CE can be answered by registration staff. You may also contact the CDC with questions at ce@cdc.gov or 800-418-7246.

Disclosure Statements:

CDC, our planners, and our presenters wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

Presentations will not include any discussion of the unlabeled use of a product or a product under investigational use.

There will be commercial support for this activity provided by Abt Associates, Inc., Go Beyond, LLC, Oz Systems, and SAIC.

Accreditation Statements:

For Continuing Medical Education for Physicians (CME):

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Centers for Disease Control and Prevention (CDC) and the Association of Maternal and Child Health Programs (AMCHP). CDC is accredited by the ACCME® to provide continuing medical education for physicians.

The Centers for Disease Control and Prevention designates this educational activity for a maximum of **19.25** *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

For Continuing Education designated for Non-Physicians:

Non-physicians will receive a certificate of participation.

For Continuing Nursing Education for Nurses (CNE):

The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity provides **19** contact hours.

For Continuing Education Contact Hours in Health Education (CECH):

The Centers for Disease Control and Prevention is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is a designated event for the CHES to receive **20.5** Category I contact hours in health education, CDC provider number GA0082.

IACET Continuing Education Units (CEU):

The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer **2.1** IACET CEUs for this program.

Say Hello to Our Neighbors!

This year the AMCHP Annual Conference is collocating with the annual meetings of the National Birth Defects Prevention Network (NBDPN), and the Association of University Centers on Disabilities (AUCD), hosting meetings for the Leadership Education in Adolescent Health (LEAH) and **L**eadership **E**ducation in **N**eurodevelopmental and Related **D**isabilities (LEND) programs.

NBDPN is a group of individuals involved in the surveillance, research, and prevention of birth defects. NBDPN was created to establish and maintain a national network of state and population-based programs for birth defects surveillance and research. The Network assesses the impact of birth defects upon children, families, and health care; identifies factors that can be used to develop primary prevention strategies; and assists families and their providers in secondary disabilities prevention. *Its annual meeting is taking place March 8-10. Learn more at www.nbdpn.org. Joint events include the Sunday all-day skills-building session (C1), the Monday luncheon, and the Monday evening reception in the Exhibit Hall.*

The Association of University Centers on Disabilities (AUCD) is a national, nonprofit organization that promotes and supports the national network of interdisciplinary centers advancing policy and practice through research, education, leadership, and services for and with individuals with developmental and other disabilities, their families, and communities.

LEND training programs provide long-term, graduate level interdisciplinary training as well as interdisciplinary services and care. LENDs improve the health of infants, children, and adolescents with disabilities by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields. There are currently 39 LENDs across the United States funded by MCHB. While each LEND program is unique, with its own focus and expertise, they all provide interdisciplinary training, have faculty and trainees in a wide range of disciplines, and include parents or family members as paid program participants. LENDs are members of AUCD. *Learn more about LENDs and about AUCD at www.aucd.org.*

The LEAH Program is devoted to the health and well-being of adolescents in the United States through education, research, program and service model development, evaluation, and dissemination of best practices. MCHB-funded LEAH grantees provide interdisciplinary leadership training, faculty development, continuing education, scholarship, technical assistance and collaboration with MCH programs, Title V programs in state departments of public health, State Adolescent Health Coordinators, policymakers and professional organizations concerned with the health of adolescents. Learn more about LEAHs at http://leah.mchtraining.net/. *LEAH & LEND Directors: 2010 Spring Meeting is taking place March 6-7.*

Professional Development Opportunities at AMCHP 2010

AMCHP is offering both professional coaching and a job fair at this year's conference to help you explore professional development possibilities, reflect on your career path, and consider next steps.

Job Fair

To post or apply for a job through the job fair, inquire at the registration desk. Job descriptions will be compiled and interviews will be scheduled. Take this opportunity to explore your career development opportunities!

Professional Coaching

Need a career boost, time to reflect on what's next, want to change your perspective, or work on your own professional development? Get access to group and individual professional coaching sessions as part of your registration for this year's AMCHP Annual Conference.

AMCHP will be joined by Kristina Risley, DrPH, Continuing Education Director, University of Illinois at Chicago, and Hanna Cooper, MPH, CPCC, Leadership and Team Coach. Both are trained and certified through the Coaches Training Institute in San Rafael, CA (www.thecoaches.com).

On Sunday, March 7, Kristina and Hanna will lead a 90-minute workshop, ***Shifting Paradigms: Reframing Our Leadership Roles in Maternal and Child Health***. It will focus on how current beliefs contribute to persistent conditions (limited funding, never having enough resources, etc.) and how you can positively impact systems-level changes. For a detailed description of the session, please review the conference program.

Additionally, join Hanna and Kristina as they each hold private, individual 40-minute coaching sessions on Monday, March 8, and Tuesday, March 9. Space is limited and is available on a first-come basis. To sign up for a private, individual coaching session, visit the registration desk.

If you sign up for a private coaching session, please:

1) Be on time for the appointment. You will have 40 minutes with a private coach. If you are late, the session will still end on time since sessions are booked back to back.
2) Bring a topic for the coaching session to get more from the experience. Consider what you want from this coaching session, where you are feeling stuck, or what you would like to be different by the end of the session.

Regional Baskets

An AMCHP tradition, regional baskets will be raffled during the Monday luncheon, Monday dessert in the Exhibit Hall, and the 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 (10:00 am) at the registration desk. And don't forget to fill out your raffle ticket and drop it in the box at the AMCHP booth in the Exhibit Hall.

AMCHP Election

All AMCHP delegates whose membership is current and who did not vote online prior to the meeting are welcome to vote in the election for AMCHP Board members. Ballots are available at the registration desk and need to be returned by Monday, March 8th at 5:00 pm to be included in the election. Results of the election will be shared at the Tuesday morning AMCHP Member Business Meeting. If you are interested in running for election in the future, please contact any member of the AMCHP Board for more information!

General Information

Internet Access

There are numerous ways to access the Internet at AMCHP 2010 and the Gaylord National Hotel and Convention Center:

- Complimentary wired and wireless Internet is available in all guest rooms in the Gaylord hotel; wireless is also available in the hotel lobby and the lower atrium – *access limited to hotel guests*.
- The Gaylord's 11th Hour Technology Center provides 24 hour Internet access – additional fees apply.

Conference Evaluation

We take your evaluation of the AMCHP Annual Conference seriously! Individual session evaluations will be distributed at the end of each session – please take a couple of minutes before heading to the next event to share your feedback with us.

Please also plan on providing your feedback online once you are back home. All conference attendees will receive a link to an online conference evaluation by e-mail immediately following the conference. *Please make sure we have your current e-mail address by stopping by the registration desk.*

All online evaluation respondents will be entered in a drawing for a free iPod™! Please complete the online evaluation tool by March 31 to be automatically entered in the drawing.

Your responses are key to helping us plan an even better conference next year. Thank you for your feedback!

Green Initiatives at AMCHP 2010

Each year AMCHP works to expand green initiatives at the Annual Conference to reduce our waste. Here are a few of the efforts we have in place this year to protect the environment:

- Reusable, recyclable conference grocery tote bags
- Conference nametags printed on recycled paper
- 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 e-mail communications, minimizing traditional mail
- Double-sided copies of handouts

In addition, Gaylord Entertainment is committed to protecting the environment we all share by identifying and implementing innovative approaches to energy efficiency, water conservation, waste reduction, and air cleanliness in the hotel. Here are a few of its programs most related to your hotel experience:

Water Conservation & Energy

- Towel and linen reuse program for guest rooms.
- Low-flow faucets and toilets in guest rooms.
- Automatic water conservation faucets and toilets in public restrooms.
- Water efficient landscaping and irrigation system in place.

Waste Reduction

- Cardboard recycling program in place and newspaper recycling program for guest participation in development.
- Purchasing post-consumer recycled content for targeted paper products.

Energy Efficiency

- Exhibit Hall light fixtures feature dual switching, enabling 50% light output during tradeshows.

Food-Related Initiatives

- Gaylord National chefs will work with Second Harvest Food Bank and local food banks to provide excess prepared food to needy families and local soup kitchens.
- Gaylord National restaurants and convention center are committed to supporting local, organic and sustainable farming. These relationships reduce air travel and create shorter transit distances.

AMCHP's Member Assessment Is Coming!

Assessment is one of the core functions of public health and across the nation AMCHP members are working with partners, families, and others to conduct their next five year comprehensive, statewide needs assessments. AMCHP is gearing up to conduct a needs assessment of our own – of ourselves! As a member organization we exist to serve you – our members. With this goal in mind, AMCHP is launching a short scan to learn more about your needs and how you feel about the job we are doing to serve you. AMCHP will use a variety of methods to solicit member feedback about key organizational activities, including an online survey of the full membership and follow-up interviews with select individuals. Additional assessment activities include AMCHP organizational partner and internal assessments. AMCHP will launch the membership assessment at the AMCHP Annual Conference; responses will be due April 9. Keep on the lookout for the survey – we want to hear from you!

Guest Rooms

- Compact Fluorescent lighting in all guest rooms reduces electric consumption from lighting by as much as 70% as compared to traditional incandescent lighting.
- All guest rooms are controlled with "Smart" digital thermostats that will sense room occupancy, and modulate room temperatures in unoccupied guest rooms saving electricity and natural gas.

Public Spaces

- Our very own Green Roof – unique landscaped roofing of internal courtyard roof.
- Radiant floor heating/cooling system in atrium floor, drastically reducing energy consumption.
- Day lighting systems in the atrium and prefunction areas automatically turn off lights when natural lighting provides proper illumination levels.

Meeting Rooms

- Variable Air Volume Systems modulate the flow of air to meet specific needs of each space, reducing air to minimum needed for safety and occupant comfort.
- HVAC controls monitor CO2 levels in the air to minimize the amount of unconditioned air brought into a room to meet the occupant load.

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

Mini-March for Babies with the March of Dimes

Join us for a mini-March for Babies on Monday following the luncheon to raise awareness of and support for prematurity prevention, sponsored by the March of Dimes. Bring your warm clothes and walking shoes and participate in a one mile walk as part of the AMCHP Steps for Babies Team! Help us to raise awareness of prematurity, meet the 2009 local ambassador family, Michael, Ashley and Katelyn Hall, and support the Maryland National Capital Area chapter of the March of Dimes. Visit AMCHP's March for Babies Team Web page through the AMCHP Web site at www.amchp.org and sign up to walk with us or to donate to our Team! You can also contribute to our Team onsite during the conference.

MCHB Title V Information System Learning Lab

MCHB will be sponsoring a learning lab on the updates to the Title V Information System (TVIS) **from Sunday, March 7, through Tuesday, March 9, from 8:00 am to 5:00 pm each day.** The learning lab will focus on changes to the data entry system that supports the needs assessment process during this application, including the reporting of your new priorities, reporting on your "old" state performance measures, and creating your new state performance measures. You can sign up for the learning lab during the conference – visit **Sales Conference Room 6** during the times listed above.

AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Welcome to the 2010 AMCHP Annual Conference! We appreciate your attendance and are excited that you have chosen to join us at this year's event.

We are 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 36 states that have identified an AMCHP family delegate.

While we are doing a great deal, there is still a great deal to do and we urge all families to assure that their states/territories have named an AMCHP family delegate! Please let us 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 the family delegate in your state or territory.

The Family Scholar Program (FSP) continues to change to reflect the changing landscape that is Title V. Recently the Family and Youth Leadership Committee (FYLC) adopted 7 of the 12 Maternal and Child Health Leadership Competencies as the framework for the FSP. Over the next year, 12 family scholars and 3 family mentors will increase their knowledge and improve their skills related to communication, critical thinking, cultural competency, family centered care, MCH knowledge base, policy and advocacy, and working with communities and systems.

The FSP curriculum will include monthly Webinars, conference calls, required readings, an Individual Development Plan, networking, and a mentoring relationship. Through their participation family scholars and mentors will continue to develop as family leaders as they gain a greater understanding of Title V and how it works in their states; increase their involvement in Title V in an advisory, voluntary, or staff capacity; expand their professional network; and increase their understanding of current and emerging issues impacting women, children, and families at the national level. Encourage their development by engaging them in conversation and sharing your ideas, activities, and questions with them.

The FYLC extends a special invitation to all conference attendees to attend activities especially designed to develop and promote family leadership within MCH programs. 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 near the registration desk for federal and state information, for updates on the conference, and to network with other family representatives.

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

Ruth Walden, New York
Co-chair, FYLC

Rodney Farley, Arkansas
Co-chair, FYLC

2030 M Street, NW, Suite 350, Washington, DC 20036 **MAIN** 202 775 0436 **FAX** 202 775 0061

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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.

- **Family and Youth Leadership Committee (FYLC) Open Meeting (Saturday, March 6, 4:00-5:30 pm) –** open to all, this 90-minute interactive meeting of FYLC members is to discuss committee business and future activities.
- **Regional Meetings (Sunday, March 7, 1:00-2:45 pm) –** open to all.
- **All Family Representative Meeting (Monday, March 8, 7:15-8:30 am) –** open to all. Family representatives, family scholars, family mentors, family delegates, and others will have a chance to meet and discuss pressing issues. Please help yourself to breakfast and join us in the meeting room.
- **Family Touchpoints (Tuesday, March 9, 11:00 am-12:30 pm) –** open to all. Family representatives and other individuals 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 upon returning home.

2010 Family Scholars Program

AMCHP is pleased to welcome the family scholars to the 2010 conference. The following individuals were selected based on their desire to further develop their leadership skills and their interest to increase family involvement with Title V programs:

Lashay Canady, Colorado, Region VIII
Tesha Imperati, Connecticut, Region I
Tammy Thompson, Florida, Region IV
Sherry Richardson, Georgia, Region IV
Rylin Rodgers, Indiana, Region V
Rachell Swanson-Holm, Iowa, Region VII
Bonnie Thompson, Massachusetts, Region I
Jennifer Pitre, New Jersey, Region II
Janet-Dee Tafolla, Oregon, Region X
Paula Reid, Rhode Island, Region I
Betty Morse, Vermont, Region I
Julie Turkoske, Wisconsin, Region V

We would also like to recognize the following individuals selected as family mentors for their work and support of family involvement and leadership development:

Anna Cyr, Maine, Region I
John Hoffman, Minnesota, Region V
Heather Milliren, Washington, Region X

Adolescent Reproductive and Sexual Health Disparities Scholars

We would like to recognize the following AMCHP members who were selected as the 2010 Adolescent Reproductive and Sexual Health (ARSH) Disparities Scholars because of their commitment to gaining a deeper understanding of ARSH disparities and working to increase their states' capacity to improve adolescent health:

Sophie Wenzel, Alaska, Region X
Gloria Montalvo Ortega, Puerto Rico, Region II
Rachel Samsel, Texas, Region VI
Judy Schoder, Washington, Region X

2010 AMCHP Family Delegates

The following individuals are the state and territorial AMCHP family delegates.

Susan Colburn, Alabama, Region IV
Barbara Chambers, Alaska, Region X
Rita Aitken, Arizona, Region IX
Kristi Bartlett, Arkansas, Region VI
Marian Dalsey, California, Region IX
Eileen Forlenza, Colorado, Region VIII
Ann Gionett, Connecticut, Region I
Ann Phillips, Delaware, Region III
Natasha Hill, District of Columbia, Region III
Terri, Gibson, Florida, Region IV
Zenaida V. Okada, Guam, Region IX
Leolinda Parlin, Hawaii, Region IX
Robert Cook, Illinois, Region V
Rebecca Kirby, Indiana, Region V
Theresa Rasch, Iowa, Region VII
Connie Zienkewicz, Kansas, Region VII
Anna Cyr, Maine, Region I
Suzanne Gottlieb, Massachusetts, Region I
Mary J. Marin, Michigan, Region V
Carol Grady, Minnesota, Region V
Tracy Damario, Missouri, Region VII
Nina Baker, Nebraska, Region VII
Martha-Jean Madison, New Hampshire, Region I
Ruth Walden, New York, Region II
Donene Feist, North Dakota, Region VIII
Kim Weimer, Ohio, Region V
Joni Bruce, Oklahoma, Region VI
Becky Adelmann, Oregon, Region X
Laura Jones, Rhode Island, Region I
Jackie Richards, South Carolina, Region IV
Carol Harvey, Texas, Region VI
Gina Pola Money, Utah, Region VIII
Dana Yarbrough, Virginia, Region III
Susan Ray, Washington, Region X
Amy Whitehead, Wisconsin, Region V
Michelle Pena, Wyoming, Region VIIII

Display of Every Child Matters Banners

Every Child Matters is a 501c3, nonprofit, nonpartisan organization working to make children, youth, and families a national political priority. We promote the adoption of smart policies for children and youth – including ensuring that children have access to affordable, comprehensive health care services, expanding early-care and learning opportunities and after-school programs, preventing violence against children in their homes and communities, alleviating child poverty, and addressing the special needs of children with parents in prison – by raising the visibility of these issues during the election cycle and urging the candidates to support greater investments in programs that address the needs of America's families.

Presidents Helping Children is an exhibit that highlights presidents who have helped lift the well-being of children and families throughout the 20th and 21st centuries. It starts with President Teddy Roosevelt's White House Conference on Children in 1909. Over the past 100 years, presidential support of federally funded programs has proved to help children and families through such programs as the National School Lunch Act, Head Start, WIC, and the State Children's Health Insurance Program. The exhibit shows how effective these programs have been in keeping families, particularly children, safe and healthy. Two additional banners feature President Obama and statistics on children. **A selection of the banners will be on display during the AMCHP conference.**

For more information on the exhibit, or to check for availability for your event, please contact Rebecca Watts at rwatts@everychildmatters.org.

AMCHP's Best Practices Program and 2010 Awardees

Congratulations to the 2010 Best Practice Awardees! To be presented Tuesday, March 9th, during the luncheon plenary session.

AMCHP's Best Practices Awardees for 2010

Best Practice: *Oregon's Youth Transition Program*

The Youth Transition Program is a comprehensive transition program for youth with disabilities implemented by the Oregon Office of Vocational Rehabilitation Services, Oregon Department of Education, University of Oregon, and local school districts statewide. The purpose of the program is to prepare youth with disabilities for employment or career-related postsecondary education or training. The program currently exists in 105 high schools and is funded through a combination of state and local funds. Participants have demonstrated consistently positive educational and employment outcomes.

Promising Practice: *Rhode Island's Pediatric Practice Enhancement Project*

The National Survey of Children with Special Health Care Needs found that there was a need for Rhode Island to focus particular attention on systems integration through the "medical home" model and for stronger family and professional partnerships when addressing the complex needs of CYSHCN and their families. Rhode Island responded by providing a cost-effective model utilizing parents onsite in pediatric primary and specialty care practices to work directly with families identified by the physician as needing assistance with system navigation, resource identification, peer support, and education.

Emerging Practice: *Alaska's Medical Emergency Preparedness-Pediatrics*

Children are often excluded from disaster planning, their special needs often surfacing as an afterthought or left for future planning. 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. As a result, 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 response. The project goal was to increase Anchorage's (Alaska's largest city and hub for pediatric health care) pediatric surge capacity during emergencies by training healthcare providers.

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 ("**best practices**"). Best practice focus areas include preconception care, mental health, data and assessment, financing, program and system integration, workforce development, injury prevention, emergency preparedness, family involvement, and other public health issues.

Submit Your Best Practices!

AMCHP collects submissions for the Innovation Station, an online, searchable database of best practices in maternal and child health from around the country all year round! Best practices may be featured in *Pulse* or promoted on the AMCHP Web site. To learn more about promising and effective programs in MCH, please visit AMCHP's new online searchable database, Innovation Station, at: www.amchp.org/innovationstation. It is our goal to have at least one best practice from every state!

Submit your best practices today at www.amchp.org/bestpractices.

For more information about best practices, please contact Sharron Corle (scorle@amchp.org) or Lauren Raskin Ramos (lramos@amchp.org).

AMCHP Awards and Winners

Vince Hutchins Leadership Award

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

The Vince Hutchins Leadership Award will be presented in Fall 2010 at the Maternal and Child Health Bureau's 75th Anniversary of Title V Celebration. The winner will be announced then.

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 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 dead, 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 Family Leadership Award

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

AWARDEE: Susan Colburn, State Parent Consultant, Alabama Department of Rehabilitation Services

To be presented Monday, March 8th, during the morning plenary session.

Presented for the first time in 2008, this award was 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 also led the way for 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.

John MacQueen Award and Memorial Lecture

For innovation in the field of Maternal and Child Health

AWARDEE: Sara Rosenbaum, JD, Hirch Professor and Chair, Department of Health Policy, The George Washington University School of Public Health and Health Sciences

To be presented Sunday, March 7th, at the opening plenary session.

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 awardee 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.

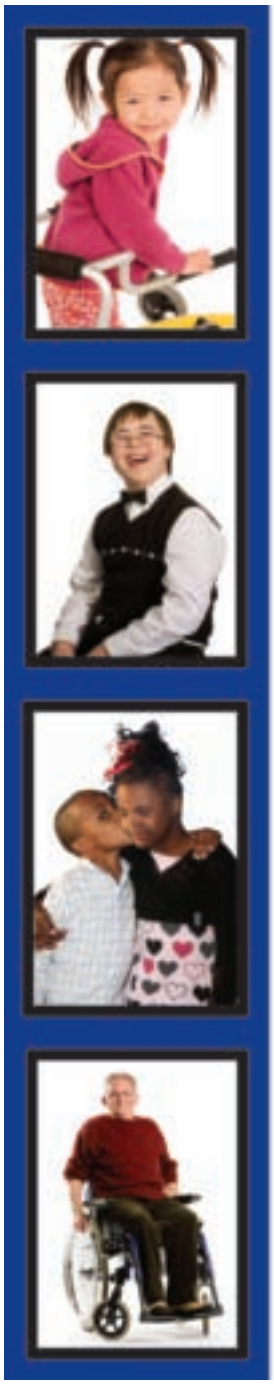
Legislative Champions for Maternal and Child Health Award

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 Max Baucus (D-Montana) and Diedra Henry-Spires, Health Counsel, Senate Committee on Finance; Representative Jesse Jackson, Jr. (D-Illinois' 2nd District) and Charles Dujon, Legislative Director, Office of Jesse Jackson, Jr.

To be presented on Tuesday, March 9, at the Congressional Reception on Capitol Hill. Due to the uncertainty of Congressional schedules, the awardees were not able to confirm in advance that they will be able to attend the reception 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 and youth 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 was awarded for the first time in 2009.



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BASINET

To help select sessions that best meet your educational goals, follow the tracks presented in the key below and reference the MCH Leadership Competencies grid.

SESSION TRACKS KEY

Population Tracks

Strategy Tracks

Registration Hours

Located at the Woodrow Wilson Registration Desk

Saturday, March 6	7:00 am to 7:00 pm
Sunday, March 7	7:00 am to 7:00 pm
Monday, March 8	7:00 am to 7:00 pm
Tuesday, March 9	7:00 am to 5:00 pm

Exhibit Hall Hours and Events

Located in Woodrow Wilson A

Sunday, 7:30 pm to 9:00 pm	Exhibit Hall Opens Welcome Reception
Monday, 7:30 am to 11:45 am	**Exhibit Hall Open** *(Note: the hall will be closed from 11:45 am to 1:30 pm)*
Monday, 7:30 am to 8:30 am	Breakfast with Exhibitors
Monday, 9:45 am to 10:15 am	Coffee Break with Exhibitors
Monday, 1:30 pm to 8:00 pm	**Exhibit Hall Open**
Monday, 2:15 pm to 3:00 pm	Dessert with Exhibitors
Monday, 4:15 pm to 4:30 pm	Refreshment Break with Exhibitors
Monday, 5:45 pm to 8:00 pm	AMCHP/NBDPN Joint Reception in Exhibit Hall
Tuesday, 8:00 am to 12:30 pm	**Exhibit Hall Open**
Tuesday, 8:00 am to 9:15 am	Breakfast with Exhibitors
Tuesday, 10:45 am to 11:00 am	Coffee Break with Exhibitors

Poster Sessions

Located in the Woodrow Wilson Foyer

Sunday, 7:30 pm to 9:00 pm	Excellence in MCH Research and Practice I
Monday, 5:45 pm to 8:00 pm	Excellence in MCH Research and Practice II

MCH Leadership Competencies Grid

See below for the sessions (by number) that address each competency.

	A	B	C	D	E	F	G	H	I	Posters Sunday	Posters Monday	Roundtables Sunday	Roundtables Monday	Roundtables Tuesday
MCH1	A4	B1	C1	D1	E1	F1	G1	H2	I1	1, 2, 3 ,4	22, 24	RT2	RT3	RT11
MCH Knowledge Base		B2	C2	D2	E3	F3	G2	H3	I2	5, 6, 7, 8	25, 26		RT4	RT12
			C4	D4	E4	F4	G3	H4	I3	9. 11	28, 30		RT5	RT13
			C5	D6	E5	F5	G4	H5	I4	12, 14	31, 32		RT6	
			C7	D8	E6	F7	G5	H8	I5	15, 16	35, 39		RT7	
				D9	E7	F9	G6	H9	I7	17, 18,	40		RT8	
				D10			G7		I8	19, 20			RT9	
				D11			G8		I9	21				
							G9		I10					
							G10							
MCH2	A1	B1	C1	D1	E4	F3	G2	H4	I3	3	26		RT8	RT12
Self-Reflection	A4	B3	C4	D6	E5	F7	G3	H5	I4	4	35			RT13
				D8	E6	F9	G5	H9	I8	5	40			RT14
				D9			G6		I9	7				
				D10			G8			15				
							G9			19				
										20				
MCH3		B3	C1	D8	E5	F7	G1	H4	I3	3	26		RT8	RT12
Ethics and Professionalism			C4	D10	E6	F9	G2		I8	4	33		RT9	RT13
				D11	E7		G3		I9	7	35			RT14
							G5			16	37			
							G6			19	40			
							G7			20				
							G8							
MCH4	A3	B3	C1	D1	E3	F1	G1	H4	I3	1, 3	24, 26	RT2	RT4	RT12
Critical Thinking			C2	D6	E5	F3	G2		I4	4, 7	28, 32		RT5	RT13
			C4	D8	E6	F4	G3		I5	11, 14	33, 35		RT6	
			C5	D9		F5	G4		I8	16, 19	39		RT8	
			C7	D10		F7	G7		I9	20	40		RT9	
				D11		F9	G8			21				
							G9							
MCH5	A3	B3	C1	D2	E4	F1	G1	H3	I1	3. 4, 7	23, 24		RT4	RT12
Communication			C2	D3	E5	F2	G2	H4	I3	15	26, 28		RT8	RT13
			C4	D4	E6	F3	G3	H5	I4	16	32		RT9	RT14
			C5	D6	E7	F7	G5	H9	I5	17	33			
			C6	D8		F9	G6		I6	19	35			
			C7	D9			G8		I8	20	36			
				D10			G9		I9	21	37			
				D11			G10				40			
MCH6	A4	B1	C1	D1	E2	F3	G1	H3	I3	3, 4	24	RT2	RT8	RT12
Negotiation and Conflict Resolution		B3	C4	D8	E5	F9	G2	H4	I4	7, 16	26			RT13
				D10	E6		G3		I8	19	35			RT14
							G8			20	40			

	A	B	C	D	E	F	G	H	I	Posters Sunday	Posters Monday	Roundtables Sunday	Roundtables Monday	Roundtables Tuesday
MCH7	A2	B3	C1	D4	E1	F1	G1	H3	I3	3, 4, 5	22, 24	RT2	RT6	RT12
Cultural Competency			C4	D6	E5	F3	G2	H4	I4	7, 10, 11	26, 35		RT8	RT13
			C5	D8	E6	F4	G3	H5	I5	12, 15	37, 38		RT9	RT14
				D10	E7	F7	G7	H8	I6	16, 18	40			
				D11		F9	G8		I7	19, 20				
							G10		I8					
MCH8		B3	C1	D3	E1	F1	G1	H2	I3	1, 2, 3	22, 23	RT1	RT6	RT11
Family-Centered Care			C4	D5	E2	F3	G2	H3	I4	4, 7, 11	24, 25		RT7	RT12
			C5	D6	E5	F4	G7	H4	I7	17	26, 31		RT8	RT13
				D8	E6	F7	G8	H8	I8	18	33, 35		RT9	RT14
				D10	E7	F9	G9		I9	19	38			
				D11			G10			20	40			
MCH9	A1	B1	C1	D1	E2	F1	G1	H4	I1	2, 3	24	RT1	RT6	RT12
Developing Others Through Teaching and Mentoring	A2		C4	D5	E5	F4	G2	H5	I3	4, 7	26	RT2	RT8	RT13
	A4		C6	D8	E6	F6	G5		I4	10, 15	33			RT14
			C7	D11	E7	F7	G7		I8	17, 19	35			
					E8	F9	G8		I10	20	40			
							G10			21				
MCH10	A4	B1	C1	D1	E3	F1	G1	H2	I1	2, 3, 4	24	RT2	RT3	RT12
Interdisciplinary Team Building		B3	C4	D3	E5	F3	G2	H3	I2	6, 7, 8	26		RT4	RT13
			C6	D8	E6	F4	G3	H4	I3	9, 10, 11	32		RT5	RT14
			C7	D11	E7	F6	G5	H5	I4	12	35		RT6	
					E8	F7	G7	H7	I8	19	40		RT8	
						F9	G8			20			RT9	
							G9			21				
MCH11	A4	B1	C1	D1	E2	F1	G1	H2	I1	1, 2, 3	22, 23	RT1	RT3	RT11
Working with Communities and Systems		B2	C4	D2	E5	F2	G2	H3	I2	4, 5, 7	24, 26	RT2	RT4	RT12
		B3	C6	D3	E6	F3	G3	H4	I3	8, 10	29, 31		RT5	RT13
				D4	E7	F4	G4	H5	I4	11, 12	32, 33		RT6	RT14
				D6	E8	F5	G5	H6	I5	15	35		RT8	
				D8		F6	G6	H7	I6	16	37		RT9	
				D10		F9	G7		I7	19	38			
				D11			G8		I8	20	39			
							G9		I9	21	40			
							G10							
MCH12		B1	C1	D1	E2	F1	G1	H2	I1	1, 2	23, 26	RT2	RT3	RT11
Policy and Advocacy			C2	D4	E3	F3	G2	H3	I2	3	28, 30		RT4	RT12
			C4	D6	E5	F4	G3	H4	I3	4	31, 32		RT6	RT13
				D8	E6	F5	G4	H5	I4	8	33, 35		RT8	
				D9	E7	F7	G7	H6	I5	12	37		RT9	
				D10		F9	G8	H7	I7	16	39			
				D11			G9		I8	19	40			
									I9	20				

TYPES OF SESSIONS

SKILLS-BUILDING SESSIONS are interactive trainings focused on developing specific competencies and skills that may be required of MCH leaders, including family leaders.

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

ROUNDTABLES are facilitated group discussions during which all participants are invited to share information and experiences and to engage in discussion to more fully explore the topic. Presentations will be briefer than during workshops.

Saturday, March 6

7:00 am – 7:00 pm

Registration Open
Woodrow Wilson Registration Desk

8:00 am – 4:00 pm ***Baltimore 4/5***

AMCHP Board Meeting *(open)*

8:30 am – 5:30 pm

Adolescent Reproductive and Sexual Health Disparities Summit *(by pre-registration only)*

Magnolia 3

The Adolescent Reproductive and Sexual Health (ARSH) Disparities Summit, the culmination of over two years work by AMCHP staff and partners to identify key capacity supports needed by state maternal and child health programs, is a day-long learning and skills-building opportunity. One of the priority objectives of this innovative Summit is to provide the opportunity to bring together key MCH leaders, adolescent health partners, and others to explore the issue of adolescent reproductive and sexual health disparities and how state MCH programs and partners can work more effectively on this issue. The Summit agenda will include a keynote address by Dr. Robert Blum from Johns Hopkins University, a perspectives panel of key federal, national, state and foundation partners, and a skills-building session on "Framing Data for Decision Makers" presented by Glynis Shea from the Konopka Institute for Best Practices, in partnership with Megan Foreman from the National Conference of State Legislatures and Ellen Schleicher Pliska from the Association of State and Territorial Health Officials.

9:00 am – 12:00 pm

SKILLS-BUILDING SESSIONS

A1 Launching Leadership Skills Enrichment in Your Program

Limited to 20 participants on a first-come basis.
Annapolis 1

STRATEGY TRACK:

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

Marjory Ruderman, MHS, Associate, Women's and Children's Health Policy Center (WCHPC), Johns Hopkins Bloomberg School of Public Health (JHSPH)
Holly Grason, MA, Associate Professor, WCHPC, JHSPH

A2 Advancing and Sustaining Cultural and Linguistic Competence in Maternal and Child Health

Annapolis 2

POPULATION TRACK:

Cultural and linguistic competence (CLC) is widely recognized by policy makers, researchers, educators, and providers as a fundamental aspect of quality in the delivery of health care, particularly in serving diverse populations. CLC is viewed as essential to reducing disparities by improving access, utilization, treatment, outcomes, and well-being of children, families, and the communities in which they live. While the evidence suggests the efficacy of this approach, many continue to struggle with the full integration of CLC into systems concerned with maternal and child health. Achieving CLC requires strong and informed leadership to spur the necessary changes within systems, organizations, policies, and practice. Without committed and effective leadership, these efforts typically stall. There is a need for leaders with the energy, knowledge, and skills to guide the difficult work of advancing and sustaining CLC within maternal and child health. This skills building session is expressly designed to respond to this need and offers an interactive forum to explore the unique role of those who currently lead or are interested in leading these efforts with an emphasis on programs serving children and youth with special health care needs and their families. The session will describe the outcomes of an 18-month community of learners (COL) to advance and sustain CLC, conducted by the National Center for Cultural Competence. Participants will share their perspectives on the impact of the COL and their leadership journeys. It also will provide opportunities for participants to share and learn from peers about the challenges and successes of leading such efforts and to develop an individualized action plan for leadership.

Tawara Goode, MA, Director, National Center for Cultural Competence, Center for Child and Human Development, Georgetown University
Renee Turchi, MD, MPH, Medical Director, PA Medical Home Program, St. Christopher's Hospital for Children and Drexel University
Alberto Cohen-Abbo, MD, Attending Physician and Assistant Professor of Pediatrics, Connecticut Children's Medical Center

A3 Getting the Word Out: Writing Strong Abstracts, Manuscripts, and MCH Epidemiologic Issue Briefs

Annapolis 3

STRATEGY TRACK:

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

Kathleen O'Rourke, PhD, Professor of Epidemiology and Research Director, Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida

A4 Introduction to Conflict Management

Annapolis 4

STRATEGY TRACKS:

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

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

12:00 pm – 1:00 pm
Lunch Break – *on your own*

1:00 pm – 4:00 pm

SKILLS-BUILDING SESSIONS

B1 Introduction to Storytelling: How to Write Your Public Health Story

Annapolis 1

STRATEGY TRACK:

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

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

B2 Using CDC's Online Data for Epidemiologic Research Systems to Access PRAMS Data on Key Maternal and Child Health Indicators

Annapolis 2

STRATEGY TRACK:

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

Holly Shulman, MS, Statistician, CDC
Ayanna Harrison, BS, Program Manager, Science Applications International Corp (SAIC)

B3 Let It Be a Dance: Partnering With Family Organizations to Improve Outcomes

Annapolis 3

POPULATION TRACK:

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

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

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

4:00 pm – 7:00 pm **Baltimore 1**
Family and Youth Leadership Committee Meeting *(open until 5:30pm)*

5:00 pm – 7:00 pm **Annapolis 1**
Emerging Issues Committee Meeting *(open)*

5:00 pm – 7:00 pm **Annapolis 2**
Health Care Finance and Legislative Committee Meeting *(open)*

7:00 pm – 9:00 pm **Baltimore 4/5**
Family Scholars Welcome Dinner *(by invitation only)*

Sunday, March 7

7:00 am – 7:00 pm
Registration Open
Woodrow Wilson Registration Desk

8:00 am – 11:30 am ***National Harbor 15***
Workforce Development Committee Meeting *(open)*

8:00 am – 5:00 pm ***National Harbor 6***
National Network of State Adolescent Health Coordinators Leadership Meeting *(by invitation only)*

9:00 am – 12:00 pm

SKILLS-BUILDING SESSIONS

C1 State MCH Data Records Linkage Practice: Methodological Approaches

Note: This is an all-day session and will continue from 1:00 to 4:00 pm. If you would like to earn CDC continuing education for this session you must attend both the morning and afternoon segments. This is a joint session with the NBDPN, and is limited to 25 attendees from each organization's meeting on a first-come basis.
Woodrow Wilson D

STRATEGY TRACK:

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

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

C2 Health Information Technology Opportunities for Title V Programs in Health Care Reform

Annapolis 2

POPULATION TRACK:

STRATEGY TRACK:

The heavy emphasis on health information technology as part of health care reform efforts to reduce costs and

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

Debra Bara, MA, Associate Director, Programs, Public Health Informatics Institute
Claudia Brogan, MS, Training Manager, Public Health Informatics Institute
William Hollinshead, MD, MPH, Physician, Public Health Informatics Institute

C3 Reducing Injuries in Challenging Economic Times: Learning From the Past and Planning for the Future

Annapolis 3

STRATEGY TRACK:

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

Ellen Schmidt, MS, OTR, National Outreach Coordinator, Education Development Center, Inc. (EDC)
Sally Fogerty, RN, MEd, Deputy Director, Center for Study and Prevention of Injury, Violence and Suicide, and Director, Children's Safety Network National Injury and Violence Prevention Resource Center, EDC
Monique Sheppard, PhD, Children's Safety Network Economics and Data Analysis Resource Center, and Pacific Institute for Research and Evaluation

C4 The Nuts and Bolts of Building Community-Based Service Systems for CYSHCN

Annapolis 4

POPULATION TRACK:

STRATEGY TRACK:

State Title V Children with Special Health Care Needs (CSHCN) programs are being charged with developing community-based service systems. This is particularly a challenge for programs that have historically focused on providing centralized specialty services as they seek to answer questions such as how to develop a shared vision; how to get buy-in from partners; how to engage communities, building on their strengths; and how this will impact our budget. The purpose of this session is to demonstrate the process used by three states in moving toward community-based service systems: 1) strategic partnerships at the state and community levels, 2) the need and challenge of getting buy-in from staff, 3) community assessment, 4) developing a plan and budgeting, 5) implementation and budgeting, and 6) measurement. State CSHCN directors and family leaders will share first-

hand experiences in implementing this process, along with complimentary tools from a national DSCSHN-funded center. Presenters will define critical components, sharing achievements and challenges. Participants will work in small groups to apply each step in their own states and communities, with ample opportunities to dialogue. In conclusion, states that have worked to develop community-based service systems all have made progress to varying degrees. Contextual factors, e.g., existing public health structures and budget crises, have impacted what was accomplished. The amount of time and effort required to obtain buy-in and develop a new vision of services is extensive and cannot be rushed. The ten essential public health functions have served as a foundation for our efforts, emphasizing the importance of mobilizing communities, linking people to needed services, and assurance. Evidence-based care coordination and coalition building practices will be presented as well as promising practices pertaining to the implementation of the six CSHCN performance outcomes.

Diane Behl, MEd, Senior Researcher, Utah State University
Harper Randall, MD, CSHCN Medical Director, Utah Department of Health
Eileen Forlenza, BS, Director, Colorado Medical Home Initiative, Colorado Department of Health and Environment
Toni Wall, MPA, Title V CSHCN Director, Maine Department of Health and Human Services
Anna Cyr, Family Consultant to Children with Special Needs, Family Delegate, Maine

C5 Social Marketing and Maternal and Child Health: Identifying and Understanding Your Target Audience

Baltimore 1

POPULATION TRACKS:

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

Martha Alexander, MA, MPH, Deputy Associate Director for Communication Science, NCBDDD, CDC
Kate Galatas, MPH, Acting Director, Division of Partnerships and Strategic Alliances, National Center on Health Marketing, CDC
Melissa Taylor, MA, Executive Vice President of Strategic Planning and Research, Porter Novelli

C6 Designing and Implementing New Internet-Based Technologies for MCH

Baltimore 2

STRATEGY TRACKS:

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

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

C7 Getting the Message Out: Distance Learning Using a Variety of Methods for MCH Professional Development

Annapolis 1

STRATEGY TRACK:

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

Karen Edwards, MD MPH, LEND Program Director, Westchester Institute for Human Development (WIHD)
Barbara Levitz, Director of LEND Family Partnerships Training, WIHD
Lee Wallace, MS, RD, LDN, FADA, Nutritionist, Boling Center for Developmental Disabilities, University of Tennessee Health Science Center
Toby Long, PhD, PT, FAPTA, Director of Trianing, Georgetown University
Catherine Barber, MPA, Research Manager, Harvard Injury Control Research Center, Harvard School of Public Health

11:00 am – 12:00 pm ***National Harbor 14***
AMCHP/CityMatCH Meeting *(by invitation only)*

11:30 am – 1:00 pm ***Magnolia 3***
New Directors Luncheon *(by invitation only)*

12:00 pm – 1:00 pm
Lunch Break – *on your own*

1:00 pm – 2:45 pm
Regional Meetings

Take advantage of this opportunity to network and engage directly with peers from your neighboring states! Regional meetings offer the chance to learn from your colleagues and share the latest on hot topics and emerging issues in your region. The intimate size of these meetings is perfectly conducive to sharing tips and strategies for confronting common challenges, celebrating state successes, and identifying models and best practices for MCH leaders.

Region I ***Annapolis 1***
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region II ***Chesapeake C***
New Jersey, New York, Puerto Rico, U.S. Virgin Islands

Region III ***Annapolis 2***
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Region IV ***Annapolis 3***
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region V ***Annapolis 4***
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region VI ***Baltimore 1***
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region VII ***Baltimore 2***
Iowa, Kansas, Missouri, Nebraska

Region VIII ***Baltimore 3***
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region IX ***Baltimore 4***
Arizona, California, Hawaii, Nevada, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau

Region X ***Baltimore 5***
Alaska, Idaho, Oregon, Washington

3:00 pm – 4:30 pm

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT1 A Statewide Model for Family-Professional Partnerships

National Harbor 14

POPULATION TRACK:

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

Michelle Reynolds, MOT, OTR, Director of Individual Advocacy and Family Support, Institute for Human Development, UMKC, UCEDD
Tracy Damario, BSHCN Family Partner, Bureau of Special Health Care Needs. Missouri Department of Health and Senior Services

RT2 Sexual Health Promotion Through NGO/School Partnerships

National Harbor 15

POPULATION TRACK:

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

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

3:00 pm – 4:30 pm

WORKSHOPS

D1 Educating the MCH Workforce on the Life-Course Perspective

Chesapeake C

STRATEGY TRACKS:

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

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

D2 Innovative Communication Strategies to Promote Preconception Health

Annapolis 2

POPULATION TRACK:

Life-course health development models using a variety of communication techniques are transforming the work of MCH programs. In this session, three cutting-edge life-course/preconception health programs will be explored. LA Best Babies Network, in partnership with Worksite Wellness LA, conducted the How Healthy Are You? Worksite Wellness program with a major garment industry employer in Los Angeles, demonstrating that women are receptive to preconception health messages in the workplace. LA Best Babies Network developed a scorecard for women to score their preconception health. The scorecard and specially designed Web sites provide health education information and were used as tools for incorporating

preconception health messages into a targeted worksite wellness program for women. The program encouraged women to develop a healthy life plan with clearly defined action steps. In addition, Louisiana's The Stork Reality Campaign will be introduced. Sammy the Stork spends many evenings with his flock (a street team) swooping in and out of neighborhood bars throughout the state, making new friends and spreading the word about the importance of preconception health. The campaign's strategic approach combines traditional marketing methods (advertising and Web site) with grassroots efforts, supported by social media and online tactics. All drive traffic to www.TheStorkReality.com. The Web site houses a series of videos where Sammy is interacting with the target audience. Through Nebraska's Title V/MCH planning process, a life-course health development model directed the state's Title V efforts to focus on preconception health. The opportunity to apply for and receive a First Time Motherhood/New Parents Initiative grant has allowed Nebraska to share with its MCH colleagues new and innovative ways to promote both women's health and healthy future pregnancies. Soon to be launched will be a musical, interactive digital campaign named "Tune."

Sue Spanhake, BS, Program Manager, Perinatal, Child and Adolescent Health, Nebraska Department of Health and Human Services
Karis Schoellmann, MPH, Clinical Assistant Professor, Tulane School of Public Health and MCH Program, Louisiana Office of Public Health
Tonya Gorham, MSW, Director of Policy, LA Best Babies Network

D3 The Development of Quality-of-Care Standards for the Care of Children With Epilepsy

Annapolis 3

POPULATION TRACK:

Guidelines for the primary care management of children with epilepsy in a comprehensive family-centered manner have been lacking despite high rates of comorbidity (developmental problems and mental health and learning issues) that are best addressed at the community, not specialty, level. Neurology seizure-type specific guidelines exist but none for comanagement of the range of issues that include education and health care transition. A reiterative process involving primary care and neurology clinicians with parents and care coordinators developed the process of identification, previsit assessment, and planned care visits with education and provision of seizure-emergency action plans. Registries of patient populations were developed and planned visits implemented. The results of the guideline implementation process in seven primary care and three neurology practices will be detailed. The factors that facilitate and impede the implementation of patient registries, planned care visits, and provision action plans will be detailed. The performance of practices in meeting guideline-level care at baseline as well as after 4 and 12 months will be presented. Lessons learned from this process about the role of families, primary care clinicians, and quality improvement experts can inform future state-level MCH interventions.

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

D4 From College to Community Through Peer Education: Educating College-Aged African American Youth About Preconception Health

Baltimore 4

POPULATION TRACKS:

STRATEGY TRACK:

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

messages among African American communities with high rates of infant mortality across the nation. Peer education interventions, including outreach and communication strategies developed through the PPE program, should be more largely incorporated into infant mortality prevention and preconception health promotion efforts to more effectively reach and educate this population.

Isabel Estrada-Portales, MS, Director of Communications, Office of Minority Health Resource Center
Matilde Gonzalez-Flores, MPH, Research and Social Marketing Specialist, Office of Minority Health Resource Center

D5 Building Professional Capacity to Meet Infant Mental Health Needs

Baltimore 1

STRATEGY TRACK:

Ongoing partnerships between Indiana's Early Childhood Coordinating Council and the Indiana Association for Infant and Toddler Mental Health (IAITMH) have created an innovative program to build capacity statewide to meet the mental health needs of young children and their families. The IAITMH Infant Mental Health (IMH) mentorships are an opportunity for early intervention professionals to learn about major concepts in IMH in a small group setting with facilitation provided by a seasoned IMH professional (psychologist or social worker). Groups usually meet for two hours once per month for one year, earning credits that can be used for credentialing in Indiana's Part C system. Sessions involve minilectures, videos, group discussion, and vignettes. Following the increase in awareness of mental health issues in early childhood, it became evident that there were few mental health providers to whom early intervention professionals could turn for consultation or referral. To address this deficit in personnel, the Indiana Department of Health and the Early Childhood Comprehensive Systems Initiative planned to increase training for mental health professionals in IMH. An important method for disseminating this information is through mentorship opportunities. The original mentorship program was revised to be more appropriate for mental health professionals. In recognition of their previous mental health training and time pressures, this mentorship was condensed into a six-session experience. Each training module included a PowerPoint presentation, handouts and activities, recommended readings, and written background and outline for the facilitators. The modules were designed to address training needs in mental health and included information about evaluation, diagnosis, treatment, and consultation. The modules were piloted with three groups spread out across the state. Following some minor changes, the program was launched in 2009.

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

D6 Taking Care of Mom: New Resources for MCH Programs

Baltimore 2

POPULATION TRACK:

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

Karen Hench, RN, MS, Deputy Director, DHSPS, MCHB, HRSA
Darlene Roebuck, MSN, Maternal Infant Health Program Administrator/Healthy Start Project Director, Philadelphia Department of Public Health

D7 The Journey From Families as Consumers to Family Leadership: Cultivating Human Capital to Bring About Systems Change

Baltimore 3

POPULATION TRACKS:

STRATEGY TRACKS:

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

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

D8 Childhood Obesity: Exploring Causes and Prevention Strategies in the Periconceptional, Fetal, and Early Childhood Periods

Annapolis 4

POPULATION TRACKS:

STRATEGY TRACKS:

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

Eric Walsh, MD, MPH, Medical Director, Health Care Agency, County of Orange
Sonja Entringer, PhD, Post Doctoral Research Fellow, University of California, Irvine
Debbie Chang, MPH, Senior Vice-President and Executive Director of Health and Prevention Services, Nemours

D9 The Changing Face of Children's Health: Results From the National Survey of Children's Health

Baltimore 5

POPULATION TRACK:

Policy issues such as the childhood obesity epidemic, parity for treatment of mental health problems, and increasing breastfeeding promotion initiatives are changing the picture of children's health in the United States. Together with the 2003 National Survey of Children's Health (NSCH), the recently-released 2007 NSCH can serve as a means of gauging changes in the health needs of children and our capacity to meet their needs. The 2007 NSCH can also serve as a baseline for measuring the future impacts of health care reform efforts on the health of America's children. Both surveys had sample sizes of about 100,000 children, with about 2,000 interviews per state. These surveys were designed to produce national- and state-specific prevalence estimates for a variety of physical, emotional, and behavioral health indicators and measures of children's experiences with the health care system. In this session, the findings from the 2007 NSCH will be compared to the 2003 findings for state-specific and national changes in three key areas: obesity and overweight prevalence among children 10-17 years of age; breastfeeding initiation, duration, and exclusivity; and emotional and behavioral problems, both parent-reported and diagnosed. For each area, the extent to which socioeconomic, behavioral, and neighborhood, social, and built environmental characteristics explain geographic disparities were explored. When applicable, these changes were also examined in the context of broader factors, such as breastfeeding promotion legislation or mental health parity legislation and related regulatory changes. We found that important changes did occur between 2003 and 2007, at both the state and national levels: the prevalence of obesity and overweight increased, as did breastfeeding initiation, although breastfeeding exclusivity was well below recommended levels. The public health implications of these findings will be discussed.

Gopal Singh, PhD, Senior Epidemiologist, MCHB, HRSA
Reem Ghandour, DrPH, Public Health Analyst, MCHB, HRSA
Jessica Jones, MPH, Public Health Analyst, MCHB, HRSA

D10 Health Equity: A Final Frontier

Annapolis 1

POPULATION TRACKS:

STRATEGY TRACK:

Despite increasing diversity in the United States, significant disparities in health care and health outcomes persist. Average infant mortality in 1000 live births is 13.8 among African Americans and 5.7 among Caucasians. Health disparities affecting children include a higher incidence among minorities of low birth weight, obesity, prematurity, poor oral health, asthma, family violence, problems with social and behavioral development, and mental health concerns. It is essential that health care providers and public health professionals continue to work towards elimination of health disparities and the realization of health equity. This workshop will discuss the sixth and final case in the MCHB-funded Pediatric Pulmonary Centers' online Cross Cultural Case Studies, "Recognizing Disparities: The First Step Towards Health Equity," which was completed in 2009. Workshop leaders will present a brief overview of the entire module that was designed to teach students and health professionals about different aspects of cultural competence. Each case consists of a case story, lecture, key concepts, learning activities, and resources. With the inclusion of the final case, the series now meets all criteria identified in the American Association of Medical Colleges' Tools for Assessing Cultural Competence Training. Workshop leaders will then focus on the sixth case, discussing health disparities and health equity in greater depth. The importance of understanding the roots of the striking health disparities in our country will be discussed. Causes of health disparities at the individual, institutional, and national levels, as well as ways to address these, will also be covered. Presenters will help participants consider how best to use these cases for training in their unique settings. We will conclude with a brief description of the evaluation study currently in progress to assess the cases.

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

D11 Shifting Paradigms: Reframing Our Leadership Roles in Maternal and Child Health

Limited to 50 participants on a first-come basis.
Magnolia 3

STRATEGY TRACK:

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

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

5:00 pm - 7:30 pm

Opening Plenary Session

Moving Ahead Together: Celebrating the Legacy, Shaping the Future of Maternal and Child Health and Presentation of the MacQueen Award and Memorial Lecture

Cherry Blossom Ballroom

The MacQueen Memorial Lecture is sponsored by Go Beyond, LLC

John C. MacQueen

Join national, state, and local maternal and child health leaders in our welcome plenary session and opening celebration marking the 75th anniversary year of the Social Security Act and the Maternal and Child Health Services Block Grant. Federal officials will share current activities and provide updates on programs that support state and local maternal and child health practice. This session will also feature the distinguished John C. MacQueen Lecture to be presented by Sara Rosenbaum, JD. AMCHP established the annual lectureship to honor one of its most distinguished members, 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). Dr. MacQueen died earlier this year and this session includes a special tribute to his legacy and leadership.

In addition to hearing from our MCH leaders and partners, we are also joined by some of Washington's best entertainers including welcome performances by the Oxon Hill High School Choir and the hilariously entertaining Capitol Steps.

Welcome

Phyllis Sloyer, RN, PhD, FAHM, FAA, AMCHP President and Division Director, Children's Medical Services Network and Related Programs, Florida Department of Health, Tallahassee, FL

Michael R. Fraser, PhD, Chief Executive Officer, AMCHP, Washington, DC

Mary Wakefield, PhD, RN, Administrator, Health Resources and Services Administration (HRSA), Rockville, MD

Peter van Dyck, MD, MPH, Associate Administrator, Maternal and Child Health Bureau, HRSA, Rockville, MD

Ursula Bauer, PhD, Director, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Atlanta, GA

Choral Performance by the Oxon Hill High School Choir

Tribute to Dr. John C. MacQueen

Josephine Gittler, JD, Wiley B. Rutledge Professor of Law, Professor of Health Management and Policy, Professor of Pediatrics and Professor of Nursing, Director of National Health Law and Policy Resource Center, and Director of Policy, The Hartford Center on Geriatric Nursing Excellence, University of Iowa, Iowa City, IA

Presentation of the 2010 MacQueen Award and Lecture

Sara Rosenbaum, JD, Hirch Professor and Chair, Department of Health Policy, The George Washington University School of Public Health and Health Sciences, Washington, DC.

Performance by the Capitol Steps

The **Oxon Hill High School Choir** is one of the five vocal groups within the Oxon Hill High School Vocal Music Department (OHHSVMD). Directed by the Rev. Emory C. Andrews, OHHSVMD choirs have performed all over Prince George's County and the Washington, DC Metropolitan area and been featured by numerous area radio stations and newspapers including *The Washington Post*. The OHHSVMD has traveled widely in the U.S. as well as to Toronto, Canada, where it competed in the adjudication of bands and choral festivals and was rated #1 nationally. They have won numerous trophies over multiple years at the International Choral Festival. In April 2008, the choir also recorded their second CD entitled "Amazing" under the direction of Dr. Emory C. Andrews and produced by gospel recording artist, as well as an Alumnus of Oxon Hill High School, Philip Carter. In the spring of 2009, the choir traveled to Italy to study and perform with Italian students and renowned choral directors. In January of this year, the Choir was nominated and won the Stellar Award for the Children's Performance of the Year Award in Nashville, Tennessee.

The Capitol Steps, "the only group in America that attempts to be funnier than the Congress," is a lively ensemble of current and former Congressional staffers who poke fun at current events, politicos, and personalities on Capitol Hill, in the Oval Office, and in other centers of power and prestige around the world, and then take a humorous look at serious events, including many of interest to MCH professionals.

7:30 pm – 9:00 pm

Welcome Reception and Exhibit Hall Opening

Woodrow Wilson A

Hosted by AMCHP President Phyllis Sloyer

7:30 pm – 9:00 pm

Posters: Excellence in MCH Research and Practice I

Woodrow Wilson Foyer

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

Poster Board: 1

POPULATION TRACK:

Access to firearms is a well-established risk factor for youth suicide in the U.S. Harvard Injury Control Research Center interviewed leaders of state suicide prevention groups and analyzed the groups' state plans and Web sites. Only nine states were implementing interventions aimed at reducing a suicidal person's access to firearms. Two states were using a simple but potentially effective, noncontroversial intervention which involved training providers who come into contact with suicidal youth to ask about guns at home and to counsel their families to remove the youths' access to these guns until the situation improves. This poster will outline MCH personnel leadership skills to increase state and local capacity to implement lethal means counseling.

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

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

Poster Board: 2

POPULATION TRACKS:

STRATEGY TRACKS:

The Maine Pediatric Rapid Evaluation Program is designed to assist in providing quick access to complete information about the psychological and medical needs of children shortly

after their first placement in foster care. This study is based on data collected on children residing in six central Maine counties who entered foster care between 1999 and 2005. The report describes significant behavioral, developmental, placement, and health status problems for children entering foster care in a largely rural area of Maine. These results underscore the need for comprehensive policies to assess the needs of these children as they enter foster care.

Stephen Meister, MD, MHSA, FAAP, MCH Medical Director, Maine Center for Disease Control and Prevention

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

Poster Board: 3

STRATEGY TRACK:

Exclusive breastfeeding is recommended for the first six months of life. In 2007, the California Department of Public Health (CDPH) reported that fewer than 43% of women exclusively breastfeed their infants while in the hospital. Many birthing facilities use maternity practices that interfere with breastfeeding. The Maternal, Child, and Adolescent Health (MCAH) Division of CDPH piloted Birth and Beyond California. This project supports birthing hospitals to develop a quality improvement project that implements model hospital policy recommendations, evidence-based infant feeding policies that reduce barriers to exclusive breastfeeding. Over 360 hospital staff from 19 participating hospitals have completed the training.

Karen Ramstrom, DO, MSPH, Chief, Policy Development Branch, MCAH Division, CDPH
Leona Shields, RN, PHN, NP, MFT, Nurse Consultant III Specialist, MCAH Division, CDPH
Suzanne Haydu, MPH, RD, Nutrition and Physical Activity Coordinator, MCAH Division, CDPH

Birthing Project, Nashville Chapter

Poster Board: 4

POPULATION TRACK:

The Nashville Birthing Project meets monthly and provides prenatal and postpartum education for adolescents. It also provides education on subsequent birth spacing, domestic violence, STDs and HIV/AIDS, financial well-being, dental care, car seat safety, and the negative impact of dropping out of high school. The goals of the national Birthing Project are to keep babies from dying, have healthy birth outcomes, broaden the extended family, raise healthy communities, and encourage communities to invest in themselves. As of September 2009, the Nashville chapter has welcomed 60 babies with an average gestational age of over 39 weeks. Fewer than 2% of the births were low birth weight.

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

Cultural Competence of Maternal and Child Health Programs in Maryland

Poster Board: 5

POPULATION TRACK:

A survey was conducted of the public materials (reports, brochures, Web sites, descriptions of programs, etc.) of public maternal and child health programs. Cultural competence was assessed through observation of the extent to which the languages used were representative of those most frequent in the populations served, the extent to which the procedures and interventions were appropriate for the populations served, and the extent to which services were accessible to these populations. The findings are reported and suggestions are made concerning the improvement of cultural competence in Maryland maternal and child health programs.

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

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

Poster Board: 6

POPULATION TRACK:

STRATEGY TRACK:

National surveys in the U.S. confirmed a reduction in the prevalence of tooth decay in recent decades. However, cavities remain the most common disease of children, especially those from low-income families and ethnic-minority groups. Dental sealants have been developed and recommended as one of the major strategies of cavity prevention. This study describes the prevalence of dental sealants among third grade students in Puerto Rico. A stratified and systematic sample was selected. A group of dentists made an oral health evaluation. The presence of

dental sealants, treated and untreated cavities, and missing molars was noted, and a questionnaire was used to collect and describe the oral health of the study participants.

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

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

Poster Board: 7

STRATEGY TRACK:

This evaluation consisted of reviewing the fiscal line items in the budget that were attributed to the expenses of the paper system and conducting a time study to determine the amount of time spent. By using the paperless system, it was found that $54,000 could be saved by not purchasing paper and instead using the Thinkpads. The accuracy of the data entered also increased from 90% to 99%. The core team also saved two hours each day with the new system, making it a cost-effective and time-saving system. After only two years, the paperless system will have paid for itself as a result of not having to purchase paper.

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

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

Poster Board: 8

POPULATION TRACK:

STRATEGY TRACKS:

To address oral disease in Connecticut's children, the Office of Oral Health developed Home By One. The program seeks to establish a dental home for all children by age one, targeting those at high risk, through an integrated partnership connecting parents, WIC nutritionists, pediatricians, dentists, and advocates. Home By One successfully implemented oral health train-the-trainer programs for WIC staff, who then educate WIC parents, WIC parent advocates, pediatricians, and dentists. Since the program's inception, the number of dental providers serving uninsured children has grown by over 200%. Reports from individual dental homes indicate that over 10% of practice patients are now age one and most patients remain caries free at recall.

Tracey Andrews, RDH, BS, Health Program Associate, State of Connecticut Department of Public Health

Hospital Capacity for Perinatal Care Services in Puerto Rico

Poster Board: 9

POPULATION TRACK:

STRATEGY TRACK:

The availability of neonatal intensive care improves outcomes for preterm birth and serious medical or surgical conditions. Guidelines define what hospitals must accomplish according to the level of neonatal care. However, hospitals in Puerto Rico do not follow these guidelines, making it difficult to identify the place of birth of high-risk infants. The MCH program established a committee to classify the hospitals that provide perinatal services. This identified the capacity of services of hospitals. Birthing hospitals should be able to establish a network for referral based on their assigned level of care. This will allow them to provide services to pregnant women based on their level of risk for a poor pregnancy outcome.

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

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

Poster Board: 10

POPULATION TRACKS:

Deaf adults with low health literacy have poor participation in preventive care. Lack of interpreters impedes patient-physician communication and further widens the health disparity gap for deaf individuals. This unique pilot educational collaboration brought together high school students at a deaf school, interpreter training students, and pediatric residents to meet three main goals: to improve health literacy in deaf teens, to allow interpreter training students safe practice for medical interpreting, and to improve cultural competence and practice with sign language interpreters among pediatric residents. Measurement of the impact of the curriculum was qualitative and found that all three groups benefited.

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

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

Poster Board: 11

POPULATION TRACK:

The purpose of Iowa's Early Hearing Detection and Intervention (EHDI) Program is early identification of children with hearing loss and timely intervention and support. In Iowa, all children with hearing loss are automatically eligible for early intervention services through Early ACCESS (EA). However, because EHDI and EA do not have integrated data systems, many children may be lost to follow-up. To determine the proportion of children included in both data systems, we used a deterministic method to match EHDI and EA program data. Many newborns were not included in both. Data integration between the two programs is needed to assure that all infants identified with possible hearing loss receive early intervention services.

Brittni Frederiksen, BA, Intern, Iowa Department of Public Health (IDPH)
Tammy O'Hollearn, LBSW, State EHDI Coordinator, IDPH

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

Poster Board: 12

POPULATION TRACK:

The most common health problems of childhood and early adulthood begin in early childhood and disproportionately affect low-income and ethnic-minority populations. This study, supported by the Children's Trust of Miami-Dade, assessed the efficacy of a capacity-building approach to help child care centers improve the environments of early child care centers. This intervention included environmental modifications and staff trainings in nutrition and physical health, child safety and hygiene, family mental health, and health care access. This study supports a consultative model at the center level to produce meaningful change in the daily health practices of child care centers.

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

Predictors of Gambling Behavior Among Eighth and Eleventh Grade Students

Poster Board: 14

POPULATION TRACK:

It is not clear whether the correlates of gambling involvement are similar for male and female adolescents or for boys and girls at different ages. The Oregon Healthy Teens survey monitors risk behaviors among Oregon's youth. Data from 2008 were used to assess the relationships between active gambling and other risk and protective factors among the four (gender x age) cohorts. Significant bivariate relationships were observed between active gambling and risky behaviors in all four of the cohorts. The consistency of the observed relationships suggests that adolescent gambling prevention interventions might best be designed as part of programs that address multiple risk behaviors rather than that address only gambling.

Robert Nystrom, MA, Adolescent Health Section Manager, Oregon Department of Human Services (ODHS)
Nigel Chaumeton, PhD, Research Analyst, ODHS

Promoting Reproductive Life Planning

Poster Board: 15

POPULATION TRACK:

Reproductive life planning includes planning the timing and spacing of pregnancies and identifying and modifying medical, behavioral, and social factors that negatively affect pregnancy outcomes. North Carolina's First Time Motherhood/New Parent Initiative is a promising best practice for promoting reproductive life planning through social marketing, training, and community participation. The grant activities include a social marketing campaign that promotes reproductive life planning and utilization of the state's Title V hotline. Community participation has been the key to the success of this project. The goal of this project is to reach the majority of the men and women aged 15 - 29 years in this rural six-county project area.

Alvina Long Valentin, RN MPH, Women's Health Network Supervisor, Women's Health Branch, Division of Public Health, North Carolina Department of Health and Human Services

Reducing Recurring Preterm Birth: The North Carolina 17P Project

Poster Board: 16

POPULATION TRACK:

STRATEGY TRACKS:

Among the risk factors for preterm birth, the most significant is a history of previous preterm birth. Research has shown that 17-hydroxyprogesterone (17P), a naturally-occurring progesterone, is effective in reducing this risk for some women. The North Carolina General Assembly provided funds to increase access to 17P by making it available free of charge to uninsured, low-income women. It also provided funds to expand education about preterm birth recurrence risk reduction to consumers, providers, clinics, and public health partners as well as to support the logistics of moving 17P into practice. North Carolina has demonstrated that public health has an important role to play in the dissemination of clinical research from bedside to community.

Sarah Verbiest, DrPH, MSW, MPH, Executive Director, University of North Carolina (UNC) Center for Maternal and Infant Health, UNC Chapel Hill School of Medicine
Belinda Pettiford, MPH, Unit Supervisor, Division of Public Health, North Carolina Department of Health and Human Services

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

Poster Board: 17

POPULATION TRACK:

A previously unknown neonatal response, the "calming reflex," will be presented as well as five simple steps for activating this reflex—the "5 S's" (swaddling, side/stomach positioning, shushing, swinging, and sucking). Using this approach, parents can usually calm fussy babies and add one or two hours to nighttime sleep. The poster will present research supporting the efficacy of this intervention, including anthropological studies showing how parents in some cultures calm their babies quickly (in essence they have no colic), peer reviewed studies of the efficacy of the components of this intervention, and studies on this specific intervention.

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

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

Poster Board: 18

POPULATION TRACK:

Children included in the Special Supplemental Nutrition Program for WIC include those with asthma. However, there has been no formal training on the relationship between asthma and nutrition for WIC directors and staff in Florida. A survey of Florida WIC directors and nutritionists was conducted to determine their knowledge base and needs for continuing education on this topic. Sixty two percent (n=16) responded that they did not feel knowledgeable about the connection between asthma and nutrition. Ninety percent (n=28) wished to know more about the connection between asthma and nutrition. A Web-based educational module has been developed for use in the public health setting based on this survey's results.

Ellen Bowser, MS, RD, LD/N, RN, Faculty Nutritonist, University of Florida Pediatric Pulmonary Division

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

Poster Board: 19

POPULATION TRACKS:

Research suggests that emotion-based messages are effective means of communication leading to behavior change. The Massachusetts New Parent Initiative, funded by HRSA/MCHB, is developing a social marketing campaign targeting health providers working with new mothers, particularly in communities with poor perinatal outcomes. Topic areas include improving parent and infant mental health, nurturing early caregiving, decreasing family violence, and increasing family planning among new parents. To gather information on emotional pulse points and current communication barriers, we conducted focus groups of both new mothers and providers. Emotion-based messages and digital stories are being developed to determine their effectiveness and identify uses.

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

Karin Downs, RN, MS, MPH, State MCH Director, MDPH
Beth Buxton-Carter, LCSW, Program Director, MDPH

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

Poster Board: 20

POPULATION TRACK:

For children and youth with epilepsy, parents are often the primary caregivers and most reliable resource regarding their children's condition. Parents with limited access to information may not be well educated about their children's epilepsy. The Epilepsy Foundation National Center for Project Access and the University of Southern California Center for Excellence in Developmental Disabilities at Childrens Hospital Los Angeles have developed resources in collaboration with parents through a HRSA-funded initiative called Project Access. Resources developed include a Web site and an "Epilepsy and My Child" video. Parents were instrumental in the development of these and other resources. These resources will improve quality of life and access to care.

Cary Kreutzer, MPH, RD, Community Education Director, USC UCEDD at CHLA
Valerie Hill, MPH, CHES, Program Manager, Epilepsy Foundation

Women's Health Now and Beyond Pregnancy

Poster Board: 21

POPULATION TRACK:

Preconception and interconception care are key to improving birth outcomes. The Women's Health Now and Beyond Pregnancy Project enhances Medicaid Prenatal Care Coordination services to include a focus on interconception care before future pregnancies. Five local public health departments participated in a pilot project to implement interventions focusing on healthy spacing of pregnancies and folic acid consumption. Key results were improved collaboration between providers to get family planning supplies to project participants and improved integration of family planning into other public health programs. The project demonstrates that brief interventions focusing on preconception messages and services can easily be integrated into existing public health programs.

Millie Jones, PA, MPH, Clinical Consultant, Division of Public Health, Wisconsin Department of Health and Family Services

Monday, March 8

Today is **International Women's Day** (IWD), with the global theme of "Equal Rights, Equal Opportunities: Progress for All." Held each year on March 8th, IWD is a global day celebrating the economic, political, and social achievements of women past, present, and future. For more information about IWD, visit www.internationalwomensday.com.

7:00 am – 7:00 pm
Registration Open
Woodrow Wilson Registration Desk

7:00 am – 8:00 am ***Annapolis 1***
Conference Planning Workgroup Meeting *(closed)*

7:15 am – 8:30 am ***Baltimore 5***
All Family Representatives Meeting *(open)*

7:30 am – 8:30 am
Breakfast in the Exhibit Hall

7:30 am – 11:45 am
Exhibit Hall Open
(Note: the hall will be closed from 11:45 am to 1:30 pm)

8:30 am – 9:45 am
Morning Plenary Session

Making Change Happen: What Does "Change" Mean for State MCH Programs

Cherry Blossom Ballroom
Note: Attendees must be on time for this session. The room will be closed promptly at 8:30 due to security measures. Late arrivals will not be admitted.

Why is it so difficult for us to create lasting change in ourselves, in our organizations, and in our communities? What makes it hard for us to truly "make change happen" as MCH leaders nationwide? Bestselling author Dan Heath will present his latest thinking on the topic of change in this morning's plenary session. Sharing material from his just released book *Switch: How to Change Things When Change Is Hard*, Dan will discuss tools and strategies we can use as public health and health care professionals to truly create lasting change for ourselves, the people we work with, and the people we serve.

Welcome and Introductions

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

Remarks

Honorable Kathleen Sebelius, MPA, Secretary, United States Department of Health and Human Services, Washington, DC

Award Presentation

Merle McPherson Family Leadership Award to Susan Colburn, State Parent Consultant, Alabama Department of Rehabilitation Services

Speaker

Dan Heath, author
Presentation: *Switch: How to Change When Change is Hard*

9:45 am – 10:15 am

Coffee Break in the Exhibit Hall
Sponsored by Abt Associates, Inc.

10:15 am – 11:45 am

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT3 Engaging the "Unusual" Suspects in Eliminating Racial Inequities in Birth Outcomes

Baltimore 5

STRATEGY TRACK:

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

Sheri Johnson, PhD, Assistant Professor of Pediatrics and Population Health, Medical College of Wisconsin
Terence Ray, Executive Director, Milwaukee Fatherhood Initiative

RT4 State and Territorial Efforts to Improve Pediatric Emergency Care and Prevent Child Maltreatment

Magnolia 3

POPULATION TRACKS:

STRATEGY TRACKS:

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

Malia Richmond-Crum, MPH, Technical Assistance Specialist, Children's Safety Network
Sally Fogerty, BSN, MEd, Director, Children's Safety Network
Patricia Hashima, PhD, Behavioral Scientist, National Center for Injury Prevention and Control, CDC
Tasmeen Weik, DrPH, NREMTP, Executive Director, Children's National Medical Center
Lenora Olson, PhD, MA, Coinvestigator, University of Utah

10:15 am – 11:45 am

WORKSHOPS

E1 Group Prenatal Care Strategies for Diverse Sites

Annapolis 3

POPULATION TRACK:

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

Mary Alice Grady, MS, CNM, CHI Faculty and System Redesign Consultant, Centering Healthcare Institute
Jennifer Oh, BSN, MSN, Certified Nurse Midwife and Women's Health Nurse Practioner, Lawndale Christian Health Center (LCHC)
Lisa Doot, MA, LCSW, MCH Prenatal Program Supervisor, LCHC

E2 Engage, Enroll, Enhance: How Title V Programs Can Promote Health Care Coverage for Children and Youth With Special Health Care Needs

Annapolis 2

POPULATION TRACK:

STRATEGY TRACK:

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

Meg Comeau, MHA, Director, Catalyst Center, Boston University School of Public Health
Beth Dworetzky, Project Director, Massachusetts Family-to-Family Health Information Center, Federation for Children with Special Needs
Toni Wall, MPA, Title V CSHCN Director, Maine Department of Health and Human Service

E3 Preconception Health: From Concept to Measurement to Action

Annapolis 1

POPULATION TRACK:

STRATEGY TRACK:

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

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

E4 Opportunity Knocks: Using Teachable Moments to Convey Safer Sex Messages to Young People

Annapolis 4

POPULATION TRACK:

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

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

E5 Exploring the Role of Families, Communities, and Public Health in Implementing the Medical Home System

Baltimore 1

POPULATION TRACKS:

STRATEGY TRACK:

This session will focus on two medical home approaches in Colorado and Pennsylvania. The Colorado presentation looks at the medical home on the state and community levels while the Pennsylvania talk focuses more on the practice level. Colorado is building a medical home system, which is the infrastructure to support a medical home approach for all families. The Colorado Medical Home Initiative asserts that a medical home is a team approach to health and health care guided by quality standards. A medical home approach requires all professionals involved in a child's care to operate as a team; families to be critical members of that team through education and mentoring; and all team members to understand the importance of quality, coordinated medical, mental, and oral health care. The Pennsylvania Medical Home Program embraces parent partners in the adoption and implementation of medical home in pediatric practices. To date, this program has worked with over 100 pediatric practices and over 35 parents have been engaged as parent partners within these practices. These parents and caregivers have inspired quality improvement changes such as

scheduling, efficiency, access to care, and outreach events in practices. Focus groups are often employed to identify parent leaders and the issues parents and caregivers identify as areas for growth. Parents are given specific tasks and goals regarding community resources or parent-to-parent support. Guidelines for recruiting, engaging, and maintaining parent partners will be shared. Finally, results and implications of the Pennsylvania Medical Home Family Survey will be explored, including levels of unmet needs, family satisfaction, measures of family-centered care, and cultural competency. The role of parent partners is integral to the adoption and implementation of pediatric medical homes.

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

E6 State Programs to Identify and Improve the Health of Children With Autism Spectrum Disorders and Other Developmental Disabilities

Baltimore 4

POPULATION TRACKS:

STRATEGY TRACK:

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

George Jesien, PhD, Executive Director, Association of University Centers on Disabilities
Kristine Green, BS HEd, MAT, MS, Autism and Parent Services Program Manager, Section of Women's, Children's and Family Health, State of Alaska
Jimael Lawson, BA, Combating Autism Public Health Specialist, Section of Women's, Children's and Family Health, State of Alaska

E7 Integrating Bright Futures Into Public Health at the State and Local Levels

Baltimore 3

POPULATION TRACK:

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

Murray Katcher, MD, Chief, Medical Officier for Community Health Promotion, State of Wisconsin
Gretchen Klug, BSN, Public Health Nurse, Public Health Unit, Dodge County Human Services and Health Department
Paula Duncan, MD, Director, Youth Programs, Vermont Child Health Improvement Program

E8 The New Maternal and Child Health Public Health Leadership Institute: Developing Critical Leadership Skills for MCH Leaders

Baltimore 2

STRATEGY TRACK:

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

Karen Anzola, MEd, Training and Technical Assistance Coordinator, Family Voices, Inc.
Librada Estrada, MPH, Associate Director, Workforce and Leadership Development, Family Involvement, AMCHP

11:45 am – 1:30 pm

Luncheon Plenary Session

Improving Birth Outcomes – What Is Next for MCH?

Cherry Blossom Ballroom

This luncheon will be held jointly with the National Birth Defects Prevention Network

Much progress has been made in improving birth outcomes and women's health since the beginning of Title V but there remains a great deal more to do in addressing the health of our nation's women and children. Premature birth and infant mortality present major challenges to our MCH systems. Persistent and unacceptable disparities in birth outcomes and health status between different groups of American women call for action and change. What is next for MCH programs as we look to improve our nation's birth outcomes? Join national thought leaders and esteemed scientists working hard to better the lives of women, children, and families through innovative programs, policies and research.

Presentation of Regional Baskets: Regions I, II, III

Welcome and Introductions

Millie Jones, PA, MPH, AMCHP Secretary and Clinical Consultant, Division of Public Health, Wisconsin Department of Health and Family Services, Madison, WI

Special Guest

Vice Admiral Regina Benjamin, MD, MBA, U.S. Surgeon General (invited)

Presenters

Gail Christopher, DN, Vice President for Programs, W. K. Kellogg Foundation, Battle Creek, MI
Jennifer Howse, PhD, President, March of Dimes, White Plains, NY

Federal Agency Reaction Panel

Charlan D. Kroelinger, PhD, Team Senior Scientist, Maternal and Child Health Epidemiology Team, National Center for Chronic Disease Prevention and Health Promotion, CDC, Atlanta, GA
Ed Trevathan, MD, MPH, Director, National Center for Birth Defects and Developmental Disabilities, CDC, Atlanta, GA
Peter van Dyck, MD, MPH, Associate Administrator, Maternal and Child Health Bureau, HRSA, Rockville, MD

Triesta Fowler-Lee, MD, Medical Officer, Public Information and Communications Branch, Eunice Kennedy Shriver National Institute for Child Health and Human Development, National Institutes of Health, Bethesda, MD

1:30 pm- 2:15 pm

March of Dimes Mini-March for Babies

Begins in the Cherry Blossom Ballroom Lobby

Join us for a mini-March for Babies to raise awareness of and support for prematurity prevention, sponsored by the March of Dimes. Bring your warm clothes and walking shoes and participate in a one mile walk as part of the AMCHP Steps for Babies Team! Help us to raise awareness of prematurity, meet the 2009 local ambassador family, Michael, Ashley and Katelyn Hall, and support the Maryland National Capital Area chapter of the March of Dimes. Visit AMCHP's March for Babies Team Web page through the AMCHP Web site at www.amchp.org and sign up to walk with us or to donate to our Team! You can also contribute to our Team onsite during the conference.

Kick-off

Michael Fraser, PhD, CEO, AMCHP
Jennifer Howse, PhD, President, March of Dimes
Michael, Ashley and **Katelyn Hall,** 2009 March of Dimes Local Ambassador Family

1:30 pm to 8:00 pm

Exhibit Hall Open

2:15 pm – 3:00 pm

Dessert Break
Exhibit Hall

Presentation of Regional Baskets: Regions IV, V, VI

3:00 pm – 4:15 pm

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT5 A Comprehensive Systems Approach to Adolescent Health: What Does This Mean for MCH Programs?

Azalea 3

POPULATION TRACKS:

STRATEGY TRACK:

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

Lissa Pressfield, MHS, Program Manager, Adolescent Health, AMCHP
Linda Henningsen, Adolescent Health Coordinator, Nebraska Department of Health and Human Services

RT6 Comparing and Contrasting Care Coordination Models

Azalea 2

POPULATION TRACK:

The literature reveals evidence that a medical home approach results in the improvement of health outcomes for children with special health care needs. Few existing comprehensive studies measure the care coordination effectiveness or compare and contrast medical home components and their relationships to one another. Colorado and Minnesota state care coordination models supporting a medical home team approach will be compared, contrasting care coordination characteristics, levels of care, functions, and care coordinator competencies. Discussion will include

implications from the MCHB-funded Colorado Pediatric Nursing Leadership and Special Needs Program and the Minnesota Center for Children with Special Health Care Needs.

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

RT7 Infertility, Assisted Reproductive Technology, and New Families: The Impact on MCH

Magnolia 3

POPULATION TRACK:

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

Isadora Hare, MSW, Perinatal Health Specialist, MCHB, HRSA
Tonji Durant, PhD, Epidemiologist/ART Team Leader, CDC
Patricia Sachs, LCSW-C, Shady Grove Fertility Reproductive Science Center

3:00 pm – 4:15 pm

WORKSHOPS

F1 Promoting Medical Homes for CYSHCN Through Strengthened Partnerships

Annapolis 1

POPULATION TRACK:

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

Linda Barnhart, MSN, Public Health Nurse Consultant, Washington State Department of Health (WSDH)
Patricia Justis, MA, Washington Patient-Centered Medical Home Collaborative Manager, WSDH
Robert Cook, BS, Family Liasion, University of Illinois
Jane Turner, MD, Professor, Pediatrics and Human Development, College of Human Medicine, Michigan State University

F2 Are You Part of the Conversation? A March of Dimes Review of Social Media

Annapolis 3

POPULATION TRACKS:

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

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

F3 Community-Based Approaches to Caring for Children With Special Health Care Needs in Rural and Urban Areas

Woodrow Wilson B

POPULATION TRACK:

STRATEGY TRACK:

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

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

F4 AMCHP Current Legislative Briefing and Advocacy Training

Annapolis 2

STRATEGY TRACK:

State MCH leadership and families will hear from AMCHP's Director of Public Policy and Government Affairs about federal legislation affecting women and children, including what changes occurred with national health reform and the current status of the Title V Maternal and Child Health Block Grant. AMCHP will be joined by Family Voices Washington, DC-based policy staff who will discuss other national issues related to children and families, including the Family to Family Information Centers. Participants will also learn about making visits to Congress with the goal of increasing support for the Title V MCH Block Grant. How to schedule a Hill visit, what types of information to provide, and how to follow up afterwards are all important factors that will be covered during this informative session.

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

F5 Adolescent Health: Connecting the Dots Between Data, Disparities, and Innovation

Baltimore 1

POPULATION TRACK:

STRATEGY TRACKS:

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

Claire Brindis, DrPH, Director, Philip R. Lee Institute for Health Policy Studies, and Professor, Department of Pediatrics, University of California, San Francisco
Robert Nystrom, MA, Manager, Adolescent Health Section, Office of Family Health, Oregon Public Health Division, Oregon Department of Human Services
Teresa Ryan, BNS, MLS, Adolescent Health Coordinator, Oklahoma State Department of Health
Gwen Winters, State Adolescent Health Coordinator, Mississippi Department of Health

F6 Creating Effective Partnerships: How to Build Capacity Without Dollars

Baltimore 2

STRATEGY TRACK:

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

Librada Estrada, MPH, Associate Director, Workforce and Leadership Development, Family Involvement, AMCHP
Karen Anzola, MEd, Training and Technical Assistance Coordinator, Family Voices, Inc.

F7 Family Involvement in Training Future Interdisciplinary Health Care Leaders: Different Perspectives from the Pediatric Pulmonary Centers

Annapolis 4

POPULATION TRACK:

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

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

F8 Newborn Screening and Genetics: Resources and Strategies to Promote Collaboration and Improve Program Outcomes

Woodrow Wilson C

POPULATION TRACKS:

STRATEGY TRACK:

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

Ellen Schleicher Pliska, MHS, MCH Senior Analyst, Association of State and Territorial Health Officials
Sylvia Au, MS, State Genetics Coordinator, Hawaii Department of Health

F9 Collaborative Strategies to Serve Substance-Exposed Newborns and Mothers

Woodrow Wilson D

POPULATION TRACKS:

STRATEGY TRACK:

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

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

4:15 pm – 4:30 pm

Refreshment Break in Exhibit Hall
Sponsored by Abt Associates, Inc.

4:30 pm – 5:45 pm

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT8 Paternal Perspectives: Pathways to Improving Fathers' Involvement

Azalea 3

POPULATION TRACKS:

STRATEGY TRACKS:

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

Jermane Bond, PhD, Research Associate, Joint Center for Political and Economic Studies, Health Policy Institute
WC Hoecke, MEd, Director of Family Information and Education, Family Connection of South Carolina
Paul Masiarchin, MA, Executive Director, Minnesota Fathers and Families Network

RT9 Youth Transition

Magnolia 3

POPULATION TRACK:

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

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

4:30 pm – 5:45 pm

WORKSHOPS

G1 Parents as Partners and the Effect of a Care Coordinator in Establishing a Medical Home

Baltimore 2

POPULATION TRACK:

STRATEGY TRACK:

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

Susan Berry, MD, MPH, Director, Children's Special Health Services, Louisiana Office of Public Health; Associate Professor of Clinical Pediatrics, Department of Pediatrics, Louisiana State University Health Sciences Center
Lisa Schaffran, BS, Associate Director, Rhode Island Parent Information Network
Arleen Williams, BSN, RN, CCM, CRRN, NCSN, CSHS Statewide Care Coordinator Supervisor, Children's Special Health Services

G2 Supporting Children and Adolescents After Traumatic Brain Injury: State Innovations

Woodrow Wilson B

POPULATION TRACK:

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

Brenda Eagan Brown, MSEd, CBIS, Child and Adolescent Brain Injury School Re-Entry Program Coordinator, Brain Injury Association of Pennsylvania
Kristin Weller, MS, CRC, Director of Family Services, The Brain Injury Association of New York State
Carolyn Cass, Director, Division of Children and Adult Health Services, Pennsylvania Department of Health

G3 Clearing the Hurdles to Create the Maine Integrated Youth Health Survey

Annapolis 3

POPULATION TRACKS:

STRATEGY TRACKS:

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

Nancy Birkhimer, MPH, Population Health and Prevention Section Leader, Maine Center for Disease Control and Prevention (CDC)
Erika Lichter, ScD, Assistant Research Professor, University of Southern Maine, and MCH Epidemiologist, Maine CDC

G4 Nurse-Family Partnership: Financing and Implementation

Annapolis 4

POPULATION TRACKS:

STRATEGY TRACKS:

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

Peggy Hill, MS, MSEd, Director, Program Development, Nurse-Family Partnership (NFP) National Service Office
Tamar Bauer, JD, Chief of Policy and Government Affairs, NFP National Service Office

G5 Interconception Care Learning Community: Quality Improvement in Healthy Start Communities

Woodrow Wilson C

POPULATION TRACK:

The interconception period is a time to modify risks – diseases, health behaviors, psychosocial risks, and environmental hazards – associated with adverse outcomes for women and infants. The literature points to evidence-based approaches for providing interconception services. The purpose of the Healthy Start Interconception Care Learning Community (ICC LC) is to improve the health of women by advancing the quality and effectiveness of interconception care. The ICC LC focuses on improving care through the implementation of evidence-based practices and innovative community-driven strategies. This project uses the Institute of Healthcare Improvement collaborative model for improvement. The quality improvement (QI) approach examines processes and aims to make them more effective through peer sharing and teaching, intensive focus

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

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

G6 Dental Home Initiative Successes: AAPD and Head Start Programs Partnering for Optimal Oral Health

Woodrow Wilson D

POPULATION TRACK:

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

Janice Silverman, MS, MSW, LCSW, Head Start Dental Home Project Manager, American Academy of Pediatric Dentistry (AAPD)
James Crall, DDS, ScD, Head Start Dental Home Project Director, AAPD

G7 Prevention and Early Intervention: Developing a System to Improve Perinatal and Parental Mental Health Outcomes

Annapolis 2

POPULATION TRACKS:

STRATEGY TRACKS:

The University of Illinois at Chicago Perinatal Mental Health Project was formed with the assistance of HRSA to increase screening for perinatal mental health disorders, train health care providers, help establish screening programs, and provide expert assistance in managing women with perinatal mental health disease. The project trains health care providers, offers technical assistance to clinics and providers, offers clinical consultation to primary care providers, creates a network of agencies, and initiates a public awareness campaign. The Los Angeles Best Babies Network partnered with the Los Angeles County Perinatal Mental Health Task Force to develop a policy agenda and action plan aimed at identifying and eliminating the policy barriers to appropriate screening and treatment of maternal depression. The task force is a network of public and private organizations, consumers, and health care providers dedicated to promoting the health and well-being of women and their families through the effective prevention and treatment of perinatal depression. The task force has influenced screening practices, helped increase trainings on perinatal depression, and planned a five-year policy initiative to address perinatal depression. Depression affects approximately 7.5 million parents in the U.S. each year. Depression in either parent may place approximately 15 million children at risk for developing health and social

problems each year. Almost one in five young people develops a mental, emotional, or behavioral disorder in any given year, costing the nation an estimated $247 billion in treatment and productivity costs. However, there is limited awareness of the effects of parental depression on a child. Presenters will outline strategies for effective interventions that consider the psychological, behavioral, interpersonal, and social contexts.

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

G8 Shaping the Future of SIDS/SUID Programs

Baltimore 1

POPULATION TRACK:

STRATEGY TRACK:

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

Mary Adkins, RN, MSW, Project Director, National SUID Project IMPACT
Annette Phelps, ARNP, MSN, Director, Division of Family Services, Florida Department of Health
Lena Camperlengo, RN, MPH, DrPH Candidate, Program Coordinator, CDC
Hanan Kallash, MS, Deputy Director, NSUICDPL-PSC
Shannon Stotenbur-Wing, MSW, State Director, Michigan Child Death Review, Michigan Public Health Institute

G9 From Analysis to Action: Addressing Maternal Morbidity and Mortality at the State and International Levels

Annapolis 1

POPULATION TRACK:

STRATEGY TRACKS:

Explore efforts to address maternal morbidity and mortality from a state and international perspective. One effort is California's maternal health initiative using a framework for action; the other is the global advocacy of the White Ribbon Alliance and Amnesty International to reduce maternal and newborn mortality and morbidity. To address the rise of maternal mortality in California, the California Department of Public Health (CDPH) Maternal, Child, and Adolescent Health (MCAH) Division developed a framework for action that combines a life-course approach with the social-ecology model in order to capture phases of maternal health and forces that positively impact reproductive health at the individual, family, community, and society levels. The tool has facilitated the development of more upstream approaches to improving maternal health, helped develop understanding regarding the "connectivity" of various activities, and linked epidemiologic sources with programmatic efforts. Because it is intuitive and visually appealing, it also has enhanced communication with external MCAH partners. The White Ribbon Alliance for Safe Motherhood (WRA) and Amnesty International (AI) will share current advocacy efforts to ensure women's and newborns' access to quality health care before, during, and after childbirth. From the grassroots through all levels of government, WRA works to increase investment in health systems and family planning services, skilled birth attendance, and emergency obstetric and postpartum care. Learn about WRA's efforts to build coalitions, strengthen capacity, influence policies, harness resources, and inspire action to reduce maternal and newborn mortality and morbidity. AI works to hold governments accountable for fulfilling the right to maternal health through in-country lobbying, international attention, and empowerment of rightsholders. The cornerstones of its maternal health work are a series of country reports, which form the basis for targeted campaigns.

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

G10 Perinatal Initiatives: Building Partnerships to Create and Implement Culturally Responsive and Evidence-Based Approaches

Azalea 2

POPULATION TRACKS:

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

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

5:45 pm – 8:00 pm

AMCHP/NBDPN Joint Reception in the Exhibit Hall

Woodrow Wilson A

Come meet our National Birth Defects Prevention Network partners, explore the exhibits, and catch up with your AMCHP colleagues.

5:45 pm – 8:00 pm

Posters: Excellence in MCH Research and Practice II

Woodrow Wilson Foyer

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

Poster Board: 22

POPULATION TRACKS:

The National Coordinating and Evaluation Center of the Maternal and Child Health Bureau's Sickle Cell Disease and Newborn Screening Program works with 17 grantees at community-based organizations to document and assess their outreach and services to families of infants with sickle cell disease. A survey was conducted with current grantees on their interactions with emerging populations. All grantees have invested time and resources in meeting the needs of emerging populations. Current or proposed initiatives to help address these needs include culturally specific support and educational groups and tutoring programs. Furthermore, the use of lay health workers and interpreters to help bridge the cultural gap has helped patients gain access to services needed.

Nancy Callanan, MS, CGC, Professor, University of North Carolina at Greensboro (UNCG)
Joseph Telfair, DrPH, Professor, UNCG
Eileen Miller, MPH, UNCG

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

Poster Board: 23

POPULATION TRACKS:

STRATEGY TRACKS:

Genetic Alliance, in partnership with the Genetics and Public Policy Center, is examining the public's awareness of issues inherent in the newborn screening (NBS) system. This study examines attitudes, knowledge, and educational needs for parental decision making about screening for a range of conditions. A total of 1,258 recent mothers and 1,008 prospective mothers completed the survey. Large majorities in both groups showed support for NBS under a broad range of circumstances and wanted information on several aspects of the system. The methodology, goals, data, and outcomes of this project will be presented with a focus on model building for genetics and public health.

Natasha Bonhomme, VP of Strategic Development, Genetic Alliance

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

Poster Board: 24

STRATEGY TRACK:

Through an NIH Community-Based Participatory Research (CBPR) grant, academic- and community-based partners conducted focus groups and key informant interviews, seeking to identify barriers, facilitators, and potential mediating interventions for breastfeeding. Eight focus groups were conducted with African American mothers, fathers, and grandmothers. In addition, 41 key informant interviews were conducted with leaders in the community. Lack of support for breastfeeding mothers has been consistently identified in the literature as a barrier. However, these findings identified barriers that may be disproportionately experienced by African Americans in North Carolina, including differential treatment from health care providers and inaccessibility of community support services.

Elizabeth Jensen, MPH Candidate, Project Coordinator, University of North Carolina at Chapel Hill
Elizabeth Woods, MA, MPH, Community Health Liason, Community Health Coalition, Inc

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

Poster Board: 25

POPULATION TRACK:

Research indicates that individual, condition-related, and system-related characteristics influence access to health care and transition services for children with special health care needs (CSHCN). In this study, we examined whether these characteristics are associated with state performance in the provision of transition services to CSHCN. Key factors found to be important were race/ethnicity and having a medical home and adequate insurance coverage. Efforts to support the Maternal and Child Health Bureau's integration of system-level factors in quality improvement activities, particularly establishing a medical home and attaining and maintaining adequate insurance, are likely to help states improve their performance on the provision of transition services.

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

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

Poster Board: 26

POPULATION TRACK:

STRATEGY TRACK:

The prevalence of low birth weight and premature birth is on the rise; these conditions are associated with childhood morbidity, disability, and mortality. Parental sociodemographic characteristics, maternal medical risk factors, and access to medical care are significant determinants of birth outcomes. Electronic live birth records were retrieved and multinomial logistic regression analyses were employed. Objectives were to identify and address disparities in birth outcomes between U.S.-born and non-U.S.-born Hispanic and Vietnamese mothers and to identify the association of selected risk factors with birth outcomes. Preliminary analyses demonstrate disparities in birth outcomes among the population under study.

Eric Wash, MD, MPH, Medical Director, Orange County Health Care Agency (OCHCA)
Sheila Gill, MA, MS, Research Analyst, OCHCA

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

Poster Board: 28

POPULATION TRACKS:

STRATEGY TRACK:

The integration of the priorities of the federal Emergency Medical Services for Children program into mandates is intended to ensure that pediatric emergency-care issues and deficiencies are being addressed state-and territory-wide over the long term and to safeguard these priorities against changes in government administration or public health policy priorities. Mandates can have positive public health implications and improve child health by strengthening support for programs at the state and federal levels. This poster will review and add to the evidence base for public health mandates and explore the effects of statutory and regulatory language on health outcomes.

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

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

Poster Board: 29

POPULATION TRACK:

STRATEGY TRACK:

New social marketing and health promotion campaigns that focus on how to prepare for childbearing and parenting can influence the behavior of men and women. Consumer-friendly tools can help men and women self-assess risks, make plans, and take actions that will improve their health and that of their children. Public awareness campaigns were created by integrating reproductive health messages into existing health promotion campaigns. Researchers obtained information from target audiences on parenting, pregnancy, and knowledge of pre- and interconception health. The First-Time Motherhood/New Parents Initiative presents a unique opportunity to test both messages and innovative technology to promote these messages.

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

Gasping for Air: Choking Game Participation Among Oregon Youth

Poster Board: 30

POPULATION TRACK:

The "choking game" (CG), self-induced hypoxia by strangulation to achieve a nonsexual euphoria, can cause long-term disability and death among youth. Currently, the magnitude of this problem is unknown. In 2008, the CDC reported 82 deaths attributed to CG behavior between 1995 and 2007. To learn more about the prevalence of CG in Oregon, a question to determine CG familiarity and participation was added to the 2008 Oregon Healthy Teens survey for eighth graders. Results indicated that 30.4% of 8th graders had heard of someone participating in the CG and 5.7% had participated themselves. Public health surveillance on this issue should be increased to more fully determine the risk and better understand the context surrounding CG participation.

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

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

Poster Board: 31

STRATEGY TRACK:

In the U.S., 1.5 million people annually sustain traumatic brain injury (TBI). Among people living in rural states, TBIs are a significant health concern. The purpose of this study was to determine how the needs of rural people with TBI change over time, and represents first efforts for support development and implementation for rural-state residents with TBI. Unemployment rates were found to be high, suggesting that anti-stigma campaigns, workplace accommodation, and other employment-related advocacy programs may be beneficial. Need for job assistance and occupational therapy dropped; given high unemployment, this suggests those without a job may have given up the search. Life-quality findings may reflect ongoing shortages of mental health resources.

Russell Spearman, MEd, TBI Program Director, Institute of Rural Health, Idaho State University

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

Poster Board: 32

STRATEGY TRACK:

The National Academy for State Health Policy is supporting the Models for Change initiative, a MacArthur Foundation-supported program designed to advance the replication of effective, fair, and developmentally sound juvenile justice policies and practices by helping grantees better use the Medicaid program to address the health needs of youth in the juvenile justice system. The report "A Multi-Agency Approach to Using Medicaid to Meet the Health Needs of Juvenile Justice-Involved Youth" is based on key informant interviews examining strategies and policies to better meet the health needs of these youth. This study identifies opportunities for improvement and "promising practices." Come learn how states' efforts are meeting the needs of system-involved children.

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

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

Poster Board: 33

POPULATION TRACKS:

STRATEGY TRACKS:

In the Consumer Focused Newborn Screening projects, the Consumer Taskforce on Newborn Screening integrates consumer perspectives into planning, implementation, and distribution of the work. Ten consumers make up the Consumer Taskforce on Newborn Screening. This group includes members of newborn screening advocacy organizations, parents who have experienced false positive screens or carrier identification through newborn screening, parents who have typical newborn screening experiences, and a parent whose child had a condition for which there is currently no medical treatment. This group has raised the participation level of consumers, allowing the various systems that desperately need consumer input to benefit from consumer perspectives.

Natasha Bonhomme, VP of Strategic Development, Genetic Alliance

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

Poster Board: 34

POPULATION TRACK:

This poster will describe the March of Dimes NICU Family Support program, which focuses on the parent perspective of the NICU experience. The poster highlights two 15-minute DVDs, "A Day in the Life of a NICU Family" and "A NICU Family Experience with Bereavement," created to show NICU staff in conjunction with a theory- based lecture. The voices, stories, and perspectives of families are essential to effective staff education and family-centered transformation. Evaluation of this program has shown that it influenced staff to change their practice. The DVD set was created by the Children's National Medical Center (CNMC) and the March of Dimes, and was the catalyst at CNMC for developing family-centered care and changing the NICU culture.

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

Low Maternal Age and Neonatal Survival of Extremely Preterm Twins

Poster Board: 35

POPULATION TRACK:

We investigated the relationship between low maternal age (15-19 years) and neonatal survival among extremely preterm twins (20-28 weeks of gestation). Overall, neonatal mortality in this group was 29% higher than among twins born to young adult mothers (20-29 years). Twins of teenaged mothers had significantly higher level of mortality, except for the birth weight category of 1,000 - 1,499 g. The preponderance of deaths among extremely preterm twins of teenaged mothers in the early neonatal period appeared to be responsible for the disparity in survival. This information may be useful for targeted interventions aimed at enhancing survival of extremely preterm twins born to teenagers, as well as for instituting optimal management options in the clinical setting.

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

Pregnancy Exposure Registry Web Site

Poster Board: 36

POPULATION TRACK:

The FDA pregnancy exposure registry is the only Web site that lists all pregnancy exposure registries in one site. The site defines pregnancy registries and provides contact information for 39 registries divided into two categories: those specific to a medical condition or disease and those that are product specific. About 64% of pregnant woman are prescribed drugs during pregnancy, excluding vitamins and minerals. There is little known regarding the use of medicines during pregnancy and pregnant women are often excluded from clinical trials. Pregnancy exposure registries provide pregnancy and fetal outcome data that will improve product labeling so that health care practitioners can better inform women about prescription drug use while pregnant.

Beverly Gallauresi, MPH, RN, Health Programs Coordinator, Food and Drug Administration (FDA)
Ameeta Parekh, PhD, Director of Reseach and Development, Office of Women's Health, FDA

Sickle Cell Disease and Trait: From Data to Action

Poster Board: 37

POPULATION TRACK:

STRATEGY TRACKS:

Sickle cell screening is mandated as part of the newborn screening panel in Connecticut. But in 2005, adults with sicle cell disease and trait had double the hospital visits of children; when hospitalized, adults had a longer average stay; and charges for adult treatment at acute care hospitals were almost triple those of children. Clearly, there is a need to focus on adult care. Officials developed "Designing a Comprehensive System Across the Life Span: Connecticut's State Plan to Address Sickle Cell Disease and Trait." In a public/private partnership, a comprehensive marketing and media campaign was developed. The campaign was evaluated using focus groups and telephone surveys. The marketing materials have been customized and used in Virginia, Ohio, and Alabama.

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

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

Poster Board: 38

POPULATION TRACK:

STRATEGY TRACK:

Indiana's Early Childhood Coordinating Council's family perspective work group identified the need for current, clear, accurate information about available family resources. The group led the effort to develop a series of fact sheets about existing resources and programs. Topics included: Medicaid; private insurance; Individuals with Disabilities Education Improvement Act, Parts B and C; Head Start; Food and Nutrition assistance; and child care. Web site distribution was strategic, allowing parents and partners quick access to resources to support their work and limiting the cost for printing and shipping. Join us for an examination of this program's evolution, barriers, and successes. Learn how it can be adapted and replicated to meet family and professional needs.

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

Using Administrative Data to Improve Perinatal Quality

Poster Board: 39

STRATEGY TRACK:

The National Perinatal Information Center/Quality Analytic Services partners with multiple organizations and collaboratives to improve reproductive and family health through comparative analysis, program evaluation, health services research, and education. Learn about the process of developing these partnerships including an example of a state-wide program and an interstate initiative. We will review how the data can be utilized for monitoring, comparative benchmarking, quality improvement, and strategic planning. Strategies developed for reporting out data and other critical components of the data analysis will be discussed.

Julie Shocksnider, RNC-HROB, MS, APN, C, Associate Vice President, National Perinatal Information Center/Quality Analytic Services (NPIC/QAS)
Donna Caldwell, PhD, Vice President, NPIC/QAS

Veterans' Traumatic Brain Injury Virtual Grand Round Series Ranks High

Poster Board: 40

POPULATION TRACK:

STRATEGY TRACKS:

The Traumatic Brain Injury (TBI) Virtual Grand Rounds, a telehealth-based training tool, has been dedicated to improving lives for individuals with TBI since 2001. A special series specific to veterans was conceptualized in 2007 to increase TBI awareness and improve veterans' treatment options. Advertising flyers for a free, six-week telecast series were widely distributed to professionals and the general public statewide. Registration across the series exceeded 400. We learned that Telehealth-style seminars may be particularly useful for increasing awareness of and decreasing stigma associated with TBI, ultimately increasing treatment options, public support, and quality of life among affected service personnel and their families.

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

Tuesday, March 9

7:00 am – 5:00 pm
Registration Open
Woodrow Wilson Registration Desk

8:00 am – 9:15 am
Breakfast in the Exhibit Hall

8:00 am – 9:15 am ***Baltimore 1/2***
AMCHP Member Business Meeting

8:00 am – 12:30 pm
Exhibit Hall Open

Getting to Capitol Hill

Bus Schedule

Buses will be leaving at several times throughout the afternoon to transport attendees to Capitol Hill for visits to their members of Congress and to the Rayburn House Office Building for the Congressional Reception.

Bus departure/pick-up locations:

Gaylord National Hotel: convention center bus loop (on the side of the hotel/convention center)
Rayburn House Office Building: First Street, SE at East Capitol Street (3 block walk-directions provided on bus; transportation provided for those unable to walk)

The bus schedule is as follows:

1:00 pm – transportation into Washington for Hill visits

2:45 pm – transportation into Washington for Hill visits

4:15 pm – transportation into Washington to Congressional Reception for all conference attendees

7:00 pm – return transportation to Gaylord National Hotel

9:00 pm – return transportation to Gaylord National Hotel (final bus)

(*Maps of Capitol Hill and the reception location are in your conference tote bag and available at the registration desk.*)

Join us for the AMCHP *Member Business Meeting*

Tuesday, 8:00 am – 9:15 am

Are you an AMCHP delegate or other AMCHP member interested in how AMCHP is governed, operated, and directed? Come Tuesday morning for the AMCHP Member Business Meeting at which our annual business is conducted, including a review of AMCHP "business" such as membership dues rates, certifying the AMCHP Board of Directors Elections, and discussing AMCHP's fiscal and operational status and AMCHP "strategy" by reviewing the strategic plan, providing feedback to the Board and staff on programs and policies, and sharing information about what is happening in your state program. Pick up breakfast in the Exhibit Hall then join us. All are welcome! *Only delegates may vote.*

9:15 am – 10:45 am

Morning Plenary Session

What's the Role of Home Visitation in Maternal and Child Health Programs of the Future?

Cherry Blossom Ballroom

Recent health reform legislation included new resources for home visitation programs raising both opportunities and challenges for state and local maternal and child health programs. In this session we will hear first from representatives of the lead agencies charged with potentially implementing the new national home visitation program. Following our federal partners' presentations we will participate in an engaging conversation with representatives of different home visitation models. These representatives will provide background on various kinds of home visitation, discuss ways to evaluate these programs, share ideas on promising practices, and analyze how state and local programs could benefit from replicating various models and approaches in their states and communities in the future.

Welcome and Introductions

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

Federal Agency Co-Leads

Audrey Yowell, PhD MSSS, Senior Analyst, Maternal and Child Health Bureau, Health Resources and Services Administration, Rockville, MD
Catherine Nolan, MSW, ACSW, Director, Office on Child Abuse and Neglect, Children's Bureau, Administration for Children and Families, Washington, DC (invited)

Home Visitation Representatives Panel

Peggy Hill, MA, Director of Program Development, Nurse-Family Partnership National Service Office, Denver, CO
Sue Stepleton, MBA, MSW, PhD, President and CEO, National Center for Parents as Teachers, St. Louis, MO
Marvin Schwartz, Executive Director, Home Instruction for Parents of Preschool Youngsters USA, Little Rock, AR
Sarah Walzer, JD, Executive Director, National Parent Child Home Program, Garden City, NY
Cydney Wessell, MSW, Senior Director, Healthy Families America, Chicago, IL

10:45 am – 11:00 am

Coffee Break in the Exhibit Hall

11:00 am – 12:30 pm

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT10 2009 H1N1 Infection in Pregnant Women: CDC's Maternal Health Response

Magnolia 3

POPULATION TRACK:

STRATEGY TRACK:

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

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

RT11 Improving Quality Measures for Population-Level Care

Azalea 3

POPULATION TRACKS:

STRATEGY TRACK:

The National Committee for Quality Assurance (NCQA) is engaged in developing feasible measures of quality of well-child care, well care for women of childbearing age, and coordination of care for children with, or at risk of, developmental delays. NCQA begins each measurement project with a scan of current clinical guidelines and measures, along with a review of the health care needs of the specific population. A measurement strategy is developed. Next, detailed measure specifications identify the numerator,

denominator, and data sources; these specifications allow multiple organizations to report comparable measures. Measures are subjected to public comment and analyzed for feasibility. We will share the findings from these projects.

Sarah Hudson Scholle, DrPH, MPH, Assistant Vice President, Research, National Committee for Quality Assurance (NCQA)
Sepheen Byron, MHS, Assistant Director, Performance Measurement, NCQA
Beth Tapper, MA, Senior Policy Analyst, Clinical Performance Improvement, American Medical Association

RT12 A Novel Approach to Promoting Infant Vision Health: MCH Partnerships

Azalea 2

POPULATION TRACKS:

STRATEGY TRACK:

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

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

11:00 am – 12:30 pm

WORKSHOPS

H1 HealthConnect One

Annapolis 4

POPULATION TRACKS:

STRATEGY TRACKS:

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

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

H2 Research, Advocacy, and Policy for Health Care Transition and a System of Care for Youth With Emotional Disorders

Annapolis 2

POPULATION TRACK:

STRATEGY TRACK:

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

children and youth with emotional and behavioral challenges and their families to meet their goals by developing strong local community partnerships with families and service providers.

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

H3 Collaborating to Reduce Infant Mortality Among African Americans

Annapolis 3

POPULATION TRACK:

STRATEGY TRACK:

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

Thomas Storch, MD, Community Action Team Chair
Brenda Lockley, BSN, MSN, AAHP Program Manager, Montgomery County Department of Health and Human Services
Juanita Graham, MSN RN, Health Services Chief Nurse, Mississippi State Department of Health

H4 Using Data to Inform Adolescent Health Programs and Policies

Annapolis 1

POPULATION TRACK:

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

Kate Riera, MSEd, Doctoral Candidate, University of Maryland
Sophie Wenzel, MPH, Adolescent Health Program Manager, Division of Public Health, State of Alaska

H5 Taking Injury Prevention to Scale: New Approaches at the State and Community Levels

Baltimore 1

POPULATION TRACKS:

STRATEGY TRACKS:

To reduce injury deaths in rural areas, the Children's Safety Network formed a community of practice (COP) consisting of

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

Richard Volpe, PhD, Institute of Child Study, University of Toronto
Sally Fogerty, BSN, MEd, CSN Director, EDC, Children's Safety Network
George Lithco, JD, Founder, SKIPPER Initiative
Sally Kerschner, MSN, RN, MCH Planning Specialist, Division of Maternal and Child Health, Vermont Department of Health

H6 Policy Put Into Action! When MCH Is a Priority

Baltimore 2

POPULATION TRACK:

STRATEGY TRACKS:

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

Robyn D'Oria, RNC, MA, APN, Executive Director, Central New Jersey Maternal Child Health Consortium
Celeste Andiot Wood, Assistant Commissioner, Division of Family Health Services, New Jersey Department of Health and Senior Services
Sandra Schwarz, RNC, MS, Program Manager, State of New Jersey

H7 Improving Perinatal Quality Through Government/Academic Partnership (on a Shoestring Budget)

Baltimore 3

POPULATION TRACK:

In 2006, Tennessee's governor charged state child-serving offices with addressing infant mortality (IM) as a priority and committed recurring funds to address the problem. The Governor's Office of Children's Care Coordination (GOCCC) quickly identified a need for data-informed, evidence-based strategies to improve birth outcomes. As part of a multifaceted effort to meet this need, GOCCC funded the Tennessee Initiative for Perinatal Quality Care (TIPQC) as a statewide perinatal quality improvement (QI) network. The goals of TIPQC are to: 1) establish a statewide perinatal database; 2) foster statewide QI initiatives to

reduce mortality and morbidity associated with premature birth and low birth weight; and 3) promote system changes by provider organizations to increase use of evidence-based clinical practices for obstetric and neonatal intensive care unit (NICU) patients. TIPQC developed a statewide QI network comprised of government agencies, payers, families, advocacy groups, obstetricians, and all 25 NICUs in the state. Through an inclusive, iterative process, the membership identified two initial projects. Twenty hospitals are participating in a project to decrease NICU admission hypo- and hyperthermia. Five hospitals are engaged in an obstetrics initiative to eliminate elective near-term or late preterm births. Projects currently in development include breastfeeding promotion by obstetricians and creation of a statewide Web-based QI data system. The statewide network has also been instrumental in advocacy efforts to sustain state funding for IM reduction initiatives. Though funded at a level much lower than initially requested, TIPQC has made outstanding strides in creating a culture of quality in Tennessee's NICUs. Remarkable early growth of the network necessitated additional support, which GOCCC has been able to fund; however, the program continues to work creatively to achieve maximum outcomes on a limited budget.

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

H8 Interconception Care for Women With a Previous Preterm Birth

Baltimore 4

POPULATION TRACK:

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

Thomas Bryant, MSW, Administrator and Senior Researcher, Duval County Health Department
Sarah Verbiest, DrPH, MSW, MPH, Executive Director, University of North Carolina (UNC) Center for Maternal and Infant Health, UNC Chapel Hill School of Medicine

H9 Family Touchpoints

Baltimore 5

POPULATION TRACK:

STRATEGY TRACK:

Family representatives, family professionals, and other conference attendees will come together before the end of the conference to discuss strategies for sharing the information they have learned during the conference with their peers at home. Doing so will provide networking opportunities for family participants and will expand how they will use the information from the 2010 AMCHP Annual Conference in their programs, in their states, and in engaging other families.

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

12:30 pm – 2:30 pm

Luncheon Plenary Session

Health Care Reform: What's Next?

Cherry Blossom Ballroom

With the potential of massive changes to our health care and public health systems as a result of proposed health reform legislation, March will be the ideal time to discuss what is in store for maternal and child health programs of the future. During this practical, timely and informative general session, a panel of experts will discuss the implications of health reform for Title V programs. Speakers will include AMCHP leaders and partners who can describe what MCH leaders need to know about health reform legislation and what it may mean to state and local programs moving forward.

Welcome and Introductions

Stephanie Birch, RNC, MPH, MS, FNP, Section Chief, Women's, Children's and Family Health, State of Alaska, Anchorage, AK

Presentation of the AMCHP Best Practices Awards

Presentation of Regional Baskets:
Regions VII, VIII, IX, X

Health Reform Panel

Michael R. Fraser, PhD, Chief Executive Officer, AMCHP, Washington, DC

Marcia O'Malley, Executive Director, Family Ties of Nevada, Board Member, Family Voices, Inc., Member, Family Voices Public Policy Committee, Reno, NV

Congressional Staff and **National Partners**, to be announced

1:00 pm

Bus transportation into Washington for Hill visits

See page 63 for further bus information.

2:45 pm

Bus transportation into Washington for Hill visits

See page 63 for further bus information.

2:45 pm – 4:00 pm

ROUNDTABLES

Note: Roundtables are not eligible for CDC continuing education.

RT13 Parents' Role at the Centers for Disease Control

Azalea 2

POPULATION TRACK:

The parent consultant role at the National Center for Birth Defects and Developmental Disabilities (NCBDDD) is a new role. The parent hired has 28 years experience in developing programs and defining leadership roles for families of CYSHCN, including co-founding Family Voices. This roundtable will allow participants the opportunity to learn more about NCBDDD, the role each participant group can play in providing input, and the relationship-building methods needed to further the agenda for children, youth with special health care needs, and their families. NCBDDD also seeks direction from participants to develop a broad agenda in the atmosphere of change that is at a critical juncture in our nation's history.

Julianne Beckett, MA, Parent Consultant, National Center for Birth Defects and Developmental Disabilities, CDC

RT14 The Interdisciplinary Professional Environment for Graduates of MCHB Training Programs

Azalea 3

STRATEGY TRACK:

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

Lewis Margolis, MD, MPH, Associate Professor, University of North Carolina
Angela Rosenberg, DrPH, Associate Professor, University of North Carolina
Karl Umble, PhD, Evaluator, University of North Carolina

2:45 pm – 4:00 pm

WORKSHOPS

I1 Using CQI Strategies, Clinician Champions, and Asthma Coordinators to Improve Asthma-Related Health Outcomes Among Low-Income, Multi-Ethnic Children

Baltimore 5

POPULATION TRACK:

STRATEGY TRACKS:

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

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

I2 Making the Call to Improve Pregnancy Outcomes: A Focus on Tobacco Cessation Quitlines and HIV Hotlines

Annapolis 2

POPULATION TRACK:

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

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

Heather Jordan, MPH, CHES, CTTS, Research Specialist and Program Manager, Center for Tobacco Surveillance and Evaluation Research, University of Medicine and Dentistry of New Jersey School of Public Health
Shannon Weber, MSW, Perinatal HIV Hotline Coordinator, National HIV/AIDS Clinicians' Consultation Center
Kimberly Horn, MSW, EdD, Associate Director, West Virginia Prevention Research Center and Mary Babb Randolph Cancer Center
Kate Kobinsky, MPH, CHES, Quit Line Coordinator, University of Wisconsin School of Medicine and Public Health

I3 Developing an Evidence-Based Model Through Leadership, Multiuser Service Coordination and Delivery, and Information Technology

Annapolis 3

POPULATION TRACKS:

STRATEGY TRACKS:

Several initiatives merged to develop a one-stop shop in the highest risk community in Volusia County, Florida, where the black infant mortality (IM) rate is three times the state average for all races. While multiple studies and singular initiatives have been employed in this neighborhood, service delivery was fragmented with no scientific evaluation of the efforts. Stakeholders aligned public and private services in a single location. The Chiles Academy was located in the heart of the identified neighborhood and coordinated with GO BEYOND to manage information technology (IT). They employed a single philosophy to ensure that multiple agencies could establish a common purpose and direction. A steering committee conducted a study to provide an overview of challenges related to MCH outcomes, using key data components in relation to IM, black IM, low birth weight, fetal loss, and school readiness and completion. Healthy Start conducted a mini-study for a snapshot of the neighborhood. Leaders used MCH competencies to work toward common goals and methods for service delivery such as mutual consent, integrated assessment forms, and staff development. They identified the Well Family System as a key component of the project for managing information. Jennie Joseph's JJWay® was utilized to develop a training plan to align multiple partners in a common purpose and ongoing identification of training needs. The result of these efforts is a one-stop shop that improves access to health and support services, shares leadership, and manages data such that continuous quality improvement is incorporated and reviewed per family, worker, agency, and service. Since this effort incorporates outcomes for an entire community and is still in implementation, the overall outcomes in the community cannot yet be measured. However, the process objectives related to leadership, IT development to support multiple agencies, and unified training provide a promising practice for communities.

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

I4 Ten Years and Counting: Youth Development MCH-Academic Partnerships in ACTion

Annapolis 4

POPULATION TRACK:

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

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

I5 Building Social and Political Will for MCH Programs: The Role of Reframing

Baltimore 1

POPULATION TRACK:

STRATEGY TRACK:

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

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

I6 Family Health History Models for Community Engagement

Baltimore 2

POPULATION TRACK:

STRATEGY TRACK:

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

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

I7 State Partnerships to Improve the Quality and Availability of Medical Homes to Vulnerable Participants

Baltimore 3

POPULATION TRACKS:

STRATEGY TRACK:

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

Colleen Kraft, MD, Associate Professor of Pediatrics, Virginia Tech Carilion School of Medicine and Research Institute
Gina Robinson, Program Administrator, Colorado Department of Health Care Financing and Policy
Marie Maes-Voreis, RN, BSN, MA, Director, Health Care Homes, Minnesota Department of Health

I8 Blueprint for Success: The Role MCH Agencies Play in Promoting and Implementing an Infant Vision Health Program

Baltimore 4

POPULATION TRACKS:

Utilize an innovative public-private model that partners with state and local MCH programs to provide comprehensive vision examinations to infants 6 to 12 months of age in eight diverse socioeconomic and geographical populations across the United States. A variety of methods were used to educate the general public about the InfantSEE® program, a comprehensive, no cost vision examination for infants. These methods included grassroots flyer distribution, television and radio public service announcements, mobile clinic outreach, a direct mail piece, and partnerships with MCH agencies. More than 1,000 infants received an InfantSEE® examination as a result of these diverse outreach strategies. For nearly half of those receiving an examination it was indicated that the care takers became aware of the InfantSEE® program through an endorsed MCH activity. The predominant method of discovery for the program was the MCH-endorsed direct mail piece. This innovative public-private partnership demonstrates an effective model of care for infants and pediatric populations. The model created to promote and integrate an infant vision health program with MCH agencies has proven to be an effective strategy. State and local MCH agencies are powerful messengers of health information as demonstrated by this unique model.

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

I9 Using Innovative Tools to Improve MCH Services' Quality and Outcomes

Annapolis 1

POPULATION TRACK:

STRATEGY TRACKS:

Organizations seeking to improve MCH outcomes and service quality require tools with which they can measure, monitor, and engage partners in improving performance and impact. This session will review the application of three innovative methods for collecting, analyzing, and communicating MCH data in ways that engage partners, including parents, pediatric providers, child care providers,

schools, youth-serving organizations, and policymakers in advancing evidence-based improvements in policy and practice. This session will review three data collection and reporting tools specifically created to support partnership-driven health policy and system improvements for children, youth, and families. Tools will be reviewed and case studies presented to elucidate relevance and application for improving MCH outcomes.

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

I10 Understanding Adolescents: An Oxymoron?

Magnolia 3

POPULATION TRACK:

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

Kristin Teipel, BSN, MPH, Director, State Adolescent Health Resource Center (SAHRC), University of Minnesota
Glynis Shea, MLS Candidate, Communications Director, SAHRC, University of Minnesota
Patti VanTuinen, MEd, CHES, Adolescent Health Coordinator, Missouri Department of Health and Senior Services

4:15 pm

Bus transportation into Washington to Congressional Reception on Capitol Hill for all conference attendees

See page 63 for further bus information.

5:00 pm – 7:00 pm

Congressional Reception and Legislative Champion Award

Rayburn House Office Building, Rooms B-338, B-339, and B-340 (Washington, DC)

7:00 pm

Return bus transportion to Gaylord National Hotel

See page 63 for further bus information.

9:00 pm

Return bus transportation (final) to Gaylord National Hotel

See page 63 for further bus information.

Raising the Profile of MCH on Capitol Hill

All conference participants are cordially invited to attend an exclusive Congressional Reception Tuesday evening from 5:00 to 7:00 on Capitol Hill. The reception will be held in the House of Representative's Rayburn Office Building, immediately following the time set aside for Congressional visits. Members of Congress and staff have been invited to attend. In addition to great networking opportunities, a short program is planned both to hear from leaders charting the course of MCH policy and to present AMCHP's Legislative Champions for MCH Awards. These awards recognize and celebrate the efforts of elected officials and their staff to improve the lives and health of mothers, children, and families, including those with special health care needs. Please plan to join us for a memorable event in the heart of our nation's Capital!

Welcome and Introductions

Phyllis Sloyer, RN, PhD, FAHM, FAA, AMCHP President and Division Director, Children's Medical Services Network and Related Programs, Florida Department of Health, Tallahassee, FL

AMCHP Legislative Champion Award winners have been invited, as well as other Congressional MCH policy leaders and staff.

WEDNESDAY, March 10

7:30 am – 3:00 pm ***Annapolis 2***

AMCHP/MCHB/NASHP – State Medical Home Initiatives Meeting *(by invitation only)*

8:30 am – 12:00 pm ***Annapolis 3/4***

AMCHP Board Meeting *(closed)*

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Family Specialist, Children's Special Health Care Services Division, Michigan Department of Community Health

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Director, Maternal, Child, and Community Health, New Jersey Department of Health and Senior Services

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Director, Bureau of Family Health, Pennsylvania Department of Health

Region IV
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Region V
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Region VI
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Region VII
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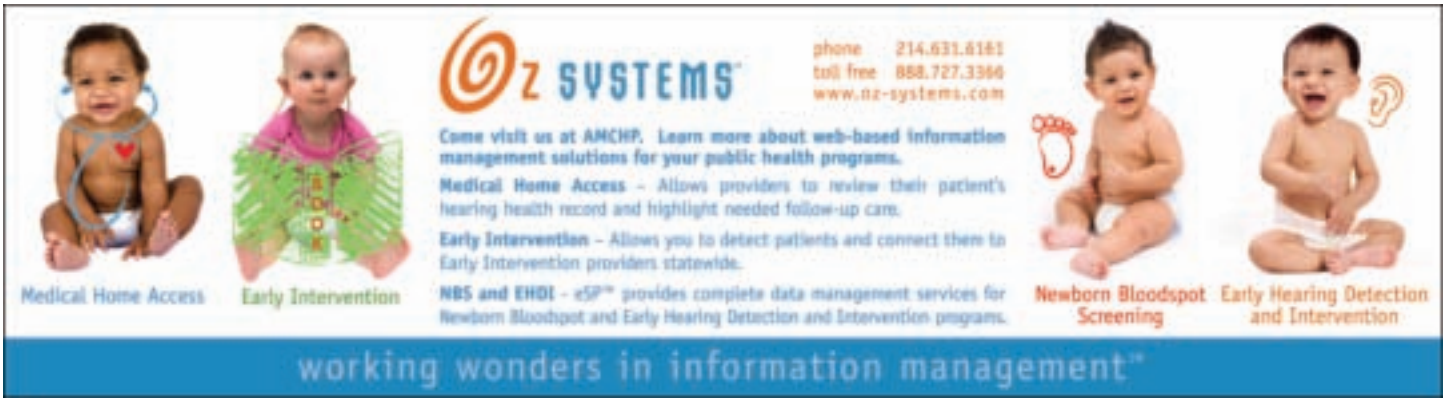
Administrator, Section for Healthy Families and Youth, Missouri Department of Health and Senior Services

Region VIII
Karen Trierweiler, MS, CNM
Director, Center for Healthy Families and Communities, Colorado Department of Public Health and Environment

Region IX
Les Newman
Assistant Division Chief, Maternal Child and Adolescent Health Division, California Department of Public Health

Region X
Maria Nardella, MA, RD, CD, CSHCN
Program Manager, Washington State Department of Health



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Additional Conference Abstract Reviewers

Thank you also to all of our additional abstract reviewers who helped the Conference Planning Workgroup design this year's exciting program!

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The evidence you need to invest in the programs that work.

Learn more about our research agenda at pewcenteronthestates.org/homevisiting

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AMCHP

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