



PULSE

A MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Infant Mortality, Prematurity and Preconception Health

September/October 2012

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From the President

By Stephanie Birch, RNC, MPH, MS, FNP



Attention to reducing the rates of Infant Mortality has gained some ground over the last couple of years thanks to the focused attention of AMCHP, the Association for State and Territorial Health Officials (ASTHO) and the March of Dimes all working together to support state and local maternal and child health (MCH) programs in this work. This key indicator enables state MCH programs to utilize and highlight the capacity, knowledge and resources that they have and the work they do in partnership with other state and local agencies and health care providers on this complex and multifaceted issue. Interventions to reduce infant mortality and utilization of data surveillance systems provides opportunities for states to fully implement preconception and interconception interventions using the life course theory model and measure their progress. It is imperative for state MCH programs to share the work they are doing and the outcomes achieved with funders and partners. It is important for us to highlight that this work would likely not be done without the ongoing financial support of the Title V MCH Services Block Grant! To the extent you are able, I encourage all of you as MCH leaders to look for opportunities to share the work your state and local MCH agencies are doing and share the role that the Title V MCH Block Grant plays in this work.

In this issue, you will find more details on AMCHP and partner projects, as well as projects being spearheaded by the U.S. Department of Health and Human Services (HHS) and its agencies.

From the CEO Going for Gold

By Michael R. Fraser,
PhD, CAE

I loved watching the Summer Olympics this year. “The thrill of victory and the agony of defeat” were definitely present and it was great fun to see so many records broken and medals won. Country against country, athlete against athlete, the whole spectacle of the Olympics was very cool. Throughout my viewing, however, was a twinge in the back of my mind: something just didn’t feel right. When I finally focused on what was bothering me I realized that I was making comparisons to health status between countries and there was a contradiction between how great our athletes were doing in their events in London



and how poor our population health was back at home. I often say that the United States would not even qualify for most Olympic events if we used health status as one of our criterion. The only gold medal we would win would be for having the highest expenditures on health than any other country in the world. Not sure we want that medal to be our claim to Olympic glory.

Infant mortality is one of the problems that keeps us from getting bronze, silver and gold medals in MCH. The complex issue of improving birth outcomes is a major focus of state MCH programs and has recently received a great deal of national attention with several exciting ongoing initiatives. Reducing infant mortality is a key goal of these programs, and AMCHP along with its members are playing a major part. This issue of *Pulse* focuses on many of those initiatives that have a starring role for Title V. Here is an overview of some national work that AMCHP is participating in with key partners:

The COIN initiative: With the support of the Maternal and Child Health Bureau (MCHB), HHS Regions IV and VI have been working as state teams and as regions to address infant mortality and prematurity. Using a Collaborative Improvement and Innovation Network (COIN) methodology, state Title V programs and partners are developing action plans and strategies to improve MCH outcomes in their states. This work is expanding, with MCHB looking to involve other regions as resources allow.

ASTHO President’s Challenge: Last year, Dr. David Lakey, Health Commissioner in Texas and the president of ASTHO, challenged states to reduce prematurity rates nationwide by 8 percent by 2014. The “Healthy Babies” Challenge has picked up a great deal of support and almost all states have signed on to the ASTHO challenge. Using resources from many partners, including the March of Dimes, states are bringing together their activities and focusing on prematurity prevention in both policies and programs.

Secretary’s Initiative on Infant Mortality: HHS Secretary Sebelius recently announced that infant mortality was a priority area for the administration and will work with states to address this challenge in the coming months. The Secretary’s Advisory Committee on Infant Mortality will be working on ways to develop this initiative and align it with other efforts nationwide.

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From the CEO CONT. Going for Gold

Healthy Babies are Worth the Wait: The March of Dimes has been working with state partners to move its Healthy Babies are Worth the Wait campaign forward. AMCHP, a supporter of this work, is looking to connect activities in the states to amplify its impact and align it with current state efforts nationwide.

Strong Start: The Centers for Medicare and Medicaid Services (CMS) released its “Strong Start” funding opportunity, testing innovative models to improve pregnancy outcomes specifically by reducing significant complications and long-term health problems for expectant mothers and newborns. This demonstration project aims to identify evidence-based programs that could be replicated in the future should they show significant savings and improved outcomes.

These are only five of the national initiatives that we are tracking – and there are several more, including work by the National Governors Association and the work of provider groups, such as the American College of Obstetricians and Gynecologists. MCH programs have a piece to play in all of this and many of you have state initiatives that have been ongoing and tie directly to these national efforts. This is a critical time for MCH programs to coordinate efforts and share learning with each other. AMCHP wants to support that sharing and learning as your national partner, resource and advocate. One of the best examples of what states are doing is our newly released Infant Mortality Compendium on efforts to address improving birth outcomes and reducing infant mortality. Tools like the AMCHP Compendium, which you will learn more about later in this issue, demonstrate the practical steps and programmatic initiatives that state MCH programs can use to make a difference on this important issue.

Getting to gold in the MCH Olympics is a tall order for the United States, but we can do it. Efforts like the ones above and the long history of state Title V programs show that we can make a difference. If you are seeking more information on any of these programs or have ideas you would like to share, please contact us. In time, we will get our medal – but only with all of us pulling together!

Feature The Biggest Public Health Success Story In 15 Years?

Infant Mortality Rate Reaches “Historically Record Low” but Receives Little Fanfare

Earlier this summer, the Centers for Disease Control and Prevention (CDC) published data showing that the U.S. infant mortality rate reached a record-low level of 6.14 infant deaths per 1,000 live births in 2010. Other key findings from “Death in the United States, 2010” show that the infant mortality rate decreased 33.4 percent from 1990 to 2010 and the “decrease in infant mortality from 2009 to 2010 – both in terms of the actual number of infant deaths (1,864 fewer deaths) and in the rate (3.9 percent lower) – represents the largest single-year drop since 1995.” This is great news for MCH, and a public health success story deserving national recognition and celebration!

While further study around the causes of the decline in infant mortality are warranted, here are some initial observations:

- Public health efforts supported by the Title V Maternal and Child Health Services Block Grant – along with other critical programs, including Medicaid, WIC, Healthy Start, community health centers, and critical centers of CDC and the National Institutes of Health, are making a difference in saving babies’ lives.
- While we celebrate the declining rate, our progress in reducing persistent disparities between whites and blacks and Native Americans only improved slightly and needs heightened attention to accelerate progress.
- Improvements realized in 2010 reflect investments policymakers made over time. While this improvement is welcome good news, budget cuts coinciding with the economic downturn beginning in 2008 are creating major challenges to sustain this success.
- We need more investigation to determine what the key drivers are in this success, and how we can sustain and accelerate progress to ensure the healthiest possible start for every baby born in the United States.

As this issue of *Pulse* highlights, there is unprecedented national momentum around improving birth outcomes and reducing infant mortality. Let’s celebrate the recent success in reducing infant mortality and continue to work together to ensure the continuation of this exciting trend!

Feature CONT. SACIM Developing National Strategy to Reduce Infant Mortality



By Kay Johnson
Chair, Secretary's Advisory Committee on Infant Mortality Research Associate Professor of Pediatrics, Geisel School of Medicine at Dartmouth

The Secretary's Advisory Committee on Infant Mortality (SACIM) was formed in 1991 to advise the HHS Secretary regarding programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The committee represents a public and private partnership designed to provide guidance to HHS and the Health Resources and Services Administration (HRSA). The SACIM work also is intended to focus attention on the policies and resources required to reduce infant mortality.

In July, SACIM members sent a letter to HHS Secretary Sebelius applauding her commitment to develop the first national strategy for reducing infant mortality. In the next few months, SACIM will make recommendations to the secretary to inform and support the national strategy. Work on such a national strategy is at the heart of the SACIM charter.

Over the past year, SACIM members developed and shared a framework with the secretary that calls for a multifaceted effort, including practice improvement by service providers, changes in knowledge, attitudes and behaviors of men and women of childbearing age, improved access to health care, empowered communities, health equity, and a serious commitment to prevention. Actions are needed at the national, state, community, family and individual levels.

SACIM also has called for redeployment of effective prevention strategies, such as breastfeeding, childhood immunizations and family planning. These are basic building blocks for child survival and maternal well-being. Accelerated implementation of the clinical preventive services provisions of the Affordable Care Act (ACA), as well as community-based prevention through public health and social marketing, are needed.

The SACIM framework also emphasizes that the health of the next generation depends upon women's health. Through the ACA, the United States is on the path to improvements in health coverage for all women. Additional commitment to services and supports for the most vulnerable, low-income women and families also is urgently needed, through programs such as Healthy Start.

The first years of life lay the foundation for an individual and family to be healthy and thrive across the life course. As stated in a recent SACIM letter to Secretary Sebelius: "Our wealthy nation can and should commit to ensuring economic and social support to families so that every baby will be born in optimal health and will enter the world wanted and loved."

Feature COIN Working to Ensure Health Equity



By Reem M. Ghandour, DrPH, MPA
Office of Epidemiology and Research, Maternal and Child Health Bureau

HRSA has begun to intensify efforts to prevent premature births and improve birth outcomes. For example, MCHB has launched a Collaborative Improvement and Innovation Network (COIN) to reduce infant mortality in the 13 southern states of Regions IV and VI. As described by Dr. Michael Lu, associate administrator for maternal and child health at HRSA: "States and their partners are leading the way in efforts to reduce infant mortality. The COIN provides a platform for collaborative improvement and innovation across state lines."

The COIN builds on the success of the Infant Mortality Summit held in January 2012, at which the 13 states in Public Health Regions IV and VI developed plans to reduce infant mortality. In response, MCHB, in partnership with AMCHP, ASTHO, the March of Dimes, CityMatCH, and federal partners, including CDC and CMS, launched the COIN to facilitate collaborative learning and adoption of

Feature CONT.

COIN Working for Health Equity

proven quality improvement principles and practices across these 13 states to reduce infant mortality and improve birth outcomes.

From these efforts, five common priority strategies emerged, as well as the desire to share best practices and lessons learned across the region. The COIN will demonstrate the impact of five key strategies on infant mortality: 1) eliminating elective deliveries prior to 39 weeks gestation, 2) prenatal smoking cessation, 3) safe sleep for infants, 4) Medicaid financed interconception care for women with a prior adverse pregnancy outcome and 5) strengthened regional perinatal care systems. Working across state lines, teams have formed around each of the five strategies comprised of representatives from all 13 southern states.

Collaborative improvement and innovation are the focus of work going forward. The Regions IV and VI COIN was formally launched on Jul. 23-24, 2012 in Washington DC, where the five COIN teams met face-to-face for the first time to receive training on the science and practice of quality improvement and collaborative learning, as well as to hear about current public and private efforts to reduce infant mortality and improve birth outcomes across the nation. Through the COIN, state agencies across the 13 southern states are designing modern, effective approaches for change. More than 200 committed professionals from the southern states are volunteering their time and expertise to the COIN. Together, these leaders are focusing on ways to ensure health equity, eliminate health disparities, and implement best programs, policies, and practices to reduce infant mortality.

Feature

Best Babies Zone Strives for All Babies to Be Born Healthy



By Erin Bonzon
Associate Director, Women's and Infant Health, AMCHP

The Best Babies Zone (BBZ) Initiative is an innovative, multi-sector approach to reducing infant mortality and racial disparities in

Feature

Best Babies Zone

birth outcomes and improving birth and health outcomes by mobilizing communities to address the social determinants that affect health. The BBZ vision is that all babies are born healthy, in communities that enable them to thrive and reach their full potential. The uniqueness of this national initiative lies in the fact that not only is the approach zonal, but it is comprehensive – addressing four critical sectors – economics, education, health and community – in order to strengthen environments that support better and healthier outcomes. BBZ is funded by the W.K. Kellogg Foundation and is being implemented in four cities – Cincinnati, Ohio; Milwaukee, Wisconsin; New Orleans, Louisiana; and Oakland, California.

BBZ employs three primary strategies to produce measurable outcomes:

- A small zone is selected where change is greatly needed and resources are aligned to produce and measure impact
- A broad collaborative is formed to work across four sectors (health, economics, education and community) to achieve collective impact
- A social movement is cultivated within the city to do whatever it takes to improve birth outcomes in the zone

A consortium of partners has mobilized to support the BBZ Initiative, develop a blueprint and strategies, evaluate its impact, carry out the work in the four cities, and plan for its future growth. The BBZ National Leadership Team is directed by Cheri Pies of the University of California at Berkeley, who serves as the principal investigator for the initiative. The broader BBZ team includes partners from all four of the BBZ cities, AMCHP, CityMatCH and the National Healthy Start Association. These organizations will develop community assessment guidelines, create workbooks to assist with future dissemination of the initiative and establish learning communities for the BBZ participating sites. The BBZ National Leadership Team also includes Milton Kotelchuck (evaluation), Mario Drummonds (development and sustainability), Lorraine Lathen (media and marketing strategy) and Amy Fine (consultant on place-based efforts and policy).

BBZ was awarded its initial three-year funding this spring by the W.K. Kellogg Foundation, and is currently working with three of the four initial BBZ sites to transition from the planning phase to community assessments, zonal selection

Feature CONT. Best Babies Zone

and initiative implementation. The fourth site, Milwaukee, is currently in a pre-planning phase and will be integrated into the initiative during the second and third grant years.

For more information about Best Babies Zone, contact:
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Feature Building a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality: The AMCHP Compendium



By Tegan Callahan
Program Manager, Women's and Infant Health, AMCHP

Since the passage of Title V of the Social Security Act, state and territorial maternal and child health programs have been striving to address the causes of poor birth outcomes throughout the United

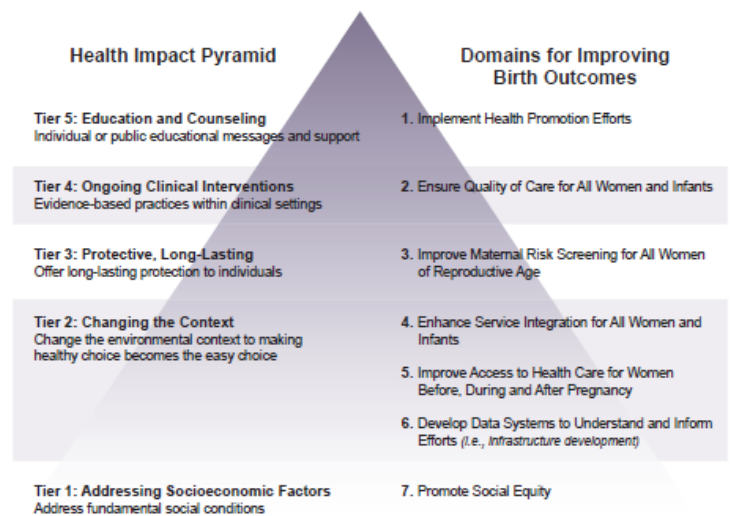
States. Recently, national initiatives have encouraged state and community partners to enhance or develop comprehensive approaches for improving birth outcomes, including setting target goals and introducing new regional initiatives. Currently, AMCHP members are partners in several regional and national initiatives, such as the HRSA Infant Mortality Collaborative, the ASTHO Healthy Babies Project, and the March of Dimes Healthy Babies are Worth the Wait.

To help our members meet the goals of these initiatives and capitalize on the momentum around reducing infant mortality, AMCHP released *Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality* in July 2012. This resource is a synthesis of policy and program options that states can use in planning and implementing comprehensive initiatives to address infant mortality.

Feature CONT. The AMCHP Compendium

The groundwork for the AMCHP Compendium began in the fall of 2011. AMCHP staff had begun an informal environmental scan of state reports and recommendations on infant mortality in order to learn best practices and keep up-to-date on the strategies being implemented across states and communities. AMCHP staff realized our informal environmental scan of state level actions and initiatives needed to be formalized into a summary document that showcased not just the types of recommendations states can adopt, but also included the actionable steps states and partners can take to follow through on recommendations.

The first step toward the final compendium was the development of an organizing framework. We summarized the multiple recommendations and strategies being implemented in states and communities into seven broad recommendation areas. These broad recommendations were then aligned to the Health Impact Pyramid, presented by Dr. Tom Frieden in 2010,¹ in order to promote multi-level, comprehensive approaches.



The heart of the compendium, however, is beyond the seven broad recommendations and the overarching framework. Often recommendations do not offer practical guidance on what to do. In order to provide an action-oriented resource for state- and community-level practitioners, we drilled down within each recommendation to offer sub-recommendations and action-oriented strategies to address the overarching recommendation. Finally, to bring all the pieces together, AMCHP staff highlighted California, Delaware, Kentucky, Maryland,

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The AMCHP Compendium

North Carolina, Ohio and Texas as case studies of states that were building comprehensive initiatives to improve birth outcomes. Once these pieces were compiled, AMCHP reached out to partners and experts in the field to examine the recommendations, sub-recommendations and action steps in order to provide feedback on accuracy and clarity. The final compendium incorporated the feedback of more than 30 expert reviewers.

When the first copies of the printed compendium arrived at the AMCHP offices, we were truly giddy and opened the box with an excitement reminiscent of a holiday morning. So many hours of work by staff and partners came to life

when we had the final printed copies in hand! We hope the compendium helps MCH stakeholders focus efforts by providing specific, actionable ways to improve birth outcomes and facilitates learning about strategies and approaches from other states. We are pleased to now offer this resource on the AMCHP website. To access the complete compendium and other AMCHP resources on infant mortality, visit amchp.org/programsandtopics/womens-health/infant-mortality/.

¹Thomas R. Frieden, MD, MPH. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health* | April 2010, Vol 100, No. 4, 590- 595.

KEEP YOUR EYES OPEN FOR THESE NEW RESOURCES COMING OUT IN THE NEXT FEW MONTHS

The **Preconception Health and Health Care Resource Center** is a comprehensive Web directory of tools and resources designed to advance the health of men and women of reproductive age. The Resource Center will be strategically organized for local health departments, state health departments, clinical providers, consumers, and nonprofits to identify model programs, clinical practices, and policy strategies. The Resource Center will allow users to:

- Increase their awareness and knowledge of evidence-based preconception health and health care resources
- Identify examples of how to promote preconception health and health care, and integrate it into public health practice
- Identify, address and prevent risk factors that might affect future pregnancies

The Resource Center is divided into four sections:

- Clinical Strategies and Programs – will include clinical tools and resources housed on Before, Between and Beyond Pregnancy
- Health Education Materials for Teens, Women and Men – will include links to health education materials that comprehensively describe preconception health
- State and Local Strategies and Programs – will include case examples of successful and unsuccessful public health programs that have been implemented at the community or state level, but lack substantive evaluation data; and best practices of preconception health care initiatives identified via the National Association of County and City Health Officials (NACCHO) Model Practices program and the AMCHP Innovation Station
- Policy Strategies and Programs – will include case examples of policy initiatives undertaken at the local or state level

Show Your Love

Show Your Love is a campaign developed by the CDC National Preconception Health Consumer Workgroup. The campaign is expected to launch Valentine's Week, February 2013 and is designed to improve the health of women and babies by promoting preconception health (PCH) and health care. The main goal of the campaign is to increase the proportion of women who plan when to become pregnant and who engage in PCH behaviors before becoming pregnant. The campaign is working to elevate PCH, a woman's health before she gets pregnant, to the same level of awareness and significance as prenatal health among women of childbearing age.

Show Your Love is targeting two primary audiences: women 18-44 who are currently planning a pregnancy, and women 18-44 who are not currently planning to become pregnant. The consumer workgroup and CDC are developing products for partners to use, such as TV and radio PSAs, an educational video, posters, a campaign website, consumer checklists and social media tools. This phase of the campaign will emphasize Internet-focused promotions, and will develop partnerships with organizations like MCH programs that can disseminate campaign products directly to women.

THE STATE INFANT MORTALITY TOOLKIT

In September, to mark National Infant Mortality Awareness Month, the Maternal and Child Health Epidemiology Program (MCHEP), in partnership with AMCHP and the March of Dimes Foundation, will release an Infant Mortality Toolkit. The State Infant Mortality (SIM) Toolkit is the culmination of a vision to develop an organized, structured guide for analyzing infant mortality data in an urban, local, tribal or state setting by a team of diverse staff to determine the underlying factors associated with infant deaths. Building on lessons learned during a 2004-2006 collaborative project developed by CDC and partner organizations, which supported five multidisciplinary state teams (DE, HI, LA, MO and NC) in addressing their high rates of infant mortality, the SIM toolkit provides practical guidance on the application of maternal and child health epidemiology to discern the underlying factors responsible for excess infant mortality and identify opportunities for intervention. Objectives of the SIM Toolkit are defined as:

- Highlighting the importance of infant mortality as a measure of population health
- Providing a framework to assist states, localities, tribes and/or communities in selecting appropriate indicators of infant mortality
- Outlining useful indicators for infant mortality assessment, defining selected indicators and identifying data sources
- Demonstrating methodological and statistical approaches to analyzing data and providing guidance on the interpretation of findings
- Providing recommendations for incorporating findings into programs and policies to reduce infant mortality

Included in the toolkit are standard definitions and measures, an organized approach to examining infant mortality, frameworks and a check list for understanding infant mortality, case studies, and examples of successful infant mortality interventions. The toolkit will be accessible at amchp.org on Sept. 30.

Feature

W.K. Kellogg Foundation Partners to Improve Birth Outcomes

By Piia Hanson

Program Manager, Women's and Infant Health, AMCHP

Implementing programs to improve preconception health is a key area of focus for state MCH programs. Now more than ever, states are working creatively to forge new partnerships that will generate innovative ideas to develop and implement these programs. Much of this work is made possible through public-private partnerships (PPP). As this issue highlights various initiatives that support efforts to improve birth outcomes, this is a prime opportunity to also highlight that PPP can play a key role in helping states to move their work forward.

The W.K. Kellogg Foundation has a long-standing tradition of building successful PPP in public health and has supported numerous MCH programs. We asked Patrick Simpson, program officer at the W.K. Kellogg Foundation, to offer insight on the importance of PPP, to share how the foundation is supporting efforts to improve birth outcomes and also to share why this work is so important.



How does the W.K. Kellogg Foundation define public/private partnership and why is this type of work so important?

A public-private partnership from the foundation perspective describes a government service that is funded and operated through a partnership of government and one or more private foundations. It is important because in many instances government programs have a special expertise or reach that a private foundation may not have through funded work of other organizations. PPPs serve to elevate policy-level concerns and help to accelerate the programmatic change that improves the desired outcomes.

What is one strategy that you would recommend to our members interested in seeking partnerships with private funders?

State programs interested in public-private partnerships should research private foundations in their respective states to understand the focus of their grant making and develop relationships with the people responsible for carrying out the programmatic work of the foundation.

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Kellogg Partnerships

What initiatives is the W.K. Kellogg Foundation currently supporting to improve birth outcomes?

We lend our support to hundreds of committed community-based and national organizations, focusing significant resources on places where children face especially tough challenges. We believe that our support of grassroots organizations in those locations can improve the lives of children. We also work with larger coalitions, providing leadership and funding to help them expand their reach and influence.

Children need nutrition, stimulation, healthy living conditions and access to quality health care to thrive. We help many of them receive all four by funding organizations that improve birth outcomes, first food experiences and health services; create access to healthy foods; and educate families and communities about the interrelated factors that determine well-being. We are especially interested in efforts focusing on children who are disadvantaged by multiple societal factors, a disproportionate percentage of whom are children of color. We also support innovative, place-based efforts to address the social determinants of health through local leadership, policy and advocacy. And we work to ensure access to a quality health environment and quality health care.

How do these initiatives fit into the larger mission of the W.K. Kellogg Foundation?

We believe in the whole child approach to achieving our mission, and our programming emphasizes on education and learning; food, health and well-being; and family economic security all play interconnected roles in creating an environment in which vulnerable children are protected, nurtured, equipped and stimulated to succeed. Our framework also recognizes that the active pursuit of racial equity, the eradication of structural racism, and the rigorous encouragement of civic and philanthropic engagement are essential to creating a social context in which all children can thrive, including the most vulnerable.

There is a lot of national momentum around improving birth outcomes right now. What is one strategy that our members can use to capitalize on these opportunities for collective impact?

To achieve collective impact, communication and collaboration is key. It involves all parties trying to move the needle on birth outcomes coming together and supporting

the activities that will be implemented and agreeing to common metrics and evaluation.

Why is this work important to you personally?

This work is important to me because it is a social justice issue, which is what drove my passion for the field of public health. We (the public and private sector) have recognized that there is inequity in birth outcomes in this country for decades, and have had some success at making small improvements, but we have not put forth the effort or resources necessary to make systemic change. It is a relic and consequence of institutional policies that have favored some groups over others and needs to be changed.

Feature

How Healthy Start and Title V Work Together



By Piia Hanson
Program Manager, Women's and Infant Health, AMCHP

Projects supported by the Title V MCH Block Grant include a wide range of MCH programs that meet national, state and territorial needs. Many of these programs attribute their success to strong partnerships with local, state and national

organizations that also work to ensure the health of our nation's mothers and children. One such MCH champion is the National Healthy Start Association (NHSA) that has a mission to 'be our nation's voice in providing leadership and advocacy for health equity, services and interventions that improve birth outcomes and family well-being.' The South Phoenix Healthy Start and its Title V partner are an exemplary model for how Title V and Healthy Start work together. We asked Lisa L. Derrick, M.Ed., BAM, project director for South Phoenix Healthy Start (SPHS) at the Maricopa County Department of Public Health Office of Family Health Services, and Antoinette (Toni) Means, MBA/HCM, chief, Office of Women's Health, Bureau of Women's and Children's Health (BWCH) at the Arizona Department of Health Services (ADHS) to offer insight on their successful partnership.

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Healthy Start and Title V

How did your Healthy Start and Title V partnership come together?

BWCH has had an active partnership with SPHS since its inception. The health disparities impacting women and children residing in South Phoenix has been a major focus of both the state and county health departments due to long-term health and social/economic factors impacting this community. This long-term partnership is valued and its continuation has been ensured during their tenure with their respective agencies.

Toni also was instrumental in the founding of the initial Healthy Start (HS) project in Phoenix, AZ more than 10 years ago and served in an advisory capacity for our Community Consortium and even as an informal mentor for Lisa during her first few years as a project director.

What projects are you currently working on together?

BWCH administers a community health worker/promotora home visiting program for pregnant and parenting women and over the years, SPHS and BWCH have opened up various training/educational opportunities to the community health workers of both programs. Topics of recent trainings/conferences have included preconception health, motivational interviewing, and fetal alcohol spectrum disorder screening and brief intervention. Routinely, BWCH staff attends the community consortium meetings.

Feel like you are missing something?

AMCHP Members receive our member-only, bimonthly publication *Member Briefs*. *Member Briefs* is a succinct, easy-to read summary of useful information for MCH leaders. Each issue of Member Briefs includes plenty of news you can use including:

- Current News from Washington
- Funding Opportunities for MCH programs
- Our MCH Calendar and Events
- Leadership Lesson and Best Practices from Peers
- Opportunities to Get Involved
- And more!

Don't miss out any longer. Join AMCHP and you'll start receiving *Member Briefs* right away! To join, contact Laura Goodwin at lgoodwin@amchp.org.

Preconception and interconception health have been a priority for SPHS and BWCH for a number of years. Toni was on the SPHS Interconception Care Learning Community and contributed to the development of the SPHS Interconception Curriculum. In addition, she was one of several learning community members who then presented some of the curriculum modules to the SPHS community health workers. SPHS served on the ADHS Preconception Health Strategic Planning Task Force and is now a member of the Preconception Health Implementation Task Force. Members of the Preconception Health Implementation Task Force work toward achieving the three goals of the Preconception Health Strategic Plan, report on their agency preconception health activities and share resources.

Additionally, SPHS is working to share the vision of Healthy Start 3.0 with their collective community and has recently elicited responses on developing a collective vision from the perspective of the HS community, consumers, staff and other key stakeholders within the HS community. BWCH will join other consortia leaders in the near future for additional work as we move forward in actualizing a new model for Healthy Start.

What other agencies have been engaged in supporting your work?

- Father Matters, a program designed to educate young men about their roles and responsibilities as fathers and provides information about legal, parenting and relationship issues
- Family Tree an organization that educates African Americans, police agencies and policymakers about the impact of domestic violence in the African-American community and the provision of culturally appropriate responses to domestic violence situations
- Facts of Life who works with young ladies living in public housing to increase their educational success by providing youth development services

Additionally, various faith-based organizations and members have participated in building our strategic futures and have been instrumental in educating their parishioners on critical MCH issues and health interventions.

Feature CONT.

Healthy Start and Title V

Why was this partnership important to your community?

As SPHS and BWCH work together to leverage resources, the women and children in the community benefit from receiving relevant and timely information and services. Sharing BWCH program updates, statistics and new initiatives during consortium meetings allows the BWCH to reach and work with other organizations in the community and allows the community to provide input to the BWCH.

BWCH has provided excellent leadership in statewide MCH and has provided countless resources in the work done together to improving birth outcomes – their public health expertise, resources for data-media-education materials, active participation in our annual strategic planning and a leading member of the consortium.

The Healthy Start model provides a critical resource to the BWCH...**that strong, trusted relationship directly to the community we all serve.** One of the strongest components of the HS model is the Community Consortia, the Arizona consortia is older than the actual delivery of home visitation services. With the active participation of the full community and consumer base, the consortium has been building partnerships and working on distributing consistent public health messaging on perinatal health throughout the years.

HS provided BWCH with valuable qualitative, anecdotal data of educational programs and projects at work in the communities – linking families directly to public health officials through the consortia and their involvement in other HS activities helps to strengthen consistent messaging and serves as a sounding board and feedback mechanism for media, education and awareness initiatives that benefit women and families throughout the state.

BWCH at the HS table has resulted in critical strategic connections with community partners who have in turn provided valuable resources and networks that can be perpetuated throughout the state.

How has working together helped you to move forward with improving birth outcomes in Arizona?

Since BWCH and SPHS work to reduce and eliminate health and social factors that place women at higher risk

of poor birth outcomes, the more we join together to ensure that all the women served have access to quality, relationship-based services, the greater the opportunities for improving birth outcomes in our state. As we become aware of, share and embrace effective strategies for improving the health of women, Arizona will continue to have a positive impact on the outcomes of future pregnancies.

What future projects can we look forward to hearing about from the South Phoenix Healthy Start and Title V partnership?

Considerable work still needs to be done in order to increase awareness of preconception health and increase access to preconception health services. They will likely partner on the launch and implementation of the upcoming preconception health social marketing campaign in Arizona. In addition, they will work to ensure the social determinants of health impacting the health and lives of pregnant and parenting women and their families are addressed by developing new collaborative relationships with non-traditional partners, such as employment training and placement agencies. Each entity is open to partnering on diverse efforts that will improve the health and well-being of the women served.

What advice can you offer to other members who want to establish a Healthy Start and Title V partnership?

Since the mission and vision of the Title V agency and Healthy Start projects complement each other in terms of improving the health of women and children, partnering is a natural linkage that results in mutually beneficial and far-reaching advantages for everyone involved. It is critical to work together consciously to align with a shared vision of a healthy Arizona for all Arizonans and to continue to engage all the communities of Arizona in building their knowledge base, leveraging the assets and resources they need to support their families and encouraging opportunities for celebrating their successes in becoming healthier and sharing this success throughout our state. There are a number of opportunities to work together; staff training, community forums, task forces/consortiums, etc. It is important that the Title V and the Healthy Start representatives meet on a regular basis to identify how resources can be leveraged and opportunities for collaboration and success seized.

Real Life Stories

One Mother's Story of Perseverance and Love



By Amy Marchand Collins
RIPIN Family Resource Specialist, Neonatal Follow-Up Clinic, Transition Home Plus Program

I remember the moment I knew my life had changed forever. As I walked toward the neonatal intensive care unit (NICU) entrance to let in my parents

and sister for our family meeting, I felt the track of my life change. Like a train smoothly shifts to a new track at the throwing of a switch, the news I had just learned, that BOTH my children had permanent hearing loss, had irrevocably changed the course and direction of my life. I didn't know where I was now headed, but I knew for certain it was very different from where I had thought I was going just a moment earlier.

We already had been through a lot in our roller-coaster NICU journey with our twins, Elyssa and David, born nearly four months earlier at 24 weeks gestation – 16 weeks too soon. They had already been subjected to so much in their short lives: weeks on ventilators, beeping monitors, too many needle sticks to count, various procedures, numerous transfusions and medications, all in the quest to keep them alive. Until that moment, however, I had believed their prematurity was something we would eventually put behind us.

But permanent disability – in the form of such 'morbidity' as hearing loss, vision problems, cerebral palsy or cognitive impairment – is actually quite common among infants born as early as mine were. In a recent analysis of infants born at Women & Infants Hospital from 2005 to 2008, 64 percent of the 83 infants born at 24 weeks gestation survived. Of those, nearly half (43 percent) had at least one major impairment at their 18-month follow-up appointment.

I had steadfastly refused to look at the statistics on mortality and disability during my children's NICU stay, only determined that my own children would not only survive but "be fine." In the years since, I have had to stretch my definition of "fine" to encompass and adapt to diagnoses

of not only hearing loss, but also cerebral palsy for both my children and Autism and asthma for my son. Our lives are full of special equipment and intensive therapies, but immeasurably enriched by the presence of my children. I've learned to navigate the various systems that provide equipment and therapies to get my children what they need. That my children are as fine as they are today despite their diagnoses is in large part a testament to the great support and many services our family has received throughout my children's lives, much of it indirectly supported or facilitated by Title V.

Here in Rhode Island, Title V is not used to fund any direct services, so it's not a surprise that I wasn't sure exactly how it connected to prematurity when I agreed to write this article. According to Deborah Gameau, director of the Office of Special Health Care Needs at the Rhode Island Department of Health, the state uses our Title V Special Needs funds to provide quality assurance and access to the special needs service delivery system. This system comprises an alphabet soup of organizations and programs that support families, some funded and overseen through the Department of Health, others through the Office of Health and Human Services.

One of those programs, the Pediatric Practice Enhancement Project (PPEP), places trained family members employed by the Rhode Island Parent Information Network (RIPIN) in pediatric offices and specialty practices around the state. These family resource specialists have firsthand expertise navigating the systems and provide peer support to families facing challenges they themselves have faced and overcome. For the past five years, it has been my privilege to support families in their transition from the NICU to home as the RIPIN Family Resource Specialist at the Neonatal Follow-Up Clinic at Women & Infants Hospital.

*Amy Marchand Collins' children were born at 24 weeks gestation and spent their first 129 days of life in the NICU at Women & Infants Hospital of Rhode Island. Since 2007, she has been a RIPIN Parent Consultant/ Family Resource Specialist at the Neonatal Follow-Up Clinic of Women & Infants Hospital. With Dr. Betty R. Vohr, medical director of the Neonatal Follow-Up Clinic, she recently published a book, *Precious Premies: The Post-NICU Years, Inspiring Stories of Hope & Survival from the Littlest Babies in the Littlest State*, which brings together 31 family stories spanning 31 years of the Neonatal Follow-Up Clinic at Women & Infants. The book is available for purchase on the hospital website, womenandinfants.org for \$10 + \$5 shipping & handling. Proceeds from book sales go toward a fund to support the needs of Follow-Up Clinic families.*

Real Life Stories

DC Developing Families Center: A Treasure to the Community

By Tegan Callahan

Program Manager, Women's and Infant Health, AMCHP

Carolyn McCoy

Senior Policy Manager, Government Affairs, AMCHP

The death of an infant is one of the most devastating outcomes for not only a family but also society itself. There are numerous risk factors that have been linked to infant mortality, many of which are related to the level of support, dignity and continuity of care a woman receives not only during her pregnancy but during the critical years leading up to it. The Developing Families Center (DFC) in Washington, DC is unique and on a mission to provide that critical support for low-income African-American families in Washington, DC.

In July, AMCHP staff visited the Developing Families Center to better understand the efforts underway in our own backyard to lower the infant mortality rate in Washington, DC. AMCHP staff were greeted by Linda Randolph, MD, MPH, the president and CEO and Ruth Lubic, CNM, EdD, the founder of the DFC and were given the opportunity to hear about the history of DFC and its model of care. The DFC is "the first collaboration model of its kind to offer continuous, uninterrupted care for women and their families during the important childbearing and early child-rearing years." The Community of Hope Family Health and Birth Center, staffed by nurse midwives and pediatric and family nurse practitioners; the Healthy Babies Project, staffed by community nurses, family service workers and utilizing mental health and fatherhood consultants; and the UPO Early Childhood Development Center with teachers and their assistants serving children from six weeks of age to their third birthday come together under the umbrella of the DFC to provide a unique level of support and care to the families who need it the most. This care is not provided in



a vacuum; the community was involved at every level of planning and provides continuous feedback to the center through a community advisory board.

This model of care has been proven through results. The center boasts significant reductions in birth outcomes that are precursors of infant mortality: namely preterm birth and low birth weight; and reduced C-section rates at lower costs and greatly increased breastfeeding rates. Dr. Randolph proudly states, "we believe the relationships we establish with women and fathers-to-be before and during pregnancy, at birth and to the third birthday are essential components, as well as supportive services that promote empowerment."

As communities continue to improve and refine models of care, the Developing Families Center in Washington, DC is a beacon and treasure to the community. A client of the center describes her experience as, "[The DC Developing Families Center helps us] get to know how to help your children succeed. From before birth through the early years, I feel like a 'pro' and I'm helping others with what I've learned."

Success Stories

AMCHP ALCs Focus on Birth Outcomes

By Piia Hanson

Program Manager, Women's and Infant Health

With support from the W.K. Kellogg Foundation, AMCHP is working on multiple projects that provide capacity-building technical assistance to state MCH programs to ultimately improve birth outcomes. This includes the *Optimizing Health Care Reform to Improve Birth Outcomes* project and the *Partnership to Eliminate Disparities in Infant Mortality* project. As we are routinely seeking opportunities to share lessons learned from our member action learning collaboratives (ALCs) in an effort to help your work, we asked our project participants to share their success stories and offer valuable advice.

The *Optimizing Health Care Reform to Improve Birth Outcomes* project works with state MCH programs and their key partners (e.g., state Medicaid agencies, local

Success Stories CONT. AMCHP ALCs

health departments, community health centers) in selected states to increase their effectiveness and capacity to optimize implementation of the Affordable Care Act (ACA or “health care reform”) to address preconception health, adolescent health and reproductive health. These teams include Florida, Oklahoma, Oregon, Michigan, Mississippi and New Mexico. The project focuses on key opportunities within health reform and other related national initiatives to promote preconception health throughout the life course for women and girls, and to ultimately improve birth outcomes.

The *Partnership to Eliminate Disparities in Infant Mortality (PEDIM)* project is a joint initiative with AMCHP, CityMatCH and the National Healthy Start Association (NHSA) that works with five state teams to increase capacity at

community/local/state levels in order to address the impact of racism on birth outcomes and infant health. These teams include Fort Worth, TX; New Orleans, LA; Boston, MA; New Haven, CT; and various Healthy Start sites that comprise a Michigan team. This project focuses on increasing awareness and education about racism and its impact on birth outcomes.



Kris-Tena Albers, CNM, MN, Director, Infant, Maternal and Reproductive Health Unit at the Florida Department of Health is a member of the Florida *Optimizing* project team, which is comprised of the Florida Department of Health, the Agency for Health Care Administration (the Florida Medicaid Agency), the March of Dimes and the Florida Association of Healthy

Start Coalitions. Kris-Tena shared that Florida recognizes preconception health as one of the key factors in improving the health of mothers and babies during and after pregnancy, and that their team goal for the project is: All women served by Medicaid will have access to preconception and interconception care. She also says that this project provides a forum to collaborate with other states, learn from each other and set dedicated time aside to work towards their goal of improving birth outcomes. The team thinks this work is important because one of the Florida Title V MCH priorities is preconception health and the related performance measure is to, “increase the number of women who have received PCH counseling within the year prior to becoming pregnant.” Florida has been working on preconception health for many years and Kris-Tena shared that participating in the *Optimizing* project re-energized their activities in this area and created a renewed synergy among the partners on the team. She also says that, “our goal of improving the health of our women and their children can only be accomplished through collaborating with partners, internal and external to the state. Everyone is very busy but if you can weave a new initiative, such as this ALC, into activities your state is already doing it provides a renewed energy. Improving birth outcomes is a huge endeavor but you must start somewhere to make it happen and you cannot do it without your MCH partners so you must bring them to the table.”



Do you have a successful program that has addressed infant mortality in areas such as preconception health, prematurity awareness, infant mortality task forces, SIDS/SUIDS, and more?

Consider sharing your program in Innovation Station, the AMCHP searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Kate Howe](#) at (202) 266-3056 or visit amchp.org/bestpractices.

You can also [click here](#) to refer an innovative MCH program that we should know about!

Success Stories CONT.

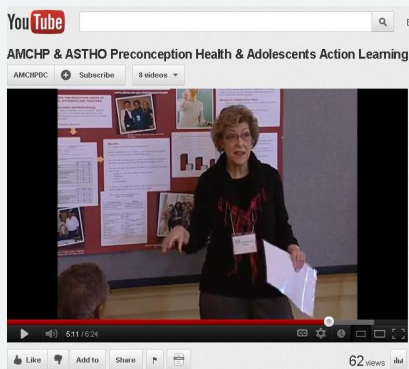
AMCHP ALCS

Sam B. Cooper III, LMSW-IPR, Director, Office of Title V & Family Health at the Texas Department of State Health Services, is a member of the Fort Worth, Texas *PEDIM* team. This team also includes travel members Reverend Ralph Emerson, of Rising Star Baptist Church, Dr. Richard Kurz of the University of North Texas (UNT), Lisa Boone-Reddick of Ft. Worth Healthy Start, Ann Salyer-Caldwell of Tarrant County Public Health Department (CityMatCH Member); the Texas ALC team also includes



non-travel members: community leader, Loretta Burns, and Marcy Paul and Dr. Kathryn Cardarelli, both of UNT. Sam shared that as a participant in the second Infant Mortality and Racism ALC, the Texas team has developed a logic model and initial plans for addressing the infant mortality problem in high-risk areas of the city, and is

currently using “concept mapping,” a key tool from the ALC experience, to identify specific activities and interventions that will be developed and driven by the community in the future. The team originated from existing community partnerships and activities initiated by the Healthy Moms, Healthy Babies, Healthy Communities (H3) project that is targeting infant mortality in the city, specifically in zip codes 76105, 76112, 76119 and 76120. H3 is led by a Community Oversight Board including state, county and city legislators; clergy from the local faith community; service agencies; and members representing education, health and health care. The benefit of having an existing group of committed community members who already identified and understood key points regarding infant mortality was a great asset for the Texas ALC team. The team faced the initial challenge of how to incorporate the steps presented through the learning collaborative model into the preexisting work of H3. Only after team members clarified organizational relationships of the oversight board and the Texas ALC team, and then identified communication strategies that fit Ft. Worth best, did the true picture of possibilities begin to emerge. “Lessons learned” or “relearned” by the Texas team at this stage of the ALC include: communication among team members is key; “Keep it Simple” – don’t get paralyzed by the details; and identify common ground and build on the strengths of all involved. In addition to the information and resources provided by AMCHP, CityMatCH and NHSA, the Texas team members have benefitted from the interaction with the other teams in the ALC project. The experiences of former and current participating teams have provided inspiration and energy to the Texas team.



Success Stories: Reducing Infant Mortality in Teen Pregnancies

The United States has made great strides in reducing teen pregnancy in the last number of years; however, the infant mortality rate for babies born to teen mothers is still shockingly high. Statistics tell us that this is due to babies being born prematurely and at low birth weight. But, the issue is complex; factors such as smoking, lack of adequate prenatal care, substance abuse, domestic violence and poor physical health among others contribute to poor birth outcomes. In 2006, the Centers for Disease Control and Prevention released Recommendations to Improve Preconception Health and Health Care – United States to provide a framework to more holistically address the problem of poor birth outcomes. Since then, most states have worked to integrate preconception health efforts into their maternal and child health efforts addressing women. Preconception health and adolescents: In 2009, six innovative states rose to the challenge of figuring out creative ways to integrate preconception health guidelines into their state adolescent and young adult health efforts. Take a look at their success stories!

[Missouri](#)
[Oregon](#)
[South Carolina](#)

[Ohio](#)
[Pennsylvania](#)
[Utah](#)



Success Stories CONT. Developing Recommendations on Preconception Health for Young Adults with Disabilities: Oregon Experience with an AMCHP ALC

By Lesa A. Dixon-Gray, MSW, MPH
*Women's Health Program Coordinator, Maternal and
Child Health Section, Center for Prevention and Health
Promotion, Oregon Health Authority*

Current preconception health recommendations have not addressed the unique needs of young adults with disabilities. While young adults with disabilities are just as likely to be sexually active and less likely to use condoms, this group is often treated as if they were not sexual beings or would not become pregnant. Approximately one in five women in the United States has a disability (an estimated 16.8 to 28.6 million) and an increasing number of women with disabilities are becoming pregnant and report facing negative attitudes toward their pregnancies and difficulty receiving comprehensive prenatal care.

From 2009-2010, the state of Oregon Maternal and Child Health Section participated in an AMCHP Action Learning Collaborative (ALC) on preconception health for adolescents. The purpose of the ALC was to increase awareness and knowledge of the preconception health guidelines and promote the application of these guidelines for adolescent population. In Oregon, as a part of the ALC, an interdisciplinary team of professionals reviewed the Center for Disease Control and Prevention Mortality and Morbidity Weekly Review (MMWR) Preconception Health Recommendations and other published literature and identified that no specific recommendations concerning preconception health exist for young adults with disabilities. While the universal MMWR recommendations are relevant to this population, young adults with disabilities have other specific issues that deserve additional focus. Because the scope of preconception health interventions is so broad and numerous, the team decided to focus on recommendations around reproductive health and safety. The Oregon team developed a survey of young adults with disabilities and their opinions regarding sexual and preconception health. Oregon collected 115 survey responses from across the country and used the survey findings along with other research to develop recommendations.

Besides the benefit of having recommendations for preconception health work within a population that had little current attention, the Oregon team also experienced a wide benefit from the partnerships and collaborations required to complete the work of the ALC. Through their ALC participation, Oregon developed new partnerships, created opportunities for new collaborations with old partners, and enhanced partnerships between the Title V women's health and children and youth with special health care needs programs.

To read the full Oregon report from the AMCHP Preconception Health and Adolescents Action Learning Collaborative, [click here](#).

Member to Member

Member states that have participated in the MCHB Region IV and VI Infant Mortality Summit and COIN were asked:

What early achievements or successes have you seen? What lessons learned can you share with other states?



Bradley Planey, M.S., M.A.
*Associate Branch Chief, Family
Health Branch, Arkansas
Department of Health*

For several years, the Arkansas Department of Health has recognized the importance of reducing the state infant mortality rate (IMR) and it is one of our strategic goals. In 2009, 290 babies died in Arkansas before their first birthday, (an IMR of 7.3 deaths per 1000 live births), placing Arkansas in the top 10 for the highest IMR. The burden of infant death was not shared equally among Arkansas residents. Higher rates occurred in counties with rural, poor and minority populations, especially in the Mississippi Delta.

The Region IV and VI Infant Mortality Summits, as well

Member to Member

as the associated COIN workgroups targeting a reduction in infant mortality, was a perfect fit for us. The meetings fostered a partnership that facilitated agreement on goals and strategies aimed at reducing infant mortality and we are now putting those in place. Below are some current and future activities:

- Regionalization of perinatal care by defining levels of perinatal hospital care in state policy and designating hospitals by level
- Through professional and public education, ensure appropriate use of labor inductions and cesarean sections to avoid unnecessary premature delivery
- Increase the number of women receiving flu shots during pregnancy
- Increase screening, consultation and referral of high-risk pregnant women and infants to appropriate perinatal services
- Expanding community-based efforts for public awareness (i.e. Safe Sleep Campaign, "First Ride, Safe Ride Campaign," early prenatal care, teen pregnancy awareness and prevention, folic acid awareness, obesity prevention, tobacco cessation and prevention, enhanced pre/postnatal care using evidence-based home visiting care models

As the COIN workgroups and our state efforts continue, I look forward to watching our infant mortality rate drop.



Kris-Tena Albers, CNM, MN
Director, Infant, Maternal and Reproductive Health Unit, Florida Department of Health

Florida engaging with the MCHB Region IV and VI Infant Mortality Summit and Collaborative provides the state an opportunity to have ongoing communication with the multidisciplinary state team to work on the reduction

of infant mortality and preterm births. Early Florida achievements/successes include: developing a Health Problem Analysis of SUIDS/SIDS and a logic model to guide the work of promoting safe sleep and preventing SUIDS; distributing Makena Rx pads to obstetrical providers, hoping to increase the usage of Makena for

the appropriate at-risk population for preterm labor and birth; enhancing the relationship between the Florida Department of Health and the Medicaid agency to explore ways preconception and interconception care might be incorporated into future Medicaid managed care plans; identifying and receiving additional funding to sustain the Florida Perinatal Quality Collaborative; and announcing a request for proposals in July by the March of Dimes to award funding for demonstration projects to increase the number of women attending their postpartum visits.

Some recommendations to other states of lessons we have learned are:

1. Each of the summit Strategic Priority Areas has a lead person who facilitates the major actions/activities needed to implement each strategy. Assigning a lead person is critical to accomplish the work that needs to be done.
2. The Florida Strategic Priority Areas team members participate in quarterly conference calls for the purpose of providing updates and soliciting input on the activities/strategies identified in January 2012. This helps to document progress, revise strategies if needed, and brainstorm new ideas.



Michael Warren, MD MPH FAAP
Director, Division of Family Health and Wellness, Tennessee Department of Health

On Sept. 20, the Tennessee Department of Health hosted a statewide infant mortality summit, "Tennesseans Teaming Up for Change." Forty two local community teams (made up of more than 200

individuals) attended the event. Welcoming remarks were provided by the Tennessee First Lady Crissy Haslam and Commissioner of Health, Dr. John Dreyzehner. Plenary sessions focused on national efforts related to infant mortality and included presentations by Dr. Michael Lu and Dr. Michael Fraser. Breakout sessions focused on specific topics, such as safe sleep and the impact of chronic disease on pregnancy, as well as capacity-building topics, such as using the PPOR process and marketing your message. At the end of the day, teams gathered to write

Member to Member CONT.

individual “belief statements” and develop an initial team plan for addressing infant mortality in their communities, including at least one specific goal and associated strategies, objectives, and stakeholders.

We decided to make this conference “different” by making it a “team” event rather than having individual registrations. We wanted people to learn together, and then go back and do something, as a team, in their community. The response was overwhelmingly positive – registration filled within two weeks and every team turned in a Community Action Plan at the end of the day. One important recommendation is to consider existing resources and how they can help you with an event like this – we had great support from CityMatCH and AMCHP in planning and conducting some of the sessions – their cooperation saved us from having to “reinvent the wheel” and allowed us to hear directly from the experts! The other is to never fear challenging your communities to act – we now have 42 teams spread across the state that are ready to engage community stakeholders in efforts to improve birth outcomes.



Sam B. Cooper III, LMSW-IPR
Director, Office of Title V & Family Health, Family & Community Health Services Division, Texas Department of State Health Services

The earliest successes have been seen primarily in strengthened partnerships with stakeholders in our state systems and with local coalitions in Texas. We have improved communication among partners on critical areas that impact the health outcomes of pregnant women and infants. The Summit and COIN have provided additional opportunities to work with our peers in other states to see what is working and how we can take advantage of those successes. The national efforts have provided greater visibility of our existing state initiative and promoted interest among elected officials and leaders in agencies and organizations in Texas.

Our interactions with other states in the process have reinforced core ideas that can lead to success. Be clear who needs to participate from the beginning and be flexible in developing partnerships that can support the

efforts. Recognize that there may be limits on individual organization’s involvement, but strategize how to make the most effective use of the combined efforts. Develop strategies that are holistic and include families, providers and community stakeholders from the state. Use any and all of the data tools available to measure success. Share the lessons learned often.

View from Washington How Will the Supreme Court Ruling on the ACA Impact MCH?



By Brent Ewig
Director, Policy, AMCHP

Now that the dust has settled around the long-awaited Supreme Court ruling on the Affordable Care Act (ACA), we have a little more insight and analysis on what the ruling means for MCH. For kids, it is clear that their

eligibility was not changed by the ruling. But for women – particularly very poor women – the impact appears to be potentially far reaching.

Within the court ruling was the surprise finding that the penalty in the law for states not implementing the Medicaid expansion was unconstitutionally “coercive.” The practical effect is that the seemingly once mandatory Medicaid expansion for all Americans under 133 percent of poverty is now optional. The law did not foresee this possibility and therefore does not include exchange subsidies for individuals under 133 percent, creating a potentially substantial group of very poor people who will remain in what has been called a “no man’s land” or “donut hole” of continued un-insurance.

It remains unclear how many states will decide to opt out, but clearly there are large political and financial stakes that are driving that debate. One nonpartisan source tracking this issue is the media outlet American Health Line. As of Sept. 12, they are reporting that six states are on record as saying they will not expand Medicaid and five

View from Washington CONT.

more are leaning against. Their state-by state tracker is available [here](#).

Because states receive full federal financing for this expansion for the first three years, states considering opting out are contemplating leaving huge amounts of federal funding on the table. But because the state portion of shared financing goes up over time, it is clear that several states are balancing concerns about their future fiscal obligations. As always, the Kaiser Family Foundation has good additional resources on these issues available [here](#).

The most immediate impact of opting out of the Medicaid expansion would be the implicit perpetuation of a system that only values poor women's health when they are pregnant and therefore eligible for Medicaid coverage. It is a step back from the realization that the best way to improve women's health – and by extension the health of her children should she choose to become pregnant – is to focus on those risk factors that affect birth outcomes both before and between pregnancy. It limits the window of opportunity to reverse years of unhealthy behaviors

and exposures to several months and, for many women, will perpetuate a situation where they lose Medicaid coverage 60 days postpartum. Again, limiting the ability to address any risk factors discovered during pregnancy and especially those that may have contributed to a poor birth outcome. In short, it would perpetuate a fragmented, episodic approach to health care rather than the continuous and coordinated approach championed by MCH professionals.

So while the opt out option creates or perpetuates challenges, one thing worth noting from our public health science is that health insurance coverage – while fundamental and essential – is insufficient to improve population health outcomes. The preconception care movement also tells us that focusing on prenatal care alone might simply be too late. As one wise state MCH director taught me, "We are realizing that seven or eight months of world class prenatal care simply cannot reverse a lifetime of unhealthy behaviors and environmental exposures that contribute to poor birth outcomes."

Accordingly, AMCHP will continue to advocate that our best opportunities to improve birth outcomes and prevent infant mortality likely comes from focusing on upstream interventions across the life span that prevent or mitigate the chronic disease and other risk factors that might cause poor health and poor birth outcomes. We will keep up our mantra that healthy kids start with healthy moms, in healthy families, in healthy communities. And as always, we thank you for providing the commitment and leadership we need to accelerate progress.

Upcoming MCH Observances

Don't forget to celebrate the following [National Health Observances](#) in October and November!

October is:
 Health Literacy Month
 National Breast Cancer Awareness Month
 National Bullying Prevention Month
 National Down Syndrome Awareness Month
 Sudden Infant Death Syndrome Awareness Month

Oct. 1 - Child Health Day
 Oct. 7 - Mental Illness Awareness Week
 Oct. 15 - 19 - National Health Education Week

November is:
 National Family Caregivers Month
 Prematurity Awareness Month

Nov. 15 - Great American Smokeout

Honors and Accolades

Dr. Ruth Ann Shepard, division director for maternal and child health with the Kentucky Department for Public Health, was awarded this year's ASTHO Presidential Meritorious Service Award. Dr. Shepard has presented on preterm birth prevention and other public health topics in several states and nationally. In conferring the award to Shepard, ASTHO President Dr. Lakey acknowledged her leadership and the work of all AMCHP members done to reduce preterm birth and infant mortality. Congratulations to Dr. Shepard and all AMCHP members for their hard work and dedication!

Who's New

NEW PARTNERS



Lynn Pedraza
Executive Director, Family Voices

Family Voices announced Lynn Pedraza, Ph.D. of Albuquerque as the organization's new Executive Director. Dr. Pedraza has been an advocate for families and children all of her life beginning as a special education teacher for a classroom of middle school students. From 2002 – 2012 she served as Albuquerque Public Schools (APS) Director of Health and Wellness. She is the recipient of the New Mexico NAMI Award for Family Support, was the Substance Abuse and Mental Health Services Administration (SAMHSA) 'Administrator of the Year for School-based Mental Health' in 2007, and has received numerous other awards. Lynn credits her children and their biological families with teaching her what families face when they work with systems such as education, juvenile justice, mental health, social services and hospitals.

Get Involved

Registration for the AMCHP 2013 Annual Conference Is Now Open!

The AMCHP 2013 Annual Conference will be held Feb. 9-12, at the Omni Shoreham Hotel in Washington, DC. To register, visit regonline.com/amchp2013. Don't miss our early-bird registration rates – register now! Full conference registration includes all conference events, including the AMCHP Annual Conference Training Institute – Saturday, Feb. 9 and Sunday, Feb. 10 (until noon) – a rich schedule of skills-building sessions and other training opportunities. Visit amchp.org for further information, and watch for updates as the program develops.

AMCHP is now accepting applications for the Ryan Colburn Scholarship. The deadline is 5 p.m. EST, Friday, Oct. 19. AMCHP will award a scholarship to one youth leader to attend the AMCHP Annual Conference 2013. The scholarship is valued at \$1800 to cover airfare, lodging and per diem. For more information on how a youth leader in your state should apply for this scholarship, or for more information about the annual conference, please visit the

Get Involved CONT.

AMCHP website at amchp.org. If you have any questions, please contact Michelle Jarvis at mjarvis@amchp.org or 202-775-1472.

Webinar on Flu Preparedness for Children and Youth with Special Health Care Needs

Neurologic disorders were reported in nearly two-thirds of pH1N1-associated pediatric deaths with an underlying medical condition. Because of the potential for severe outcomes, children with underlying neurologic disorders should receive influenza vaccine and be treated early and aggressively if they develop influenza-like illness. AAP will host a Clinician and Communications Activity (COCA) webinar on this topic on Thursday, Sept. 27 at 2 p.m. EST. For more information, [click here](#).

2012 NASHP State Health Policy Conference

The National Academy for State Health Policy (NASHP) 25th Annual State Health Policy Conference will be held Oct. 15-17 in Baltimore, MD. A preconference on *Improving Population Health Outcomes: Creating a Truly Comprehensive Health System* will be held on Monday, Oct. 15. This preconference will focus on the *Affordable Care Act (ACA)* and is designed to help state policymakers across agencies, programs, and branches of government take advantage of significant transitions in health delivery systems by strengthening partnerships and leveraging opportunities to improve population health and reduce more costly interventions. For more information, [click here](#).

Applications Now Open for the 2012 MCH Epi Pre-Conference Trainings!

This year, AMCHP will offer four training options for those wishing to build their skills in the areas of spatial analysis, quality improvement, scientific writing and leadership. A detailed description of each, including learning objectives and MCH leadership competencies addressed, is available through the [AMCHP website](#). To apply for the trainings, [click here](#). Applications must be submitted no later than Friday, Oct. 19.

NNPHI Forum for Quality Improvement in Public Health

The National Network of Public Health Institutes (NNPHI) will hold the next Open Forum Meeting for Quality Improvement in Public Health. at the Charlotte Marriott City Center in Charlotte, NC on Dec. 6-7. The registration deadline is Monday, Nov. 12. [Register](#) soon as space is limited.

Data and Trends

Understanding Current Capacity to use the Core State Preconception Health Indicators among Title V Programs

Responses from an AMCHP member assessment, (December 2011) surveying all Title V programs, 50 states and 9 territories, highlighted that **26 Title V programs** have calculated some of the Core State Preconception Health (PCH) Indicators.

Purposes for calculating the Core State PCH Indicators:

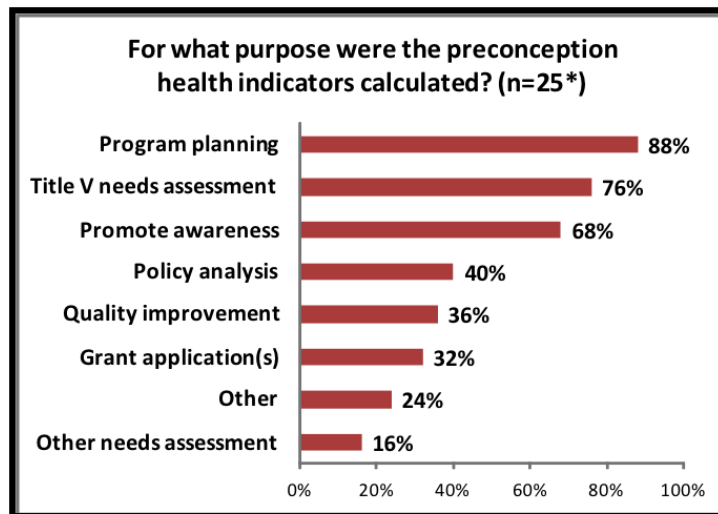


Figure 1: *26 states indicated calculating the Core PCH indicators to assess preconception health, however, one state had multiple respondents offering contradictory responses. This state has been excluded from further analysis of these 'calculators'.

Title V program respondents' (n=17) disseminated calculations of Core State PCH Indicators:

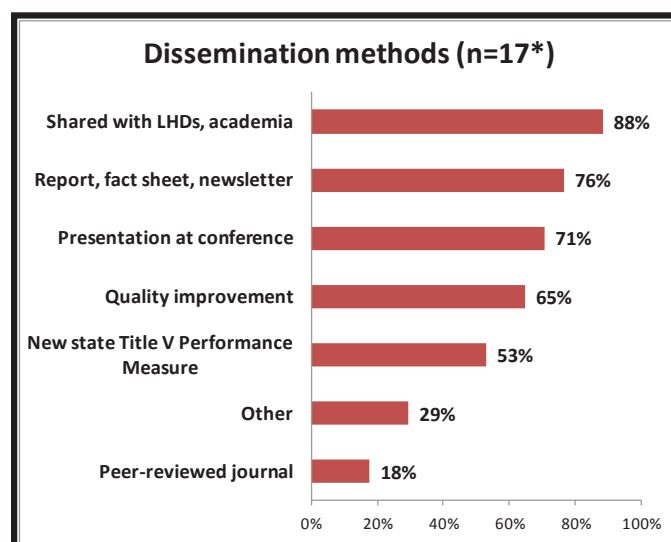


Figure 2: * Sixty-eight percent (n=17) of Title V programs that have calculated the Core State PCH indicators formally disseminated them. Data reflects this subgroup of "disseminators".

Resources

[American College of Obstetrics and Gynecologists \(ACOG\)](#): Is the leading authority on women's health.

[Association of Maternal & Child Health Programs \(AMCHP\)](#): Offers information and resources about its programs to help state public health agencies and communities address infant mortality.

[Association of SIDS and Infant Mortality Programs \(ASIP\)](#): Hosts information about the [National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Project IMPACT](#), which is part of a national consortium of four centers supported by the MCHB, to address infant mortality and pregnancy loss.

[Association of State and Territorial Health Officials \(ASTHO\): MCH program](#): Addresses issues affecting families, women of reproductive age, infants, children and adolescents, including those with special healthcare needs. The ASTHO MCH program aims to increase state capacity to develop and implement policies and programs that respond to challenges and effectively promote state MCH.

[Association of Women's Health, Obstetric and Neonatal Nurses \(AWHONN\)](#): Works to improve and promote the health of women and newborns and to strengthen the nursing profession through the delivery of superior advocacy, research, education and other professional and clinical resources to nurses/other health care professionals.

[Centers for Disease Control and Prevention \(CDC\)](#): Offers resources and initiatives aimed at reducing infant mortality and pregnancy loss that include:

- [Division of Reproductive Health: Maternal and Infant Health](#): Contains links to reports, data and other resources about promoting healthy pregnancy and infant health and preventing premature birth and infant illness and mortality, including [SIDS and SUID](#). Recent publications and initiatives include:
 - The [Morbidity & Mortality Weekly Reports](#): Presents data based on weekly reports to CDC by state health departments. Recent reports about infant mortality/pregnancy loss include:
 - [QuickStats: Infant Mortality Rate per 1,000 Live Births,* by Gestational Age – United States, 2008 \(2012\)](#)

- [QuickStats: Fetal Mortality Rates, by Period of Gestation – United States, 1990-2005 \(2009\)](#)
- [QuickStats: Infant, Neonatal, and Postneonatal Annual Mortality Rates – United States, 1940-2006 \(2009\)](#)

- [The CDC National Center for Health Statistics \(NCHS\)](#): Includes national data about infant mortality and pregnancy loss. Recent publications include:
 - [FASTATS: Infant Health \(rev. ed.\) \(2012\)](#): This fact sheet presents national infant mortality data statistics with links to full reports and data sets.
 - [Deaths: Preliminary Data for 2009 \(2011\)](#): This report includes infant mortality rates and lists leading causes of infant death.
 - [Fetal and Perinatal Mortality, United States, 2005 \(2009\)](#)
 - [Infant Mortality Statistics from the 2008 Period Linked Birth/Infant Death Data Set \(2008\)](#)
 - Also see the NCHS databases: [The Health Indicators Warehouse](#), [Data 2010](#), [Health Data Interactive](#) and [VitalStats](#).
- [The CDC Racial and Ethnic Approaches to Community Health Across the U.S. \(REACH U.S.\)](#): An initiative that supports community coalitions in designing, implementing and evaluating community-driven strategies to eliminate health disparities in eight priority areas, one of which is infant mortality.
- Also see the CDC [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), the [National Center on Birth Defects and Developmental Disabilities \(NCBDDD\)](#), and [publications and brochures](#) addressing folic acid and diabetes and pregnancy.

[CityMatCH](#): Contains tools and resources for implementing the Perinatal Periods of Risk (PPOR) approach for mobilizing communities to reduce feto-infant mortality in U.S. cities.

[Eunice Kennedy Shriver National Institute of Child Health and Human Development \(NICHD\)](#): Contains research and grant information, publications and other resources for health professionals, researchers, and families about pregnancy and infant and child health topics, including pregnancy loss, birth defects, prematurity, and infant

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mortality. [Reports](#) describe the research and training supported by the NICHD [Pregnancy and Perinatology Branch](#) to improve the outcomes of pregnancy, reduce infant mortality, and minimize maternal and infant morbidities.

[First Candle](#): Hosts information about the [National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Program Support Center](#), which is part of a national consortium of four centers supported by MCHB, to address infant mortality and pregnancy loss. Provides a hotline in English and Spanish for expectant and new parents on ways to help their infants survive and thrive, for parents who have experienced the death of an infant, and for professionals working with families. Also see First Candle resources about infant mortality risk reduction, bereavement and safe sleep environments.

[Healthy People 2020](#): Offers information and publications about this national health-promotion and disease-prevention initiative that is coordinated by the [Office of Disease Prevention and Health Promotion \(ODPHP\)](#). View the maternal, infant and child health [focus area](#) to learn about the objectives related to infant mortality and pregnancy loss. See [data](#) about the objectives.

[Joint Center for Political and Economic Studies: The Courage to Love Commission](#): Presents [papers](#), [PowerPoint presentations](#), and [fact sheets](#) from this initiative that analyzed racial and ethnic disparities in infant mortality. Papers include:

- [Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality \(2007\)](#): This paper includes information on stress and coping, best practices and policy recommendations regarding black infant mortality.
- [Maternal Nutrition and Infant Mortality in the Context of Relationality \(2007\)](#): This paper covers infant mortality disparities, nutritional status and behaviors of pregnant women in the United States, prenatal nutrition interventions, relationality over the life course and recommendations.

[March of Dimes \(MOD\)](#): Contains resources for health professionals and expectant and new parents in English and Spanish about preconception and prenatal care, [birth defects](#), pregnancy loss, [prematurity](#), bereavement, and how to get involved in improving infant health by

reducing the incidence of birth defects and infant mortality. MOD offers [perinatal statistics](#) (including infant mortality rates), continuing-education modules, medical reference information, and video and audio resources.

[Maternal and Child Health Bureau \(MCHB\)](#): Leads projects and initiatives on behalf of American women, infants, children, adolescents and their families. Initiatives include [Healthy Start](#), a program to address factors contributing to infant mortality, low birth weight, and other adverse perinatal outcomes in high-risk populations.

[Maternal and Child Health Library at Georgetown University Infant Mortality and Pregnancy Loss Knowledge Path](#): This site links to recent, high-quality resources about infant mortality and pregnancy loss and to factors that contribute to these public health problems, such as birth defects, injuries, prematurity and low birth weight. A section on sleep environment and the prevention of Sudden Infant Death Syndrome is included. A separate resource on these topics for [families](#) is also available.

The MCH Library [website](#) has been redesigned to provide a fresh look and feel and additional resources including pages focusing on professional, family, school resources and resources on MCH professional education. An enhanced search feature allows users to select display formats and to create their own resource lists by checking off items from materials found in their searches. An updated sidebar and an A-Z Index guide visitors through the site as well.

A new feature highlights the 75th Anniversary of Title V, and presents “75 Books for 75 Years,” a book list of seminal and historical materials that are nominated by MCH Library visitors. An “In the News” page highlights significant developments related to public health and links to numerous federal and national public health news sources. The site will continue to be developed with new features and new information, and user suggestions are always welcome. Please see [here](#) or contact the library at mchgroup@georgetown.edu. To receive notices of new features and information, [subscribe](#) to the weekly MCH Alert.

[National Center for Child Death Review](#): Describes the child death review process for infants, children and adolescents from birth through age 18, offers tools for child

Resources CONT.

death review teams, provides state program information and presents child mortality data by state.

[National Center for Cultural Competence \(NCCC\)](#): Hosts information about the [National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Project](#), which is part of a national consortium of four centers supported by MCHB to address infant mortality and pregnancy loss. Provides technical assistance and develops resources on cultural and linguistic competence to help programs effectively address racial and ethnic disparities in perinatal, infant and child mortality and pregnancy loss.

[National Fetal and Infant Mortality Review Program \(NFIMR\)](#): Contains resources for implementing the fetal and infant mortality review (FIMR) method, including a directory of state and community FIMR projects, program descriptions, data-abstraction forms, sample laws to implement and safeguard FIMR proceedings and an online discussion group. NFIMR is a collaborative effort between the ACOG and MCHB.

[National Healthy Mothers Healthy Babies Coalition \(NMHB\)](#): Is a recognized leader and resource in maternal and child health, reaching an estimated 10 million health care professionals, parents, and policymakers through its membership of more than 100 local, state and national organizations.

[National Healthy Start Association \(NHSA\)](#): Describes the Healthy Start program and provides general information about infant mortality, low-birth-weight infants, and racial disparities in perinatal outcomes. Includes a directory of Healthy Start programs nationwide and a [newsletter](#). Funded by MCHB, Healthy Start provides community-based, culturally competent, family-centered, comprehensive perinatal health services to women, infants and their families in communities with very high rates of infant mortality. Recent publications include:

- [National Infant Mortality Awareness Month Toolkit \(2010\)](#): This toolkit aims to help Healthy Start projects promote the effectiveness of programs and efforts to reduce infant deaths, low birth weight, preterm births and disparities in perinatal outcomes.

[National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center](#): Provides up-to-date information on the prevention of pregnancy loss, SIDS and sudden unexpected infant and child death; and on bereavement support for families facing losses. Information on child care and SIDS, first responders, and a safe sleep environment is included, as are a training toolkit, statistics, and multimedia resources.

[Office of Minority Health](#): Infant Health: Contains statistics about infant mortality among racial and ethnic groups and a fact sheet and list of links to publications and websites about infant mortality. Initiatives include:

- [A Healthy Baby Begins with You](#): Presents information about this national print and radio campaign to raise awareness about infant mortality with an emphasis on the African-American community. Includes [campaign materials](#) and infant mortality disparities [fact sheets](#). Also presents information about another phase of the campaign, the [Preconception Peer Educators \(PPE\) Program](#), which is designed to educate the college-age population about preconception health and care and to train them to serve as ambassadors for their peers who are not attending college.

[Text4baby](#): Is the first free health text messaging service in the United States. Text4baby supports moms by providing accurate, text-length health information and resources in a format that is personal and timely, using a channel she knows and uses.

Databases:

The databases listed below are excellent tools for identifying data, additional literature and research, and programs addressing infant mortality and pregnancy loss. *Reproduced with permission from Lorenzo, S. 2010. Infant Mortality and Pregnancy Loss Knowledge Path. Washington, DC: Georgetown University Maternal and Child Health Library.*

[Community Health Status Indicators \(CHSI\)](#): Presents county-specific data on health status indicators obtained from a variety of federal agencies including the Department of Health and Human Services, the Environmental Protection Agency, the Census Bureau, and the Department of Labor. Use the indicators to compare a county with counties similar in population composition

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and selected demographics and to characterize the overall health of a county and its citizens to support health planning. Select a state and county and click on Display Data. Select Measures of Birth and Death to view birth measures and infant mortality rates. CHSI is a service of [HHS](#).

[Data2010 - The Healthy People 2010 Database](#): Contains the most recent monitoring data for tracking [Healthy People 2010](#). To obtain data about infant mortality and contributing factors, click on the field, Data by Focus Area. Under the field “Select a Focus Area,” choose “16 – Maternal, Infant, and Child Health” from the pop-up menu. Next, click on the button for “Include Related Objectives from Other Focus Areas in the Table.” Click on the Submit button. This data set is provided by [NCHS](#) via [CDC Wonder](#).

[Health Data Interactive \(HDI\)](#): Presents interactive online data tables on pregnancy and birth, health conditions and risk factors, health care access and use, and mortality. Infant, neonatal, and post-neonatal mortality data and data about preterm birth and low birth weight are presented. HDI is a service of [NCHS](#).

[KIDS COUNT Data Center](#): Contains information about this national and state-by-state effort to track the status of children in the United States. Generate custom graphs, maps, ranked lists, and state-by-state profiles of birth outcomes, among other child health indicators. KIDS COUNT is a project of the [Annie E. Casey Foundation \(AECF\)](#).

[Linked Birth/Infant Death Data Set](#): Contains data about infant births/deaths occurring within the United States to U.S. residents. Data are available by county of mother’s residence, infant’s age, underlying cause of death, gender, birth weight, birth plurality, birth order, gestational age at birth, period of prenatal care, maternal race and ethnicity, maternal age, maternal education and marital status. This data set is provided by [NCHS](#) via [CDC Wonder](#).

[PeriStats](#): Provides access to maternal and infant health-related data at the national, state, county and city level by aggregating data from several government agencies and organizations. Topics include the timing and frequency of prenatal care, preterm birth, low birth weight, infant mortality, tobacco use and health insurance coverage. Over 60,000 graphs, maps and tables are available, and

data are referenced to the relevant source. PeriStats is a service of the [March of Dimes](#).

[Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#): Presents state-specific, population-based data on maternal attitudes and experiences before, during and immediately following pregnancy. PRAMS is a surveillance project of the CDC and state health departments.

[State Health Facts Online](#): Contains state-level data on more than 500 health topics. View individual state profiles, or compare data for all states by category. For infant mortality data, click on the Health Status category and select one of several subcategories under Infants. For data about low birth weight and prematurity, click on the Health Status category, and select one of several subcategories under Births. This system is provided by the [Kaiser Family Foundation](#).

[Title V Information System \(TVIS\)](#): Contains data from annual Title V Block Grant applications and reports submitted by all 59 U.S. states and jurisdictions. TVIS is a service of [MCHB](#). To identify state efforts to reduce infant mortality, conduct several searches:

1. Select [Program Data](#); scroll to “Medicaid/Non Medicaid Comparison” and select “Infants deaths per 1,000 live births”; select a state and Annual Report Year; and click on “Start Search”
2. Select [Measurement and Indicator Data](#); select “National Outcome Measures”; select “Most Recent Year Available” or “Multi-Year Report”; select a state and infant mortality measure; click on “Start Search”
3. Select [Measurement and Indicator Data](#); scroll to “State Data”; select “State Priority Needs Keyword Search”; select “Keyword: Morbidity/Mortality” and “Population: Infants”; click on “Start Search”
4. Select [Measurement and Indicator Data](#); scroll to “State Data”; select “State Outcome Measures”; select “Search By Keyword/Population”; select a state and “Keyword: Morbidity/Mortality” and “Population: Infants”; click on “Start Search”
5. View [State Snapshots of Maternal and Child Health](#) for a summary of state infant mortality data

[VitalStats](#): Presents tables, data files, and reports that allow users to access and examine birth and perinatal mortality data interactively. This system is provided by [NCHS](#).

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AMCHP Events

[AMCHP 2013 Annual Conference](#)

Feb. 9-12
Washington, DC

MCH Events

[Alaska MCH and Immunization Conference](#)

Sept. 27-28
Anchorage, AK

[2012 International Conference on Stillbirth, SIDS and Infant Survival](#)

Oct. 5-7
Baltimore, MD

Association of Maternal & Child Health Programs

2030 M Street, NW, Suite 350
Washington, DC 20036
(202) 775-0436
www.amchp.org

Calendar CONT.

[NASHP 25th Annual State Health Policy Conference](#)

Oct. 15-17
Baltimore, MD

[13th Chronic Illness and Disability Conference](#)

Oct. 18-19
Houston, TX

[AAP National Conference and Exhibition](#)

Oct. 20-23
New Orleans, LA

[APHA 140th Annual Meeting and Exposition](#)

Oct. 27-31
San Francisco, CA

[18th Annual MCH EPI Conference Co-hosted with the 2012 CityMatCH Urban MCH Leadership Conference](#)

Dec. 12-14
San Antonio, TX

[SAHM Annual Meeting: Achieving Healthy Equity for Adolescents & Young Adults](#)

Mar. 13-16, 2013
Atlanta, GA



Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).