

2018 CityMatCH Leadership and MCH Epidemiology Conference Full Agenda

This PDF contains titles, summaries, and presenters for all 2018 conference sessions. Use the Abstract Compendium for descriptions of abstracts.

September 10, 2018 - Preconference

Title	Summary	SessionMembers
(Preconference - Option 1) Applied MCH Epidemiology for Local Health Departments and their Partners	Data and program staff who are employed by or partnering with local health departments are invited to attend this introduction to the specialized world of Maternal and Child Health Epidemiology at the local level. We will introduce data sources (e.g. vital records, ACS, BRFSS) and access points (e.g. CDC Wonder, County Health Rankings) that provide the bases for common measures of both MCH outcomes and risk factors, including social and environmental factors. We will practice methods for gleanig useful information from these data sources, including the Perinatal Periods of Risk (PPOR), and techniques for using data to prioritizing among problems and risk factors. We will consider ways to overcome problems related to small numbers and small areas. Most importantly, we will discuss methods and strategies for bringing community members into the process, to improve the analysis, interpretation, communication, and use of data. Attendees are asked to bring laptops with spreadsheet software.	Trainers: Pamela Xaverius, PhD Associate Professor of Epidemiology Director of Maternal and Child Health Program Saint Louis University Carol Gilbert, MS Statistician, Senior Health Data Analyst CityMatCH Aileen Duldulao, PhD, MSW MCH Epidemiologist Multnomah County Health Department
(Preconference - Option 2) Leveraging Quality Improvement Tools to Transform MCH	Quality improvement (QI) has been utilized by many agencies to transform health. QI tools are often seen as relevant only to clinical processes with little application to large scale population health issues. Join this hands-on, interactive session to explore how QI tools can help you understand and address issues affecting maternal and child health. By the end of the session participants will be able to: <ul style="list-style-type: none"> • Discuss the importance and usefulness of QI tools in helping transform population health • Apply QI tools (e.g. voice of the customer, force field analysis, root cause analysis, rapid cycle testing, etc.) to maternal and child health issues • Identify opportunities in your current work to use QI tools 	Trainers: Public Health Improvement Partners
(Preconference - Option 3) Data Visualization in Public Health Settings: A Hands-on Workshop for MCH Epidemiologists	In this session, participants will learn to communicate data-driven findings to diverse audiences, examine the role of context in motivating the visualization of data, and use software to visualize common types of data collected for maternal and child health outcomes. The first hour of the session will consist of short lectures and interactive discussions. For the remainder of the session, participants will gain hands-on experience using RStudio in creating simple visualizations that concisely convey essential findings from sometimes large and complex data sets. At the end of the workshops, participants will be able to communicate their findings using simple visualizations to multiple audiences they encounter in daily public health settings. All registered participants are expected to bring their own laptop with a functional version of RStudio. Instructions for installing RStudio will be provided to registered participants two weeks prior to the session. Learning objectives: <ol style="list-style-type: none"> 1. Communicate data-driven findings to diverse audiences (e.g., internal reports, social media and blog posts, community engagement). 2. Examine the role of context in motivating the visualization of data. 3. Know how to prepare and store data prior to visualization. 4. Demonstrate the use of software (e.g., RStudio) to visualize data collected in public health settings. 5. Examine the unintended consequences of data visualizations for public health issues. 	Trainers: Ayaz Hyder, PhD Assistant Professor, Division of Environmental Health Sciences Affiliated Faculty, Translational Data Analytics College of Public Health, The Ohio State University

September 11, 2018 - Preconference

Title	Summary	SessionMembers
Women First Reception	<p>Join us for our first annual reception on women’s health and health care! (Space for this event is limited. Please RSVP to Regan Johnson (mailto:regan.johnson@unmc.edu) by Friday, August 31st!)</p> <p>Women First. Before women are mothers, daughters, or wives, they are human beings. Whose responsibility is it to ensure that woman receive the best possible health care regardless of their intention to have children? Whose responsibility it is to ensure that women are able to live in communities that are healthy, safe, and woman-friendly? As Maternal and Child Health professionals, these are questions we must think about.</p> <p>Over the past decade, the field of Maternal and Child Health has made exceptional strides in improving the health of mothers and children. From decreasing the rates of adverse birth outcomes to increasing the rates of childhood vaccinations, it is evident that MCH has improved the lives of many American families. However, we are far from providing optimal environments, care and treatment for women.</p> <p>Where are we failing women?</p> <ul style="list-style-type: none">* The United States spends the most on health care annually compared to other high income countries yet our rates of maternal mortality and morbidity continue to rise at an alarming rate. Along with these rising rates, we are seeing an increase in the disparities. With an increased focus in the past decade on infant health and birth outcomes, we may have inadvertently neglected care for women. Although we must continue to strive for improved infant outcomes, we cannot lose sight of the women in our communities and their care (regardless of reproductive intention).* Many women are choosing to delay childbearing and some women are choosing to never have children. However, lack of access to contraception continues to be a significant barrier to women’s reproductive life planning. From an increase in the number of women living in “contraception deserts” to insurance companies refusing to cover the cost of birth control, to the unavailability of desired contraceptive methods, the problems around access are prevalent and complex.* In recent years we have seen an increase in the regulations placed on women’s bodies. Although women have a legal right to choose if and	Host(s): Regan Johnson, CityMatCH;

**(Preconference - Day 2,
Option 1) Rules of the
Game: Policy Engagement
for Better Outcomes**

MCH professionals, partners, and allies use both programmatic and policy approaches to improve population health outcomes. Every MCH issue of concern is influenced by a variety of public and private, local and national policies; and MCH professionals can play important roles in seeing that these influences are positive and equitable for families.

Yet many describe a need for greater knowledge and skill in the policy arena. In a national survey of public health professionals, nearly 75% of respondents named "influencing policy development" as an important skill, even as over 30% reported having little or no skill in this area. "Understanding the relationship between a new policy and many types of health problems" was another top skills gap identified.

This workshop is offered to address these gaps while guiding participants in building individual policy plans on topics relevant to their work. We survey the many types of policy and take a systems look at specific MCH issues, what policies affect them, and how. Using the CDC's Policy Process, we identify the stages and cross-cutting domains of policy engagement, and outline actions MCH professionals can take in each. We also direct participants to useful resources for evidence on effective policies and tips for communicating with policymakers.

The format alternates didactic presentation with group and individual activities. There is ample opportunity for learning from peers, applying information, and practicing skills. Participants will be organized into affinity groups around similar topics, so that their table and individual work focuses on personally relevant priorities. Table work expands on the bank of knowledge and experience present in the group; and time is provided, along with templates and worksheets, so that individuals can record their ideas and insights to progressively build their policy plan.

Learning objectives:

1. Describe the role of policy as a lever for influencing MCH outcomes.
2. Identify policies that help shape particular outcomes, and outcomes that may be influenced by particular policies.
3. Apply the CDC Policy Process to determine opportunities for policy engagement.
4. Create a plan for policy engagement to advance a specific MCH

**(Preconference - Day 2,
Option 2) How to Evaluate
Public Health Programs**

The purpose of this workshop is to equip public health professionals, particularly those working at the local and/or community level, with the essential knowledge and skills needed to evaluate public health programs. In a time of budgetary constraints and increased expectations of accountability for public health programs, it is vital that we develop measurable performance outcomes, implement evidence-based strategies, and effectively evaluate the impact of programs. In this workshop, we will utilize the steps and standards of the CDC Framework for Program Evaluation as a systematic process to conducting evaluations. The workshop focuses on applied evaluation and not evaluative research methods. Small group sessions are part of the workshop. Participants will learn about logic models, with special attention to the assumptions and contextual factors of a program, and the associated inputs, activities, outputs and outcomes. Different types of evaluations will be presented (e.g., formative, process, impact, outcome) as well as quantitative/qualitative methods that use both primary and secondary (e.g., vital records; census data; other administrative data sources) data sources. The importance of engaging stakeholders throughout the evaluation process and clearly disseminating findings to diverse audiences will also be discussed. The Best Babies Zone Initiative - a multi-level, community-based program that aims to improve birth outcomes by addressing the social determinants that influence health - will be used as a case study where participants will have the opportunity to work in groups and apply each step of the evaluation process. Finally, this workshop will highlight the role of evaluation in maintaining accreditation and how evaluation is incorporated into the overall quality improvement process. Potential pitfalls, challenges and tips to conducting program evaluation in public health will also be addressed.

The instructors have many years' experience conducting workshops on program evaluation, performance measurement, and evidence-based public health, using principles of adult learning, as well as baking brownies. Homemade baked goods will be served and there may be dancing, as well.

Trainers:

Michael D. Kogan, PhD
Director, Office of Epidemiology and Research

**(Preconference - Day 2,
Option 3) Economic
Analysis of Public Health
Programs**

The purpose of this course is to teach public health professionals the terms and applications for evaluation of the economic value of public health programs. In a time of budgetary constraint for public health programs, it is essential to demonstrate to stakeholders the economic value of public health programs and interventions to obtain and secure sustainable funding for the programs. In this workshop, the presenter will describe three types of economic analysis in public health: 1) cost analysis, which estimates the cost of a program; 2) cost of illness, which describes the cost being prevented if a disease or condition is eliminated; and 3) economic evaluation, which balances costs and benefits of a program, including cost-effectiveness analysis, cost benefit analysis and budgetary impact/return-on-investment analysis. The presenter will explain the terms commonly used in different types of economic analysis, the situation in which each method is best applicable, and the value of the information to the stakeholders. The presenter will provide economic analysis examples in maternal and child health and chronic disease prevention and control, and share several tools developed for states and payers to use to facilitate funding/reimbursement decisions. The instructor will provide reading materials on economic evaluation principles and applications at the state and local level. Participants will be broken down into small groups during the presentation to have hands-on exercise to better understand different terms used in economic. Participants are encouraged to bring real-world questions they may have into the class discussion and group exercise. The instructor has many years of experience conducting economic evaluation of public health program and teaching workshops and presenting on economic evaluation.

Session Learning Objectives:

- Understand the purpose and importance of economic analysis of a public health program;
- Be familiar with terms and methods used in economic analysis;
- Be able to identify economic questions and methods to evaluate the economic impact of a program.
- Be able to read economic analysis studies and reports.

Methodology:

Mini-lectures, interaction between instructor and learners such as poll questions, break-out sessions with small groups, group discussion, case

**(Preconference - Day 2,
Option 4) Data Visualization
in Public Health Settings: A
Hands-on Workshop for
MCH Epidemiologists**

In this session, participants will learn to communicate data-driven findings to diverse audiences, examine the role of context in motivating the visualization of data, and use software to visualize common types of data collected for maternal and child health outcomes. The first hour of the session will consist of short lectures and interactive discussions. For the remainder of the session, participants will gain hands-on experience using RStudio in creating simple visualizations that concisely convey essential findings from sometimes large and complex data sets. At the end of the workshops, participants will be able to communicate their findings using simple visualizations to multiple audiences they encounter in daily public health settings. All registered participants are expected to bring their own laptop with a functional version of RStudio. Instructions for installing RStudio will be provided to registered participants two weeks prior to the session.

Learning objectives:

1. Communicate data-driven findings to diverse audiences (e.g., internal reports, social media and blog posts, community engagement).
2. Examine the role of context in motivating the visualization of data.
3. Know how to prepare and store data prior to visualization.
4. Demonstrate the use of software (e.g., RStudio) to visualize data collected in public health settings.
5. Examine the unintended consequences of data visualizations for public health issues.

Trainer:

Ayaz Hyder, PhD
Assistant Professor, Division of
Environmental Health Sciences
Affiliated Faculty, Translational Data
Analytics
College of Public Health, The Ohio State
University

<p>(Pre conference - Half Day Training) The Other 'H' in MCH: Moving the needle on the Culture of Humanity</p>	<p>What's in your bucket? What kind of echo chamber are you unconsciously creating? This preconference session will guide us in answering these questions and highlight important aspects of culture, history, sociology, and the intersection of these with MCH and equity. Participants will engage in a half-day of knowledge-building interactive activities that will challenge you to think about how you can prioritize humanity at an individual and organizational level. Facilitators will teach skills on how to navigate difficult conversations, being an ally, and how to work through our mistakes. Join us as we examine what we (individually and organizationally) contribute to our society and how it impacts the wholistic health of mothers, children, and families.</p>	<p>Trainers: Jessica Ehule, CityMatCH Stephani Tyrance, CityMatCH Lynne Le, CityMatCH Chad Abresch, CityMatCH</p>
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September 12, 2018 - Conference

Title	Summary	SessionMembers
<p>Plenary 1 - Expanding the Scientific Mindset: Innovative Approaches to Optimize Maternal and Child Health Outcomes</p>	<p>As a discipline, public health practitioners in MCH Epidemiology advance the field through innovation – by identifying issues in subject area or approach, and developing new ideas, methods and interventions to improve research and programs to benefit the public’s health. Challenges in improving maternal and child health (MCH) issues are complex, and require attention at various levels of influence: individual, community, regional, and state. Technology, science, and medicine continue to excel in this era of mass information and data overload. Departments of health in state, tribal, and local governments seek knowledge and guidance in learning the most effective strategies to conduct epidemiologic studies and use data to change policy, in a time of limited resources.</p> <p>This plenary session will seek to answer the following questions: What does innovation in MCH epidemiology and public health look like today? How do we address public health challenges systemically, and innovatively, to improve MCH research, policy, programs and outcomes? How do we implement solutions?</p> <p>Plenary Learning Objectives:</p> <ul style="list-style-type: none"> * Recognize new problem-solving approaches in public health to create innovative solutions. * Gain context of challenges and solutions in innovation and design thinking. * Inspire new ways to frame issues in Maternal and Child Health and learn key questions that may shape our future focus. * Relay working examples of translation techniques and standardized methods in implementation science to improve outcomes. 	<p>Speaker(s): Amy Schwartz, PhD, Empathic Innovation; Cara Lewis, PhD, Kaiser Permanente Washington; Katy Mahraj, MSI, Penn Medicine;</p>

<p>Reaching out: Novel and effective partnerships</p>	<p>See Abstract Compendium</p>	<p>Speaker(s): Avery Desrosiers, National Institute for Children's Health Quality (NICHQ); Colleen Murphy, National Institute for Children's Health Quality (NICHQ); Heidi Black, StriveTogether; Kellie Teter, Denver Public Health; Marais Pletsch, Tri-County Health Department; Quinnetta Miller, StriveTogether; Sherra Lawrence, National Institute for Children's Health Quality (NICHQ); Sylvia Ellison, Wright State University; Moderator(s): Clemelia Richardson, Houston Health Department;</p>
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Deepening our knowledge of SIDS/SUID and its prevention	See Abstract Compendium	Speaker(s): Christina Fiorentini, NYC Department of Health and Mental Hygiene; Emily Ferrell, Kentucky; Kolawole Ale, Indiana State Department of Health; Sunah Hwang, Children's Hospital Colorado; Moderator(s): Audrey Stevenson, Salt Lake County Health Department;
Using hospitalization data to understand the impact of substance use on MCH populations	See Abstract Compendium	Speaker(s): Amanda Bennett, CDC MCH Epidemiology Sponsored Assignee; Hafsatou Fifi Diop, Massachusetts Department of Public Health; Khaleel Hussaini, CDC MCH Epidemiology Sponsored Assignee; Tara Foti, University of South Florida; Moderator(s): Lorie Chesnut, Wyoming Dept. of Health;
Journey to Equity: Examining Racial and Ethnic Disparities in Birth Outcomes	See Abstract Compendium	Speaker(s): Ashley Hirai, HRSA Maternal and Child Health Bureau (MCHB); Deborah Ehrental, University of Wisconsin; Rosemary Fournier, Michigan Public Health Institute; Moderator(s): Pamela Harris, Sacramento County Department of health;
Impact of insurance coverage on MCH	See Abstract Compendium	Speaker(s): Cara Bergo, University of Illinois at Chicago; Marie Harvey, Oregon State Unviersity; Pamela Roesch, Sinai Urban Health Institute; Sylvia S. Rozario, Virginia Commonwealth University; Moderator(s): Heavenly Mitchell, Healthy Baby/Healthy Child Program;
Improving our epidemiological understanding of perinatal depression	See Abstract Compendium	Speaker(s): Carlotta Ching Ting FOK, Hawaii State Department of Health; Kelly Stainback-Tracy, Denver Public Health; Kenneth Scott, Denver Public Health, a Department of Denver Health; Susan Manning, CDC MCH Epidemiology Sponsored Assignee; Moderator(s): Taleria Fuller, Centers for Disease Control and Prevention (CDC);
State level approaches to assessing systems of care within MCH	See Abstract Compendium	Speaker(s): Dorothy cilenti, UNC Gillings School of Global Public Health; Leslie deRosset, NC Division of Public Health, Women's and Children's Health Section, Women's Health Branch; Lynda Krisowaty, Association of Maternal Child Health Programs (AMCHP); Nadia Laniyan, Association of Maternal and Child Health Programs (AMCHP); Sandra Braun, Tulsa Health Department; Moderator(s): Marilyn Johnson, Mississippi State Department of Health;
Improving breastfeeding rates for better health outcomes	See Abstract Compendium	Speaker(s): Ann Dozier, University of Rochester; Fiorella Gonzales, University of South Florida; Yan Tian, Michigan Department of Health and Human Services; Moderator(s): Lusine Ghazaryan, CDC MCH Epidemiology Sponsored Assignee;

Using technology to improve parental engagement in an increasingly digital world	See Abstract Compendium	Speaker(s): Douglas Spence, Government Resource Center; Sarah Blackwell, Colorado Department of Public Health and Environment; Virpal Singh, BabyNoggin; Moderator(s): Donna Addison, Centers for Disease Control and Prevention (CDC);
Disabilities: Prevention, screening, and assessing impact	See Abstract Compendium	Speaker(s): Anna Corona, Association of Maternal and Child Health Programs (AMCHP); Lesa Dixon-Gray, Oregon Public Health Division; Paige Bussanich, Association of Maternal and Child Health Programs (AMCHP); Shanel Tage, Association of Maternal Child Health Programs (AMCHP); Shannon Garrity, Indiana State Department of Health; Moderator(s): Elizabeth Harvey, CDC MCH Epidemiology Sponsored Assignee;
An innovative look at home visiting systems	See Abstract Compendium	Speaker(s): Larissa Loufman, Cincinnati Children's Hospital Medical Center; Lauren Birnie, NYC Department of Health and Mental Hygiene; Marci Rosa, Public Health Solutions; Moderator(s): Christine Englestad, Florida Department of Health;
Innovation and improvement of prenatal care	See Abstract Compendium	Speaker(s): Charlene Collier, Mississippi State Department of Health; Courtney Lynch, The Ohio State University College of Medicine; David Mallinson, University of Wisconsin; Emily Heberlein, Georgia State University; Jaye Clement, Henry Ford Health System; Patricia Gabbe, Moms2B at Ohio State University; Sarah Covington-Kolb, GHS OB-GYN Research Division; Moderator(s): Charlene Collier, Mississippi State Department of Health;
Welcome	The conference co-hosts will welcome all conference participants and highlight important aspects of their work. Several exciting conference events will be featured to help orient participants to the days ahead.	Speaker(s): Chad Abresch, CityMatCH; Laura Kavanagh, HRSA Maternal and Child Health Bureau (MCHB); Michael Kogan, HRSA Maternal and Child Health Bureau (MCHB); Wanda Barfield, Centers for Disease Control and Prevention (CDC);

<p>Keynote: 2018 Keynote Speaker, Sandro Galea, MD, MPH, DrPH</p>	<p>Join us as Sandro Galea, MD, MPH, DrPH, dean and Robert A. Knox Professor at Boston University School of Public Health kicks off conference with a keynote address. He previously held academic and leadership positions at Columbia University, the University of Michigan, and the New York Academy of Medicine.</p> <p>Dr Galea’s scholarship has been at the intersection of social and psychiatric epidemiology with a focus on the behavioral health consequences of trauma, including firearms. He has published more than 700 scientific journal articles, 50 chapters, and 13 books, and his research has been featured extensively in current periodicals and newspapers. His latest book, <i>Healthier: Fifty Thoughts on the Foundations of Population Health</i> was published by Oxford University Press in 2017. Galea holds a medical degree from the University of Toronto and graduate degrees from Harvard University and Columbia University. He also holds an honorary doctorate from the University of Glasgow.</p> <p>Galea was named one of Time magazine’s epidemiology innovators, and has been listed by Thomson Reuters as one of the “World’s Most Influential Scientific Minds”. He is past president of the Society for Epidemiologic Research and an elected member of the National Academy of Medicine and the American Epidemiological Society. Galea has received several lifetime achievement awards for his research, including the Rema Lapouse Award from the American Public Health Association and the Robert S. Laufer, PhD, Memorial Award from the International Society for Traumatic Stress Studies. He is a regular contributor to Fortune magazine and has published widely in the lay press, including the Wall Street Journal, Harvard Business Review, the Boston Globe, and The New York Times. His research has been cited by these publications as well as BBC, Slate, WBUR, and NPR, among others.</p>	<p>Speaker(s): Sandro Galea, MD, MPH, DrPH, Boston University School of Public Health;</p>
<p>Innovative, Evidence-Based Approaches for Combating HIV Implications for Other MCH Populations</p>	<p>This session will explore multiple innovative evidence-based approaches for improving the lives and health outcomes for women living with HIV and how they can be adapted to other MCH populations. The innovative approaches include: intensive case management for women living with HIV, mother-to-mother peer mentoring, the creation and utilization of a state-wide perinatal hotline, the adaptation of the Centering model for pregnant women living with HIV, and utilizing the FIMR process for perinatal HIV transmission and exposure cases. While these approaches and practices are focused on the specific population of women living with HIV, there is potential for them to be applied and successful in other MCH populations.</p>	<p>Speaker(s): Anne Statton, Pediatric AIDS Chicago Prevention Initiative; Judy Levison, Baylor College of Medicine; Kristin Walker, Health Federation of Philadelphia; Moderator(s): Jessica Chavez Thompson, CityMatCH; Regan Johnson, CityMatCH;</p>
<p>Federal Focus: Refinements to Title V Guidance and Use of Collective Impact as Methods of Furthering State and Local Alignment</p>	<p>This session will examine HRSA MCHB’s refinements to the Title V Guidance made in December 2017, and the HRSA MCHB-supported collective impact learning collaboratives, and will consider how each can further strengthen alignment of state and local health departments around Title V priority areas. Christopher Dykton, Ellen Volpe, and Kate Marcell of HRSA’s Maternal and Child Health Bureau will discuss the federal perspective in regards to the benefits of aligning state and local efforts, consistent with the guiding principles of the revised Title V Guidance and the principles of collective impact. Kimberly Seals will share an example from the field of the benefits of engaging in the Collective Impact Learning collaborative. The Collective Impact methodology has been employed in 29 cities through the CityMatCH Collective Impact Learning Collaborative. Through this learning collaborative, local health departments have greatly improved relationships with their state Title V directors, as well as made great strides in aligning their local work to their state MCH priorities.</p>	<p>Speaker(s): Christopher Dykton, HRSA Maternal and Child Health Bureau (MCHB); Ellen Volpe, HRSA Maternal and Child Health Bureau (MCHB); Kate Marcell, HRSA Maternal and Child Health Bureau (MCHB); Kimberly Seals, South Carolina; Moderator(s): Denise Pecha, CityMatCH;</p>

Meaningful Engagement of American Indian/Alaska Native Voices in Health Equity Work	<p>This session will feature three examples of how to meaningfully include American Indian and Alaska Native (AI/AN) voices in the development and implementation of health equity work at the local level. Stephanie Graves, MCH Coordinator, will discuss the Minneapolis Health Department’s work with local hospital systems in addressing racism and implicit bias in their treatment of AI/AN patients and other people of color. Leah Tanner, Health Equity Liaison, will discuss a patient navigator program at Seattle Children’s Hospital, helping AI/AN patients and their families navigate the cultural and geographic challenges of receiving care in an environment away from home. Meghan Porter, Maternal and Child Health Epidemiologist, will discuss work being done at the Great Lakes InterTribal Epidemiology Center with capturing qualitative AI/AN data, and how this process could be replicated in other communities.</p>	<p>Speaker(s): Leah Henry-Tanner, Native American Management Services; Meghan Porter, Great Lakes Inter-Tribal Epidemiology Center; Stephanie Graves, Minneapolis Health Department; Moderator(s): Erin Schneider, CityMatCH;</p>
Paternal involvement in MCH programs: Implications for research, policy and practice	<p>Employing a lifecourse perspective, this session will offer relevant data analytic approaches, important evidence-based strategies, practical implications and recommendations to improve paternal involvement in pregnancy and MCH programs. Improving the involvement of expectant fathers and men in MCH programs, reproductive health initiatives, and in the health of their families predicts enhanced pregnancy outcomes, more comprehensive involvement in their own healthcare, lower lifelong morbidity, delayed mortality and increased life expectancy. Highlighting paternal involvement in MCH programs and partnerships, pregnancy and family health this session will: 1) Define paternal involvement in pregnancy outcomes, identify historical and contemporary research, policy and practice barriers and challenges toward enhancing paternal involvement in MCH programs, pregnancy and family health; 2) Identify a lifecourse model of paternal involvement in pregnancy outcomes; 3) Discuss health opportunities, health perceptions, beliefs and health risk behaviors regarding men’s health and paternal involvement in MCH programs, pregnancy and family health; 4) Outline a national strategic plan and data analytic approach for partnerships, outreach, recruitment and engagement to improve men’s health, enhance paternal involvement in MCH programs, pregnancy and family health.</p>	<p>Speaker(s): Jermane Bond, Milken Institute School of Public Health; Moderator(s): April Davis, HHS Office of Minority Health Resource Center;</p>

<p>Financial tools solutions – Basic steps to implement a financial capability project</p>	<p>This presentation will describe Alameda County's Maternal, Paternal Child and Adolescent Health (MPCAH) program's Financial Tool and Solutions (FTS) project, which combines financial coaching and asset-building grants to help improve financial security for MPCAH clients. Participants will learn about the basic steps to set-up a financial capability project within their organizations. This workshop will consist of four components:</p> <ol style="list-style-type: none"> 1. The health-wealth connection. Participants will learn about the relationship between health and wealth over the life-course, emerging approaches, and practices that support wealth-building strategies as a means to improving health in disinvested communities. 2. Embedding financial capability into home-visiting services. Participants will hear about MPCAH program's approach to integrating a financial coaching and asset-building grants component into existing programs: <ul style="list-style-type: none"> - Training and support of early childhood home-visiting case managers on financial health and the concept of financial coaching as a critical first step. - Assessing needs, interests, and readiness level of home-visiting clients and providing assistance with strategies to increase their financial capability and security. 3. Identifying culturally relevant financial products to support clients' needs. Participants will learn how to identify resources/partnerships necessary to support clients' financial needs and goals. <ul style="list-style-type: none"> - Connecting home-visiting clients to formalized lending circles, savings matching programs, and credit union. - Establishing an innovative revolving account with Self-Help-Federal-Credit-Union to distribute asset-building grant funds for families served by MPCAH. 4. Money Habitudes- a fun and easy way to talk about how we save and spend money. In this section, participants will have a hands-on experience with Money Habitudes; an interactive and fun card game that teaches about habits and attitudes related to money, and receive a deck of Money Habitudes cards to take home with them. 	<p>Speaker(s): Jacqueline Belloso, Alameda County Public Health Department; Jose Caballero, Alameda County Public Health Department; Moderator(s): Jesus Verduzco, Alameda County Public Health Department;</p>
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<p>Every Baby Counts! Innovative methods to improve birth certificate data quality in your jurisdiction</p>	<p>This session will introduce Every Baby Counts as an innovative practice and describe how this initiative was developed as a strategy to improve birth certificate data quality in a local health jurisdiction. The session will introduce the problem of low birth certificate data quality and its impact on maternal and child health surveillance and programmatic efforts.</p> <p>The presenters will highlight key activities from The Every Baby Counts Initiative as promising quality improvement (QI) practices for state and local health jurisdictions. These activities include: (1) forming a cross division collaboration between maternal health, epidemiology and vital registration; (2) conducting site visits with hospital health information managers and birth clerks to discuss the quality of their birth certificate data; (3) convening a meeting with birthing hospitals to describe how health departments use birth certificate data and to share challenges and successful strategies for obtaining high quality birth certificate data; (4) developing birth certificate QI Reports and follow up surveys to track improvement and (5) leveraging Public Health Officer relationships to assist birthing hospitals that have not shown improvement.</p> <p>This session will present practical strategies for how birthing hospitals can obtain high quality birth certificate data as well as results from Alameda County's data quality reports and follow up survey. The presenters will also share educational materials developed in multiple languages for expectant families on the importance of birth certificates, as well as additional resources for birth clerks and public health staff. The session will end with a facilitated group discussion about additional strategies that other local health jurisdictions have used to improve birth certificate data in their communities</p>	<p>Speaker(s): Lisa Goldberg, Alameda County Public Health Department; Moderator(s): Carol Gilbert, CityMatCH;</p>
<p>Children's Environmental Health: Initiatives and resources to protect and advance MCH</p>	<p>Children's Environmental Health Network (CEHN), a national organization based in our nation's capital, works to protect the developing child from environmental health hazards and to promote a healthier environment. This session will highlight CEHN's initiatives and resources pertaining to physical environmental exposures and children's health that can advance MCH efforts. A framework resource for children's environmental health protection, the use of children's environmental health indicators, a pediatric training resource, new developments around lead in drinking water, and key efforts of CEHN's signature program, the Eco-Healthy Child Care® (EHCC) program will be shared and discussed. EHCC is the only national program that works with child care professionals to address environmental health concerns in early learning and care settings, offer an endorsement program for child care providers, and partner with national child care organizations and federal and state partners to advance environmental health policies.</p>	<p>Speaker(s): Hester Paul, Children's Environmental Health Network; Kristie Trousdale, Children's Environmental Health Network; Moderator(s): Audrey Stevenson, Salt Lake County Health Department;</p>

<p>Responding to data capacity needs and emerging threats in U.S. Jurisdictions</p>	<p>The Title V Maternal and Child Health (MCH) Block grant program provides support to promote the health of the nation's women, infants, children, including children with special health care needs, and their families. There are eight jurisdictions participating in the Title V Program, including American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Palau, Puerto Rico, and the U.S. Virgin Islands (USVI). These jurisdictions submit annual reports and 5-year needs assessments to HRSA's Maternal and Child Health Bureau on the health and well-being of these populations, however, their ability to provide up-to-date information about accomplishments and future needs is limited by their infrastructure and data capacity, which are well below their counterparts in U.S. states. Given the lack of data sources in these areas, little is known about critical MCH indicators which are tracked by the Title V program.</p> <p>This symposium will provide an in-depth discussion of the data capacity needs, limitations in infrastructure, and preparedness for emerging threats in the U.S. jurisdictions. We will describe the development and implementation of a planned survey of children's health in the U.S. jurisdictions, including important considerations for addressing the unique needs of each jurisdiction. Then, using the USVI as a case study, we will provide a snapshot of USVI children's health and health care experiences; and discuss the USVI's response to emerging threats to the MCH population and its impact on capacity and infrastructure needs.</p>	<p>Speaker(s): Catherine Vladutiu, HRSA Maternal and Child Health Bureau (MCHB); Maria Paz Carlos, Health Resources and Services Administration (HRSA); Michael Kogan, HRSA Maternal and Child Health Bureau (MCHB); Moderator(s): Derval Petersen, Virgin Islands Department of Health;</p>
<p>Addressing emerging issues in MCH using the Pregnancy Risk Assessment Monitoring System (PRAMS)</p>	<p>In the face of the continual emergence of chronic disease epidemics, infections disease outbreaks, and natural disasters, obtaining rapid, high-quality surveillance data to address the unique needs of pregnant and postpartum women is important. The session will provide examples of adaptations to the Pregnancy Risk Assessment Monitoring System (PRAMS) to collect data to address emerging issues that affect pregnant and postpartum women. The presentations will describe collaborative efforts between the state health departments and the Centers for Disease Control and Prevention to develop and implement activities to assess the impact of emerging issues on pregnant and postpartum health. Presenters will describe the recent use of questionnaire supplements to capture information about emerging threats related to Zika virus and substance use. Findings from the e-cigarette and Zika virus supplements will be presented. Presenters will also share an overview of the PRAMS Zika Postpartum Emergency Response: a hospital-based survey that was designed for rapid assessment of Zika prevention during pregnancy in Puerto Rico, and was implemented in the post-hurricane environment.</p>	<p>Speaker(s): Beatriz Salvesen von Essen, Puerto Rico Department of Health;</p>
<p>Maternal neonatal Levels of Care have been LOCATe'd: "Where do we go from here?"</p>	<p>Beginning in 2014, CDC staff worked with states and jurisdictions to develop a tool to assess maternal and neonatal levels of care for birthing facilities in alignment with guidance published by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. The CDC Levels of Care Assessment Tool (LOCATe) is designed to facilitate stakeholder conversations and encourage data-driven decision making to improve systems of maternal and neonatal risk-appropriate care.</p> <p>This symposium will describe the use and analysis of LOCATe results by featuring examples of how the LOCATe data have been used in various jurisdictions. The symposium will cover the algorithm used to assess levels of care and describe the development of an automated SAS program to eliminate the burden of manual assessment. Next, three presenters will share examples of how LOCATe results can be merged with public health surveillance data to examine differences in maternal and neonatal outcomes between and within levels of care. Examples from two states and one national analysis will be shared. The findings from these analyses will assist in monitoring and evaluating the performance of systems of risk-appropriate care.</p>	<p>Speaker(s): Amanda Bennett, CDC MCH Epidemiology Sponsored Assignee; Andrea Catalano, Centers for Disease Control and Prevention (CDC); Ashley Busacker, CDC MCH Epidemiology Sponsored Assignee; Mary Brantley, Centers for Disease Control and Prevention (CDC); Moderator(s): Dave Goodman, Centers for Disease Control and Prevention (CDC);</p>

Reducing unnecessary Cesarean deliveries	See Abstract Compendium	Speaker(s): Charlotte Gard, New Mexico State University; Estefania Rubio, Florida Perinatal Quality Collaborative; Roxanne Mirabal-Beltran, Johns Hopkins Bloomberg School of Public Health; Yuri Sebastião, Nationwide Children's Hospital; Moderator(s): Titilope Oduyebo, Centers for Disease Control and Prevention;
Adverse experience and child wellbeing	See Abstract Compendium	Speaker(s): Barbara Laraia, UC Berkeley; Chris Fussman, Michigan Department of Health and Human Services; Jared Parrish, Alaska Public Health; Pamela Roesch, Sinai Urban Health Institute; Moderator(s): Ghasi Phillips-Bell, CDC MCH Epidemiology Sponsored Assignee;
Networking Poster Lunch	<p>Select the abstracts tab to view the Poster Abstract descriptions. Poster Abstract descriptions listed in the mobile app are, "as submitted" by the presenter/author during the submission process which ended earlier this Spring. We encourage all attendees to attend this Networking Poster Lunch to talk directly with the author/presenter, and to hear updates to the work.</p> <p>Poster Presenters:</p> <ol style="list-style-type: none"> 1. The number that precedes your abstract is your assigned poster board number. Please put your poster up on the board that corresponds with the number in the mobile app. 2. Poster Abstract Instructions: https://www.citymatch.org/wp-content/uploads/2018/08/2018-Poster-Instructions.pdf 3. Shipping Instructions: https://www.citymatch.org/wp-content/uploads/2018/08/Hilton-Shipping-Instructions.pdf 	
September 13, 2018 - Conference		
Title	Summary	SessionMembers
Book Signing - Moving Life Course Theory Into Action: Making Change Happen	Sponsored by APHA: Join Sarah Verbiest, DrPH, MSW, MPH outside the Atrium Ballroom on the Plaza Level for a book signing.	
CelebrateOne Community Connector Corps: A workforce development project with success	The session will describe the process for creating the Community Health Worker class at The Ohio State University as well as provide the background for the creation of CelebrateOne which was an initiative begun by Columbus Mayor Andrew Ginther to combat the high rates of infant mortality in Franklin County, Ohio. The need and scope of workforce development programs in high priority neighborhoods will be explained as a way to curb crime and employ some of our most vulnerable citizens. It also gives us an opportunity to utilize the social capital of individuals in the community who may not be equipped for matriculation into the traditional work force. The training and support needed will be discussed. In addition, Connectors who have graduated from the program and gone on to have successful careers including those who currently Supervise other connectors will be highlighted.	Speaker(s): Tanikka Price, CelebrateOne; Moderator(s): Tanikka Price, CelebrateOne;

<p>Engaging MCH Professionals in Defining and Implementing a 21st Century Public Health Approach to Abortion</p>	<p>This breakout session will engage MCH professionals in conversation about how abortion-related laws impact MCH populations and their work and how the 10 Essential Public Health Services framework can guide development of activities that MCH professionals in local health departments might use to engage with abortion and facilitate abortion access. This session will include: 1) interactive discussions to develop shared understanding of how state-level abortion restrictions impact MCH populations and activities local MCH professionals might implement based on the 10 Essential Public Health Services Framework, 2) presentations of research findings from two University of California, San Francisco studies: the Turnaway Study and the Abortion Prenatal Study. Session participants will collaborate to identify strategies and activities that MCH professionals can incorporate into local health department practices.</p>	<p>Speaker(s): Erin Wingo, UCSF ANSIRH; Nancy Berglas, University of California, San Francisco; Sarah Roberts, Advancing New Standards in Reproductive Health (ANSIRH); Moderator(s): Christina 'Kiko' Malin, Alameda County Public Health Department;</p>
<p>From a ripple to a wave: How collaboration and synergy have created a movement to improve breastfeeding in Mississippi</p>	<p>Mississippi has long had the lowest breastfeeding rates in the nation with marked disparities between white and black women. Mississippi had among the lowest scores for hospital breastfeeding practices and some of the lowest numbers of Certified Lactation Counselors and International Board Certified Lactation Consultants in the nation. Beginning in 2014, a series of projects, partnerships and policy changes all critically aligned to shift the tide of breastfeeding support and practices in Mississippi. In this brief time, two hospitals have become Baby Friendly with nearly all of the state's hospitals entering the Baby Friendly pathway, four Baby Caf community support practices have opened, the number of CLCs has more than doubled and WIC has transitioned from only serving its recipients to providing support to every woman through hospital and community partnerships. Preliminary data shows that these efforts are paying off and breastfeeding rates are increasing in all ethnic groups and practices are improving in hospitals across the state. Connections between the State Department of Health, the Mississippi Perinatal Quality Collaborative, the Kellogg funded CHAMPS program, ROSE (Reaching Our Sisters Everywhere), WIC, Blue Cross and Blue Shield of Mississippi, the Baby Caf USA organization and local hospitals, statewide policy makers and mothers have all contributed to this unprecedented change in the landscape of breastfeeding.</p> <p>This symposium will offer participants an opportunity to hear from those involved in this collaborative movement and provide guidance for states and communities seeking to improve breastfeeding and reduce racial disparities.</p>	<p>Speaker(s): Alice Chaney Herndon, University of Mississippi Medical Center; Anne Merewood, Boston Medical Center; Charlene Collier, Mississippi State Department of Health; Kimberly Dixon Ramsey, Mississippi State Department of Health; Sarah Broom, BCBSMS; Tawanda Logan-Hurt, Mississippi State Department of Health;</p>

<p>Community-engaged partnerships in Tribal health to enhance data collection, use, and data-informed programming among American Indians and Alaska Natives</p>	<p>American Indian and Alaska Native (AI and AN) children and adults have elevated rates of morbidity and mortality, including among the highest rates of infant mortality; child fatality; teen pregnancy; preterm births; decreased life expectancy; and chronic diseases. The burden of these may be attributed to poverty, discrimination/racism, historical trauma, toxic stress, inadequate or limited health care, and other social determinants of health. Additionally, there are significant gaps in data related to AI and AN MCH populations; AI and AN mothers and infants are underrepresented in data systems, and MCH measures are rarely published for this population. These gaps are in part fueled by small sample sizes and racial misclassification, as well as an underlying distrust of research based on historical injustices and lack of integration of Tribes into the U.S. public health system. Efforts to address longstanding issues and health disparities require increased partnership - in addition to Tribe-specific datamdash; between institutions conducting surveillance activities, including Tribal health agencies, and Tribal governments and programs to enhance abilities to implement data-informed public health programming.</p> <p>The session will highlight Tribal health-focused programs and projects, where community-engaged partnership is central. Collaborations that strengthen Tribal programs, partnering agencies and activities in MCH are featured, as well as results of the collaborations. These initiatives have made contributions to MCH and Native Health through program implementation and data collection, analysis, and dissemination by way of effective partnerships between Tribal-serving agencies, Tribes, state health departments, and other community organizations. The session will also serve as a platform for discussion about successful collaboration between Tribal health agencies and organizations, and states, with symposium attendees.</p>	<p>Speaker(s): Ashley Busacker, CDC MCH Epidemiology Sponsored Assignee; Bernadine Phillips, Native CARS; Christine Rinki, California Department of Public Health; Renee Lawson, Wind River Family Community Healthcare Center; Tam Lutz, NPAIHB; Moderator(s): Danielle Arellano, Centers for Disease Control and Prevention (CDC);</p>
<p>Early identification matters: Why are children not screened for developmental/behavioral and mental health issues?</p>	<p>Screening for developmental/behavioral and mental health issues is the cornerstone for early identification and timely referral. Children raised in urban communities are at increased risk for these issues due to risk factors such as poverty, low maternal education, and maternal depression. Fewer than 50% of children with a developmental/behavioral issue are identified before they enter school; only 5 states in the US meet the standard for frequency of well-child visits in the first year of life. The average age when children are identified as having a developmental delay is 5.9 years. Children entering school with unidentified developmental delays are at greater risk for morbidities, poor health choices, delinquency, and criminal activity. Attendees will develop knowledge of the current state of developmental/behavioral and mental health screening in the United States. Findings from a recent qualitative descriptive study, conducted by one of the presenters, will be shared to allow attendees to gain insight into the screening behaviors, skills, facilitators and constraints of family nurse practitioners. Attendees will learn about a screening solution for providers and parents in urban communities to overcome current barriers to developmental/behavioral and mental screening.</p> <p>The presentation and discussion will include: provider and parent preferences on accessing and receiving screening measures; leveraging design thinking and technology to accelerate change in screening practices at the individual clinic, community, and even state levels; and how mobile health applications can help accelerate parental understanding of developmental milestones, decrease clinical burden, increase screening and referral rates, and improve parent-provider satisfaction. A demonstration of the mobile health application will be included and attendees will have the opportunity to practice using the mobile health application, which contains validated screening measures.</p>	<p>Speaker(s): Patricia Gellasch, Gellasch Medical Associates (Education and Research Company); Moderator(s): Patricia Gellasch, Gellasch Medical Associates (Education and Research Company);</p>

<p>Using preconception health (PCH) and preconception care (PCC) indicators to improve pregnancy outcomes and women's health status</p>	<p>State and national focus on preconception health (PCH) and preconception care (PCC) surveillance have advanced progress towards meeting related Healthy People 2020 objectives. In 2011, 45 core indicators of PCH and PCC were proposed by Maternal and Child Health (MCH) program leaders and epidemiologists in seven states. Since that time, feedback from MCH stakeholders suggested that 45 core PCH/PCC indicators was overwhelming. In response, the National Preconception Health and Health Care (PCHHC) Initiative recommended streamlined measurement to facilitate state and national surveillance. To address this need, the PCHHC surveillance and research workgroup evaluated and prioritized PCH and PCC indicators; The condensed set of PCH indicators includes heavy alcohol consumption, depression, diabetes, folic acid intake, hypertension, healthy weight, recommended physical activity, current smoking, unwanted pregnancy, and postpartum use of effective contraception. Identification of a proposed short list of PCC indicators is anticipated prior to the conference. Stakeholders' plans for integrating the condensed set of indicators into MCH epidemiology, program, and policy practices has not been explored. To facilitate state planning on this front, this symposium includes a presentation of PCH surveillance estimates and identification of disparities. Symposium presenters will engage participants in a Town Hall format to solicit reactions to recent PCH surveillance estimates, and seek input on how to respond to the disparities identified among specific populations. This symposium also provides an opportunity for obtaining stakeholder input into the prioritization of the PCC indicators.</p>	<p>Speaker(s): Charlan Kroelinger, Centers for Disease Control and Prevention (CDC); Cheryl Robbins, Centers for Disease Control and Prevention (CDC); Lauren Zapata, Centers for Disease Control and Prevention (CDC); Sarah Verbiest, University of North Carolina Chapel Hill; Moderator(s): Caroline Stampfel, Association of Maternal and Child Health Programs (AMCHP);</p>
<p>Alliance for Innovation in Maternal health (AIM) - Lessons learned</p>	<p>AIM is a national program to reduce maternal mortality and severe maternal morbidity within the United States through data driven quality improvement methodology. AIM includes over 23 partner organizations from clinical medicine, hospital administration, public health, risk management, quality improvement, advocacy, and women and their families who have experienced a severe maternal event. The Alliance partners utilize their unique contributions to maternal health and safety within the implementation of AIM. AIM's vision is to change the culture of maternity care to one of safety and to offer every pregnant woman in the U.S. a safe birth. AIM also wants pregnant, interpartum and postpartum women to recognize and respond to warning signs. This includes having access to informed maternity care no matter where they live or their race or language. AIM has created 9 maternal safety bundles - 10 to 20 straight forward evidence based practices that focus on maternal conditions. Low burden outcome, structure and process data from hospitals implementing the bundles is benchmarked against similar hospitals and transmitted back to the health team to support rapid cycle quality improvement. In response to the opioid crisis, AIM developed a bundle - The obstetric care of the woman with opioid use dependence. AIM also developed a 14 state collaborative to develop metrics and tools for the implementation of the opioid bundle.</p> <p>This Symposia of state collaborative leaders and AIM partners will highlight implementation strategies, data from states implementing AIM bundles, and provide focus to the AIM state collaborative on supporting pregnant and postpartum women with substance use disorder.</p>	<p>Speaker(s): Andria Cornell, Association of Maternal and Child Health Programs (AMCHP); ELLIOTT MAIN, California Maternal Quality Care Collaborative; Jeanne Mahoney, American College of Obstetricians and Gynecologists; William Sappenfield, University of South Florida; Moderator(s): Deidre McDaniel, American College of Obstetricians Gynecologists;</p>
<p>Assessing and addressing structural racism</p>	<p>See Abstract Compendium</p>	<p>Speaker(s): Candice Belanoff, Boston University School of Public Health; Hafsatou Fifi Diop, Massachusetts Department of Public Health; Jennifer Kret, St. Louis County Department of Public Health; Katie Stetler, Massachusetts Department of Public Health; Kristen Marchi, UCSF; Moderator(s): Jessica Ehule, CityMatCH;</p>

Innovation for adolescent wellness	See Abstract Compendium	Speaker(s): Alison Martin, OHSU; Jessica Forsyth, Denver Public Health; Jessica Peachey, Indiana State Department of Health; Lauren Ranalli, Adolescent Health Initiative; Lennisha Walker, Houston Health Department; Sheryl Gallarde-Kim, Oregon Health Science University; Tara Thomas-Gale, Denver Health; Moderator(s): Kellie Teter, Denver Public Health;
Programs to improve MCH outcomes	See Abstract Compendium	Speaker(s): Andrea Palmer, Illinois Department of Public Health; Clarissa Hoover, Family Voices; Dixie Morgese, Healthy Start; Helena Girouard, One Voice for Volusia; Jennifer Dykhuizen, Maricopa County Department of Public Health; Susan Poag, SUMA Social Marketing; Moderator(s): Sherry Williams, Waco-McLennan County Public Health District;
In the system: Addressing incarcerated and foster care populations	See Abstract Compendium	Speaker(s): Dora Dumont, Rhode Island Department of Health; Kathryn Luchok, University of South Carolina; LaShanda Friedrich, Oregon Health Authority; Rhonda Freeman, County of San Diego Health and Human Services Agency; Moderator(s): Ana Novais, Rhode Island Department of Health;
Smoking and pregnancy: New policies, new findings	See Abstract Compendium	Speaker(s): Melanie Dove, University of California, Davis; Michelle Menegay, Ohio Colleges of Medicine Government Resource Center; Pamela Xaverius, Saint Louis University; Tessa Crume, Colorado School of Public Health, University of Colorado; Xu Ji, Centers for Disease Control and Prevention (CDC); Moderator(s): Jill McDonald, New Mexico State University;
Human-centered design as a tool for Partnering with Purpose	This workshop is for both MCH professionals who are new to Human-Centered Design concepts and for those who may already be using the approach in their projects. The goal is to host a space where learnings and reflections can be shared among participants in an interactive way. The workshop will include activities that involve individual reflection, group discussion, and hands-on prototyping of ideas. The workshop will consist of the following components: 1) An overview of the Human-Centered Design process and examples of how it has been applied in an MCH context. Information on Human-Centered Design in MCH work at Alameda County Public Health Department will be presented. 2) The majority of the session will use a case study approach to focus on a design challenge volunteered by a workshop participant. The group will walk through this real-life design challenge to engage with the three stages of the design process (Understanding, Ideating, and Experimenting). This will allow participants to practice the mindsets of Human-Centered Design and actively participate in Human-Centered Design exercises. 3) Lastly, the workshop will close with a reflection activity to support participants in sharing key takeaways and generating ideas for how Human-Centered Design can be used to address partnering with purpose at their organizations. Participants will leave with a toolkit of curated resources that can support their efforts to apply Human-Centered Design methods to their program challenges.	Speaker(s): Simone Saldanha, Alameda County Public Health Department; Moderator(s): Christina 'Kiko' Malin, Alameda County Public Health Department;

<p>Going beyond “What gets measured, gets done”: Creating performance measures that matter</p>	<p>This workshop will include both didactic and interactive components to provide participants with the fundamentals of performance measurement as well as engage them in active learning.</p> <p>In the 50-minute didactic portion, Dr. Lichstein will cover underlying principles, the value and use of performance measures, common issues faced when developing measures, and guidance on how to develop meaningful and effective measures. Specific content will include: 1) how logic models and project objectives guide performance measure development, 2) differences between process and outcome measures, 3) the importance of data and common data sources, 4) core principles of good measures and a checklist tool, and 5) distinctions between performance measures, quality improvement, and evaluation. The presentation will also provide examples of good measures, bad measures, and common mistakes made when developing measures. During the didactic session, participants will be encouraged to ask questions and provide examples of issues they have faced in their own experience. Dr. Lichstein and Dr. Hirai will then conduct a 40-minute facilitated problem-solving session to allow participants to apply the information from the didactic portion to real word examples developing performance measures. We will moderate an open discussion as we work through the examples, identify important considerations and strategies, and develop measures as a group. Examples for the problem-solving session will be prepared from common programs, such as Healthy Start, Home Visiting, and the Title V Block Grant, and we will actively solicit and integrate participant-provided scenarios. In addition, participants will leave the workshop with tools and resources to help apply their new skills.</p>	<p>Speaker(s): Jesse Lichstein, HRSA Maternal and Child Health Bureau (MCHB); Moderator(s): Ashley Hirai, HRSA Maternal and Child Health Bureau (MCHB);</p>
<p>Increasing access to contraception in an emergency setting: Strategies and lessons learned from CDC's Zika Contraception Access activities</p>	<p>Prevention of unintended pregnancy is a primary strategy to reduce adverse Zika-related pregnancy and birth outcomes, including microcephaly and other severe birth defects. The threat of adverse reproductive outcomes associated with the Zika virus intensifies the need for access to contraception among women who choose to prevent pregnancy during a Zika outbreak. Lessons learned from the Zika Contraception Access Network, a short-term emergency response for rapid implementation of reversible contraceptive services in Puerto Rico, can be used in other emergency response efforts that pose risk to pregnant women and their infants or in non-emergency settings, which access to contraception could improve health outcomes.</p> <p>This session will provide a comprehensive overview of the Z-CAN program and other activities in areas with local and or high-risk for Zika transmission. The presentations will describe 1) the critical role of public-private partnerships to provide guidance and resources for the implementation of the Zika Contraception Access Network (Z-CAN), including federal and territorial health agencies, private corporations, and domestic philanthropic and non-profit organizations; 2) the development and rapid scale-up of the Z-CAN program, implementation activities, and characteristics of approximately 28,000 women served between May 2016 and September 2017 in Puerto Rico; 3) the development of an island-wide health communications campaign that promoted the Z-CAN program through culturally and linguistically appropriate messages; and 4) the challenges that state/local health agencies and health care providers encountered in efforts to increase access to contraception during the Zika outbreak. In addition, examples of lessons learned from Z-CAN that were adapted to other settings with local and/or high-risk Zika transmission, including the U.S. Virgin Islands (USVI) and the U.S. Affiliated Pacific Islands (USAPI) will be highlighted.</p>	<p>Speaker(s): Charlan Kroelinger, Centers for Disease Control and Prevention (CDC); Lauren Zapata, Centers for Disease Control and Prevention (CDC); Lisa Romero, Centers for Disease Control and Prevention (CDC); Rachel Powell, CDC Foundation; Moderator(s): Maura Whiteman, Centers for Disease Control and Prevention (CDC);</p>

<p>Storm of the century: Pregnant and postpartum women with opioid use disorder and neonates exposed to opioids in utero</p>	<p>In the past 10 years, the numbers of persons misusing prescription opioid drugs, becoming new users of heroin, and becoming dependent on heroin significantly increased. The opioid epidemic, once thought to be confined to the eastern seaboard states, the northeast corridor, or states bordering the Appalachian Mountains, moved across the nation like a great winter storm. As the rates of opioid use and the number of persons with substance use disorders increased among individuals of all ages and backgrounds, it is not surprising that these rates also increased among women of child-bearing age and pregnant women. The opioid epidemic is this nation's storm of the century, leaving no community untouched.</p> <p>During this symposium, speakers will share findings from across the US as they discuss information about the prevalence of opioid use disorder (OUD) and incidence of neonatal abstinence syndrome (NAS), how communities and hospitals are responding to the opioid epidemic, and consequences of NAS, including hospital length of stay and costs and long-term outcomes. Additionally, speakers will discuss specific examples of how local and state jurisdictions are addressing opioid use in pregnant women and women of reproductive age, and the gaps in our knowledge and problems with how NAS is defined and operationalized in public health surveillance. This symposium presents relevant, important information for maternal and child health directors and programs as well as epidemiologists and analysts who may be seeking information on the current public health research on OUD and NAS, challenges of addressing OUD and NAS in their communities, hospitals, and public health departments, and novel approaches across the United States.</p>	<p>Speaker(s): Abigail Crocker, University of Vermont; Angela Miller, Tennessee Department of Health; Ashley Horne, CDC MCH Epidemiology Sponsored Assignee; Ekwutosi Okoroh, Centers for Disease Control and Prevention (CDC); Khaleel Hussaini, CDC MCH Epidemiology Sponsored Assignee; Laurin Kasehagen, CDC MCH Epidemiology Sponsored Assignee; Sara Paton, Wright State University; Sylvia Ellison, Wright State University; Timothy Nielsen, Massachusetts Department of Public Health; Moderator(s): Cathy Wasserman, Washington State Department of Health;</p>
<p>A new measurement framework and indicator set for Social Determinants of Health (SDOH) and equity related to birth outcomes</p>	<p>The SDOH Learning Network was part of the Infant Mortality CoIIN. From 2015-2017, 21 state teams conducted projects. During this three year process, many maternal and child health (MCH) stakeholders identified a need for indicators to use in measuring SDOH and health equity related to birth outcomes. In response, a process to identify key indicators was undertaken in 2017. The resulting new framework and indicators set related to birth outcomes can be used for perinatal projects and/or become the basis for a fuller SDOH measurement set across MCH.</p> <p>This session will introduce the new measurement framework and indicators set, with opportunities for discussion, feedback, and data into action practice. Methods: A broad scan was conducted via Internet, including professional literature, grey literature, federal agencies, and private organizations that focus on SDOH, MCH, perinatal health, etc. This scan generated 345 measures. A systematic process was used to analyze and narrow this list into a framework with 11 domains and 32 indicator topics. The proposed framework and indicators were then vetted with IM CoIIN state teams and received technical review and revision from a group of state and national MCH epidemiology and measurement experts. Results: Building upon the WHO framework for SDOH, the indicators set includes: 24 SDOH measures, 8 measures for monitoring unequal treatment, and 7 outcome measures. All can be routinely and reliably measured at the state level, and most at the county level. Many are part of other measure sets, such as Title V, life course, Healthy People, Medicaid/CHIP, KidsCount, and county health rankings. Most rely on data from familiar surveys and surveillance systems including: Census, PRAMS, BRFSS, and vital statistics</p>	<p>Speaker(s): Kay Johnson, Johnson Group Consulting; Moderator(s): Vanessa Lee, HRSA Maternal and Child Health Bureau (MCHB);</p>

<p>Addressing the maternal health disparity gap through advocacy and community engagement: A human rights and reproductive justice approach</p>	<p>While most countries are achieving declines in maternal deaths, the U.S. is one of only thirteen countries where maternal mortality is on the rise. Racial disparities drive this crisis. Black women in the U.S. are 3-4 times more likely to die from pregnancy complications than white women, and they are twice as likely to suffer maternal morbidity. In the U.S., racial disparities in health are closely linked to social and economic disadvantages, reflecting systemic obstacles to health that disproportionately affect women of color.</p> <p>This panel-style session will address maternal mortality and morbidity, through discussion of opportunities for advocacy, community engagement and research that will uplift the community most impacted; Black women. Presenters will offer insight and solutions on how to frame maternal health programs and policies to ensure access to safe and respectful maternal care by: (1) providing the historical context of the maternal mortality disparity and reproductive justice; (2) highlighting gaps in research and data to accurately assess maternal health outcomes and quality care; (3) providing examples of applying the reproductive and birth justice framework to maternal health programs and discuss the impact on service delivery and quality of care; (4) discussing the Black Mamas Matter Alliance and highlighting promising practices of community engagement with state and local maternal and child health (MCH) programs; and (5) discussing the human rights framework and state and local policy solutions that will advance maternal health as a human right.</p>	<p>Speaker(s): Angela Doyinsola Aina, Black Mamas Matter Alliance; Breana Lipscomb, Center for Reproductive Rights; Moderator(s): Breana Lipscomb, Center for Reproductive Rights;</p>
<p>Preterm birth in the United States: Trends and prevention.</p>	<p>This symposium will present overviews of current efforts to understand factors associated with PTB trends at the state and national levels and of PQC activities related to PTB prevention in Oregon. We will have a brief introduction to the symposium, three presentations, and a question and answer discussion period. The presentations will focus on factors related to changing trends in PTB rates and on specific activities of the Oregon PQC in PTB prevention. Each presentation will include recommendations to maternal and child health epidemiologists for analysis of data and for state and local action. 1) Presentation title: The surveillance of preterm birth: identifying factors associated with changing rates in the United States between 2007, 2014, and 2016. Presenter: Cynthia Ferr, Epidemiologist, Centers for Disease Control and Prevention. Synopsis: On a national level, trend and decomposition analyses indicate that changes in rates of cesarean section and induction of labor had a greater influence on PTB trends than population demographic changes. 2) Presentation title: Understanding trends in state preterm birth rates since 2007. Presenter: Rebecca Russell, Senior Director, Applied Research and Evaluation, March of Dimes. Synopsis: At the state level, there is much variability in PTB trends overall and stratified by maternal race/ethnicity. Interpreting these trends on a state by state basis by looking at state-wide and local initiatives to reduce PTB is important and may help us to identify promising programs or policies. 3) Presentation title: Prevention of preterm birth: The Oregon Perinatal Collaborative. Presenter: Andrew Caughey Professor and Chair, Department of Obstetrics Gynecology, Associate Dean for Women's Health Research Policy, Oregon Health and Science University. Synopsis: Oregon Perinatal Collaborative (OPC) works to improve the quality of care for mothers and babies, in part by reducing elective deliveries before 39 weeks of pregnancy (hard stops) and implementing strategies to reduce PTB. A coordinated critical issue campaign seeks to reduce PTB by screening for risk factors, enhancing appropriate preventive progesterone use, and reducing short inter-pregnancy intervals by increasing access to immediate postpartum long-acting reversible contraception. The OPC is also working on reproductive health equity, urban-rural differences, and regional collaboration with Washington, Idaho, and California to share best practices, resources, materials, and lessons learned.</p>	<p>Speaker(s): Cynthia Ferr, Centers for Disease Control and Prevention (CDC); Rebecca Russell, March of Dimes; Moderator(s): Carol Gilbert, CityMatCH;</p>

Community collaboration methods and results	See Abstract Compendium	Speaker(s): Allison Lorenz, Ohio Colleges of Medicine Government Resource Center; Cynthia Shellhaas, The Ohio Department of Health; Dorothy cienti, UNC Gillings School of Global Public Health; Fleda Mask Jackson, Majaica, LLC; Gabrielle Grode, Public Health Management Corporation; Heather Pangelinan, Commonwealth Healthcare Corporation; Katie Kenyon, The Foundation for Delaware County; Kweli Rashied-Henry, March of Dimes; Reena Oza-Frank, Ohio Department of Health; Rosemary Fournier, Michigan Public Health Institute; Moderator(s): Cheryl Clark, Association of Maternal Child Health Programs;
Health equity and the power of drilling down to smaller geographical areas	See Abstract Compendium	Speaker(s): Beth Jarosz, PRB; Julia Howland, University of Illinois at Chicago; Katie Labgold, Emory University; Kenneth Scott, Denver Public Health, a Department of Denver Health; Michele Issel, UNC Charlotte; Moderator(s): Russell Kirby, Univ of South Florida;
Family planning for better health	See Abstract Compendium	Speaker(s): Allison Amphlett, United Way of Greater Milwaukee Waukesha County; Cheryl Robbins, Centers for Disease Control and Prevention (CDC); Don Hayes, CDC MCH Epidemiology Sponsored Assignee; Nancy Berglas, University of California, San Francisco; Sascha Ellington, Centers for Disease Control and Prevention (CDC); Moderator(s): Rhonda Freeman, County of San Diego Health and Human Services Agency;
Assessing adverse birth outcomes to identify most effective interventions	See Abstract Compendium	Speaker(s): Deborah Ehrental, University of Wisconsin; Jared Parrish, Alaska Public Health; Lawrence Reid, Maryland DH; Monika Mitra, Brandeis University; Nicole Stone, Utah Department of Health; Renee Kramer, University of Wisconsin; Moderator(s): Jessica Chavez Thompson, CityMatCH;
Measuring success: Impact and reach of home visiting	See Abstract Compendium	Speaker(s): Amy Lora, Children's Services Council of Palm Beach County; Aracely Tamayo, San Mateo County Health System; Jeffrey Goodman, Children's Services Council of Palm Beach County; Michael Scuello, Metis Associates, Inc.; Peggy Vander Meulen, Strong Beginnings - Healthy Start; Susan Manning, CDC MCH Epidemiology Sponsored Assignee; Moderator(s): Martha Skiles, WA State Department of Health;

<p>Magda Peck Leadership Symposium - Immigrant Health IS MCH: Our Critical Role in Ensuring Health as a Human Right</p>	<p>Immigrant Health IS MCH: Our Critical Role in Ensuring Health as a Human Right</p> <p></br></p> <p>Current policies, practices, and rhetoric surrounding immigrants and immigration are traumatizing at their best, and deadly at their worst. How do we lead with excellence for the health of every woman, child, and family, regardless of immigrant status? To help answer these questions, CityMatCH partnered with three leaders whose research and practice promote immigrant health and safety in the face of a broken immigration system.</p> <p>We invite you to:</p> <ol style="list-style-type: none"> 1) Ground your leadership in the historical context of immigration policies; 2) Fortify your knowledgebase with research describing the health impacts of immigration enforcement and immigrant exclusion; and 3) Expand your local health department’s toolkit to reach and serve immigrant communities. 	<p>Speaker(s): Christina 'Kiko' Malin, Alameda County Public Health Department; Nicole Novak, University of Iowa College of Public Health; Sari Bilick, Human Impact Partners;</p>
<p>Women’s health: Policy politics</p>	<p>Kay Johnson has been involved with Maternal and Child Health Policy since she worked for the Children’s Defense Fund during the Reagan Administration. She has since helped to guide federal policy on behalf of March of Dimes, HRSA, HHS Secretary’s Advisory Committee on Infant Mortality, and CDC, authoring more than 100 policy reports and professional journal articles. In this session, Kay will review the current state of the women’s health policy landscape, including recent changes in the health care infrastructure affecting preventive services, family planning, abortion, and perinatal care. She will discuss the policy history that led to this point, including the tension between women’s health and maternal health. Finally, she will outline current priorities, and ways to keep informed and advocate for change using the strength of our MCH perspective. Participants will discuss opportunities going forward.</p>	<p>Speaker(s): Kay Johnson, Johnson Group Consulting; Moderator(s): Regan Johnson, CityMatCH;</p>
<p>Looking at ACEs: What do they tell us; where do they lead us?</p>	<p>Last February’s edition of the MCH Journal included a special feature on the MCH response to the ACE study. The feature included four articles, all of which elaborated on the meaning and implications of ACEs in relation to MCH and one of which additionally outlined a statewide, population-based response to early adversity. An accompanying commentary highlighted key lessons of the four articles, while adding two cautionary notes about the ways ACE findings have been integrated into MCH activities to date: one about the impact of screening in the absence of clear programming for children who screen positive, and the other about a tendency to conflate family disfunction, which was the focus of the original ACE study and is the thread linking most frequently measured ACE variables, with factors reflecting the broader social environment. It is time, the authors of the commentary argued, to distinguish between the two forms of adversity, while assuring programming that addresses each. This session will feature presentations on findings of the four published articles, along with a discussion about where the field should go in dealing with childhood adversity.</p>	<p>Speaker(s): Christine Rinki, California Department of Public Health; Deborah Allen, LA County Dept of Public Health; Laurin Kasehagen, CDC MCH Epidemiology Sponsored Assignee; Moderator(s): Chad Abresch, CityMatCH;</p>
<p>Fatherhood</p>	<p>See Abstract Compendium</p>	<p>Speaker(s): Alfonzo Shade, Charles Drew Health Center, Inc.; Kenn Harris, New Haven Healthy Start; Moderator(s): Stephani Tyrance, CityMatCH;</p>

<p>Developing leaders with coaching and mentoring</p>	<p>We all need a coach sometimes—someone to help strategize the best game plan for your goals or to be your cheerleader when you're facing a challenge in your organization. Are you interested in learning what it takes to be a coachee, a coach yourself, or how to develop these mentorship connections in your organization? During this session, Steve Orton of the National MCH Workforce Development Center and Nisa Hussain from the Association of Maternal Child Health Programs, will discuss the importance of coaching and mentoring to develop others under the Leader Development framework and provide state examples from their experiences at the Workforce Development Center and MCH organizations. Participants will be able to explore how leaders develop, test out accessible leader development tools and processes that incorporate coaching, appreciate MCH examples of leadership development coaching tools in use, and develop "next step" plans to and receive additional resources. This session can be attended by professionals at all levels, whether you're an experienced leader hoping to strengthen your staff, seeking a mentor or coach for your own career growth, or somewhere in between who is interested in leadership development.</p>	<p>Speaker(s): Nisa Hussain, Association of Maternal and Child Health Programs (AMCHP);</p>
<p>Collectively building the table: Strategies for engaging multi-sector partners and residents to transform communities</p>	<p>Racial inequities in maternal and child health outcomes are persistent despite targeted efforts to reduce them. Organizations often work in isolation to design and implement strategies to reduce inequities. As an alternative, partnering with purpose has the potential to ensure programs are: responsive to community needs, contributing to comprehensive community change, and effective. The Best Babies Zone (BBZ) has taken such a collaborative approach - strategically engaging multi-sector partners to align goals and outcomes, and engaging community members to identify resident priorities for community transformation. This type of approach is resulting in meaningful partnerships in each of the Zones; however it has not come without challenges. Partnering with a diverse array of stakeholders takes a considerable amount of trial and error, some institutional shifting, and a lot of patience.</p> <p>This symposium aims to peel back the curtain of partnership, revealing the ways in which it is challenging, yet worth it. This symposium will consist of three presentations. The first, from the BBZ Technical Assistance Center, will briefly highlight the priorities of the BBZ approach, ground this approach in health equity and racial justice framework, and discuss strategic framing strategies to engage multi-sector partners. Next, presentations will focus on how the BBZ approach was actualized in two different communities- Southeast Portland, Oregon and Castlemont (Oakland), California. Participants will learn about how each Zone partnered with community members, as well as multi-sector stakeholders. Emphasis will be placed on some outcomes of these efforts, and on distinct challenges. As the field of maternal child health works to more thoughtfully engage non-traditional partners to reduce health inequity, BBZ can inform this effort, sharing lessons learned and hard-earned insights.</p>	<p>Speaker(s): Alyshia Macaysa, ROSE Community Development; Christina 'Kiko' Malin, Alameda County Public Health Department; Claudia Zaugg, Best Babies Zone; Moderator(s): Rebecca Reno, Best Babies Zone;</p>
<p>Repeal, Replace, Repair?: The current state of the ACA and opportunities for MCH to influence the future of health reform</p>	<p>The workshop will be divided into three sections. First, the presenters will provide a high-level overview of the status of the ACA, including recent congressional and executive branch efforts to weaken or circumvent the law, proposals for future action, and the ACA's role in the 2018 election season. Secondly, the presenters will share the results of key-informant interviews conducted on the AMCHP-led regional calls with MCH state leaders on ACA policy issues. The workshop will also feature ACA-related information gleaned from the recent MCHB block grant reviews. Finally, presenters will engage participants in small group discussions to develop creative approaches they can employ to demonstrate the value of the law for MCH populations. Participants will leave the workshop with one action they can implement at home, which will be tailored to their state's unique political environment.</p>	<p>Speaker(s): Alyson Northrup, Association of Maternal Child Health Programs; Stacy Collins, Association of Maternal and Child Health Programs (AMCHP);</p>

<p>A practical approach to data linkage using the R RecordLinkage package: A How to Guide for the public health researcher</p>	<p>This workshop will provide a practical overview and exposure to implementing basic health informatics to integrate data sources for applied epidemiological surveillance and research for focused projects.</p> <p>This interactive session will engage both experienced and novice learners through group conversation, polling, and hands on data linkage using the R RecordLinkage package. A brief overview of linkage methodology will provide attendees with the foundational principles necessary to facilitate and conduct directed linkage projects with confidence, and how to avoid key pitfalls. This session will focus on point-in-time data linkages for conducting epidemiological investigations opposed to systems integrations for real-time data sharing; but the distinction between these will be highlighted. Stressing the importance of following a systematic process, this session will provide a generalized step-by-step guide with worked example to ensure that key points of the linkage process are consistently documented and described when publishing work, thus facilitating replication.</p>	<p>Speaker(s): Jared Parrish, Alaska Public Health;</p>
<p>Addressing maternal mental health conditions and substance use: A role for Maternal Mortality Review Committees</p>	<p>This symposium will provide an inside look at the unique role that multidisciplinary maternal mortality review committees (MMRCs) can play in addressing maternal deaths due to mental health conditions and substance use, using a fun and innovative format that engages the audience.</p> <p>Dr. Dave Goodman will moderate the symposium, opening the session by providing a background on maternal mortality review committees and their unique ability to make recommendations for action to address deaths due to mental health conditions and substance use.</p> <p>Dr. Angela Rohan will share lessons learned from Wisconsin's MMRC.</p> <p>Dr. Daisy Goodman, DNP, will present a mock case and CDC Foundation staff will facilitate the discussion of the case.</p> <p>Mock Review Committee members will be comprised of representatives from existing MMRCs and will represent the varied disciplines recommended for inclusion in the review process; audience members will also be asked to engage in discussion. Through the discussion of the case, key committee decisions will be introduced: causal relationship to pregnancy, cause of death, preventability, contributing factors to the death, and developing specific recommendations for action that address those contributors.</p> <p>Representatives from AMCHP and CDC will share policies that states have enacted and evidence-informed and evidence-based practices implemented to improve outcomes for women with mental health conditions and/or substance use, including through state Title V programs. Emphases will be placed on the role of the quality and comprehensiveness of data collected and organized at various stages of the review process, ultimately contributing to effective surveillance and translation of data into preventive actions.</p>	<p>Speaker(s): Angela Rohan, CDC MCH Epidemiology Sponsored Assignee; Daisy Goodman, Dartmouth Hitchcock Medical Center; Moderator(s): Dave Goodman, Centers for Disease Control and Prevention (CDC);</p>

<p>Title V National Performance and Outcome Measures: Key measures of child health, development and well-being</p>	<p>Performance measurement is essential for measuring and tracking progress towards goals and objectives and may be critical to justifying programs, costs, and demonstrating accountability. The Maternal and Child Health Services Title V Block Grant program tracks state-level progress towards 15 National Performance Measures (NPMs) and 25 National Outcome Measures (NOMs) for these purposes. Eighteen (18) of these measures are tracked using the redesigned National Survey of Children's Health (NSCH).</p>	<p>Speaker(s): Ashley Hirai, HRSA Maternal and Child Health Bureau (MCHB); Jesse Lichstein, HRSA Maternal and Child Health Bureau (MCHB); Jessica Jones, HRSA Maternal and Child Health Bureau (MCHB); Jessie Buerlein, Health Resources and Services Administration (HRSA); Mary Kay Kenney, HRSA Maternal and Child Health Bureau (MCHB); Moderator(s): Michael Kogan, HRSA Maternal and Child Health Bureau (MCHB);</p>
	<p>The session will capitalize on the opportunity to investigate the prevalence and correlates of multiple NPMs using the same data source as well as to introduce options for measuring a developmental NOM. To this end, the Symposium will include presentations featuring analyses using data from the 2016 NSCH on the following four (4) NPMs and one (1) NOM: 1) Developmental screening; 2) obesity and related parental concern; 3) medical home access; 4) systems of care for children with special health care needs; and 5) Healthy and Ready to Learn or school readiness among young children. The first presentation will highlight the current prevalence and improvement opportunities for AAP-recommended developmental screening and surveillance. The second presentation will center on the prevalence and associated factors for having no weight-related concern among parents of overweight/obese children. The third presentation will provide estimates of medical home attainment among both children with and without special health care needs. The final topical presentation will focus on identification of new survey content to track this outcome, preliminary analyses to develop summary measures, and efforts to validate both items and pilot composite measures. A brief overview about the redesigned survey will be provided along with updates on future survey cycles and data release points.</p>	
<p>Immediate postpartum long-acting reversible contraception (LARC) uptake in states – two steps forward and three steps back</p>	<p>In 2014, the Centers for Disease Control and Prevention (CDC) began a partnership with the Association of State and Territorial Health Officials (ASTHO) and 13 states to identify strategies to implement policies that increase access to contraception, with a focus on immediate postpartum (IPP) long-acting reversible contraception (LARC; intrauterine devices [IUDs] and contraceptive implants). Iowa (2013) and Louisiana (2014) were successful in securing Medicaid policy changes to allow for IPP LARC but Wyoming has yet to change its policy.</p>	<p>Speaker(s): Ashley Busacker, CDC MCH Epidemiology Sponsored Assignee; Carla DeSisto, University of Illinois at Chicago; Charlan Kroelinger, Centers for Disease Control and Prevention (CDC); Debra Kane, CDC MCH Epidemiology Sponsored Assignee; Lyn Kieiltyka, CDC MCH Epidemiology Sponsored Assignee; Moderator(s): Ekwutosi Okoroh, Centers for Disease Control and Prevention (CDC);</p>
	<p>In this session, representatives from these states will describe their experiences to assess hospital readiness, to implement IPP LARC, IPP LARC policy, and IPP LARC uptake. Presenters will also discuss unanticipated challenges to implementation of the policy changes, the role and importance of a provider champion, the LARC readiness tool for facilities considering development of IPP LARC protocols, data for monitoring progress, lessons learned, and next steps. Additionally, presenters will describe how implementation science can be used to support program and policy change as well as strategies developed by states for policy implementation.</p>	

Innovated, multidisciplinary, community-based participatory research to improve infant and child outcomes

The session will present innovated, public health intervention work that are multidisciplinary and community-based, targeting mothers and children to improve outcomes by building upon existing home visitation program, and incorporating maternal education with skill-building (e.g., goal-setting, problem-solving) and empowerment.

Speaker(s): Ellen Barnidge, Saint Louis University; Jen Jen Chang, Saint Louis University; Nancy Weaver, Saint Louis University; Moderator(s): Jen Jen Chang, Saint Louis University;

Dr. Barnidge's presentation. More than 850 million people go to bed hungry globally. Dr. Barnidge leads a team of community partners, social worker, pediatricians, and behavioral researcher to lower the rate of food insecurity while connecting families to crucial resources by improving screening practices and follow-up care.

Dr. Weaver's presentation. Prior research shows that 30% of U.S. children and adolescents are the subject of an investigation for abuse or neglect. Public maltreatment is an important opportunity for intervention to prevent child abuse. Most people look the other way when witnessing a parent hitting and screaming at a child in public. Dr. Weaver and her study team provide a training program for bystanders that offers strategies on how to intervene.

Dr. Scharff's presentation. Evidence shows that home visitation program can effectively provide needed services to at-risk population to maximize health outcomes. Dr. Scharff works with Nurses for Newborns, who provides services through home visitation program to at-risk families with the help of specially trained pediatric nurses to prevent infant mortality, child abuse, and neglect.

Dr. Chang's presentation. Inadequate sleep is detrimental to child development. Early childhood provides a window of opportunity to educate parents and promote healthy sleep practices for their young children to prevent adverse health and developmental outcomes due to lack of sleep. Dr. Chang works with Parent as Teacher, a leader in the field in home-based parent education, to develop an educational intervention to improve parental knowledge and practice of healthy sleep behaviors for young children.

National MCH Epidemiology Awards Luncheon (Preregistration)

** Preregistration was required for this event at the point of registration. If you have questions regarding whether or not you registered for this event, please visit the conference registration desk. **

Maternal and Child Health Epidemiology is...

The systematic collection, analysis and interpretation of population-based and program-specific health and related data in order to assess the distribution and determinants of the health status and needs of the maternal child population for the purpose of planning, implementing, and assessing effective, science-based strategies and promoting policy development.

Purpose of Awards

To recognize individuals, teams, institutions and leaders of institutions for making significant contributions to one or more aspects of this definition with the aim of improving the health of women, children and families by

Advancing public health knowledge through epidemiology and applied research,

Improving public health practice through effective use of data and epidemiology and training in the field, and

Enhancing the political will to support practice and advance knowledge through effective use of data, epidemiology and applied research.

September 14, 2018 - Conference

Title	Summary	SessionMembers
The Pregnancy Checkbox: Improved maternal death reporting through state and federal efforts	<p>United States (US) maternal mortality rates (MMR) have increased over the past two decades, prompting concern by public health officials and the media alike. To improve ascertainment of maternal deaths, the 2003 revision of the standard death certificate included a pregnancy checkbox which requests the certifier report the pregnancy status for all deceased females within the year preceding her death. However, state maternal mortality reviews identified checkbox errors which could falsely inflate local and US MMRs. Staff at the Centers for Disease Control and Prevention (CDC) supported a quality assurance pilot to identify and correct checkbox errors (particularly false positives) at the state before statistical files are finalized. Vital records offices and maternal and child health programs in four states (Georgia, Louisiana, Michigan, and Ohio) implemented the pilot in 2016. Monthly, each state identified deaths with a checkbox indication of pregnancy and searched for a corresponding birth or fetal death certificate. For those that did not link to a birth or fetal death, states attempted to confirm pregnancy status through state-specific processes. Together states identified 471 deaths with a checkbox pregnancy indication. Among 216 with no linkage, 47% were confirmed not pregnant (false positives), 37% were confirmed pregnant, and 16% were unable to be confirm. States had varied success correcting the erroneous death certificates before the 2016 national file closed. This session will describe the pilot processes, successes, challenges and lessons learned from the national and state perspective, with a focus on furthering the quality of maternal mortality statistics.</p>	<p>Speaker(s): Andrea Catalano, Centers for Disease Control and Prevention (CDC); Elizabeth Conrey, CDC MCH Epidemiology Sponsored Assignee; Lyn Kieltyka, CDC MCH Epidemiology Sponsored Assignee; Shawna Webster, NAPHSIS; Moderator(s): Dave Goodman, Centers for Disease Control and Prevention (CDC);</p>
Cradle Kalamazoo - collective impact in action: Tightening the maternal-infant safety net	<p>As the evidence grows linking social risk reduction to improved morbidity and health equity, public health programming proliferates, and medical systems work hard to integrate social services into clinical processes. Often, however, these lack collective strategy or adequate administrative infrastructure. This can lead to fragmentation, competition, inefficiencies, and ultimately, individuals falling through the gaps. Kalamazoo County Michigan is one such community. Although rich in resources and philanthropy, in recent decades, infant mortality rates for infants of color had increased until they were four times that of white infants. As a marker of population well-being, this disparity pointed to deeper inequities. This session will lay out, step by step, the course taken by Cradle-Kalamazoo, a collective impact initiative begun in 2014: its use of data, strategic planning, and multi-sector collaboration to secure early wins, build grassroots momentum and catalyze institutional change for addressing race-based inequities. Joia Creer-Perry, will speak to the vision behind the initiative and the process of engaging stakeholders in racial equity work. Cathy Kothari PhD, Cradle senior epidemiologist, will demonstrate the strategic use of data to stimulate problem-solving. Terra Bautista MS, Healthy Start Coordinator, will describe building consensus between competing programs and integrating community health workers to fill programmatic gaps. Lisa Graves MD will show how two hospitals and an FQHC utilized a health equity framework to implement CLAS standards (culturally and linguistically appropriate services) to make appropriate community resource referrals.</p>	<p>Speaker(s): Catherine Kothari, WMU Homer Stryker MD School of Medicine; Lisa Graves, Western Michigan University Homer Stryker M.d. School Of Medicine; Terra Bautista, Kalamazoo County Health and Community Services Department; Moderator(s): Catherine Kothari, WMU Homer Stryker MD School of Medicine;</p>
Understanding trauma and adverse childhood events—Key elements, data concepts, and how to change public health practice	<p>This symposium will illustrate the public health approach to toxic stress, trauma, and resilience across the lifespan. Topics include an overview of the impact of toxic stress and trauma on health, a presentation of where to find data on toxic stress and trauma risk and protective factors including adverse childhood events (ACES) for your state, and the elements and definitions that vary between available sources, and a discussion of public health's role along with example practices and policies being used in Oregon that can prevent and mitigate the impact of trauma and to promote resilience among families and communities.</p>	<p>Speaker(s): Maria Ness, Oregon Health Authority; Nurit Fischler, Oregon Public Health Division; Moderator(s): Suzanne Zane, CDC MCH Epidemiology Sponsored Assignee;</p>

Intergenerational health disparities: The role of public health prevention and policy strategies for improving population health	Racial and/or ethnic minorities carry the highest burden of many adverse health outcomes intergenerationally, including obesity, which - during pregnancy -poses clear risks to mothers and offspring at birth and throughout the life course. We present a paradigm in which developmental programming exacerbates the effects of social patterning of adverse environmental conditions, thereby contributing to health disparity persistence and exacerbation. Evidence that developmental programming induces a heightened response to adverse exposures (second hits) encountered later in life is considered. These developmental programming effects may result in an enhanced response to ongoing, racially or socioeconomically patterned, adverse exposures, thereby exacerbating health disparities across generations. Among children with adverse prenatal development, recent research supports that the beneficial impacts of physical activity and healthy diet is magnified. Amelioration of the intergenerational cycle of obesity requires ongoing interdisciplinary research and discourse that translates the mechanistic and clinical evidence of fetal programming to population and public health intervention and policy. We conclude with a presentation of promising policy approaches to addressing these developmentally mediated health outcomes, especially obesity.	Speaker(s): Janne Boone-Heinonen, Oregon Health Science University; Julia Goodman, OHSU-PSU School of Public Health; Lynne Messer, OHSU-PSU School of Public Health;
New visions: Innovations in data, stories, and programs for Native Peoples	See Abstract Compendium	Speaker(s): Adrian Dominguez, Urban Indian Health Institute; Aileen Duldulao, Multnomah County Health Department; Hope Thompson, Centers for Disease Control and Prevention (CDC); Lisa Skjefte, Children's Minnesota; Moderator(s): Stephanie Graves, Minneapolis Health Department;
Maternal voices: Health care experiences	See Abstract Compendium	Speaker(s): Alexandra Gero, Utah Department of Health; Dana Alhasan, University of South Carolina; December Maxwell, University of Texas at Arlington; Nimmy Thomas, Student; Sarah Robinson, University of Texas at Arlington; shanon McNab, AMDD Program, Columbia University; Moderator(s): Deborah Kaplan, NYC Department of Health and Mental Hygiene;
Effective contraception: Access, uptake, satisfaction, and impact	See Abstract Compendium	Speaker(s): Carla DeSisto, University of Illinois at Chicago; Jessica McColley, Cabin Creek Health System; Nathan Hale, East Tennessee State University; Olivia Sappenfield, University of Illinois at Chicago; Sanaa Akbarali, Association of State and Territorial Health Officials; Moderator(s): Jessica Gathirimu, Acelero Learning;
Improving surveillance in MCH	See Abstract Compendium	Speaker(s): Deborah Ehrental, University of Wisconsin; Rosaria Trichilo, Bureau of Family Health - Louisiana Office of Public Health; Ryan Adcock, Cradle Cincinnati; Moderator(s): Laurin Kasehagen, CDC MCH Epidemiology Sponsored Assignee;
Opioid use and its impact on mothers and newborns	See Abstract Compendium	Speaker(s): Angel Watson, Florida Department of Health; Khaleel Hussaini, CDC MCH Epidemiology Sponsored Assignee; Lawrence Reid, Maryland DH; Sunah Hwang, Children's Hospital Colorado; Moderator(s): Katherine Hutchinson, Washington State Department of Health;

One Key Question		Moderator(s): Deborah Allen, LA County Dept of Public Health;
Doing purposeful implementation, or “How we used implementation science to improve screening efforts and develop better partnerships programs.”	<p>Implementation science is an emerging field focused on understanding the mechanisms that enable the successful adoption of evidence-based practices in organizations. In this interactive workshop, participants will engage with components of the Active Implementation Framework (AIF), an approach to implementation science developed by the National Implementation Research Network. Workshop leaders will illustrate the components of the AIF through their experience using it to guide implementation of partner violence screening and response programs in clinical- and community-based settings. Recognizing that implementation is not a single activity or event, the AIF separates the process into stages, beginning with exploration of the potential to implement an intervention or new practice, followed by installation, or getting the organization ready. Next, during initial implementation, new practices are piloted, feedback analyzed, and processes altered, until full implementation results. Implementation teams provide leadership across the process, and each stage focuses attention on key factors that drive successful implementation. Given the complexity of many MCH interventions, participants will work in teams based on shared interests, exploring the components of the AIF in a hands-on, interactive setting. Participants are encouraged to bring examples and plans for program implementation, and leaders and participants together will identify barriers and facilitators, generating strategies to help projects move through implementation stages successfully. Workshop leaders will share tools from the AIF- as well as their adaptations- and participants will practice using these tools. While the importance of fidelity to program theory and implementation models will be stressed, approaches to balancing adherence with real-world situations will be strategized. Finally, workshop leaders will be available to brainstorm strategies for overcoming challenges and developing a roadmap for implementation.</p>	Speaker(s): Alisa Velonis, University of Illinois at Chicago; Patricia O’Campo, St. Michael’s Hospital; Pearl Buhariwala, St. Michael’s Hospital;
Plenary 2: Achieving Equity – How Health Departments Are Moving From Talk to Action	<p>This plenary session will provide three examples of how health departments are addressing health disparities and working to achieve equity at state, local, and institutional levels. The presenters will discuss their work addressing adverse childhood events, institutional racism within their health department, racial disparities in maternal outcomes, and using place-based strategies to promote a healthier state and healthy communities. Each of these presentations will provide participants with actions and strategies to implement in their own work.</p>	Speaker(s): Ana Novais, Rhode Island Department of Health; Deborah Kaplan, NYC Department of Health and Mental Hygiene; Jennifer Trail, Metro Public Health Department; Linda O’Neal, NA;
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