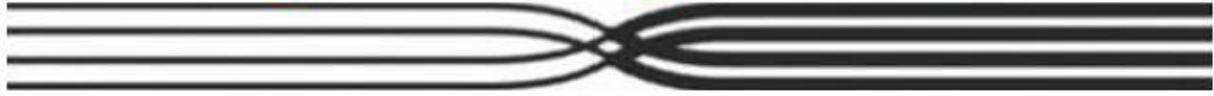


Making Lifelong Connections



Seventh Annual Meeting

Dear Current and Former Maternal Child Health Bureau Trainee:

We invite you to apply and participate in the 7th Annual Making Lifelong Connections meeting to be held in Seattle, WA on April 5-7, 2017. The meeting has been a very successful way to meet other MCHB trainees and graduates and gain insights into your career opportunities, leadership strengths, and the breadth of MCH activities. The format is peer-to-peer mentoring with participants from across the country. The meeting will be informal but busy. We hope you will consider applying for this exciting event!

Information about the meeting, the application process, the invitation process, financial arrangements, and important contact information is included below.

Who is invited to apply? All current and former trainees in MCHB training programs. Preference will be given to applicants who have never attended the meeting and those who have attended it only once before. Seventy applicants will be invited to attend based on level of training, interest in MCHB-related careers, training program category, place of residence, and presentation of work completed or in progress as part of leadership development. The meeting planners seek broad representation based on these criteria.

What is the cost to attend? Each invitee will pay a \$25 registration fee, their travel to Seattle, ground transportation, and dinners. Expenses covered by the meeting include: a two-night hotel stay (Wed, 4/5 and Thurs, 4/6) at the Crowne Plaza Hotel in downtown Seattle, hors d'oeuvres on the first night, breakfast and lunch on the second and third day. Please note that lodging for the meeting will be double occupancy rooms, so each invitee will have a roommate.

How do I apply? All applicants must complete an online application which can be accessed at <https://mchbmakinglifelongconnections.wordpress.com> with a link to Survey Monkey at <https://www.surveymonkey.com/r/MLC2017>. The application process differs for current trainees compared to past trainees. Applications will be accepted from October 17, 2016 through January 9, 2017, 12:00 noon Pacific Standard Time.

Current trainees: Include a brief personal statement describing your MCHB career aspirations, area of interest, leadership training project, and what you would like to gain from the meeting. For trainees who have completed or are near completion of a leadership

training project, we encourage you to include an optional 500 word (2800 character limit) maximum abstract describing the background, methods, actual or anticipated results/outcomes of your project. The work you submit will be considered for oral or poster presentation during the meeting.

Past trainees: Include a personal statement on your MCHB career aspirations, the lessons learned since graduating that you would share with current trainees, and how you are networked with the MCHB workforce. **Also include an abstract of maximum 500 words of either current work or the work you completed during your MCHB leadership training.** If invited, you may be asked to present this work in an oral or poster presentation during the meeting.

A 2016 accepted abstract is provided below for guidance in preparing your own abstract.

a.) BACKGROUND: Asthma is the most common chronic illness of childhood, with over 6 million children in the United States living the disease as of 2013. An estimated 12.8 million school days/year are missed in the United States due to asthma related illness, making it the leading cause of school absenteeism. Well established evidence-based clinical practice guidelines, exist to guide practitioners in the treatment of asthma. Despite this, many children remain in poor control of their disease and require frequent urgent care and emergency department visits, resulting in an estimated cost of nearly five times that of traditional outpatient care. Conditions of the home environment, while long known to be contributory to the disease status of the pediatric patient, remain difficult for practitioners to accurately assess. Practitioners must get creative with utilizing and disseminating effective strategies to mitigate the negative effects of pediatric asthma on a child and family's life. Systematic reviews have demonstrated that home environment focused interventions are effective in improving symptoms and economical in relieving the cost burden of poorly controlled asthma in children.

b.) DESCRIPTION OF PROGRAM: This capstone project is proposed to identify, revise, and refine a tool that can be utilized by families of children with asthma to mitigate trigger exposure in the home and childcare environment. The tool is intended for self-assessment to help families identify areas and characteristics of their home environment where triggers are likely effecting the child. The tool will focus on high yield interventions supported by recent evidence to be most effective, while also considering cost to the family. This tool will be used in a specialty care Pilot Asthma Program. Qualitative follow-up will be pursued to establish both patient- and provider-perceived efficacy if project time permits.

c.) PROJECT DESIGN: This project is modeled to follow the tenets of the Knowledge to Action (KTA) Framework for change implementation. Knowledge inquiry and synthesis, central tenets of the KTA Framework, will occur as part of a literature appraisal and through engagement with interdisciplinary stakeholders who have demonstrated experience with home environment assessment and modification. Stakeholders include the State Chapter of the American Lung

Association and the Asthma and Allergy Foundation of American. Findings will be tailored to produce a tool that suits the Agency's goals of evidence-based, high yield interventions that are realistic and cost-effective. The KTA Framework dictates that the user adapt knowledge to a local context, thus the final phase of this project will involve the monitoring and qualitative evaluation of the tool through interviews and solicited feedback with both the patient/families and providers working in the Pilot Asthma Clinic. The methods for implementation will follow the Plan-Do-Check-Act (PDCA) cycle the preferred method for Quality Improvement actions within the Agency.

d.) OUTCOMES: 1. Focused evidence appraisal demonstrating evidence-based efficacy of home environment assessment 2. Asthma home environment assessment tool 3. Qualitative findings 4. Implications for future activities related to Home Environment

When do I learn if I am invited? Invitations will be sent out by February 6, 2017. Applicants who are wait-listed will be notified as space becomes available. If your abstract is accepted for poster or oral presentation, an additional notice will be sent which will require your response, agreeing to present your work in the assigned format. If invited, you will also submit a photograph to be included in the meeting program.

For further information or questions about the meeting or application process, please contact Janice Antonio at ppc@seattlechildrens.org.

Applications are due Thursday, January 9th, 12:00 noon Pacific Standard Time.