

# Member Briefs



Apr. 7, 2015



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



## MANAGEMENT MNUTE

**“Torture the data, and it will confess to anything.” – Ronald Coase, *Economics*, Nobel Prize Laureate**

In this issue, we’re taking a temporary hiatus from our strategic member engagement activities while we continue to work behind the scenes to analyze the inputs and data to date and make sense of using the results to craft our next strategic plan. In a few weeks, we’ll circle back and share and summarize what we have learned. In addition to the data analysis being done now, we are actively adding key inputs from our closest partners, including federal agencies, foundations, academic institutions, and other funders. To round out the member and partner inputs, we’ll be engaging the AMCHP staff in a half day retreat next week to solicit staff perspective on the future activities of AMCHP.



While contemplating another topic to address, the subject of data in general came to mind. Data has been integral to the strategic planning initiatives over the past six months. Interestingly, just this past week – in five short days – data and information also have been front and center in the form of new reports released in the media.

From the young age of 15, I learned to value data and power it had to influence business decisions and outcomes. Working for a lumber yard in my first job, I was an accounting assistant and a key punch operator. In the early 1980s, key punching sales from the lumber yard and using a legacy IBM mainframe processing unit the size of a 10x12 room, data from sales drove inventory restocking, the sales price of lumber and

products, marketing and ad campaigns, salesman commissions, and on and on. Data was key to making significant business decisions. Whether it was this early first foray into the world of data management, or whether some of us are meant to be highly analytical, I have truly embraced data informed, data driven decision making throughout my career.

The new examples from this week shared here should remind us all that as much as there is passion and love for data and how we can use it to make our work and lives easier, more productive, and improve the lives and health of people, there will always remain interesting questions that will continue to perplex us around privacy and other important data management issues.

This week, the Robert Wood Johnson Foundation (RWJF) released findings from its [Data for Health](#) initiative that explored how information and data on health can be harnessed to help build a Culture of Health where everyone has the opportunity to live longer, healthier lives. With the U.S. Department of Health and Human Services (HHS), a series of “Learning What Works” events were held in five cities across the country to gather community-based insights. You can read the report [here](#). During a launch event this past week, it was very interesting to learn about some newer concepts associated with the potential power of individual data if data were to be aggregated for research purposes. When you consider the number of individuals with iPhone and Android apps that are now tracking data ranging from calories burned, food consumed, exercise, heart rates, exercise, and so on to track health and wellness, the numbers are astounding. Imagine if individual data on these apps were aggregated and researchers were allowed to use that voluminous data to conduct research on any number of public health issues? It is thought that

## MANAGEMENT MINUTE CONT.

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this can be a game changer in basic research and lead to major advancements in identifying population health issues that can then lead to changing behaviors.

In fact, just after attending the launch event for this report, I was watching one of the final four NCAA games and witnessed how this might work in reality. Somehow, those attending the Duke v. Michigan agreed in aggregate to allow their FitBit data to be aggregated so that the game announcers could track their heart rates. Whenever a player made a dunk during the game, the FitBit groups' heart rates soared from 70 to 140 hpm.

It's easy to imagine some of the challenges that might be presented through these approaches including individual data privacy issues, ensuring that data sets are representative of the most diverse of populations and do not create even more health equity challenges (e.g. are those populations in most need even likely to own and/or use smart phones and apps in this way), and is there enough trust to ensure that private health information won't be used to somehow further disadvantage individuals (e.g. denial of insurance or over-charging of premiums for those with health conditions), etc.

The last example from last week has more to do with a recognition of a severe data gap. The FBI released a statement that they now realize there has not been proper tracking and aggregate reporting on crimes related to police shootings. State system data is not aggregated properly to allow for national data reporting and analysis and it's often likely that certain racial and ethnic data regarding police shootings (including whether the victim is a police officer or the individual being arrested or pursued) simply is not recorded at all. The consequences of this data gap are significant because there is no information on the frequency of these occurrences or even if there are real and identifiable issues associated with racial/ethnic profiling and where those might exist. We do not know how often this happens, where it happens, and to whom it happens. This is a scenario where data could be easily used to help identify geographical or other areas of concentrated instances of this type of violence and provide for targeted training and education in the law enforcement systems and within the community.

Undoubtedly, there are countless other examples that could be shared about the critical nature of data gathering, data use, decision making and so on. The most important thing to bear in mind, I believe, is that data is not a solution for anything in and of itself. Careful consideration has to always be given to the reason for collecting data, its usefulness to drive decisions, and its potential impact on behaviors and actions and ultimately outcomes.

## LEGISLATIVE & POLICY CORNER



### Final Vote on MCH Program Extensions Set for Week of Apr. 13

On Thursday, Mar. 26, House lawmakers passed a bill in a bipartisan vote of 392-37 to end the “sustainable growth rate” used to calculate doctor’s payments for Medicare. This bill also includes a two-year extension of the Children’s Health Insurance Program (CHIP); the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program; the Personal Responsibility Education Program (PREP) and Family to Family Health Information Centers (F2Fs), all at current funding levels. Unfortunately, the Senate adjourned for a two-week recess before finalizing the bill. However, Senate Majority Leader Mitch McConnell (R-KY) said the Senate would make the legislation its “first order of business” when they return on Monday, Apr. 13. For additional details and potential advocacy actions see the latest [Legislative Alert](#).

### Save the Date for May 5 AMCHP National MCH Policy Update Teleconference

Please mark your calendars now for a May 5 teleconference from 2:30-4 p.m. EST. AMCHP will provide an analysis of MCH program reauthorizations; updates and next steps for the budget and appropriations process; and current topics related to the ACA, including the upcoming expected decision in the King v. Burwell case. To register, please [click here](#).

### **Health Reform Implementation**

#### **Dear Colleague Letter, WIC Funding**

On Mar. 23, more than 100 members of Congress signed a [Dear Colleague](#) letter requesting funding for the Supplemental Nutrition Program for Women, Infants, and Children (WIC). The letter was sent to the House Committee on Appropriations. The letter highlights the importance of this program that supports the health and well-being of low-income women and children. The WIC program includes breastfeeding support counselors and breastfeeding support services, and the letter also notes the improvement of breastfeeding rates among women in the program. Breastfeeding continues to be a national priority and is one of the National Performance Measures for Title V programs. AMCHP also has a resource on breastfeeding and the Affordable Care Act, [State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act](#).

#### **Well-Woman Visits**

The National Women's Law Center (NWLC) has published [resources](#) on making the most of the well-woman visit. Following the passage of the Affordable Care Act (ACA), the well-woman visit was included in Qualifying Health Plans (QHP) as a preventive service women that is not subject to copayment or coinsurance. The NWLC resources include information for consumers, advocates, and provider organizations. More information on preventive services for women can be found [here](#).

#### **Community Benefit**

The Hilltop Institute has conducted a survey of [community benefit laws](#) at the state level "through the lens of the ACA." The state profiles are organized by the community benefit requirements in the ACA. As state policymakers and community stakeholders assess their state's community benefit landscape in the wake of national health reform, the profiles provide a contextual basis for consideration of these policies against those of other states and federal community benefit benchmarks. The ACA requires nonprofit hospitals to complete a community health needs assessment (CHNA) every three years effective Mar. 23, 2012. AMCHP has developed a [fact sheet](#) that outlines the CHNA process and potential opportunities for collaboration with Title V programs.

### **State Health Insurance Marketplace Plans & Tobacco Cessation**

A new [report](#) by the American Lung Association found that the majority of state marketplace plans do not cover the tobacco cessation medications required by federal guidelines. After the passage of the ACA, QHPs sold on the marketplace were required to cover a set of [essential health benefits](#) (EHB). One of the EHBs is the inclusion of preventive services that are given an A or B rating by the U.S. Preventive Services Task Force (USPSTF). For tobacco cessation specifically, the USPSTF recommends counseling and all FDA-approved medications. The report found variability in coverage of all approved tobacco cessation medications in both state and federally facilitated marketplaces. This finding has implications in terms of access and cost barriers for adult populations. Access to tobacco cessation is important in the health and well-being of women, children, and families, especially for those women who are planning to or have become pregnant.

Recently, HHS issued a [final rule](#) indicating that they will continue to use a benchmarking process to define and scope out EHBs. The EHB plans will be revisited soon for plan year 2017, and this benchmarking process may provide an opportunity to revisit the tobacco cessation issue. More information can be found [here](#).

#### **Pregnancy Coverage & Access**

A few weeks ago, several members of Congress wrote a letter to HHS Sec. Burwell, dated Mar. 12, 2015, expressing the need for a special enrollment period for pregnant women. The members of Congress noted that pregnancy should be considered a qualifying life event that triggers special enrollment, similar to the birth or adoption of a child. The letter in its entirety is available [here](#). Access to adequate care during pregnancy can sometimes be difficult to navigate. Some pregnant women face major issues in coverage due to disruption of care or lack of continuity in coverage. This issue can cause delays in important prenatal care and impact the health of mother and child. If your state Title V program is working to address some of the access issues faced by pregnant women, please contact AMCHP policy analyst, Atyya Chaudhry ([achaudhry@amchp.org](mailto:achaudhry@amchp.org), 202-775-1474) to share some of the particularly innovative work your state is doing.

## LEGISLATIVE CORNER CONT.

### Special Enrollment Period

As a reminder, the Centers for Medicare & Medicaid Services (CMS) announced a special enrollment period (SEP) that ends Apr. 30, 2015. This enrollment period is for individuals and families who did not have health coverage in 2014 and are subject to the fee or "shared responsibility payment" when they file their 2014 taxes in states that use the federally facilitated marketplaces (FFM). This special enrollment period will allow those individuals and families who were unaware or did not understand the implications of this new requirement to enroll in 2015 health insurance coverage through the FFM. More information can be found [here](#).

### Affordable Care Act

The ACA, signed into law on Mar. 23, 2010, is approaching its five-year anniversary. HHS recently announced that approximately 16.4 million people have gained insurance since its passage. This is the largest reduction in the uninsured in nearly four decades, according to Sec. Burwell. The reductions are due in large to several provisions of the ACA, including the expansion of Medicaid, allowing young people to stay on their parents insurance until age 26, and affordable health care options through the Health Insurance Marketplace. Title V has the opportunity to monitor implementation and understand the implications health reform has on MCH populations. Health reform is a constantly changing landscape and to help Title V programs, the Access to Care Core under the [National MCH Workforce Development Center](#), continues to develop [resources](#) on this.

## GET INVOLVED



### Join the NPHW Twitter Chat on Apr. 9

National Public Health Week (NPHW) is Apr. 6-12, bringing together communities across the United States to recognize the contributions of public health and highlight issues that are important to improving our nation. On Apr. 9 from 2-3 p.m. EST, the U.S. Breastfeeding Committee (USBC) will host a #NPHW Twitter chat with partners National Association of County & City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), AMCHP, and the Carolina Global Breastfeeding Institute (CGBI). Join

## GET INVOLVED CONT.

us at hashtag #PHBF to share and dialogue about the latest public health breastfeeding initiatives and partnerships!

### A Primer on Maternal Levels of Care for MCH Programs

On Apr. 16 from 1-2:30 p.m. EST, AMCHP will host a 'primer' on levels of maternal care as part of the 'Women's Health Info Series' webinars. Join national experts as they provide an overview of the recently released [Obstetric Care Consensus](#), jointly developed by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Be part of a discussion of the history and need for uniform designations as a part of the effort to reduce maternal morbidity and mortality in the United States, the proposed classification system for levels of maternal care, and recommendations to enable their implementation. Following the presentation, national experts will engage in discussion with MCH program leaders, staff, and partners on the alignment of maternal levels of care with perinatal regionalization efforts, and



**AMCHP is seeking submissions of emerging, promising and best practices in maternal and child health from all states and territories on child health. Do you have a program that fits?**

You'll have a chance to:

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

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Ki'Yonna Jones](#) at (202) 266-3049 or visit [amchp.org/bestpractices](http://amchp.org/bestpractices).

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

## GET INVOLVED CONT.

learn from participants about implementation opportunities and barriers. To learn more and register for this webinar, [click here](#).

### **Title V Five-Year Needs Assessment Training Part 4: Strategies for Identifying Priorities**

The AMCHP Title V Five-Year Needs Assessment Training Series continues! By now, we're all aware of the transformation of the Title V Block Grant – are you ready? On Apr. 16 from 3-4 p.m. EST, AMCHP is hosting part 4 of its needs assessment virtual trainings on strategies for identifying state priorities. This is an excellent opportunity to learn from other states who have conducted needs assessments for their Title V programs. On this webinar, you will learn firsthand from Kansas and New Mexico, who will share their strategies for identifying priorities in their CYSHCN and Title V programs, resources, and lessons learned from aligning their priorities to both the eight National Performance Measures as well as selecting State Performance Measures. Click [here](#) to register.

### **New Opportunity for Title V Agencies and Partners: AYAH-CollN**

The Adolescent and Young Adult Health National Resource Center (AYAH-NRC) is pleased to announce the opportunity for five state MCH programs to participate with key partners in a new Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CollN). The AYAH CollN

presents an opportunity for building your agency capacity to address and improve health outcomes in adolescent and young adult populations through access to unique data sources and analysis, strategic collaboration among public health and health care partners, peer-to-peer learning among a small cohort of states, and intensive assistance from national experts in adolescent and young adult health, quality improvement, and Title V programs. The AYAH CollN Request for Applications (RFA) is now available on the AMCHP website [here](#). Applications are due by Apr. 16.

### **National MCH Workforce Development Center Coffee Talk Series – Check Out the Coffee Talk 2 Video!**

This series will be hosted by the National MCH Workforce Development Center Change Management core on three pertinent topics benefiting the Title V workforce. The series will consist of three archived 20-minute videos for AMCHP members to access bi-monthly at their leisure. For the alternating months, AMCHP will host a Twitter chat on the content shared during the preceding month's archived video. The topics and identified speakers for each video/Twitter chat are outlined below. [Click here](#) to learn more about each talk and to register!



#### **Coffee Talk 1: Title V Transformation**

**Presenter:** Lacy Fehrenbach, MPH, CPH, Director, Programs, AMCHP

**Video Release:** Mar. 2 – [Click here](#) to view the video

#### **Coffee Talk 2: Getting to the Table**

**Presenter:** Sharron Corle, MS, Associate Director, MCH Leadership Development & Capacity Building, AMCHP

**Video Release:** Apr. 1 – [Click here](#) to view the video

**Twitter Chat:** May 13 2-3 p.m. EST

#### **Coffee Talk 3: Leading Change**

**Presenter:** Karen Trierweiler, Director of Programs & Services, Prevention Services, Colorado Department of Public Health and Environment

**Video Release:** Jun. 1

**Twitter Chat:** Jul. 22 2-3 p.m. EST

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#### **WATCH**

[YouTube.com/AMCHPDC](https://YouTube.com/AMCHPDC)

## GET INVOLVED CONT.

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### **Coffee Talk 4: Managing Change**

**Presenter:** Brenda Jones, DHSc, RN, MSN, WHNP-BC, Deputy Director, Office of Women's Health, Illinois Department of Public Health

**Video Release:** Aug. 1

**Twitter Chat:** Sept. 9 1-2 p.m. EST

### **Beyond Practice: Fostering Diverse Partnerships for Successful Care Coordination**

The National Center for Medical Home Implementation (NCMHI) is hosting the second webinar in a three-part series focusing on implementation and evaluation of pediatric care coordination on Apr. 22 from 11 a.m. to noon CST. This webinar will showcase innovative models of cross-system care coordination through family engagement and partnership across clinical, public health, social service, and policy organizations. Faculty will provide real life examples of how successful cross-system care coordination positively influences outcomes for patients and families. To learn more, [click here](#).

### **PHIT 2015 Scholarships Now Available**

The annual Public Health Improvement Training (PHIT) on Jun. 9-10, 2015 in New Orleans, Louisiana, will provide hands-on training workshops and networking opportunities for public health practitioners to be able to initiate and apply performance improvement skills. PHIT partial scholarship applications are now being accepted through Apr. 30 based on financial need. Seven partial scholarships are currently available to potential PHIT participants. To learn more, [click here](#) (under the "Fees" tab).

### **Does Your Hospital Need Help Improving Its Breastfeeding Rates?**

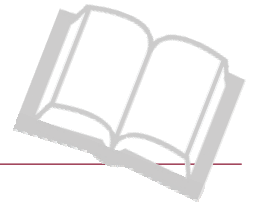
The National Institute for Children's Health Quality Improving Performance on Breastfeeding Measures group coaching program provides hospitals direction on how to hardwire change to improve perinatal care. Topics include breastfeeding & supplementation policies, measurement and using data to drive change. Although the Joint Commission revised its requirements, don't lose momentum on how to improve & document breastfeeding measures. To learn more about the coaching program, [click here](#).

### **Don't Miss the CSTE Annual Conference**

The 2015 Council of State and Territorial Epidemiologists (CSTE) Annual Conference in Boston will span from Jun. 14-18 with 240 sessions on emerging topics. In addition to the wide array of rapid-fire, breakout, and plenary sessions, you'll have the opportunity to participate in a variety of activities. Dr. Paul Farmer will deliver the Jonathan Mann Memorial Lecture. Dr. Farmer is the co-founder of an international social justice and health organization, Director of Partners in Health, and is renowned for his years of nonprofit leadership, numerous awards, and insightful publications on global health. Early-bird registration ends May 1. To learn more about the CSTE Annual Conference, [click here](#).

## PUBLICATIONS & RESOURCES

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### **General Maternal & Child Health**

#### **MCH Navigator Self-Assessment Tool Now Online**

The new MCH Navigator online self-assessment tool is now online. This tool helps identify your strengths and learning needs in the 12 MCH Leadership Competencies, matches your learning needs to appropriate trainings, and provides a customized learning plan to track your progress over time and guide you, your staff, and/or department in professional development activities. [Click here](#) to view a presentation about MCH Navigator innovations and how to use the new online self-assessment. To use the self-assessment tool, [click here](#).

#### **Two New Articles on the Block Grant Transformation**

The *Maternal and Child Health Journal* includes two new articles on the Title V MCH Services Block Grant transformation. The first article, "[Transformation of the Title V Maternal and Child Health Services Block Grant](#)," describes the 21-month process to engage input from MCH stakeholders and other national, state and local MCH leaders, families and other partners to

## PUBLICATIONS CONT.

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improve, innovate, and transform the Title V MCH Services Block Grant. The other, "[A New Performance Measurement System for Maternal and Child Health in the United States](#)" is a description of the new Title V Performance Measurement Framework.

### **Robert Wood Johnson Foundation Releases 2015 County Health Rankings**

The 2015 *County Health Rankings* examine 30 factors that influence health – including adult obesity rates, physical inactivity rates, access to exercise opportunities, and a food environment index that measures both food insecurity and access to healthy food. The key findings from the report shows that 60 percent of the nation's counties are seeing declines in premature death rates. This year's report also reveals that nearly one out of four children in the United States lives in poverty. The report also looks at income distribution within communities, as well as the links between income levels and health. To view the report, [click here](#).

### **New ASTDD Brief on Oral Health National Performance Measures**

The measures and the process states use for the application, needs assessment, and reporting for the Maternal and Child Health (MCH) block grant has changed. There are numerous opportunities to promote and integrate oral health into a state's MCH needs assessment, Title V application, and Title V reporting. The Association of State and Territorial Dental Directors (ASTDD) released *Maternal and Child Health National Performance Measure Summary and Detailed Overview*, which includes a one-page summary and then a multi-page detailed overview of the changes along with suggested strategies to promote oral health in states using the new framework. To access the overview, [click here](#).

### **New Family Involvement Resources on DMCHWD Web Site**

Family involvement and leadership is an important component of all programs within DMCHWD. The Division of MCH Workforce Development (DMCHWD) recently added new resources to their new Family Involvement page, highlighting the importance of family involvement and family-centered care within the MCH

field. Highlights include:

- Celebrating 25 Years of the [Healthy Tomorrows Partnership for Children Program](#)
- [Examples of Family Involvement within DMCHWD Training Programs](#)
- MCH Navigator [New Training Brief on Family-Centered Care](#)
- [Highlights from around the Network](#)

To view more resources, [click here](#).

## **Child & Adolescent Health**

### **New Resource on Applying Life Course to CYSHCN Pediatric Care**

The Lucile Packard Foundation for Children's Health recently released *Promoting Children's Long-Term Health and Functioning: Applying a Life Course Approach to Pediatric Care for Children with Special Health Care Needs*. Life Course Theory, which promotes a life-span approach to an individual's health, is taking hold in adult medicine, but adoption has been slow in pediatric practices. This paper proposes a framework to help pediatric practices become life course settings for children with special health care needs. To view the paper, [click here](#).

## CAREER OPPORTUNITIES

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### **AMCHP Seeks Senior Program Manager for Adolescent Health**

This position supports the child and adolescent health team in the development, implementation and evaluation of program activities related to adolescent health; assumes the lead for specific projects within the AMCHP adolescent health portfolio; and develops and maintains partnerships with relevant federal agencies and other national organizations, coalitions and groups concerned with adolescent health. This position reports to the associate director, child and adolescent health. Specifically this position will serve as the lead AMCHP staff for AMCHP in the HRSA funded Adolescent and Youth Adult Health Resource Center. The Center is

## CAREERS CONT.

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focused on improving access to and the quality of preventive care for adolescents and young adults. Major projects in this initiative include the provision of technical assistance to state health leaders and a multistate and multisector quality improvement initiative Collaborative Improvement and Innovation Network. For more information, [click here](#).

### **AMCHP Accepting Applications for Program Associate, Health Reform Implementation**

The program associate, health reform implementation (HRI) is a member of the program team and contributes to the advancement of MCH programs by performing a variety of planning and program implementation, research and evaluation projects. This position supports and assists the HRI team in the development, implementation and evaluation of program activities related to MCH and health reform. This position also contributes to the collection of state best practices for the AMCHP database of best practices (*Innovation Station*), newsletter development, and implementation of communication strategies (MS SharePoint, website, listserv, social media). This position reports to the associate director, health reform implementation. For more information, [click here](#).

## FUNDING



### **Aetna Foundation Launches 2015 GoLocal: Cultivating Healthy Communities Grants Program**

In recent years, the Aetna Foundation has placed increased emphasis on supporting local programs that improve access to locally grown fresh fruits and vegetables in underserved communities. Beyond bringing a richer array of nutritious foods to people, these programs by nature bring communities closer together — people of all ages come together to plan and nurture gardens, take part in farming activities and visit markets where a full array of fruits and vegetables is available. [Local Roots: Supporting Community Gardens, Urban Farms and Farmers Markets](#) will fund the creation and expansion of community gardens, urban farms and farmers markets in underserved neighborhoods so that

## FUNDING CONT.

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fresh fruits and vegetables are locally available, accessible and affordable. To learn more, [click here](#).

### **MCH Autism Intervention Research Network on Behavioral Health (AIR-B Network)**

Deadline: Apr. 21

This cooperative agreement will support an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building, which will provide national leadership in research designed to improve the behavioral, mental, social, and/or cognitive health and well-being of children and adolescents with Autism Spectrum Disorders (ASD) and other developmental disabilities. The AIR-B Network will be one of two HRSA-supported research networks that will provide national leadership in research to advance the evidence base on effective interventions for children and adolescents with ASD and other developmental disabilities, with AIR-B having a focus on addressing behavioral health and well-being. To learn more, [click here](#).

### **MCH Autism Intervention Research Network on Physical Health (AIR-P Network)**

Deadline: Apr. 21

This agreement supports an interdisciplinary, multicenter research forum for scientific collaboration and infrastructure building, which will provide national leadership in research designed to improve the physical health and well-being of children and adolescents with ASD and other developmental disabilities. Physical health may include, but is not limited to, medical, dental, visual, nutrition and speech/hearing components. The AIR-P Network will be one of two HRSA-supported research networks that will provide national leadership in research to advance the evidence base on effective

### **AMCHP CAREER CENTER**

The Career Center is the premiere online job board for individuals seeking employment in MCH programs. Whether you are looking for an entry-level position or are a more seasoned professional looking for new opportunities, AMCHP's Career Center has great openings for great people! Searching our database is free and open to all job-seekers. AMCHP members receive a discount on job-postings - so [sign up](#) today!



## FUNDING CONT.

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interventions for children and adolescents with ASD and other developmental disabilities, with AIR-P having a focus on addressing physical health and well-being. To learn more, [click here](#).

### **CDC Teen Pregnancy & Vulnerable Populations**

Deadline: *May 15*

The CDC has announced the availability of funding to work with publicly funded health centers to reduce teen pregnancy among youth from vulnerable populations. The grant program is a five year initiative with the following aims: 1) enhance publicly funded health center capacity to provide youth-friendly sexual and reproductive health services and 2) increase the number of youth accessing sexual and reproductive health services by a) working with youth-serving systems to develop strategies to refer and link vulnerable youth to care and b) increasing awareness of the health centers and services in the local community through communication efforts. For more information, please [click here](#).

### **OAH Pregnancy Assistance Fund Program**

Deadline: *May 18 (Letters of Intent Due Apr. 17)*

The Office of Adolescent Health (OAH) has developed the Pregnancy Assistance Fund grant program to support for expectant and parenting teens, women, fathers and their families in states and tribes. The grant program has many aims, some of which include: improve MCH outcomes, improve pregnancy planning and birth spacing, decrease likelihood of repeat teen pregnancy, improve positive paternal involvement, and improve the overall educational, social, and health wellbeing of parents and families. The OAH anticipates funding up to three (3) grantees for a five-year project period with an annual budget of \$500,000-\$800,000. For more information, please [click here](#).

### **NIH Initiative to Maximize Research Education in Genomics Diversity Action Plan**

Deadline: *Sept. 6, 2016*

NIH present this funding opportunity to facilitate the training of individuals at all careers levels (the undergraduate, graduate, post baccalaureate,

postdoctoral and faculty levels) from diverse backgrounds underrepresented in scientific disciplines relevant to genomics to enable them to pursue genomics research that spans all areas of interest to National Human Genome Research Institute later in their careers. To learn more, [click here](#).

### **Exploratory and Developmental Grant to Improve Health Care Quality through HIT**

Deadline: *Nov. 16, 2016*

The purpose of this grant is to fund exploratory and developmental research grants that will contribute to the evidence base of how health information technology (HIT) improves health care quality. This funding opportunity supports the use of a wide variety of research designs in order to generate information regarding the design and development, implementation, use, or impact of health IT on quality. For more information on grant PA-14-001 and more, [click here](#).



## CALENDAR

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### **AMCHP Events**

#### **2016 AMCHP Annual Conference**

Jan. 23-26, 2016

Washington, DC

### **MCH Events**

#### [2015 Preparedness Summit](#)

Apr. 14-17

Atlanta, GA

#### [Society for Public Health Education 66<sup>th</sup> Annual Meeting](#)

Apr. 23-25

Portland, OR

#### [Malaria in Pregnancy](#)

Apr. 24

Baltimore, MD

## CALENDAR CONT.

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[WAPC Annual Statewide Perinatal Conference](#)

Apr. 26-28  
Appleton, WI

[The Safe States Alliance 2015 Annual Meeting](#)

Apr. 29-May 1  
Atlanta, GA

[National Network of Public Health Institutes Annual Conference](#)

May 12-14  
New Orleans, LA

[31st Pacific Rim International Conference on Disability and Diversity](#)

May 18-19  
Honolulu, HI

[2015 Association of Public Health Laboratories Annual Conference](#)

May 18-21  
Indianapolis, IN

[CSTE Annual Conference](#)

Jun. 14-18  
Boston, MA

[8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2  
San Diego, CA

[NACCHO Annual 2015](#)

Jul. 7-9  
Kansas City, MO

[2015 CityMatCH Annual Urban MCH Leadership Conference](#)

Sept. 27-30  
Salt Lake City, UT

[2015 ASTHO Annual Meeting](#)

Sept. 29-Oct. 1  
Salt Lake City, UT

[28th Annual State Health Policy Conference](#)

Oct. 19-21  
Dallas, TX

[AAP National Conference and Exhibition](#)

Oct. 24-27  
Washington, DC

[2015 APHA Annual Meeting & Exposition](#)

Oct. 31-Nov. 4  
Chicago, IL

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Child Health Programs**  
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### List Your Event on the AMCHP MCH Events Calendar

Do you want to include your listing on the AMCHP MCH Events Calendar? It's easy! Just complete our easy [online submission form](#). You are welcome to submit MCH conferences, webinars, trainings, webcasts and meetings. Thanks for helping us to build our MCH Events Calendar! If you have any questions, please contact [Julio Arguello Jr.](#), Online Media & Information Technology Manager. Please note: All event listings are

