

Member Briefs



Apr. 1, 2013



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



MANAGEMENT MINUTE



Happy Anniversary!

By Michael R. Fraser, PhD, CAE, Chief Executive Officer, AMCHP

The Affordable Care Act (ACA) was passed just three short years ago and was met with great fanfare by some and great chagrin by others. As we move toward full ACA implementation in 2014, we do indeed have cause to celebrate but also a great deal to think about as maternal and child health (MCH) leaders.

Clearly, a main goal of the ACA is to provide access to health insurance for all Americans – a goal shared by AMCHP and many, many partners. We know that access to care is an important part of reaching our vision of “healthy children, healthy families, healthy communities.” Clearly, we also want that care to be affordable, culturally competent, comprehensive and high quality.

With health care access “off the table” in a major way, we now have more space to talk about primary prevention. The ACA provides resources for public health and prevention activities; for example, the Public Health and Prevention Fund has supported a number of chronic disease prevention and health promotion activities in states and communities nationwide. The ACA also recognized the importance of evidence-based home visiting programs, authorizing \$1.8 billion dollars over five years for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program that many of you administer in your states. In my opinion, these are the only “new” dollars we are going to see in public health and maternal and child health for the foreseeable future and I am glad we have them to complement the ACA expansion of health care access.

With all that is positive about the ACA, I think we can all agree it certainly is not perfect. As mentioned above, there are concerns about the affordability and comprehensiveness of coverage, and details on how the expansion is going to work in the states are still being finalized. The prospect of expanding access to publically financed health care has raised questions about the need for programs like the Title V MCH Services Block Grant. In light of the ACA, AMCHP has played significant defense to help decision makers and partners understand that there remains an important, vital role for the Title V MCH Block Grant even with the ACA expansion of health care. Concerns about duplication, existing versus future gaps in services and the need for a focus on MCH overall were only on the horizon three years ago. Now, they are here.

At the three year mark, I think we do have cause to celebrate all the ACA has done, and will do, to improve our nation’s health. Moving forward it is important that we identify the many ways that Title V complements the work of the ACA and how your work in the states is still relevant and critical to strengthening and improving maternal and child health. While the third year anniversary of ACA is a milestone, the anniversary next year will be even more important as the law goes into full effect in 2014. AMCHP will continue to share how the ACA benefits state MCH programs and ways that you can leverage the ACA in your work as MCH leaders. Please let us know how we can help you moving forward and take advantage of the resources and tools that we have produced to date through our National Center on Health Reform Implementation and other programs.



Budget Update FY 2014

Last weekend, the U.S. Senate adopted a FY 2014 budget resolution (S.Con Res 8). This non-binding resolution will guide spending decisions for the upcoming fiscal year. Importantly, this resolution calls for long-term reductions in spending and sets the overall funding level for discretionary spending. The House resolution is considerably different from the Senate version because it calls for the repeal of health reform, restructuring programs and shifts responsibility of sequestration to non defense discretionary programs.

Specifically, the House budget sets overall discretionary level, or the “cap” on appropriations, at the post-sequestration level of \$966 billion – \$92 billion less than the cap on funding established by the *Budget Control Act of 2011* – and shifts full responsibility for sequestration cuts to non defense discretionary programs. As a reminder, non defense discretionary includes the pot of money that funds the U.S. Department of Health and Human Services (HHS), Department of Interior and other non defense agencies.

House budget resolution discretionary caps:

- Defense – \$552 billion (equal to Budget Control Act cap)
- Non defense discretionary – \$414 billion (\$92 billion less than Budget Control Act cap)

The **Senate budget** discretionary cap also is **\$966 billion**, but the cuts are split between defense and non defense:

- Defense – \$497 billion (\$55 billion less than Budget Control Act cap)
- Non defense discretionary – \$469 billion (\$37 billion less than Budget Control Act cap)

The bottom line is that based on these budget resolutions the House Appropriations Committee will have \$55 billion less than the Senate Appropriations Committees when developing their appropriations bills. In previous years, the House Labor, Health and Human Services and Education Appropriations bills had to absorb the majority of those cuts.

Prevention and Public Health Fund? FY 2013

Are you wondering what programs the Prevention and Public Health Fund (PPHF) will be supporting in FY 2013? If you are, you are not alone. The FY 2013 Continuing Resolution did not indicate congressional priorities for allocating PPHF dollars, which means that the administration has the authority to allocate funding for their priorities. Rumors are rampant in Washington, DC that the administration plans on using the fund to pay for some of the Affordable Care Act initiatives, like the health insurance exchanges. Many public health advocates are encouraging the administration to preserve the PPHF to pay for public health programs and to backfill the cuts at the Centers for Disease Control and Prevention (CDC). AMCHP continues to closely monitor and will keep you updated as developments progress.

Sequestration FY 2013

Our members and partners continue to express frustration about the lack of information regarding implementation of sequestration. As a result, AMCHP sent an organizational sign-on letter with the Association of State and Territorial Health Officials (ASTHO) affiliate group encouraging the administration to expedite and facilitate communication about sequestration between the department project officers and their partners in state and local government. This letter emphasizes that even if all that can be shared at this point is estimated timelines for notification that would be helpful. This letter also requests that HHS advise when additional information is expected to be available about sequestration. A copy of the letter signed by 13 national public health associations is available [here](#).

Sequestration FY 2013 and Beyond

Last week, President Obama signed legislation solidifying sequestration for FY 2013. It is important to remember that unless Congress acts to change the current law, the automatic procedures for reducing discretionary spending will be carried out by lowering the caps on discretionary budget authority. This means that across the board spending reductions may not happen in FY 2014, however, the appropriations committee could target specific programs for elimination or deep cuts in order to meet the tight budget caps. AMCHP developed a frequently asked questions [fact sheet](#) about sequestration in FY 2013 and beyond to help you better understand this confusing topic.

Health Reform Implementation

CMS Informational Bulletin on Mental Health and EPSDT

The Centers for Medicare and Medicaid Services (CMS) released an [Informational Bulletin on Prevention and Early Identification of Mental Health and Substance Use Conditions in Children](#) on Mar. 27 “to help inform states about resources available to help them meet the needs of children under Early Periodic Screening, Diagnosis, and Treatment (EPSDT), specifically with respect to mental health and substance use disorder services.” AMCHP member Phyllis Sloyer from Florida and AMCHP staff Karen VanLandeghem participated in the National EPSDT Improvement Workgroup that contributed to this informational bulletin.

Maryland Passes Health Benefits Exchange Legislation

On Mar. 27, the Maryland General Assembly [passed legislation that expands](#) Medicaid eligibility, but also includes a unique feature; the ability for a consumer to continue previously authorized treatment on a new health insurance plan. The inclusion of this language in the law is a huge win for those concerned about continuity of care for consumers who might shift between health plans if their life situation changes. This is especially important for pregnant women who might change between a private health insurance plan and Medicaid when she becomes pregnant. For example, if a woman changes insurers, her new plan shall accept “the procedures, treatments medications, or services covered by the benefits offered by the receiving carrier or managed care organization” for 90 days or the course of the treatment, whichever is lesser.

Third Anniversary of Affordable Care Act

Mar. 23 marks the third anniversary of the Affordable Care Act. HHS provided [analysis](#), on how many Americans are receiving preventive services coverage without co-pay (71 million), as well as other resources including a [consumer education video](#), [state-by-state fact sheets](#), and information on various populations and how the health care law will impact them. As always, stay tuned to AMCHP publications for the latest updates on the Affordable Care Act.

National Stakeholder Call on the Health Insurance Marketplace

On Mar. 18, CMS held a national call on the Health Insurance Marketplace (aka Health Insurance Exchange). The purpose of the call was to update stakeholders on the implementation of the marketplace and allow CMS to interact directly with stakeholders. CMS will be holding [quarterly stakeholder calls](#) beginning the last week of April 2013 for those states that will have a federally facilitated or state partnership marketplace.

CMS provided the following information and resources:

Remember there are a few places you can get more information on the Marketplace and to sign up for updates:

1. [HealthCare.gov](#): This site is geared toward consumers and provides general information about the Marketplace and health insurance. Consumers can [sign up](#) for e-mail and/or text message updates.
2. [Marketplace.cms.gov](#): This partnership page has a wide variety of tools and resources to prepare people to apply, enroll and get coverage in 2014. You will find the following information: Census data on where the uninsured live – down to the PUMA level
 - Widgets and badges you can use on your own websites
 - Multimedia presentations explaining the Marketplace
 - Brochures, drop-in articles, and other information in English, Spanish, Russian, Tagalog, Chinese, Korean, and Vietnamese
 - Sign up for updates
3. State-by-state calls: Please check the [Open Door Forum page](#) for the tentative schedule and updates on the state-by-state calls that will occur throughout 2013. Here you will find the best point of contact for your state in one of the 10 CMS regional offices nationwide.

Benchmark Health Plan Analysis

As part of the Affordable Care Act, states were required to either select or default to a benchmark health insurance plan as a reference for the essential health benefits. On Mar. 12, the Commonwealth Fund released a [report](#) analyzing the benchmark plans in 24 states and the District of Columbia. The issue brief examines how

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state leaders made their selection and what decisions were made given the timeline for implementation, which stakeholders were engaged and many more issues they encountered.

GET INVOLVED



Notice of April Board Meeting

The AMCHP Board of Directors will be meeting via teleconference on Apr. 11, 2013. Board meetings are open and all are invited to listen in to board deliberations. If you would like to join the meeting, we ask that you let Nora Lam, executive assistant, know of your intention to participate so we can accommodate you during the call and share the dial-in numbers. For more information, please e-mail [Nora Lam](mailto:Nora.Lam@amchp.org).

Get Social with AMCHP for Autism Awareness Month

During the month of April, AMCHP will celebrate Autism awareness month by focusing on Autism and Developmental Disabilities with a special emphasis on data and technology. We want to hear your voice. Post your resources to our [Facebook](#) page and join the conversation on [Twitter](#)!

APHL Webinar to Introduce NewSTEPS Project

The Association of Public Health Laboratories (APHL) will host a webinar to introduce its [Newborn Screening Technical assistance and Evaluation Program](#) (NewSTEPS) to newborn screening partners and stakeholders. NewSTEPS is a national newborn screening project designed to provide data, technical assistance, and training to newborn screening programs across the country and assist states with quality improvement initiatives. The program will serve as a comprehensive resource center for state newborn screening programs and stakeholders offering a data repository, interactive website, technical assistance, education and training, policy guidance and program evaluation. Identical webinars will take place on Apr. 2 at 1 p.m. EST and Apr. 11 at 2 p.m. EST. To join the webinar, [click here](#).

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Linked by Life Webinar

The Maternal and Child Health Bureau (MCHB) is offering a webinar, *Linked by Life: The Case for Collaboration of MCH and Chronic Disease to Improve Infant and Women's Health*, on Tuesday, Apr. 2 at 3 p.m. EST. Presenters will explore the interplay between chronic disease and maternal and child health work including a discussion about strategic collaborations and funding opportunities that support linking throughout the life course. This webinar will highlight the best practices for MCH and chronic disease department linkage within the state health department in Ohio for curbing the growth of gestational diabetes throughout the state. To access the webinar, please [click here](#).

April MCH EPI Grand Rounds on Medical Homes and Racial Disparities

CDC will present *Does Receiving Care in a Medical Home Mediate the Racial Disparity in Unmet Healthcare Needs among Children with Special Healthcare Needs?* via webcast on Apr. 3 at 2 p.m. EST. The webinar will present research focused on racial disparities research using data from the 2007 National Survey of Children's Health to explore whether and to what extent differential access to a medical home explains the black-white disparity in unmet health care needs among children with special health care needs (CSHCN) in the United States. This presentation will focus in depth on the methods used to carry out this analysis, as well as the findings and how those might be used to inform future disparities research. To access the webinar, [click here](#).

MIECHV Grantees Asked to Complete Needs Assessment by April 5

The MIECHV Technical Assistance Coordinating Center (TACC) is seeking feedback from MIECHV grantees to identify your technical assistance (TA) priorities for the current fiscal year. The TACC can design TA to meet an array of needs, from basic TA focused on assisting you in meeting MIECHV requirements, to TA focused on moving well-functioning systems even further forward. [Click here](#) to view the online survey. This survey covers a wide-ranging list of potential topics that you may find valuable to receive TA on to further strengthen your MIECHV work, but should take no more than 15 minutes to complete. Please complete your survey by Apr. 5. If you have any questions, please contact [Maria Gehl](#) with the TACC or [Lacy Fehrenbach](#) at AMCHP.

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Application Deadline Approaching for 2014 APHA Public Health Fellowship in Government

The American Public Health Association (APHA) announces a call for applications for the APHA Public Health Fellowship in Government. APHA is looking for candidates with strong public health credentials who wish to spend one-year in Washington, D.C. working in a congressional office on legislative and policy issues such as health, environment, and other public health concerns. The fellow will have the option of serving on the staff of a member of Congress or a congressional committee. The fellowship will begin in January 2014 and continue through December 2014. It provides a unique learning experience for a public health professional to gain



April is Autism Awareness Month! AMCHP is collecting emerging, promising and best practices related to autism!

Does your program address a best practice related to autism spectrum disorders (e.g. awareness and outreach, screening, care coordination, transition)? If so, consider sharing your program through Innovation Station, the AMCHP searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

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

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

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

practical knowledge in government and see how the legislative and public policy process works. Electronic applications, including a CV and three letters of recommendation, are due to APHA by Apr. 8. For more information, [click here](#).

Children's Safety Network Webinar on Prescription Drug Abuse Prevention Among Teens and Young Adults

This webinar will explore the available research on rates of co-morbidity between prescription drug use and other psychiatric disorders (major depressive disorder, bipolar disorder, anxiety disorders, eating disorders and schizophrenia) as well as offer a clinical perspective in working with these problems with teens and young adults. The webinar is intended for professionals in counseling roles and community prevention workers working with this population. The webinar will take place on Apr. 9 at 2 p.m. EST. For more information and to register, [click here](#).

Preconception Health Program Implementation Webinar

The March of Dimes in partnership with Middle Tennessee State University Center For Health and Human Services and Every Woman Southeast will present a webinar, *Did U Know? What's Good 4 U is Good 4 Ur Future Baby – Implementing a Preconception Health Campaign on Your College Campus or with Your Community Group* on Apr. 15 at 11 a.m. EST. Participants will learn how to use technology to promote healthy living and preconception health working college campuses or community groups. A free toolkit will be provided to all attendees. For more information and to access the webinar, please click [here](#).

Environmental Tracking Webinar

Save the date! On Apr. 16 at 2 p.m. EST, AMCHP, APHA and CDC will host an informational webinar on the CDC National Environmental Public Health Tracking Network (Tracking Network) featuring Dr. Ekta Choudhary. The Tracking Network is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. It is a one-of-a-kind website that brings together information that cannot be found, or is hard to find, anywhere else. The Tracking Network brings together and standardizes data that would be usually be kept by many different agencies,

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allowing us to see how our health and the environment are related. For MCH professionals, the Tracking Network has data available for developmental disabilities, reproductive and birth outcomes, asthma, childhood lead poisoning, birth defects, community design, and more. On the Tracking Network, you can view maps, tables, and charts with data related to: chemicals and other substances found in the environment, some chronic diseases and conditions, and the area where you live. Further information regarding registration will be available soon.

Call For Abstracts: Use of Linked Data and Innovative Approaches by MCH Epidemiologists

The Council of State and Territorial Epidemiologists (CTSE) is calling for abstracts for the MCH symposium taking place on Jun. 9 at the 2013 CTSE annual conference. The symposium will feature three 90-minute sessions that spotlight current innovations in the use of data by MCH epidemiologists. CTSE is requesting abstract submissions focused on examples from the field of using linked data and innovative methodological approaches to increase the information available for making program and policy decisions. Abstracts are due for submission on Apr. 23. For more information and to view abstract submission guidelines, [click here](#).

Forecasted Grant Opportunity: Responsible Fatherhood Research Network

The Administration for Children and Families (ACF) is planning to issue a funding announcement in late May for the establishment of a Responsible Fatherhood Research Network. The purpose of the award is to build research and practice knowledge and capacity to lead and support further development and evaluation of evidence or theory-based interventions to increase positive father involvement in the lives of their children and increase collaboration, knowledge sharing and capacity building among investigators and practitioners. The network will be expected to have a primary focus on economically disadvantaged fathers and families and other understudied population groups. The network also will be expected to develop and disseminate research products and resources to facilitate knowledge sharing among multi-disciplinary researchers and among investigators, practitioners, program officials and policymakers. For more information, [click here](#).

PUBLICATIONS & RESOURCES



General Maternal and Child Health

AAP Launches Genetics in Primary Care Institute Website

The American Academy of Pediatrics (AAP) has launched a website dedicated to the Genetics in Primary Care Institute. The institute works to increase primary care provider (PCP) knowledge and skills in providing genetic-based services. The new website is a clearinghouse for practical tools and information for primary care providers regarding genetics and genomics, genetic testing, family history, genetic counseling, and patient communication. For more information and to view the website, [click here](#).

MCHB Releases Toolkit to Support Families Experiencing Intimate Partner Violence and Perinatal Depression

A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression highlights strategies and provides resources to help organizations address intimate partner violence and perinatal depression within their own communities. The toolkit, published by the Health Resources and Services Administration (HRSA) MCHB, comprises eight sections. Topics include making the case, building and sustaining partnerships, raising awareness, developing cultural and linguistic competence, addressing policy, and implementing standards of care guidelines. Pre- and post-program assessment tools and links to national resources are included. For more information and to view the toolkit, [click here](#).

NICHQ Toolkit on Creating Patient and Family Advisory Councils

The National Initiative for Children's Healthcare Quality (NICHQ) has created a toolkit for pediatric providers on how to effectively engage family perspectives by creating patient and family advisory councils. As the "customers" of the practice, patients and families bring experience and expertise that can help enhance service delivery and improve overall quality. Practices that encourage, value

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and utilize family perspectives and experiences in planning for high-quality medical care can accelerate their path toward becoming truly patient- and family-centered. The toolkit provides step-by-step guidance on how to effectively engage family perspectives in the design of services and to improve overall quality in the delivery of those services. For more information and to view the toolkit, [click here](#).

Child Health

Pediatrics Study Finds No Association between Autism and “Too Many Vaccines Too Soon”

The Mar. 29 issue of the [Journal of Pediatrics](#) featured a study: “Increasing Exposure to Antibody-stimulating Proteins and Polysaccharides in Vaccines is Not Associated with Risk of Autism.” The study was the first to explore a concern some have about the number of vaccines children receive in a single day or over the course of their first two years of life and a potential association between “too many vaccines too soon” and Autism Spectrum Disorders (ASD). The study found that the total antigens (the substances in vaccines that cause the body’s immune system to produce disease-fighting antibodies) from vaccines received by age two years, or the maximum number received on a single day, was the same between children with and without ASD. This does not support an association between the number of vaccines and ASD. The study results cover a broader range of vaccine antigen exposures than the typical child

would be exposed to today and provide relevant data for the current recommended [immunization schedule](#). This study strengthens the body of evidence, including a [2004](#) comprehensive review by the Institute of Medicine, that there is not a causal relationship between certain vaccine types and autism.

AMCHP is committed to better understanding autism and how it can be prevented, recognized early, and treated effectively to improve the lives of children and youth with ASD. This study advances our knowledge both about of ASD and the safety of vaccines. Through partnership with the HRSA Combating Autism Initiative and CDC *Learn the Signs. Act Early.* campaign – AMCHP and state MCH and CYSHCN programs work to ensure that all children and youth with ASD receive early and timely identification, diagnosis, and intervention, so that they can reach their full potential. For more information about AMCHP work related to ASD, visit amchp.org/SPHARC.

Infant Health

AMCHP and Partners Release New Issue Brief on NICU Follow-up

AMCHP has developed a new issue brief in partnership with MedImmune entitled *Partnering to Promote Follow-Up Care for Premature Infants*. The issue brief addresses the importance of neonatal intensive care unit (NICU) follow-up in premature infants by presenting five states that have successfully implemented NICU transition programs. An overview of each state program is presented along with partners, funding and successes. Maternal and child health leaders are encouraged to use this issue brief as a guide for the development of NICU follow-up programs in their own states. Additional resources also are presented as further guidance for the development of NICU follow-up programs. For more information and to view issue brief, [click here](#).

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ON YOUR BEHALF

AMCHP Working On Your Behalf

- On Mar. 18, AMCHP CEO Michael Fraser and AMCHP staff Brent Ewig and Lacy Fehrenbach met with several key leaders at MCHB, including David Heppel, director of the Division of Child and Adolescent Health, and Trina Anglin, director of adolescent health; Judith Theiry, branch chief in the Division of Home Visiting and Early Childhood Systems; Hani Atrash, director of the Division of Healthy Start and Perinatal Services and David de la Cruz, deputy director of that division; and Bonnie Strickland, director of the Division for Children with Special Health Care Needs. Mike, Brent and Lacy discussed potential impacts of the sequester to state MCH programs, and how AMCHP and HRSA can work together to support Title V programs to improve adolescent health, implement home visiting, reduce infant mortality, and improve health and services for children and youth with special health care needs, respectively, as we move forward with Affordable Care Act implementation and approach 2014.
- On Mar. 19-21, AMCHP staff Caroline Stampfel and Megan Phillippi assisted in the facilitation of small group work at the Maternal Mortality Initiative meeting sponsored by the CDC Division of Reproductive Health. AMCHP CEO Mike Fraser provided partnership updates at the opening day of the meeting regarding AMCHP efforts to break down public health silos and the focus on life course in improving maternal health outcomes. The goal of the Maternal Mortality Initiative is to develop recommendations and standards to strengthen existing and guide new maternal death review processes. This meeting covered the review process: panel composition (members), information used for the summary, the case review process, making recommendations, and translation into actions. Participants met in their topic specific subgroups with members from state and city teams. In addition, state and city team leads shared best practices and lessons learned from working with their reviews
- On Mar. 20, AMCHP staff Lacy Fehrenbach participated in the inaugural meeting of the National Advisory Committee to the National Center for the Review and Prevention of Child Deaths. The advisory committee developed a blueprint for action to leverage partnerships with and expertise of the organizations represented on the committee to translate child death review data to action that prevents future child deaths.
- On Mar. 21-22, AMCHP staff participated in the MCHB Region V Infant Mortality Summit in Chicago, IL. AMCHP staff Lacy Fehrenbach, Piia Hanson and Kate Howe facilitated state work group meetings and provided onsite meeting support and logistics. AMCHP CEO Mike Fraser delivered an opening plenary talk. The summit served as the launching point for a collaborative and multi-state initiative that aims to improve infant health outcomes and to reduce infant mortality and prematurity across the nation, particularly among disparate populations. AMCHP members from Regions V participated on state teams to identify strategies and outcomes to reduce infant mortality in their states, and share best practices, challenges and lessons learned.
- On Mar. 27. AMCHP staff Lacy Fehrenbach and Kate Howe represented AMCHP on the ASTHO Tobacco Issues Forum. Currently, the forum is finalizing an issue brief focused on smoking cessation before, during, and after pregnancy and exploring opportunities to comment to the Food and Drug Administration on the need to prohibit menthol as a characterizing flavor for cigarettes.
- On Mar. 27, AMCHP staff Julio Arguello Jr. hosted a [webinar](#) with partners on Social Media 101. The purpose of this webinar was to help State Public Health Autism Resource Center (SPHARC) grantees understand the basics of Social Media and provide a step by step demonstration on how to set up a Facebook and Twitter profile.

CAREER OPPORTUNITIES

New Mexico Department of Health Seeks Family Health Bureau Chief

This position is responsible for providing Public Health leadership and direction of Family Health Bureau/PHD (FHB) staff in core public health functions and services in the context of Department strategic plans, which include; Women, Infants and Children (WIC), Family Planning, Children's Medical Services, Prenatal Case Management, Epidemiology, Maternal Health, Child Health, Commodities Supplemental Food, and Farmers Market programs. It will serve as the Title V Director for

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the MCH Block Grant and work closely with the Medical Director and program managers, providing leadership, direction, and oversight of all program activities in public health offices, contractor sites, warehouses, and farmers markets statewide. It focuses scarce resources to address health status disparities and risk factors for disease. It will lead and participate in public health emergency preparedness activities and contribute to development of public health policy by overseeing legislative analysis in the bureau. For more information and to apply, [click here](#).

AMCHP Opening: Organizational Performance & Member Services Intern

As a member of the Organizational Performance and Member Services team, the intern supports our member services and communications activities. The intern will assume responsibility for a wide range of projects and functions, requiring professionalism and task orientation. Principle duties include: compiling information on events and new publications for the member newsletter; layout of electronic newsletters using Microsoft Publisher and Adobe InDesign; updating newsletter web content and other as needed; working with the member services manager on membership campaigns, including dues renewals and member retention programs; assisting in managing the AMCHP member database, including updating AMCHP member information; and supporting member services, track new and retiring members, and coordinate production of member welcome packets, including membership cards. For more information, [click here](#).

FUNDING



HRSA Oral Health Workforce Grant

Deadline: *Apr. 3*

This announcement solicits applications for the *Grants to States to Support Oral Health Workforce Activities Program*. The purpose of this program is to help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the states' individual needs. Applications for this program should describe innovative approaches to addressing and measuring oral health workforce needs at the state level. For more information, [click here](#).

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Emergency Medical Services for Children Targeted Issues Demonstration Projects

Deadline: *Apr. 9*

The funding announcement for the Targeted Issues grants is intended to invite applications that will improve the care provided by Emergency Medical Services (EMS) providers for critically ill and injured children. Applicants should address specific needs in the field of pre-hospital pediatric emergency care that transcend state boundaries. There will be two categories of grants (see details below). Category I projects will demonstrate the establishment of an infrastructure for pediatric Prehospital research. Category II projects will improve pediatric pre-hospital research. Objectives must meet a demonstrable need in the prehospital care of children, and methodologies and strategies for achieving the objectives must be realistic, appropriate and scientifically sound. One award of \$300,000 will be awarded. For more information, [click here](#).

Funds for Support for Expectant and Parenting Teens, Women, Fathers and Their Families

Deadline: *Apr. 10*

This notice solicits applications from states, which include the District of Columbia, any commonwealth, possession, or other territory of the United States and any federally-recognized Indian tribe or reservation, for the development and implementation of programs for expectant and parenting teens, women, fathers and their families. The Office of Adolescent Health anticipates that up to \$24 million will be available to fund up to 32 grants in the amount of \$500,000 to \$1,500,000 per year for a four-year project period. For more information, [click here](#).

AMCHP CAREER CENTER

The Career Center is the premiere online job board for individuals seeking employment in Maternal and Child Health 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!

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CDC NCCDPHP Cooperative Agreement Announcement

Deadline: *Apr. 19, Letter of Intent due Mar. 19*

CDC and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) announces the availability of FY 2013 funds to implement State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health. There are two components to this Funding Opportunity Announcement (FOA). The first is a non-competitive basic component that will be awarded to all 50 states and the District of Columbia if they submit a technically acceptable application. Approximately \$28 million per year is available for the basic component. The second is a competitive enhanced component that will provide funding for up to 25 states. All states and the District of Columbia are eligible to apply for the competitive enhanced component. The enhanced component will be objectively reviewed and scored. Approximately \$42 million per year is available to fund up to 25 states for the enhanced component. The project period for both components is 5 years, with a 12-month budget period and an anticipated award date of Jul. 1. For more information, [click here](#).

CDC State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Grant

Deadline: *Apr. 19, Letter of Intent due Mar. 19*

This State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health announcement outlines an approach to preventing and reducing the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke; it also addresses management of these chronic diseases. The activities and strategies outlined in this announcement are organized by the four chronic disease prevention and health promotion domains: 1) Epidemiology and surveillance; 2) Environmental approaches that promote health and support and reinforce healthful behaviors; 3) Health system interventions to improve the effective

delivery and use of clinical and other preventive services; and 4) Community-clinical linkages to support cardiovascular disease and diabetes prevention and control efforts and the management of chronic diseases. For more information, [click here](#).

SAMHSA FY 2013 Cooperative Agreements for Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grant

Deadline: *Apr. 29*

The purpose of this Substance Abuse and Mental Health Services Administration (SAMHSA) program is to implement screening, brief intervention and referral to treatment services for adults in primary care and community health settings, for substance misuse and substance use disorders. This program is designed to expand/enhance the state and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact; increase abstinence and reduce costly health care utilization; and promote sustainability of SBIRT services through the use of health information technology. The program is designed to expand/enhance the state/tribe's continuum of care to include universal, adult SBIRT services in primary care and community health settings and supports clinically appropriate services for persons at risk (asymptomatic) for, or diagnosed with, a substance use disorder. It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings, including greatly increasing the number of consumers accessing services through technological expansion. For more information, [click here](#).

Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Grant

Deadline: *Apr. 30*

The purposes of the WISEWOMAN program are: 1) assuring that cardiovascular screening is provided to women ages 40-64 who are participants in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); 2) working with community-based organizations to provide evidence-based prevention services to those women in need of them (through agreements with organizations such as the YMCA, Weight Watchers, and those that provide Diabetes Primary Prevention Programs); 3) improving the management and control of hypertension by integrating



FUNDING CONT.

innovative health system-based approaches and strengthening community-clinical linkages (such as team-based care and pharmacy medication management programs); and 4) gathering and reporting program related evaluation data, including impact measures. For more information, [click here](#).

CDC HIV Evidence-Based Strategy Funding

Deadline: *May 10*

The purpose of this grant is to identify, translate and pilot-test evidence-informed strategies and community best practices to improve linkage, retention and re-engagement of HIV positive persons in HIV care. This program proposes to identify “model programs” with evidence-informed or community-based strategies for improving linkage and retention in care, translate the “model programs” into Web- and other-technology-based tools and resources for implementation by other agencies, pilot test the tools with agencies experiencing challenges in linkage and retention of clients, and refinement of tools for potential dissemination by CDC to clinical and community-based providers. For more information, [click here](#).

State Offices of Rural Health Grant Program (SORH)

Deadline: *May 13*

the purpose of the State Offices of Rural Health (SORH) grant program is to assist States in strengthening rural health care delivery systems by maintaining a focal point for rural health within each State. The program provides funding for an institutional framework that links small rural communities with state and federal resources to help develop long term solutions to rural health problems. This competing continuation guidance provides instruction for applying for a new three year project period. Authorizing legislation provides that each SORH conduct the following activities: (1) Establish and maintain within the state a clearinghouse for collecting and disseminating information on rural health care issues, research findings relating to rural health care, and innovative approaches to the delivery of health care in rural areas; (2) Coordinate the activities carried out in the state that relate to rural health care, including providing coordination for the purpose of avoiding duplication in such activities; and (3) Identify federal, state, and nongovernmental programs regarding rural health, and provide technical assistance to public and nonprofit private entities regarding participation in such programs. For more information, [click here](#).

Johnson & Johnson Community Health Care Evidence-Based Childhood Obesity Programs

Deadline: *May 15*

The Johnson & Johnson Community Health Care Program, in partnership with the Johns Hopkins Bloomberg School of Public Health, is accepting applications from nonprofit community healthcare organizations for programs that promote wellness and healthy lifestyle choices to prevent and reduce the impact of obesity in children between the ages of eight and 12. The program is designed to improve the in-house capacity of organizations to use cutting-edge prevention science, implement innovative, evidence-based interventions, and design and implement monitoring and evaluation procedures in order to contribute to the evidence base and the long-term sustainability of the project. For more information, [click here](#).

SAMHSA Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination Grant

Deadline: *May 22*

The SAMHSA Center for Substance Abuse Treatment (CSAT) is accepting applications for FY 2013 for Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination. The purpose of this program is to provide funding to states/territories/tribes to improve treatment for adolescents and transitional aged youth through the development of a learning laboratory with collaborating local community-based treatment provider sites. For more information, [click here](#).

CDC Promoting, Strengthening and Enhancing Disease Prevention by Collaboration Grant

Deadline: *Jun. 5*

The purpose of this grant is to increase accurate information on social media and educate WIC staff about vaccine recommendation and best practices by working with targeted stakeholders, including WIC staff, coalitions, stakeholders and parents. These activities will in the long term reduce barriers and lead to the reduction of morbidity and mortality from vaccine preventable diseases. For more information, [click here](#).

FUNDING CONT.

RWJF Applying Behavioral Economics Principles to Healthcare Problems Grant

Deadline: *Jul. 17, Proposal Brief due Apr. 17*

The Robert Wood Johnson Foundation (RWJF) is accepting proposals that apply the principles and frameworks of behavioral economics to persistent and perplexing health and healthcare problems. Proposals are encouraged from a range of disciplines, including but not limited to behavioral economics, decision theory, economics, public health, sociology, psychology, marketing, nursing, and medicine. Through its *Pioneer Portfolio* program, RWJF expects to make approximately five awards of up to \$200,000 each for two-year projects that test innovative solutions to the challenge of reducing the use of low-value services in health care. For more information, [click here](#).

RWJF Executive Nurses Fellows

Deadline: *Jan. 15, 2014 at 3 p.m. EST*

RWJF Executive Nurse Fellows program is a three-year advanced leadership program for nurses who aspire to lead and shape health care locally and nationally. Fellows strengthen and improve their leadership abilities related to improving health and health care. Awards are open to registered nurses who hold senior leadership positions in health services, scientific and academic organizations, public health and community-based organizations or systems, or national professional, governmental and policy organizations. For more information, [click here](#).

CMS Cooperative Agreement to Support Establishment of Health Insurance Exchanges

Deadline: *Oct. 15, 2014*

Through this cooperative agreement, CMS will provide states, the District of Columbia, and consortia of states, with financial assistance for the establishment of exchanges. These awards will provide funds for the state to complete activities for achieving approval in accordance with Section 1321 of the Affordable Care Act and the requirements as established through the rulemaking process. For more information, [click here](#).

NIH Initiative to Maximize Research Education in Genomics Diversity Action Plan

Deadline: *Sept. 6, 2016*

The National Institutes of Health (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 NHGRI later in their careers. For more information, [click here](#).

CALENDAR

AMCHP Board Meeting

Apr. 11
Washington, DC



MCH Events

[14th Annual National Healthy Start Association Spring Conference](#)

Apr. 6-9
Washington, DC

[National Council for Behavioral Health Conference](#)

Apr. 8-10
Las Vegas, NV

[SOPHE 64th Annual Meeting](#)

Apr. 17-19
Orlando, FL

[International Conference on Perinatal and Infant Death](#)

Apr. 18-21
Minneapolis, MN

CALENDAR CONT.

[Health Disparities Research Conference: At the Intersection of Race, Ethnicity, and Disability](#)

Apr. 25-26
Washington, DC

[3rd Annual AAP Conference on Advancing Quality Improvement Science for Children's Health Care Research](#)

May 3
Washington, DC

[Third Annual Teen Pregnancy Prevention Grantee Conference](#)

May 20-22
National Harbor, MD

[Council of State and Territorial Epidemiologists Annual Conference](#)

June 9-13
Pasadena, CA

[Third National Cribs for Kids Conference](#)

June 25-28
Pittsburgh, PA

[NACCHO Annual 2013](#)

Jul. 10-12
Dallas, TX

[Leadership, Legacy, & Community: A Retreat to Advance MCH Scholarship & Practice](#)

Jul. 15-16
Oak Brook, IL

[ARHP 50th Annual Reproductive Health Meeting](#)

Sept. 19-21
Denver, CO

[87th Annual American School Health Association Conference](#)

Oct. 9 - 12
Myrtle Beach, SC

[2013 American Public Health Association Annual Meeting](#)

Nov. 2-6
Boston, MA



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