



MANAGEMENT MINUTE

Lean Thinking

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



I'd like to invite you to take a close look at the processes and procedures involved in your work. What does it really take for you to get something accomplished in your organization? What do you

have to go through to get something reviewed, approved and moved forward? What are the process steps that feel extra, redundant or useless in what you do? Where do you see "extra" or waste in your work – all that stuff that takes up your time and effort but adds no value to the work and ultimate goal of your organization (think pointless reports, aimless meetings, or forms that ask for the same information more than once)?

We all experience barriers and hurdles to getting things done in our organizations. We experience "waste" or "time sucks" in our work – those things we have to do that have little bearing on improving the health of women, children and families but are things we have always done or have to do in our organizations. People don't usually question the processes that are involved in getting work done – we are trained to do our work to the best of our abilities without taking time to think through all the steps and the places where we may be creating waste, not value. But the difference between doing good and doing great in our work might just be realized by thinking about all the things that take away from our ability to create value, eliminating them, and using those resources to more effectively meet the needs of the people we serve.

At least that is what James P. Womack and Daniel T. Jones (2003) propose in their book *Lean Thinking: Banish Waste and Create Wealth in Your Corporation*. I just finished reading it and it was a true eye opener! The premise of *Lean Thinking* is simple – exhaustively and meticulously assess the way we do our work, including all the processes

and procedures we use to get things done, and identify the places where we have extra steps and redundancies. Cut those out and we have more efficient and effective ways to create value in our work. Of course, what sounds simple is actually quite difficult. But Womack and Jones do an excellent job thinking through how to do this in an organizational setting and their work has important insights for maternal and child health programs. While their examples are from business, I believe their analysis is also very applicable to our work in government, especially now as we face extreme pressure to "do more with less."

I hope you take me up on the invitation to look closely at your work and identify steps that might be extra or redundant. What activities are you currently doing that add little to the ultimate goal of your organization – to protect and improve the health of women and children in your states and communities? You might want to take a look at *Lean Thinking* – hopefully it will be as eye opening for you as it was for me. As we continue to face "lean" times in state and federal budgets, *Lean Thinking* is a resource that I hope you will use to think about your organizations and creatively adapt your work to the challenges we are certain to face in the years to come.



LEGISLATIVE CORNER



AMCHP Opposes Major Funding Reduction to WIC Program

The House Agriculture Appropriations Subcommittee marked up a FY 2012 Agriculture Appropriations bill last week and included an \$832 million funding reduction to the Special Supplemental Nutrition Program Women, Infants and Children (WIC) program. Coupled with the \$523 million reduction in FY 2011, the WIC program is now facing a devastating \$1.355 billion loss. Sources estimate that potentially up to 500,000 low-income women and young children would be denied the benefits and services from this critical program with the FY 2012 reductions alone.

“WIC food costs, like all families’ food costs, are sensitive to food cost inflation and should food cost inflation spike during the 2012 fiscal year as many economists suggest,” said the Rev. Douglas A. Greenaway, President & CEO of the National WIC Association, “WIC could take a serious hit and WIC Agencies will be forced to turn mothers and young children away!”

Approximately one out of four pregnant women and roughly 50 percent of all infants born in the United States participate in WIC. Almost 51 percent of pregnant women enroll in WIC during their first trimester of pregnancy and at certification, 25 percent of pregnant women have three or more nutrition risk factors. AMCHP sent a [letter](#) in opposition to the proposed cuts to leadership in the House of Representatives and joined the Association of State and Territorial Health Officials and other affiliates on a joint [letter](#) raising the issue.

HHS Announces Additional Funding

Opportunities Related to the Maternal, Infant and Early Childhood Home Visitation Program
The U.S. Department of Health and Human Services (HHS) announced that up to additional \$99 million in additional competitive grants would be available to states to enhance existing Maternal, Infant and Early Childhood Home Visitation Programs through the Affordable Care Act. The press release can be found [here](#). Eligible entities include the 50 states, Puerto Rico, Guam, U.S. Virgin Islands, the Northern Mariana Islands, American Samoa and the District of Columbia. **Applications will be due on July 1.** Please also see the July 1 Funding Opportunity announcement for a more detailed description.

GET INVOLVED



AMCHP Communications Survey Closes Today!

Today is your last chance to complete the Member Communications Survey! As you know, communication is a vital process in every organization. It is particularly central to what AMCHP does as a membership organization. We'd like to hear from you: How well do you think our current communication network is meeting your needs? What are we doing well? What can we do better?

The majority of the questions included in the assessment are multiple choice questions. In order to get specific feedback, the survey also contains some open-ended questions. We estimate that the questionnaire should take between 10 and 15 minutes to complete (depending on how much information you choose to share in the open-ended questions). The Communications Assessment Survey will be open until today, Monday, June 6. We really want to hear from you! AMCHP staff will be sending two follow-up emails to remind you to complete the survey. Survey results will largely be used by AMCHP leadership and staff to improve our capacity to serve you. If you have questions, please contact [Sharron Corle](#) or call (202) 775-0436. The link to the survey is [here](#).

AMCHP and the text4baby State Enrollment Contest

AMCHP will be participating in the [text4baby State Enrollment Contest](#), a national competition to enroll pregnant women and new mothers in the text4baby program. The goal of the text4baby State Enrollment Contest is to reach twice as many users through healthy competition among states. The top three states that have enrolled the most users in text4baby between May 10 and October 20 will be announced at the American Public Health Association Annual Meeting in Washington, DC. The prize for each of the winning states will be a sponsored luncheon/press event for text4baby partners in that state.

Text4baby, the country's first free, health education program in the form of text messages, provides timely tips and expert advice sent directly to the cell phones of pregnant women and new moms. Pregnant women and new mothers who text “BABY” (or “BEBE” for Spanish) to 511411 receive weekly text messages, timed to their due date or their baby's birth date through the baby's first year. The messages, which have been developed by government and nonprofit health experts like the Centers

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for Disease Control & Prevention, American Academy of Pediatrics, and March of Dimes, deal with nutrition, immunization and birth defect prevention, among other topics. For more information, contact [Cristina Sciuto](#).

Family Scholars Program-Now Accepting Applications

The [Family Scholars Program](#) (FSP) has been redesigned as a 12-month program for family leaders that have experience engaging in Title V programs or Title V funded programs at the local or state level. This program is intended for family leaders that want to continue developing their skills as leaders in maternal and child health (MCH). The 2012 Family Scholars Program centers on eight of the [MCH Leadership Competencies](#) (1. MCH knowledge base; 2. Self-reflection; 3. Critical thinking; 4. Communication; 5. Cultural competency; 6. Family-centered care; 7. Working with communities and systems; 8. Policy and advocacy).

Family Scholars will increase their knowledge and skills associated with these competencies over a 12-month period through distance-based learning opportunities (e.g. topic specific conference calls, webinars, individual development plan, mentoring, readings) and by attending the [AMCHP Annual Conference](#). Family Scholars will also be matched with seasoned family leaders (Family Mentors) that have previously participated in the program and have attended the AMCHP conference within the last five years. Mentors assist family scholars before, during and after the conference.

Interested family leaders must submit completed application materials and be nominated by their state or territory Title V program. Title V includes Maternal and Child Health (MCH) programs and/or programs serving Children and Youth with Special Health Care Needs (CYSHCN). Applications are due by 5 p.m. EST., on June 10.

Additionally, AMCHP's [Family Scholars Program](#), with support of HRSA's Maternal and Child Health Bureau and the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, will award scholarships to family leaders to attend the 2012 AMCHP Annual Conference convening on February 11-14, 2012.

To submit an application or to learn more, please e-mail family scholars@amchp.org.

PHF Call for Entries for the "I'm Your Community Guide" Contest

Have you used the Guide to Community Preventive Services (Community Guide) to address public health challenges in your state? The Community Guide, supported by the Centers for Disease Control and Prevention (CDC), is the only single source of all recommendations and findings of the Task Force on Community Preventive Services (Task Force), an independent, nonfederal, volunteer body of public health and prevention experts. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Community Guide includes Task Force findings on 19 topics, including adolescent health, birth defects, immunizations, nutrition, physical activity, and oral health. Enter the ["I'm Your Community Guide" Contest](#) from the Public Health Foundation (PHF) and be eligible for a \$1,000 conference scholarship and other prizes! Entries must be received by June 10. For more information on the contest, please visit [here](#).

CDC Call for Abstracts

The Centers for Disease Control and Prevention (CDC) is still accepting abstract submissions for the National Environmental Public Health Tracking Conference convening on September 12-15 in Atlanta, GA. Abstracts are invited for oral and poster presentations on the following topics:

- Tracking in Action
- Science in Action
- Informatics in Action
- Communications in Action

The deadline has been extended to June 20. To learn more, visit [here](#).

ABM Call for Abstracts

The Academy of Breastfeeding Medicine (ABM) is now accepting abstracts for the 16th Annual International Meeting to be held November 3-6 in Miami. Abstracts may be submitted by physicians, medical students, and those holding post graduate degrees or students working to attain such degrees. Abstracts submitted by non-physicians must be sponsored by a member in good standing of the

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Academy of Breastfeeding Medicine. The deadline for abstracts is June 24. To learn more, visit [here](#).

NIJ Offers Virtual SUID Investigation Class

The National Institute of Justice (NIJ) has launched a live virtual training course on sudden unexplained infant deaths investigation, offered by RTI International. The following training has been developed with input from many medico-legal professionals and the CDC's Sudden Unexplained Infant Death Investigation (SUIDI) curriculum and training guidelines:

- [Sudden Unexplained Infant Deaths Investigation: Death Scene Recreation](#)
 - June 14 at 2 p.m. EST.



Do you have a successful program that has improved Child Health outcomes in areas such as injury and violence prevention, school readiness, mental health, oral health, and more?

Then consider sharing your program in [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

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

The online submission process is simple, and applications are accepted on a rolling basis. If you are looking for examples of successful child health programs, be sure to check out the Innovation Station profiles on the [Alaska Childhood Understanding Behaviors Survey \(CUBS\)](#) and [The Boys' Health Advocacy Program](#)!

For more information, contact [Kate Howe](#) at (202) 266-3056 or visit amchp.org/bestpractices.

PUBLICATIONS & RESOURCES

General Maternal & Child Health

AHRQ Newsletter Highlights Cultural Competence

The May 25 issue of the Agency for Healthcare Research and Quality Health Care (AHRQ) Health Care Innovations Exchange newsletter, focuses on "Cultural Competence." Health care professionals increasingly encounter patients from diverse cultures and ethnic backgrounds, yet they are often ill-equipped to understand and respond effectively to the patient's cultural needs. Health care organizations can facilitate the cultural competence of their staff by establishing a set of congruent policies, attitudes, and behaviors that promote effective cross-cultural interactions and patient outcomes. The featured Innovations describe three programs that have implemented strategies to increase providers' cultural and/or linguistic competence. To view the issue, visit [here](#).

March of Dimes Launches Prematurity Prevention Resource Center

The new Resource Center is a comprehensive online source of information on prematurity and prematurity prevention for professionals. The site includes the most current information on interventions, research, advocacy, professional education, global initiatives, teaching tools and resources to use with patients. You must register to use the site and download materials. To learn more, visit [here](#).

Report Outlines Research on Communication Channels to Reach American Indian and Alaska Native Parents

The report, "Discussions with Urban American Indian and Alaska Native Parents: Keeping Babies Safe and Healthy," published by the Urban Indian Health Institute, a division of the Seattle Indian Health Board, with support from the U.S. Office of Minority Health and the Indian Health Service, describes results obtained from focus groups and individual discussions with American Indian and Alaska Native (AI/AN) parents in four urban areas nationwide: Detroit, MI; Sacramento, CA; Salt Lake City, UT; and Seattle, WA. The authors explore AI/AN parental perceptions, concerns, behaviors, barriers, facilitators, sources of trusted information, and support for keeping infants healthy and safe and effective messages and communication channels for sharing information on these topics. To download the report, visit [here](#).

CDC Issues Report on Great Public Health Achievements

The report, “Ten Great Public Health Achievements -- United States, 2001-2010,” published in the May 20, 2011, issue of Morbidity and Mortality Weekly Report, describes noteworthy public health achievements in the areas of vaccine-preventable disease, prevention and control of infectious disease, tobacco control, maternal and infant health, motor vehicle safety, cardiovascular disease prevention, occupational safety, cancer prevention, childhood lead poisoning, and public health preparedness and response. The authors also examine the tools in modern public health practice that have played a major role in the achievements, including the establishment of surveillance systems, the dissemination of guidelines, the implementation of research findings, the development of effective public health programs, and the use of the legal system. To download the report, visit [here](#).

Children’s Health

New Brief Describes Comprehensive Early Childhood Systems

The brief, “A Framework for State Leadership and Action in Building the Components of an Early Childhood System,” published by the Build Initiative, outlines a framework comprising four components of a public early childhood system including (1) health, mental health, and nutrition; (2) early learning; (3) family support; and (4) special needs and early intervention. The authors present an overview of each component in the following areas: the evidence base and effective practices, the current state of development, and exemplary state actions. To download the brief, visit [here](#).

Kellogg Foundation Sponsors Study on Place-Based Initiative for Children

The study, “Health Matters: The Role of Health and the Health Sector in Place-Based Initiatives for Young Children,” sponsored by the W.K. Kellogg Foundation, assesses successes and gaps in place-based childhood health initiatives. The study outlines ways local, state and national initiatives can work together to accomplish shared goals. To download the study, visit [here](#).

Women’s Health

Journal Supplement Reviews Research in Abortion and Reproductive Health

The supplement, “Abortion, Reproductive Rights and Health: Highlights from the Charlotte Ellertson Social Science Postdoctoral Fellowship 2003-2010,” published in the May-June 2011 Women’s Health Issues journal, highlights seven years of research from fellows who were part of the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health. The fellowship encouraged postdoctoral scholars to study abortion and reproductive health and to undertake research that will inform policy and practice. The articles address efforts to advance reproductive health through social science and public health research, a paradigm for adolescent sexual health, associations between perceived partner support and relationship dynamics with timing of pregnancy termination, experiences of women seeking state-subsidized insurance for abortion care in Massachusetts, perceived and insurance-related barriers to the provision of contraceptive services in U.S. abortion care settings, abortion stigma, and conducting collaborative abortion research in international settings. To download the supplement, visit [here](#).

AHRQ Newsletter Highlights Programs and Tools for Underserved Women

The May-June 2011 newsletter, Health Care Innovations Exchange, published by the Agency for Healthcare Research and Quality Health Care (AHRQ), focuses on “Health in Underserved Women.” The issue describes programs and tools for women who have difficulty accessing and using health care services. The issue was designed to assist health professionals and others working to address the needs of medically underserved women (defined as women who “reside in rural or geographically remote areas, have a physical or mental disability or low literacy, belong to a minority group or speak a minority language, and are low-income, homeless, elderly, lesbian, migrant workers, immigrants, or refugees”). Featured programs include (1) a Harlem-based breast examination center that assists low-income, minority women ages 50 and older in getting colonoscopy screening for colorectal cancer; (2) a shelter-based medical care and case-management program that enhances access to services for women who are homeless in Boston; and (3) touch-

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activated, interactive kiosks that deliver authoritative, bilingual health care information to women across Pennsylvania. To view the issue, visit [here](#).

AHRQ Releases Brief on Complicated Pregnancy and Delivery

The brief, "Complicating Conditions of Pregnancy and Childbirth, 2008," published by the Agency for Healthcare Research and Quality (AHRQ), reports data from the maternal perspective (reflecting the experience of the mother, not the newborn). The report presents information on hospital and client characteristics for the following types of hospital stays: complicated pregnancy during which no delivery occurred, delivery with complicated pregnancy or complicated delivery, and delivery with no mention of complicated pregnancy or complicated delivery. In addition, the report provides information on specific types of complicating conditions of pregnancy and delivery. To download the brief, visit [here](#).

ON YOUR BEHALF

AMCHP Participates in the MCH Life Course Research Network Meeting

On May 17-18, AMCHP Director of Program Lauren Raskin Ramos participated in the MCH Life Course Research Network (LCRN) kick-off design meeting. Supported by MCHB, and housed at the UCLA Center for Healthier Children, Families and Communities, the MCH LCRN is intended to enable the production, translation and application of life course health development research that can inform MCH programs, policy, and practice, and ultimately improve the lifelong health of individuals and populations. By connecting MCH and life course stakeholders including researchers, practitioners, consumers, advocates, policymakers and funders, the network aims to develop and advance an MCH-focused life course research agenda. AMCHP will continue to share updates on the LCRN through this newsletter.

AMCHP Staff Working On Your Behalf

- On May 18, AMCHP Director of Policy Brent Ewig presented to the annual conference of the National Network of Public Health Institutes on "State MCH Perspectives on the Affordable Care Act."

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- On May 18, AMCHP CEO Michael R. Fraser, PhD, CAE, presented to the New York-Mid-Atlantic Consortium for Genetics and Newborn Screening Services Summit in Baltimore, MD. The topic was Opportunities for MCH leaders in the Affordable Care Act.
- On May 19, AMCHP hosted representatives from the National Center on Birth Defects and Developmental Disabilities who were in Washington to meet with partners and share information on plans to consolidate several of the Center's programs.
- On May 24, AMCHP Director of Policy Brent Ewig presented to the Maternal and Child Health Leadership Institute Fellows on "Nine Numbers that Will Shape Your Future in MCH."
- On May 24, AMCHP staff Kate Howe and Caroline Stampfel attended the CDC's National Environmental Public Health Tracking Partner Meeting hosted by the American Public Health Association (APHA). As participants, AMCHP staff learned more about the network and provided input into how the [Tracking Network and Program](#) can be a resource for AMCHP members.
- On May 25, AMCHP CEO Michael R. Fraser, PhD, CAE, met with MCH and other department of health staff members at the Hawaii Department of Health, including AMCHP Board Member Loretta Fuddy. We discussed current MCH opportunities and challenges, including the FY2011 and FY2012 budgets and the Affordable Care Act.
- On May 25, the Public Health Leadership Initiative held a Child Maltreatment Prevention Toolkit Testing Focus Group to review draft resources and tools for state health departments to use to assess capacity and enhance efforts in primary prevention of child maltreatment. AMCHP member Karin Downs (MA) participated to provide a Title V/MCH perspective, as well as AMCHP staff Kate Howe.

CAREER OPPORTUNITIES

CDC Chief Operating Officer

The Centers for Disease Control and Prevention (CDC) is seeking exceptional candidates for the position of Chief Operating Officer (COO). This position is located in the Office of the Director in Atlanta, GA. The selectee will report directly to the CDC Director, serving as a key management official responsible for the development of program systems that enhance CDC's mission and public health goals. The Chief Operating Officer coordinates internally with the Centers/Institutes/Offices (CIO's) to develop and implement strategies for increasing the efficiency and value of management systems throughout CDC/ATSDR and provides leadership in improving business, information management, human capital, and infrastructure systems. To learn more, visit [here](#).

March of Dimes Director of the Perinatal Data Center

This position will direct and manage the March of Dimes Perinatal Data Center (PDC), which analyzes maternal and infant health data and interprets this information for use by the Foundation, health professionals, researchers and the media. PDC disseminates perinatal information through several venues, chiefly [PeriStats®](#), March of Dimes' leading perinatal health website that provides free access to United States, state, county and city maternal and infant health data. The PDC evaluates March of Dimes programs and projects and also provides guidance to the Foundation and its constituents on epidemiological and statistical analyses and presents analytical findings at national conferences and in peer-reviewed journals. To learn more, visit [here](#).

AMCHP's 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!

FUNDING



CDC Funding for Applied Public Health Leadership Training Program

Deadline: **June 9**

The purpose of this pilot program is to improve community health through applied, team-based collaborative leadership development. Specifically, this program will: 1) establish a national applied health leadership training program to provide customized applied public health leadership training to local and state public health officials, primary care and community health leaders, and their partners. 2) assemble, train and provide technical assistance to local teams of 3-5 leaders to effectively address local public health problems as part of a Community Health Improvement Project. 3) document and evaluate the applied public health training approach. 4) foster replication through train-the-trainer and e-learning models to increase the programs reach and impact. 5) document and evaluate the community public health improvement projects used by the teams and to submit the promising and effective strategies and interventions utilized to the CDC for further evaluation and potential dissemination. To learn more, visit [here](#).

HRSA Funding for Area Health Education Centers Infrastructure Development and HRSA Funding for Area Health Education Centers Point of Service Maintenance and Enhancement

Deadline: **June 10**

The Area Health Education Center (AHEC) programs consist of interdisciplinary, community-based, primary care training programs wherein academic and community-based leaders work to improve the distribution, diversity, supply, and quality of health care personnel, particularly primary care personnel in the health care services delivery system and more specifically in delivery sites in rural and other underserved areas. This funding opportunity announcement (FOA) solicits applications for a one-year project period for AHEC Infrastructure Development awards and AHEC Point of Service Maintenance and Enhancement awards, as authorized by Title VII, Section 751, of the PHS Act, as amended by the Patient Protection and Affordable Care Act, Public Law 111-148. Successful applicants will be awarded cooperative agreements to establish and advance statewide or multi-county AHEC programs. To learn more, visit [here](#).

HRSA Funding for Innovative Evidence Based Models for Improving the System of Services for CYSHCN

Deadline: **June 13**

The purpose of this grant is to replicate innovative evidence-based models that improve services for children and youth with special health care needs (CYSHCN). The Innovative Evidence Based Models for Improving the System of Services for CYSHCN will provide funding to innovative programs in one of the four key areas listed below: 1) Outreach - to engage and empower families and youth in underserved and underrepresented populations. 2) Care coordination - to enhance coordination of care for families and youth in underserved and underrepresented populations. 3) Blended or braided funding - to improve access to integrated community services or to fill existing gaps. 4) Access to Medical Home - to improve access to a medical home for children and youth, including individuals with special health care needs who are transitioning into an adult system of services, and those served by non-traditional providers such as community health centers. To learn more, visit [here](#).

CDC Funding for Striving To Reduce Youth Violence Everywhere (STRYVE) Through Local Public Health Leadership

Deadline: **June 13**

With guidance from CDC's STRYVE tools, training, and technical assistance, public health departments at the local, city or county level will lead a multi-sector coalition within a high risk community to 1) develop a comprehensive youth violence prevention plan; 2) implement appropriate and feasible programs, policies, and practices (based on best available evidence) across multiple social ecological levels; 3) track and measure capacity improvement in organizational and community capacity; 4) develop an evaluation plan that tracks and measures the implementation of the comprehensive prevention plan as well as specific implementation process measures for selected programs, policies, and/or practices implemented during the project, and multiple indicators of youth violence; and 5) develop a sustainability plan that identifies the necessary financial, human and time resources needed to implement the comprehensive prevention plan, and sustain the coalition and the programs, policies and/or practices that were successfully implemented during the project. To learn more, visit [here](#).

HRSA Funding for Children's Hospitals Graduate Medical Education Payment Program (CHGME Payment Program)

Deadline: **June 13**

The purpose of the CHGME Payment Program is to compensate for the disparity in the level of Federal funding for pediatric teaching hospitals versus other types of teaching hospitals. To learn more, visit [here](#).

CDC Funding for Public Health Emergency Preparedness Cooperative Agreement

Deadline: **June 24**

The purpose of the 2011-2016 Public Health Emergency Preparedness (PHEP) cooperative agreement program is to assist state, local, and territorial/freely associated state health departments in demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities. To learn more, visit [here](#).

HRSA Funding for Combating Autism Act Initiative (CAAI) National Interdisciplinary Training Resource Center

Deadline: **June 24**

The purpose of the Combating Autism Act Initiative (CAAI) National Interdisciplinary Training Resource Center is to improve the health of infants, children and adolescents who have, or are at risk for developing, autism spectrum disorders (ASD) and other developmental disabilities. The Resource Center will accomplish this by providing technical assistance to interdisciplinary training programs (such as the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) and Developmental-Behavioral Pediatrics (DBP) programs, and others) to better train professionals to utilize valid and reliable screening tools to diagnose or rule out and provide evidence-based interventions for children with ASD and other developmental disabilities. The National Interdisciplinary Training Resource Center will assist training grantees in accomplishing these activities and ensure coordination of CAAI projects. The goal of the CAAI projects is to enable all children to reach their full potential by developing a system of services that includes screening children early for possible ASD and other DD; conducting early, interdisciplinary, evaluations to confirm or rule out ADS and other DD; and, if a diagnosis is confirmed,

providing evidence-based, early interventions. To learn more, visit [here](#).

Administration for Children and Families (ACF) Funding for Street Outreach Program

Deadline: **June 24**

Every day, in communities across the country, young people run from or are asked to leave homes characterized by abuse, neglect or parental drug and alcohol abuse. Once on the streets, these young people often lose touch with the caring adults in their extended families, schools and communities that can help and protect them. As a result, they frequently fall victim to exploitation and abuse. They disproportionately suffer from serious health, behavioral and emotional problems. And they are often unable to find or keep the safe, stable housing that is so crucial to a successful transition to adulthood. Since 1996, projects funded by the Street Outreach Program have provided services to youth living on the streets and in unstable situations by reaching out to them. These projects aim to increase young people's safety, well-being, and self-sufficiency, and to help them build permanent connections with caring adults, with the goal of getting them off the streets. To learn more, visit [here](#).

ACF Funding for Basic Center Program

Deadline: **June 24**

In the early 1970s, an alarming number of youth were leaving home without parental permission, crossing state lines, and falling victim to exploitation and other dangers of street life. In response to the widespread concern about the problem of runaway and homeless youth, Congress authorized the Runaway and Homeless Youth Act of 1974 (RHYA), which provided financial support for states through a competitive grant program. The implementation and administration of the program was placed in the Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS). Today, FYSB continues to administer the Basic Center Program (BCP) funding to the organizations and shelters that serve and protect runaway, homeless, and street youth. BCP funds are allotted annually based on each state's relative population of youth less than 18 years of age, subject to certain adjustments as described in 42 U.S.C. section 5711 (b). To learn more, visit [here](#).

ACF Funding for Infant Adoption Awareness Training Grants

Deadline: **June 27**

These grants will be available to national, regional, or local adoption organizations for the purpose of training the staff of eligible health centers in providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in nondirective counseling to pregnant women. The focus of these projects is to increase and maximize the penetration of training delivered to the target population: public and nonprofit private entities that provide health services to pregnant women, including voluntary family planning projects; community health centers, migrant health centers, and centers serving homeless individuals and residents of public housing; and school health clinics. Grant recipients will work collectively to strengthen the curriculum to address identified areas of need. To learn more, visit [here](#).

Funding for Phase II of the Coalition for a Healthier Community Program

Deadline: **June 28**

The purpose of this funding opportunity is to support the implementation of evidence-based health strategies targeting women and girls through a public health system approach which is gender-based, cost beneficial and sustainable. This limited competitive cooperative agreement seeks applications from Coalition for Healthier Community grantees to implement an evidence-based intervention to address a health problem identified through their needs assessment and gender analysis as having an adverse impact on the health of women and/or girls. Phase II funding is contingent upon satisfactory completion of Phase I, an application that addresses the requirements of this announcement as determined by an objective review panel and availability of federal funds. To learn more, visit [here](#).

CDC Funding for Developing Support and Educational Awareness for Young (<45) Breast Cancer Survivors in the United States

Deadline: **June 30**

The purpose of this project is to provide structured support services (including case management/patient navigation assistance) to young women diagnosed with breast cancer and their families and/or caregivers; and develop educational and awareness resources aimed at enhancing

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patient and provider knowledge of health behaviors and other strategies for reducing the risk of recurrences, development of new malignancies, chronic disease onset, and improving overall health and quality of life of young breast cancer survivors cancer (YBCS). To learn more, visit [here](#).

HRSA Funding for Oral Health Training and Technical Assistance National Cooperative Agreement (NCA)

Deadline: **June 30**

The purpose of the Oral Health NCA is to provide specialized training and technical assistance to HRSA awardees including HRSA-supported service delivery and workforce programs, Primary Care Associations, State Offices of Rural Health and Primary Care Offices, around increasing access to primary oral health care services for underserved and vulnerable populations. To learn more, visit [here](#).

HRSA Funding for ACA Maternal, Infant and Early Childhood Home Visiting Program

Deadline: **July 1**

The goal of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) competitive grant program is to award additional funding to states that have sufficiently demonstrated the interest and capacity to enhance their home visiting efforts. Successful applicants will be awarded Federal fiscal year (FY) 2011 competitive grant funds, on top of the FY 2011 MIECHV formula based funds, to support the effective implementation of home visiting programs that are part of comprehensive, high-quality early childhood systems in all states. The purpose of this announcement is to promote quality implementation of home visiting programs to attain the outcomes desired. These competitive awards will continue the Health Resources and Services Administrations (HRSA) and Administration for Children and Families (ACF) commitment to comprehensive family services, coordinated and comprehensive statewide home visiting programs, and effective implementation of evidence-based practices by offering a competitive opportunity to amplify program efforts supported by the MIECHV formula grants program and other state resources. Innovator Grants recognize states and jurisdictions that have already made significant progress towards a high-quality home visiting program or in successfully embedding their home visiting program into a comprehensive, high-quality early childhood system.

States applying for this grant will use the funds to either (1) enhance one or more priority elements of a home visiting program or (2) initiate a statewide expansion of one home visiting priority element currently operating at a local or regional level. Approximately \$66 million of the competitive funding will be awarded in FY 2011 for seven to 10 four-year grants. The total grant award may range between \$6.6 million to \$9.43 million annually. The number of grants awarded for FY 2011 will be contingent upon the quality of the applications and availability of funding. Applicants may apply for a ceiling amount up to \$9.43 million annually. Funding beyond the first year is dependent on the availability of appropriated funds for the Maternal, Infant, and Early Childhood Home Visiting Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government. Development Grants are for states and jurisdictions that currently have modest home visiting programs and want to build on existing efforts, while focusing on one of the priority elements listed below. The intent is for states to use Development Grants as stepping stones towards becoming competitive in receiving an Innovator Grant in the future. Approximately \$33 million of the competitive FY11 funding will be awarded for 10-12, two-year grants. The total grant award may range between \$2.75 million and \$3.3 million annually. Applicants may apply for up to \$3.3 million per year. Funding beyond the first year is dependent on the availability of appropriated funds for the MIECHV program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government. To learn more, visit [here](#).

HRSA Funding for School-Based Comprehensive Oral Health Services Grant Program

Deadline: **July 1**

The purpose of the MCHB School-Based Comprehensive Oral Health Services (SBCOHS) grant program is to demonstrate the successful integration of comprehensive oral health care into an existing School-Based Health Center (SBHC) program focused primarily on early childhood and elementary/middle-school aged children of greatest need to assure the delivery of quality oral health education and preventive and restorative services. By augmenting an existing school-based health care delivery system with culturally competent, comprehensive, quality oral health care and education, the funded MCHB

FUNDING CONT.

SBCOHS projects will demonstrate effective ways to strengthen existing SBHC capacity to respond to the oral health needs of young people and increase access to dental health education and services for underserved, high-risk populations, including children and youth enrolled in Medicaid and the Children's Health Insurance Program (CHIP). To learn more, visit [here](#).

RWJF Grant for Childhood Obesity Prevention

Deadline: **July 1**

The purpose of this funding opportunity, provided by the Robert Wood Johnson Foundation (RWJF), is to support research to analyze and improve policy and environmental strategies to increase physical activity among children and adolescents. Proposals will support opportunistic, time-sensitive studies on emerging or anticipated changes in physical activity-related policies or environments. Grants will be awarded on a rolling basis until the deadline. To learn more, visit [here](#).

Administration for Children and Families Grants to Tribes, Tribal Organizations and Migrant Programs for Community-Based Child Abuse Prevention Programs

Deadline: **July 5**

The primary purpose of this funding opportunity announcement is to provide financial support to selected Tribes, Tribal Organizations, and Migrant Programs for child abuse prevention programs and activities that are consistent with the goals outlined by Title II of Child Abuse Prevention and Treatment Act. This legislation specifies that one percent of the available funding from Title II will be reserved to fund Tribes, Tribal Organizations and Migrant Programs. The goal of the programs and activities supported by these funds is to prevent the occurrence or recurrence of abuse or neglect within the Tribal and Migrant populations. The funds must support more effective and comprehensive child abuse prevention activities and family support services, including an emphasis on strengthening family life and reaching out to include fathers, that will enhance the lives and ensure the safety and well-being of Migrant and Native American children and their families. To learn more, visit [here](#).

Grants to Tribes, Tribal Organizations and Migrant Programs for Community-Based Child Abuse Prevention Programs

Deadline: **July 7**

The primary purpose of this funding opportunity is to provide financial support to selected Tribes, Tribal Organizations, and Migrant Programs for child abuse prevention programs and activities that are consistent with the goals outlined by Title II of Child Abuse Prevention and Treatment Act. This legislation specifies that one percent of the available funding from Title II will be reserved to fund Tribes, Tribal Organizations and Migrant Programs. The goal of the programs and activities supported by these funds is to prevent the occurrence or recurrence of abuse or neglect within the Tribal and Migrant populations. The funds must support more effective and comprehensive child abuse prevention activities and family support services, including an emphasis on strengthening family life and reaching out to include fathers, that will enhance the lives and ensure the safety and well-being of Migrant and Native American children and their families. To learn more, visit [here](#).

Department of Education Funding for Technical Assistance and Dissemination to Improve Services and Results for Children With Disabilities

Deadline: **July 11**

The purpose of the Technical Assistance and Dissemination to Improve Services and Results for Children with Disabilities program is to promote academic achievement and to improve results for children with disabilities by providing technical assistance (TA), supporting model demonstration projects, disseminating useful information, and implementing activities that are supported by scientifically based research. To learn more, visit [here](#).

CDC Funding for Craniofacial Malformations Information for Affected Families, Health Care Providers, and School Professionals

Deadline: **July 18**

The purpose of this funding opportunity is to develop and disseminate information on strategies to increase access to health care services and eliminate any disparities in access to services and to develop and disseminate up-to-date educational materials on craniofacial malformations to affected families, relevant health care providers, and school

FUNDING CONT.

professionals. This program addresses the Healthy People 2020 focus areas of Maternal, Infant, and Child Health, access to Health Services, and Oral Health. To learn more, visit [here](#).

ACF Funding for Early Head Start University Partnership Grants: Buffering Children from Toxic Stress

Deadline: **July 18**

The Administration for Children and Families (ACF) announces the Early Head Start University Partnership Grants: Buffering Children from Toxic Stress. These grants fund research activities to implement promising parenting interventions which augment ongoing Early Head Start services, in order to improve outcomes for the most vulnerable infants and toddlers. The purpose of this announcement is to report the availability of grant projects to promote knowledge of how Early Head Start programs can buffer children from the effects of toxic stress by supporting parenting/caregiving. Grantees will be required to demonstrate a partnership or partnerships with Early Head Start programs as an integral part of the research plan development and execution. To learn more, visit [here](#).

Funding for Prevention of HIV Transmission/ Acquisition through a better understanding of Reproductive Health (R01)

Deadline: **August 11**

This Funding Opportunity Announcement (FOA) issued by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH), invites Research Project Grant (R01) applications to further the understanding of HIV acquisition/transmission by increasing the knowledge regarding the intersection between reproductive health and HIV prevention. The emphasis of the FOA is to encourage comprehensive behavioral-biomedical approaches that can lead to new insights in HIV prevention research. This FOA is not intended to fund drug discovery or large scale clinical trials. To learn more, visit [here](#).

Strategies for the Protection of Pregnant Women and Infants Against Infectious Diseases (R01)

Deadline: October 13

The purpose of this funding opportunity is to encourage new and innovative mechanistic studies of pathogens

that impact placental function and fetal well-being, with the long-term goal of informing the development of interventions against these pathogens and reducing the burden of infection-related pregnancy loss and infant morbidity and mortality. To learn more, visit [here](#).

CALENDAR



MCH Events

[3rd National Summit on Preconception Health & Healthcare](#)

June 12-14

Tampa/St. Petersburg, FL

[2011 Regional Maternal and Child Health Epidemiology \(MCH EPI\) Conference](#)

June 19-20

San Francisco, CA

[2011 National School-Based Health Care Convention](#)

June 26-29

Chicago, IL

[25th Anniversary Postpartum Support International Conference](#)

September 14-17

Seattle, WA

[NASHP 24th Annual State Health Policy Conference](#)

October 3-5

Kansas City, MO

[Academy of Breastfeeding Medicine's 16th Annual International Meeting](#)

November 3-6

Miami, FL

[2011 AUCD Conference](#)

November 6-9

Crystal City, VA

[17th Annual MCH Epidemiology Conference](#)

December 14-16

New Orleans, LA