

# Member Briefs



October 24, 2011



THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS



## *Many Ways of Moving Forward*

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

Last week, I had the chance to listen to Dr. Tom Frieden, director of the Centers for Disease Control and Prevention (CDC), share some of his thinking on public health issues and challenges at the Association of State and Territorial Health Officials

meeting in Portland, Oregon. If any of you have heard Dr. Frieden speak, you know that he uses a great deal of data in his presentations – he is very focused on public health impact and health outcomes. That's why I was surprised that after a great presentation on a number of activities at CDC, full of charts and data, his last slide was a simple, clear quotation from Franklin Delano Roosevelt. It was a quotation I had never read before (although I wish I had, especially during our 75th Anniversary Commemoration of Title V):

“There are many ways to move forward, but only one way of standing still.”

The quotation was important for me to hear. We are going through times of major change and upheaval in many states and, in particular, maternal and child health (MCH) programs. Some state leaders I have visited with recently have quite rightly decided to “hunker down” and “stand still.” In light of budget cuts, personnel changes and political turmoil it might make sense to sit and wait for the

outcomes of change: who wants to waste effort and revise plans; how can one plan for the unknown?

But, can we afford to stand still given all the movement that is going on around us? How can we innovate if we don't move forward? How can we meet the needs of women, children and families in our states if we don't take advancing steps on their behalf? Standing still might feel comfortable, reasonable and safe, but is that what we are called to do as MCH leaders in these very difficult times?

Forward movement is especially important now in a time when it seems like all we are doing is moving backwards. That is why we are asking all our members and partners to share our message opposing cuts to federal programs that support women, children and families. I hope you will move forward with us in any way you can – calling, e-mailing and/or sharing the key messages on Wednesday, Oct. 26. This national call-in day for women, children and families is an important way to support our work and to move forward together.

Join us in carrying out the spirit of the sage advice FDR gave us, to move us forward. We need your support now more than ever. Please share your successes, your challenges, and the many innovative and thoughtful ways in which we can support your work nationwide!

For more information, please visit our [website](#) or see the additional information following in *Legislative Corner*.



Improving Maternal and  
Child Health  
Across the Life Span:

**ACTING  
TODAY** for healthy  
TOMORROWS

2012 AMCHP ANNUAL CONFERENCE

February 11-14

Washington, DC





### **AMCHP Partnering to Lead National Mobilization for Women, Children and Families on Oct. 26**

AMCHP, the National WIC Association, and the National Family Planning & Reproductive Health Association invite you to join us in an unprecedented National Mobilization for Women, Children and Families on Oct. 26. The goal is to flood Capitol Hill with a unified message opposing MCH and women's health program cuts.

Register [here](#) for an optional pre-event webinar on Tuesday, Oct. 25 at 3:30 p.m. EST. On Oct. 26, all three organizations will issue a coordinated Action Alert asking you – in accordance with your organization's rules on advocacy – to call and write members of Congress with the simple message that you oppose any efforts to cut core programs for women, children and families, including Title V, WIC and Title X. Additional background information is available [here](#) and more details will follow. Mark your calendar now to join in this coordinated action, and share this message with friends and supporters as we need everyone's help to stem the tide.

### **Federal Budget Update**

The federal government continues to operate on a Continuing Resolution (CR) through Nov. 18, while Congress reportedly continues to negotiate final health program funding levels for FY 2012. At the same time, the Joint Select Committee on Deficit Reduction (Super Committee) continues to meet behind closed doors to come up with a proposal for cutting at least an additional \$1.2 trillion from the federal budget over the next 10 years.

### **FY 2012 Title V MCH Block Grant Appropriations**

- For FY 2012, the Senate Appropriations Committee has passed a bill proposing a \$50 million cut to the Title V MCH Services Block Grant, citing the increase in funding from the new Maternal, Infant and Early Childhood Visiting Program as the primary justification. The cut would be divided, with \$20 million reduced from the core state maternal and child health funding and \$30 million reduced from Special Projects of Regional and National Significance (SPRANS).
- In the House, a proposal was offered but not yet voted on, where the MCH Title V Block Grant would be reduced by only \$1.8 million, however,

mandatory funding for Home Visitation, the Prevention Fund and Title V Family Planning would be eliminated.

How the negotiations ultimately end remains to be seen. Congress is planning on breaking up the appropriations bill into several smaller spending packages of "minibuses" (bundling two or three funding bills into one) rather than attempt to pass one large funding bill containing every federal program known as an "omnibus." The hope is to pass the remaining funding bill before the end of the current Continuing Resolution (CR) and prior to the deadline for the congressional Super Committee to make its recommendations.

First up is a bill that combines Agriculture, Commerce and Transportation. The level of difficulty in passing this initial bill might set the stage on how easily the remaining funding bills will go through without significant fights. The Labor HHS Appropriations Bill, which sets funding for the Title V MCH Block Grant and other critical MCH programs, is typically seen as the most contentious. The Senate and the House seem far apart on both proposed funding levels and political ideology. Because the House is seeking to rescind mandatory funding provided under the Affordable Care Act and eliminates Title X, among other things, this increases the likelihood that this bill will be the last piece of legislation Congress addresses. AMCHP continues to advocate for adequate funding for the Title V MCH Block Grant in any final bill.

### **AMCHP Organizes Advocacy for Title V with Super Committee**

Thirty four leading national organizations serving women, children and families have joined with AMCHP to send a letter to the Joint Select Committee on Deficit Reduction (the Super Committee) in support of the Title V MCH Block Grant program. The letter asks Congress "to carefully consider the current condition of our nation's public maternal and child health system before imposing any additional budget cuts to the Title V Maternal and Child Health (MCH) Services Block Grant and other critical programs that serve women, children and their families." A copy of the letter is available [here](#).

The Super Committee continues to meet behind closed doors to come up with a proposal for cutting at least an

additional \$1.2 trillion from the federal budget due by Nov. 23. The work of the committee becomes increasingly important because if the group is unable to finalize a proposal, automatic across-the-board cuts split between both defense and non-defense domestic discretionary spending will occur.

While it is not yet known what ultimately the committee will recommend, we have been told repeatedly that “everything is on the table” for consideration. Many groups are concerned about any proposed changes to Medicare, Medicaid and Social Security and have communicated their concerns to the Super Committee. AMCHP has conducted meetings with a majority of the committee members asking the group to consider the amount of cuts that have already occurred to the Title V MCH Block Grant and what the effect of drastic additional cuts would mean to women, children and children with special health care needs.

### **Institute of Medicine Report on Essential Health Benefits**

On Oct. 7, the Institute of Medicine (IOM) released a report entitled “Essential Health Benefits: Balancing Coverage and Cost.” It outlines a process to help the Department of Health and Human Services (HHS) define the minimum benefits that certain health plans must cover as directed by the Affordable Care Act. The charge of the committee specifically was not to decide what is covered in the essential health benefits (EHB), but rather to propose a set of criteria and methods that should be used in deciding what benefits are most important for coverage.

Below is a brief summary of some of the key recommendations included in the report:

- HHS should explicitly consider costs as a factor in deciding what health benefits must be provided by insurance plans.
- By May 1, 2012, the Secretary should establish an initial EHB package guided by a national average premium target. The starting point in establishing the initial EHB package should be the scope of benefits and design provided under a typical small employer plan in today’s market. To specify the initial EHB package this scope of benefits should then be modified to reflect:

- The 10 general categories specified in the Affordable Care Act (ACA) – ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services including oral and vision care.
- The criteria specified in this IOM report for the content of specific components.
- Current state insurance mandates should not automatically be included in the EHB package but reviewed in the same way as other potential benefits.
- Only medically necessary services should be covered and decisions by insurers about what is “medically necessary” should depend on the circumstances of an individual case.
- For states administering their own exchanges that wish to adopt a variant of the federal EHB package, the Secretary should use statutory authority to grant such requests.
- HHS should update the EHB package annually beginning in 2016. The benefit package should be based on credible evidence of effectiveness.
- A National Benefits Advisory Council should be established to offer external advice on updates, data requirements and the research plan.
- HHS should consider both the cost of the current package and medical inflation when updating the benefits. HHS, working in partnership with others, should develop a strategy for controlling rates of growth in health care spending across all sectors in line with the rate of growth in the economy.

HHS may choose to adopt or reject the recommendations included in this report. During the next couple of months, HHS will host a series of listening sessions to gather input from all stakeholders to help them define the priorities for coverage. It is still unclear when HHS will release the proposed regulation on the essential health benefits. AMCHP staff will participate in the listening sessions and continue to follow these developments closely.



## Register Today for the 2012 AMCHP Annual Conference!

This year's conference opens with a weekend of in-depth trainings as part of the AMCHP Annual Conference Training Institute, one and a half days of skills-building sessions and special events. Among these sessions is a two-part, day-long Adolescent and Young Adult (AYA) Institute on Saturday, Feb. 11 from 9 a.m. to 5 p.m. Interested in learning more about how your program can better serve adolescents? Learn about the different stages, needs and risk factors of adolescence and consider how these differences can impact your program design and implementation. Increase your understanding of adolescent development and its components, and explore implications for programming to meet these needs. The AYA Institute also will explore strategies to improve youth health efforts as part of a life course approach to maternal and child population health.

Don't miss this exceptional opportunity for professional growth and understanding – it's included with your full conference registration! Check out the AMCHP [website](#) to see all Training Institute events and for other exciting program announcements.

The 2012 AMCHP Annual Conference will be held Feb. 11-14, 2012, at the Omni Shoreham Hotel in Washington, D.C. To register, visit [here](#). Don't miss our early-bird registration rates – register now!

## Realityworks & Go Beyond MCH Graduate Student Scholarship

AMCHP has partnered with Realityworks and Go Beyond to offer a new graduate-student scholarship. The scholarship is designed to assist one graduate student in furthering their education and sponsor their attendance at the upcoming AMCHP Annual Conference to hone their

leadership skills and connect them with existing leaders within MCH. There are two parts to the Realityworks & Go Beyond MCH Graduate Student Scholarship, totaling \$3,500. The student selected in fall 2011 would receive funds to support their current year of study (\$2,000) and attendance at the 2012 conference (\$1,500 plus conference registration), to be held Feb. 11-14 in Washington, D.C. The application deadline is Friday, Nov. 11 at 9 p.m. EST. Visit the AMCHP [website](#) for more information or e-mail [mchgradscholars@amchp.org](mailto:mchgradscholars@amchp.org).

## “Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit: A Year of Progress” Webinar

To raise awareness around World Prematurity Day and Prematurity Awareness Month, AMCHP and the March of Dimes (MOD) will host a national webinar, “Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit: A Year of Progress” on Nov. 15 from 3-4:30 p.m. EST. Studies have shown that there exists a lack of knowledge within both clinician and patient populations around the health risks of non-medically indicated elective preterm (34-36 6/7 weeks gestation) and early term (37-39 weeks gestation) births. Non-medically indicated elective preterm and early term inductions, which result in increased rates of morbidity and chronic health complications for these infants, have been on the rise for the past 30 years. The March of Dimes, the California Maternal Quality Care Collaborative, and the Maternal, Child and Adolescent Health Division; Center for Family Health of the California Department of Public Health worked collaboratively to develop the toolkit that begins reversing this trend. Hear the success stories of piloting the toolkit, the importance of partnership and how to foster collaboration amongst nontraditional partners, and March of Dimes consumer education messaging on this webinar. A registration link is forthcoming. Please visit the AMCHP [Women's and Infant Health Information Series website](#) for more details.

## AAIDD/AAHD Webinar on Promoting Health and Preventing Disease for People with Disabilities

Join the American Association on Intellectual and Developmental Disabilities (AAIDD) and the American Association on Health and Disability (AAHD), for a free,

## GET INVOLVED CONT.

4-part [webinar series](#) that will focus on the unique role of the CDC Division of Human Development and Disability. Episode 1: CDC's Public Health Approach to Disability (Oct. 25 at 4 p.m. EST) will provide an overview of CDC's public health approach to disability. Beginning with a brief history of disability and public health, presenters will discuss different models of disability, and the application of public health surveillance, research and policy to disability. Attendees will be engaged in a dialog on best practices in inclusion of disability issues in public health and needs for training in health and public health professions. Watch for Episodes 2-4 of this webinar series.

### Using Large Data Set to Examine Current Practices and Policies Webinar

Making data-based decisions in practice and policy is essential and often mandated for effective service for individuals with intellectual and developmental disabilities (I/DD). Agencies at the federal, state and local level collect large amounts for accountability and, in fact, provide public access to parts or all of the data. This provides a wonderful opportunity for early researchers and doctoral students in

the I/DD field to utilize the information in developing a line of research and furthers the practices and policies affecting individuals with I/DD. In this webinar, the presenters will discuss their use of large data sets in examining current practices and policies addressing individuals with I/DD. The webinar will be held Nov. 14 from 2-3:30 p.m. EST. For more information, e-mail [Rebecca Carman](#). To register, click [here](#).

### CMS Announces Application Submission Deadline for New Innovation Advisors Program

The Centers for Medicare & Medicaid Services (CMS) announced the new Innovation Advisors program, which will be managed by their Innovation Center. Up to 200 Innovation Advisors, including clinicians, allied health professionals, health administrators and others, will test new models of care delivery in order to drive improvements to patient care and reduce costs. CMS is accepting applications now through Nov. 15. This would be a great opportunity for pediatric clinicians and health professionals to provide critical input towards better care for all children and youth. For more information, click [here](#).

### UIC MCH Program Accepting Applications for their Leadership Development and Coaching Program

This is a six-month, distance-based program, which begins January 2012, that includes six monthly, one-hour calls focused on Authentic Leadership Development: Strengths Based Leadership, Values-Based Leadership and Decision-Making, Self-Awareness, Emotional-Intelligence, Ideal-Self, Work-Life Balance, Self-Care, and Whole Life Leadership. Each participant meets with a personally assigned, certified, professional coach in two 45-minute phone sessions every month. Additionally, participants identify a set of unique goals s/he will work toward over the course of the program. For additional information, please visit their [website](#). *A limited number of scholarships are available for Family Leaders in MCH.* Applications are due Nov. 14.

### Call for Proposals: MCHB Graduate Student Internship Program (GSIP)

The Graduate Student Internship Program (GSIP), sponsored by the Maternal and Child Health Bureau (MCHB), strives to enhance students' skills in data analysis, encourage training in MCH epidemiology, and



#### Do you have a successful program in maternal and child health that addresses family involvement?

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

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

providing assistance to state and local health agencies with data-related projects. MCHB is increasing its commitment to assisting agencies by supporting up to 20 interns in state-level MCH/CSHCN agencies and 10 in city and county MCH departments. Internship projects should be grounded in the following three critical areas of MCH epidemiology: data analysis and monitoring, needs assessment, and program evaluation. The application system is scheduled to open mid-October 2011 and these internships will be conducted primarily during the summer of 2012 (beginning in May, June or July). Completed applications must be submitted no later than Nov. 21. For more information, click [here](#) or contact Renee Schwalberg, Program Director, at (202) 842-2000.

### **SRCD Fellowships in Public Policy – Now Seeking Applicants**

SRCD is accepting applications for its 2012-2013 Policy Fellows, both congressional and executive branch placements, to work as “resident scholars” at the interface of science and policy. The goals of these fellowships are: (1) to contribute to the effective use of scientific knowledge in developing public policy, (2) to educate the scientific community about the formation of public policy, and (3) to establish a more effective liaison between developmental scientists and the federal policy-making mechanisms. SRCD Fellows participate with other scientific societies in the fellowship programs of the American Association for the Advancement of Science (AAAS). *Both early and mid-career doctoral level professionals of all scientific disciplines* related to child development are encouraged to apply. The deadline for applications is Dec. 15. For more information and application instructions, please click [here](#).

### **RWJF New Careers in Nursing Releases Call for Applications**

The *Robert Wood Johnson Foundation New Careers in Nursing* is a scholarship program to help alleviate the nursing shortage and increase the diversity of nursing professionals. Through grants to schools of nursing, the program will provide scholarships to college graduates without nursing degrees who are enrolled in accelerated baccalaureate and master’s nursing programs. The application deadline is Jan. 11, 2012 (3 p.m. EST). For more information, or to apply, click [here](#).



### **Innovation Station**

#### **New MCH Emerging, Promising and Best Practices Added to the AMCHP Innovation Station**

AMCHP is pleased to announce that new practices have been added to the Innovation Station database following a recent review held by the Best Practices Review Panel. Innovation Station houses reviewed MCH practices that range from new, emerging practices with solid design and evaluation plan to promising practices with strong evaluation data to demonstrate effectiveness to best practices that have been peer reviewed, extensively evaluated and replicated. Newly added practices include:

- [Mississippi Interpregnancy Care Project](#) (MS): Pilot programs in two communities – one urban, one rural – among women who delivered a very low birth weight infant that aim to improve overall health status and optimize child spacing, and reduce subsequent poor pregnancy (Emerging Practice)
- [Healthy Weight Program](#) (MA): A bilingual, culturally appropriate program to help overweight/obese Latina participants develop and maintain positive behavior changes and improve health outcomes for themselves and their families (Promising Practice)
- [Happy Teeth Healthy Babies](#) (CO): This health campaign educates new and expecting parents about the connection between parent/baby dental health and motivate preventive behavior change, especially in high-risk populations (Emerging Practice)
- [Power Your Life Preconception Campaign](#) (UT): A social marketing campaign to raise awareness of preconception health and increase consumption of folic acid (Emerging Practice)
- [Every Child Succeeds](#) (OH/KY): A collaborative program providing home visits focused on proper child development for first-time, at-risk mothers, their babies and families on a regular basis from the time of pregnancy until the child’s third birthday (Best Practice)
- [Healthy Women, Healthy Futures](#) (OK): Offered at early childhood education centers, this program

aims to improve the physical, emotional, social, dental and vision health of at-risk women living in poverty before they become pregnant again, thereby minimizing their risk of future premature birth or infant death (Promising Practice)

For more information about these programs and the AMCHP best practices program, visit the [Innovation Station database](#).

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

#### **Pediatric Pulmonary Training Programs and the MCH Library Release Sleep-Related Resource Guides**

The six national Pediatric Pulmonary Training Programs and the MCH Library at Georgetown University have released a new set of resource guides about sleep and sleep disorders in infants, children, adolescents and pregnant women.

- [Sleep in Infants, Children, Adolescents and Pregnant Women](#): This Knowledge Path can be used by health professionals, researchers and community advocates to learn more about sleep, to improve diagnosis and treatment of sleep disorders, for program development, and to locate training resources and information to answer specific questions
- [Sleep in Babies, Kids, Teens and Pregnant Women](#): Resources for Families links to sleep centers and specialists and websites about sleep and sleep problems. A separate section presents websites for adolescents
- [Sleep](#): Resources for Schools points to websites and materials for educating students and their families, teachers and school staff about sleep and sleep disorders

#### **Storytelling Best Practices: Websites – Free eBook Download**

For more than a decade, Andy Goodman has been traveling across North America, speaking to and working closely with good causes that want to become better storytellers. As part of this work, he always visits each organization's website to see if it is being used effectively to tell stories. In most cases the answer is no, but over

the years there have been some who do it really well. Storytelling Best Practices: Websites is a new free e-book that showcases the best in online storytelling by nonprofits, foundations, government agencies, educational and cultural institutions. [Download](#) a free copy today and find new ways to do more powerful storytelling on your website.

#### **Supplement on Data Systems and Their Use in Addressing SDH Released**

Sponsored by the CDC, this supplement brings attention to the increasing burden and inequities in some health outcomes, as well as the use of data to expand the knowledge base on social determinants of health (SDH). Several articles within the supplement describe novel ways to use surveillance data from both national and state-level data collection systems, while others demonstrate innovative ways of linking labor, housing and policy data with public health data to assess health outcomes. The supplement can be found [here](#).

### **Adolescent Health**

#### **CDC Publishes New Video on Teen Pregnancy**

CDC announced the launch of a new video by the Division of Reproductive Health: A Message to Health Care Professionals: Teen Pregnancy. In this video, teens urge health care professionals to talk to their teen patients about pregnancy and contraception to help improve the lives of all young people. You can view, download and share the video [here](#).

### **Children's Health**

#### **MCHB Releases “Collaboration and Action to Improve Child Health Systems: A Toolkit for State Leaders”**

The toolkit is based on questions and discussions from 18 State Leadership Workshops in 14 states and Puerto Rico convened from 2004-2009. Through these workshops, Title V and Medicaid leaders generated the questions and system maps in the toolkit to advance the challenging work of improved coordination, integration, and management of services among provider, delivery mechanisms and financing streams. In FY 2012, MCHB Regional Office staff will be engaged in a distance learning course

designed to “train the trainer” about the toolkit and to enable Regional Offices to support states in its use. State Title V directors may be contacted as a result of this interactive training. Notably, more than 40 AMCHP members were involved in the vetting of the toolkit in a special pre-conference session at the 2008 annual meeting. The toolkit, developed by Kay Johnson under contract to MCHB, also was peer-reviewed and piloted in Vermont and Colorado before its release. To download a copy, click [here](#) (it can be found under “MCH Collaboration”).

### **Kaiser Issues New Resources on Adolescent Health**

The Kaiser Family Foundation released two new resources that review the health risks facing adolescents today, their access to health services and federal and state policies that affect health services for adolescents. The Foundation released a new issue brief, [Adolescent Health: Coverage And Access to Care](#), on adolescent health and a new issue module, [KaiserEDU Issue Module on Adolescent Health](#), that can be found on its website.

### **New Resource to Facilitate Enhanced SOPH and HSSCO Collaboration**

The National Maternal and Child Oral Health Resource Center at Georgetown University and the Association of State and Territorial Dental Directors released a new publication designed to assist partnership between state oral health programs (SOHPs) and Head Start state collaboration offices (HSSCOs) directors and staff in enhancing collaboration with one another. Partnership between SOHPs and HSSCOs could serve to improve communication and networking between local Head Start programs and others, resulting in enhanced oral health services for pregnant women, infants and children enrolled in Head Start and their families. “[Strategies to Improve Collaboration between State Oral Health Programs and Head Start State Collaboration Offices](#)” provides background information on SOHPs and HSSCOs and discusses how the relationship between the two has developed to date and outcomes of collaboration and provides recommendations for further collaboration.

### **AMCHP Staff Working On Your Behalf**

- On Oct. 2-5, AMCHP CEO Mike Fraser and staff Karen VanLandeghem and Carolyn Mullen attended the National Academy of State Health Policy annual conference in Kansas City, MO. Attended by over 600 health policy experts, this meeting provided a forum to discuss the implementation challenges and opportunities afforded via health reform. A breadth of topics were covered during this conference including health exchanges, promoting public health, building health homes in Medicaid and state strategies to improve birth outcomes. If you are interested in learning more, click [here](#) to view the presentations.
- On Oct. 12, AMCHP staff Karen VanLandeghem and Carolyn Mullen hosted a national webinar entitled “Optimizing Health Reform to Integrate Service Delivery Systems for Women, Children and Their Families”, funded by The Commonwealth Fund. Over 550 participants registered for the webinar and nearly 400 people participated to learn more about the efforts of state Title V maternal and child health programs and their partners (e.g. Medicaid agencies, children’s hospitals, provider groups, family advocates) in selected states (Colorado, Ohio and Vermont) to integrate health care service delivery systems focused on improving the health of women, children and their families. Click [here](#) to view the archived webinar or slides.
- On Oct. 18, AMCHP staff Treeby Brown and Melody Cherny delivered a presentation to the HRSA MCHB Autism Team on the AMCHP State Public Health Autism Resource Center (SPHARC). The presentation focused on key accomplishments of SPHARC over the past four years, as well as planned activities for the upcoming year. The meeting was attended by more than 20 staff from MCHB, Division of Services for Children with Special Health Needs, the Association of University Centers on Disabilities (AUCD) and AMCHP staff Michelle Jarvis. To learn more about the work of SPHARC, click [here](#).

## CAREER OPPORTUNITIES

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### Florida DOH Seeks PRAMS Coordinator

The Florida Department of Health is seeking a full-time [Pregnancy Risk Assessment Monitoring System \(PRAMS\) Coordinator](#). Responsibilities will include coordinating PRAMS survey, including designing the survey questionnaire, training PRAMS staff, managing data collection activities, monitoring the quality of survey process and data, and disseminating the data obtained from CDC; managing the PRAMS budget; communicating regularly with CDC PRAMS office and other DOH offices; developing grant renewal applications and annual progress reports for CDC; coordinating and participating in epidemiological studies on maternal and child health, chronic diseases, and risk factors using the PRAMS data and data from other sources; disseminating the results of these studies through publishing reports and presentations at DOH Grand Rounds and conferences at local, state and national levels among other duties.

### 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

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### AMCHP Funding Opportunity: Autism Spectrum Disorders and Other Developmental Disabilities

Deadline: Nov. 2

AMCHP, through funding from the CDC National Center for Birth Defects and Developmental Disabilities (NCBDDD), will provide 10-15 grants of up to \$15,000 each to public health entities (e.g. Title V, WIC, Early Head Start, home-visiting programs) to integrate "[Learn the Signs. Act Early.](#)"

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(LTSAE) materials and messages into programs that serve parents of young children, support the collaboration of Act Early State Teams, and evaluate progress. AMCHP will provide ongoing technical assistance, disseminate resource materials, and link grantees to other states and experts in autism spectrum disorders and other developmental disabilities (ASD/DD). The funding announcement can be accessed [here](#). For more information, please contact [Treeby Brown](#) or [Melody Cherny](#).

### APA Accepting Proposals for Young Investigator Awards Program

Deadline: Nov. 7 for initial proposals

The Academic Pediatric Association (APA) Bright Futures Young Investigator Program, supported by the Maternal and Child Health Bureau in partnership with the American Academy of Pediatrics, funds projects aimed at enhancing the effectiveness of and research base for health supervision in primary care. Awards are granted for research by fellows or junior faculty related to child health promotion, health services research, teaching or patient care. Projects must be consistent with the goals of the APA; preference is given to projects that have the potential to lead to further studies. For more information, click [here](#).

### PCORI Announces \$26 Million Pilot Projects Grant Program

Deadline: *Letters of intent must be received by Nov. 1; applications must be received by Dec. 1*

The Patient-Centered Outcomes Research Institute (PCORI) announced a \$26 million Pilot Projects Grants Program that will support approximately 40 awards. The purpose of the Pilot Projects Grants Program is to: inform PCORI's ongoing development and enhancement of national priorities for patient-centered outcomes research (PCOR); support the collection of preliminary data that can provide a platform for an evolving research agenda; and support the identification of research methodology to advance PCOR. We encourage applications that collaboratively bring together experienced researchers and individuals or organizations that represent patients, caregivers and the broader health care community. Information about the program and application details can be found on the PCORI [website](#).



### **HRSA Grant Funding on Affordable Care Act Family-to-Family Health Information Centers**

Deadline: Dec. 16

This announcement solicits applications for the Affordable Care Act Family-to-Family Health Information Centers (F2F HICs) Program. This extension allows the F2F HICs to continue to assist in ensuring that families of children with special health needs (CSHCN) will partner in decision-making at all levels. In addition to extending appropriations for the F2F HICs, the Affordable Care Act puts into place comprehensive health reforms that are designed to reduce health disparities and barriers to health care by making improvements in preventive care, investing more resources into coordinated care, strengthening diversity and cultural competence training in the health professions, expanding the health care workforce in underserved communities, ending insurance discrimination, and creating affordable insurance coverage through Health Insurance Exchanges. For more information, click [here](#).

### **HRSA Grant Funding for EMSC State Partnership Regionalization of Care (SPROC)**

Deadline: Feb. 3, 2012

This announcement solicits applications for the EMSC State Partnership Regionalization of Care (SPROC) Program. The Institute of Medicine, Future of Emergency Care: Key Findings and Recommendations Fact Sheet, June 2006, highlighted some key concerns regarding the Emergency Medical Services (EMS) system and emergency departments (EDs). Overall EMS and EDs are not well equipped to handle pediatric care; most children receive emergency care in general (not children's) hospitals, which are less likely to have pediatric expertise, equipment and policies in place for the care of children. Children make up 27 percent of all ED visits, but only 6 percent of EDs in the United States have all the necessary supplies for pediatric emergencies; many drugs and medical devices have not been adequately tested on, or dosed properly for children; and while children have increased vulnerability to disasters, disaster planning has largely overlooked their needs. The EMSC Program is seeking proposals to support projects that aim to reach beyond state borders to overcome barriers to specialized pediatric medical and trauma services. For more information, click [here](#).

### **AMCHP Conference and Special Events**

#### [AMCHP 2012 Annual Conference](#)

Feb. 11-14, 2012  
Washington, DC

#### [Adolescent and Young Adult Health Institute](#)

Feb. 11, 2012 (during the AMCHP Annual Conference Training Institute)  
Washington, DC

#### [A Life Course Dialogue: Exploring State-Level Implementation](#)

Feb. 12, 2012 (during the AMCHP Annual Conference Training Institute)  
Washington, DC

#### [AMCHP and March of Dimes Third Annual Mini-March for Babies](#)

Feb. 14, 2012 at 10 a.m.  
Washington, DC

### **Partner Events**

#### [Leadership Education in Neurodevelopmental and Related Disabilities \(LEND\) Directors Meetings](#)

Feb. 12, 2012  
Washington, DC

#### [Leadership Education in Adolescent Health \(LEAH\) Directors Meeting](#)

Feb. 12, 2012  
Washington, DC

#### [National Summit on Quality In Home Visiting Programs](#)

Feb. 15-16, 2012  
Washington, DC

## CALENDAR CONT.

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### MCH Events

[American Public Health Association Annual Meeting](#)

Oct. 29-Nov. 2  
Washington, DC

[Interconception and Preconception Health Summit](#)

Nov. 1  
Los Angeles, CA

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

Nov. 3-6  
Miami, FL

[2011 AUCD Conference](#)

November 6-9  
Crystal City, VA

[Joint Program in Survey Methodology Course: Designing Mixed-Mode Surveys](#)

Nov. 10-11  
Arlington, VA

[17th Annual MCH Epidemiology Conference](#)

Dec. 14-16  
New Orleans, LA

[Health Action 2012](#)

Jan. 19-21  
Washington, DC

[2012 National Health Promotion Summit](#)

April 10-11, 2012  
Washington, DC

[Head Start's 11th National Research Conference](#)

June 18-20, 2012  
Washington, DC

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