

# Member Briefs



May 5, 2015



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



## MANAGEMENT MINUTE

By Lori Tremmel Freeman, MBA

**"Management has a lot to do with answers. Leadership is a function of questions. And the first question for a leader always is: 'Who do we intend to be?' Not 'What are we going to do?' but 'Who do we intend to be?' – Max DePree**



This quote from Max DePree led me to reflect that we might have gotten the titling of the Management Minute column all wrong. Maybe it should be called Leadership Minute. Of course, that is not as catchy of a title. And, the fact is, managing is quite often easier to do for the most part than leading. Setting about *doing* things feels good to people and gives a sense of accomplishment. It's a little more challenging to really pause and grapple with the idea whether the things you are doing are the right things and if these things are actively contributing to who you ultimately intend to *be*.

Leadership can be downright scary. It implies a higher degree of accountability, responsibility. It conjures up certain inherent characteristics like inspirational, motivational and trustworthy. Leadership, at an organizational level of influence, also suggests the ability to ensure a unity of purpose among many, to drive a mass to collective action and successful results, and to influence peer pressure in positive ways that raise standards and generates a movement. Pretty lofty stuff. Yet, this is the place we need to be as we think about the futuring of AMCHP.

As we began to analyze the results of our strategic engagement work, there were themes that began to emerge amongst the voluminous data and inputs. In the

most recent iteration of this work, we utilized the skills of Jim Meffert, a senior consultant with Tecker International to help us to assimilate what we learned through surveys, social media, e-mail, regional meetings, key informant interviews with partners and in person meetings.

In the draft Tecker report, they note that it's important that the summary of findings is intended to start conversations about a strategic focus for AMCHP, to provide thoughtful and possibly provocative observations on the challenges and opportunities facing AMCHP. The AMCHP board, working with staff, has the job of bringing clarity, conclusion and direction to the organization as they use the inputs to plan strategically for the future.

Here is a consolidated look at the high-level summary of findings. Tecker stipulates that "the observations are themes heard across all forms of input. It is unlikely there is new information to AMCHP although there may be observations some leaders disagree with." Regardless, the observations and analysis should lead to "robust and frank discussions about the strategic direction of AMCHP."

- AMCHP is a strong organization with a solid reputation and history. It has been viewed as a strong partner with numerous federal agencies, state Title V directors, partner organizations, foundations and members in general. There are no glaring holes in this reputation. This provides a solid foundation for future leadership and action.
- AMCHP is very good at supporting the needs of existing programs, particularly Title V directors.
- As a core function of the organization, it seems to be successful at responding to the needs of members and connecting questions with answers and support. In order to perform this well, the enterprise seems to

## MANAGEMENT MINUTE CONT.

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- have a solid understanding of the programs and strengths of each of the states.
- There is a great deal of uncertainty regarding future funding, program structures, role, connection to the public health care payment, structures, private payment systems and overall health care delivery system. This is not unique to MCH and AMCHP. Every health care enterprise, be it public, private, delivery oriented, public health, provider, etc., is faced with a great deal of uncertainty. As a result, associations are asked to identify and project trends more than ever before. There is a very strong desire for AMCHP to take a stronger and more active leadership role in the identification of MCH trends. There is also a very strong and universal desire for AMCHP to play a larger role in not just projecting, but shaping the long-term future of MCH.
  - There is recognition that the role of public health, and MCH will shift in the future. The integration of quality measures, community measurement, an emphasis on preventive services all lead to a shift from public to private funding, stronger integration into private delivery systems, along with uncertainty around traditional programs and sources of funding. This change also will alter the MCH workforce.
  - It is widely recognized, particularly in the private delivery and payment systems, that the status of maternal and child health will be a strong measure of health care quality and set directions in the evolving health care delivery system.
  - AMCHP is viewed as a strong advocate for existing MCH programs, funding and structures. There is hope that this foundation leads to stability for MCH programs and funding.
  - AMCHP has been successful in bringing together groups to develop best practices for new and developing programs. This is an area of strength that many outside groups would like AMCHP to build on.
  - The new requirements under the Title V MCH Services Block Grant application create a challenging dynamic for Title V directors and AMCHP. The new requirements seem to be a response to the demand for immediate quantitative analysis and measurement of results by many political leaders. Given the short-term nature of public budget discussions, this change is viewed as a way to protect MCH funding rather than the development of innovative new approaches. The balancing of maintenance of programs, advocating to sustain and leading change is characterized by this discussion.
- The change in the block grant application requires a different analysis of programs, uncertainty of the nature, scope and future for many existing programs, along with an increased need for different forms of data collection.
  - AMCHP is in a unique political position. As mentioned earlier, there is a great deal of aspiration for AMCHP to take a lead on advocating for support and MCH lead changes to programs and funding. Those organizations and individuals with the greatest hope are most limited in their individual ability to advocate. State Title V directors are unable to lead beyond their political realities; federal agencies are not able to push for the kinds of changes they may feel are best. The positioning of individuals and the organization in advocating for changes in MCH policy transcends every discussion. As the level of uncertainty grows and the fear of program cuts continue, the pressure for a stronger role in not only supporting existing, but also shaping change will grow.
  - There is great pressure within all of MCH to consolidate. This is clear with many of the changes to Title V programs and state structures. This trend will continue along with increased partnerships in the private sector. There is a sense that AMCHP could play a stronger role in shaping this trend.
  - The change in AMCHP leadership creates some uncertainty about the role and shape of the organization. There is a great deal of hope and anticipation for a renewed focus for the organization. This is a great context for revisiting the vision and direction of the association.
- In closing, Tecker was quick to remind us that this information represents broad inputs. "It is important not to draw conclusions about direction." Part of this long-term effort leading up to a revision to the AMCHP strategic plan is to spend the next few months in discussion and deliberation with our leadership.
- As we await the final version of the Tecker report within the next week or two, we'll be planning to re-engage our members around these themes. As we head into the home stretch of planning prior to the June board meeting, we'll plan to utilize upcoming regional calls, Management Minute, [amchpengage@amchp.org](mailto:amchpengage@amchp.org), social media and our SharePoint site once more to collect your thoughts. We

## MANAGEMENT MINUTE CONT.

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look forward to our continuing conversation and engagement with all of you. In the meantime, if you have any initial reactions to this column, please feel free to email me directly at [lfreeman@amchp.org](mailto:lfreeman@amchp.org) or [amchpengage@amchp.org](mailto:amchpengage@amchp.org).

## LEGISLATIVE & POLICY CORNER



### Don't Miss Today's AMCHP National MCH Policy Update Teleconference

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

### Congress Close to Finalizing a Joint Budget Resolution

As of press time there are reports that the House and Senate are near final agreement on a unified budget resolution. As a reminder these resolutions are largely symbolic and do not have the force of law, but are important in the sense they describe priorities and governing philosophies. The resolution currently under consideration continues the damaging cuts under sequestration - which is scheduled to return in full force in 2016 unless Congress acts to prevent it. It would more than double the cuts in non-defense discretionary programs over the coming decade. These programs include public health, education, job training, infrastructure, scientific research, medical research, veterans' health care, child care, and many other important areas. Under this plan, starting in 2016, sequestration will cut them by an average of \$37 billion a year, on top of the cuts that the BCA's tight funding caps already impose. The new agreement adds another \$496 billion in cuts over the coming decade -- an average of another \$50 billion a year. AMCHP is weighing in against these plans through our membership in the [Coalition for Health Funding](#).

## LEGISLATIVE CORNER CONT.

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### Health Reform Implementation

#### Recent Report on Medicaid Expansion

A recent [report](#) by the Robert Wood Johnson Foundation (RWJF) examined Medicaid expansion in eight states. According to the report, those eight states that expanded Medicaid are realizing budget savings and revenue gains as a result of the expansion. The report highlights specific examples of savings by population in the report. For example, one type of saving is realized when pregnant women can remain in the new adult group after learning of their pregnancy status.

#### Marketplace Navigators

The Centers for Medicare and Medicaid Services (CMS) recently announced the federal grant opportunity for Navigators for the third year of open enrollment. This grant is for Navigators in federally facilitated or state-partnership marketplaces. The funding announcement expands the project from one year to three years and a total of up to \$67 million. Applications are due by Jun. 15. More information can be found [here](#).

#### Special Enrollment Period (SEP)

CMS provided an SEP for tax season that ended Apr. 30. This allowed individuals facing financial penalties to sign up for health insurance after the marketplace open enrollment. In estimates from last week, approximately 68,000 people gained insurance during this period.

Aside from this SEP, the ACA creates SEPs for other circumstances including change in marital status, loss of coverage, birth/adoption of a child, address change, among a few others. On May 6 from 2-3 p.m. EST, the U.S. Department of Health and Human Services (HHS) will host a webinar, "[Special Enrollment Period and Resources for the Uninsured](#)," that will provide an overview of SEPs for those who qualify and resources for the uninsured who do not qualify for an SEP.

#### King V. Burwell

AMCHP has provided updates on the Supreme Court case, King V. Burwell through our *Member Briefs*. This case hinges on the legality of the advance premium tax credits (the "subsidies"). As written, the ACA states that subsidies will be provided only in states that operate their own exchanges. Two Republican Senators, Ron Johnson

## LEGISLATIVE CORNER CONT.

of Wisconsin and Ben Sasse of Nebraska, introduced two separate transition plans in the event that the court rules that subsidies are not available in the federal exchange. Both plans were introduced as legislation. Additional information on these transition plans is available on [Health Affairs](#).

## GET INVOLVED



### **Are you a Next Generation MCH Professional (age 45 or <)? Are you interested in helping shape AMCHP membership efforts related to your peer group? Join us in the virtual world by participating in the AMCHP Next Generation MCH Professionals Open Calls!**

The next generation of MCH professionals can be characterized as a “force to be reckoned with” based on the numbers alone – by the end of 2014, half of the employees in the world will be those born after 1980. Understanding what motivates or drives the behavior of this segment of the MCH workforce, then, is of critical importance and AMCHP wants to know: more about how this group of professionals views association membership (why they join member associations, what member benefits they are looking for, and what roles are they willing to participate in if they join an association?); more about the leadership development preferences of this professional group; more about how we can better connect you with your peers; more about how we can better support you. AMCHP is hosting two open calls (**May 20 12-1 p.m. EST, Jun. 24 2-3 p.m. EST**) for Next Gen MCH professionals to share the work AMCHP accomplished thus far with guidance from our Advisory Workgroup and the AMCHP Workforce Development Committee and hear from you: what do you want/need from AMCHP to inspire innovation and positive growth for Next Gen leaders in MCH! [Click here](#) to register for the event.

### **Now Available: Application to Participate in the National MCH Workforce Development Center Training – Cohorts 3 and 4**

The National MCH Workforce Development Center offers a range of trainings, tools and resources to strengthen

## GET INVOLVED CONT.

MCH workforce capacity to lead through health transformation. The Center offers training in four key areas: access to care, quality improvement, systems integration and change management. State/territory Title V agencies/MCH programs and their partners will have the opportunity to gain knowledge, skills and tools in the four key areas and apply them to a current health transformation project of interest. The application for the final two cohorts is being released and is due simultaneously; states/territories are allowed to choose between Cohort 3 and Cohort 4 according to the timeline and training location that best fits their needs. Cohort 3 will run from July 2015-March 2016 and the training will be held in Denver or San Francisco. Cohort 4 will run from November 2015-June 2016 and training will be held in the Washington DC area. States and territories are strongly encouraged to apply to participate in Cohort 3 or 4, as current project funding ends in August 2016. **Applications are available via the [AMCHP Transformation Station website](#) and the [Center website](#). All applications must be received by Jun. 1 at 5 p.m. EST.**



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

You'll have a chance to:

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

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

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

## GET INVOLVED CONT.

### National MCH Workforce Development Center Coffee Talk Series – Don't Miss the May 13 Twitter Chat!

This series will be hosted by the National MCH Workforce Development Center Change Management core on three pertinent topics benefiting the Title V workforce.

The series will consist of three archived 20-minute videos for AMCHP members to access bi-monthly at their leisure. For the alternating months, AMCHP will host a Twitter chat on the content shared during the preceding month's archived video. The topics and identified speakers for each video/Twitter chat are outlined below. [Click here](#) to learn more about each talk and to register!



#### Coffee Talk 1: Title V Transformation

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

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

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

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

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

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

#### Coffee Talk 3: Leading Change

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

**Video Release:** Jun. 1

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

#### Coffee Talk 4: Managing Change

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

**Video Release:** Aug. 1

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

### Webinar: Hearing and Vision Services for Children

The National Network for Public Health Law is hosting a webinar on Thursday, May 14 at 1 p.m. EST entitled "Hearing and Vision Services for Children: Efforts to

Ensure Broad Implementation through Medicaid." This webinar will focus on the role that Early and Periodic Screening, Diagnostic and Treatment (EPSDT) can play in addressing children's vision and hearing problems. Speakers will provide an overview to EPSDT and present the results of their 50-state survey of states laws and policies addressing EPSDT coverage of hearing and vision services, along with an in-depth assessment of the Medicaid managed care contracting provisions that states are using to address these services. To learn more and register, [click here](#).

### Announcing Call for Abstracts and Save-the-Date: ACEs Southeastern Summit

The *Adverse Childhood Experiences Southeastern Summit 2015: Building Resilient, Interdisciplinary Workforces, Communities & Families* will be held Sept. 24-26 in Asheville, North Carolina. This conference will focus on the impact of adverse childhood experiences (ACEs) on early childhood development, long-term health behaviors and health outcomes in adulthood. Interactive speaking sessions will showcase how providers in the community, both locally and regionally, including health, social and human service, education, mental health and law professionals incorporate practical tools and evidence-based programs into their work to identify these experiences early in a child's life and give their families tools to prevent the intergenerational transmission of adverse experiences. Come to the beautiful Blue Ridge Mountains of Western North Carolina and speak or learn alongside the keynote speaker, Dr. Robert Anda, principal investigator of the landmark ACE study. To learn more about the summit, [click here](#).

### Special Issue Call for Papers: Postpartum Health and Wellness

The *Maternal and Child Health Journal* is soliciting manuscript submissions to be considered for an upcoming issue on the theme of postpartum health and wellness. This important period in the reproductive life continuum provides a critical link between prenatal care and women's preventive health care as well as an essential opportunity to guide and support maternal role attainment, breastfeeding, mental health and healthy parenting. The Journal solicits manuscripts on any aspect of postpartum health and wellness, including

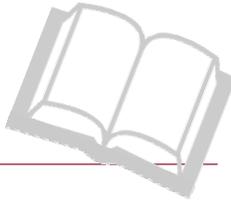
## GET INVOLVED CONT.

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policy briefs, original research, commentaries, perspectives in practice (clinical or public health), program development or implementation, program evaluation, and literature reviews. The deadline for submission is Oct. 15. For more information, [click here](#).

## PUBLICATIONS & RESOURCES

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

#### **Better Health Through Equity**

A publication by the American Public Health Association, *Better Health Through Equity*, provides case studies in reframing public health work into a health equity framework. This publication provides case studies from several states and highlights several initiatives that have implications for the health of MCH populations. For example, the Healthy Birth Initiative in Multnomah County, Oregon is consumer driven and focused on partnerships to enhance maternal and infant outcomes among African American women. The report is available [here](#).

### **Child & Adolescent Health**

#### **New Data Resources on Children with ASD and their Families**

The growing population of children with Autism Spectrum Disorder (ASD) and their families have unique health, educational, and developmental needs and experiences, distinct from both the larger population of U.S. children and from CYSHCN. Although there is a wealth of parent-reported data about unmet family needs, safety concerns, and views about their child's health services, education, difficulties, and strengths, this data was previously more accessible to researchers with the time, funding, and expertise to work with it. The Data Resource Center (DRC) and Autism Speaks partnered to make ASD-related data and resources accessible to everyone. Data from the Survey of Pathways to Diagnosis and Services (Pathways), conducted by the National Center for Health Statistics (NCHS) and sponsored by the

## PUBLICATIONS CONT.

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National Institute of Mental Health, was analyzed for inclusion in the DRC website. Data users can now generate data tables and charts on CYSHCN with ASD and related conditions on our easy to use, point-and-click, interactive data query. To access the data, [click here](#).

#### **DRC Releases New National Health Interview Survey Data Query**

DRC recently released a new data queries on its website. This allows you to query the 2011/12 National Health Interview Survey data query on children and their families (NHIS-Child), which includes questions on health status, health care access and utilization, and family resources and health care costs. Conducted by the National Center for Health Statistics (NCHS), NHIS-Child contains unique questions about food security, hospital/ER visits, and child mental health questions from the Strengths and Difficulties questionnaire. To access the NHIS-Child data, [click here](#).

## ON YOUR BEHALF

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- On Apr. 13-15, AMCHP staff Meredith Pyle presented at Alabama's Partners In Care Summit. The annual summit brings together families and state Title V children and Youth with special health care needs (CYSHCN) program leaders and staff, along with other CYSHCN stakeholders from across the state. Meredith presented a full day of training for the stakeholder group on the [National Standards for Systems of Care for CYSHCN](#), as Alabama prepares to use the standards to design improvements to care coordination and other efforts for CYSHCN across the state.
- On Apr. 22, AMCHP staff Meredith Pyle joined family leader and executive director of The Parents' Place of Maryland, Josie Thomas, to present a guest lecture on translating research into policy and practice for CYSHCN at the state level. The lecture was part of a Johns Hopkins Bloomberg School of Public Health graduate seminar course on child health, taught by Peter van Dyck, retired associate administrator for Maternal and Child Health in the U.S. Department of Health and Human Services Health Resources and Services Administration.

## CAREER OPPORTUNITIES

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### **AMCHP Recruiting for Grants & Contracts Administrator**

The grants & contracts administrator joins the AMCHP finance team and reports to the senior accountant. This position will perform the full range of duties associated with all aspects of internal reporting associated with grants and programs; serve as the primary financial liaison with program staff and will assist program staff and development efforts with financial information and calculation needs. Other primary areas are award/grant management, contract management and assistance with financial and accounting procedures. While a member of the finance team, the grants & contracts administrator also liaisons closely with leadership from the AMCHP program team in an ongoing manner. To learn more, [click here](#).

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

This position supports the child and adolescent health team in the development, implementation and evaluation of program activities related to adolescent health; assumes the lead for specific projects within the AMCHP adolescent health portfolio; and develops and maintains partnerships with relevant federal agencies and other national organizations, coalitions and groups concerned with adolescent health. This position reports to the associate director, child and adolescent health. Specifically this position will serve as the lead AMCHP staff for AMCHP in the HRSA funded Adolescent and Youth Adult Health Resource Center. The Center is focused on improving access to and the quality of preventive care for adolescents and young adults. Major projects in this initiative include the provision of technical assistance to state health leaders and a multistate and multisector quality improvement initiative Collaborative Improvement and Innovation Network. For more information, [click here](#).

### **AMCHP CAREER CENTER**

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

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

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

## FUNDING

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

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

### **NPHPRC for Children with Attention Deficit/Hyperactivity Disorder or Tourette Syndrome**

Deadline: *May 11*

The purpose of the National Public Health Practice and Resource Centers (NPHPRC) on Health for Children with

## FUNDING CONT.

Attention-Deficit/Hyperactivity Disorder (ADHD) or Tourette syndrome (TS) is to fund centers that have the capacity to develop and provide health promotion programs and health communication and education resources for both professionals and the public regarding ADHD or TS. Program strategies should include 1) information, consultation and referral, 2) health communication programs and materials development, and 3) education and training. To learn more, [click here](#).

### CDC Teen Pregnancy & Vulnerable Populations

Deadline: *May 15*

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

### OAH Pregnancy Assistance Fund Program

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

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

### Sudden Unexpected Infant Death Case Registry

Deadline: *May 31*

The Sudden Unexpected Infant Death Case Registry (SUID-CR) is a surveillance system that compiles

information on unexpected infant deaths from various data sources. States use the SUID-CR for surveillance, program planning, modifying public health practice and policy for state maternal and child health programs, public health and medicolegal evaluation, and reporting on Title V Performance Objectives for federally-funded Maternal Child Health programs. Module A will continue to support the work of the nine states that have successfully implemented the SUID-CR pilot program through an existing announcement that ends Sept 30, 2015 (FOA DP12-1202). Module B will fund new states to implement the necessary components of a state-based SUID Case Registry and surveillance system including timely and complete review, data entry, quality control procedures, and reporting. To learn more, [click here](#).

### Surveillance of Congenital Heart Defects Across the Lifespan

Deadline: *Jun. 1*

This will expand the National Center on Birth Defects and Developmental Disabilities programs conducting birth defects surveillance with a focus on congenital heart defects (CHDs) among individuals of all ages. The National Center on Birth Defects and Developmental Disabilities, Division of Birth Defects and Developmental Disabilities seeks to fund collaborative projects to build on existing infrastructure for population-based CHDs surveillance and develop and implement approaches for conducting surveillance of CHDs by linking data sources. To learn more, [click here](#).

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### WATCH

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

## FUNDING CONT.

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

Deadline: *Sept. 6, 2016*

NIH present this funding opportunity to facilitate the training of individuals at all careers levels (the undergraduate, graduate, post baccalaureate, postdoctoral and faculty levels) from diverse backgrounds underrepresented in scientific disciplines relevant to genomics to enable them to pursue genomics research that spans all areas of interest to National Human Genome Research Institute later in their careers. To learn more, [click here](#).

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

Deadline: *Nov. 16, 2016*

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

## CALENDAR



### **AMCHP Events**

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

Jan. 23-26, 2016

Washington, DC

### **MCH Events**

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

May 12-14

New Orleans, LA

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

May 18-19

Honolulu, HI

## CALENDAR CONT.

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

May 18-21

Indianapolis, IN

#### [CSTE Annual Conference](#)

Jun. 14-18

Boston, MA

#### [8th Biennial Childhood Obesity Conference](#)

Jun. 29-Jul. 2

San Diego, CA

#### [NACCHO Annual 2015](#)

Jul. 7-9

Kansas City, MO

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

Sept. 27-30

Salt Lake City, UT

#### [2015 ASTHO Annual Meeting](#)

Sept. 29-Oct. 1

Salt Lake City, UT

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

Oct. 19-21

Dallas, TX

#### [AAP National Conference and Exhibition](#)

Oct. 24-27

Washington, DC

#### [2015 APHA Annual Meeting & Exposition](#)

Oct. 31-Nov. 4

Chicago, IL

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