

Member Briefs



Oct. 6, 2014



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



MANAGEMENT MINUTE

“Decision is a sharp knife that cuts clean and straight; indecision, a dull one that hacks and tears and leaves ragged edges behind it.”

– Gordon Graham

Let's start with the simple, a small whimsical example of decision making. This is the tale of two teenage decisionmakers, true life examples from the lives of our 15-year-old twins, Ariana and Tristan. So, Ariana is this laissez-faire teenager. The one without a care in the world really, but the one you often worry does not care enough. She breezes through her days, focusing on what's important to her, not worrying excessively about the small day-to-day decisions in her life or those around her. She takes life as it comes at her and doesn't concern herself so much when things do not go her way. Through Ariana's eyes, there's always tomorrow, the new day, when a different decision can lead her in a new direction. She is fully confident that she can correct course no matter the outcome, good or bad. *Que sera sera*, whatever will be will be, is her motto.

Then, there's Tristan. Tristan worries over every decision, big or small, significant or insignificant. He's the dweller, the one that frets, the one for whom NO decision is truly insignificant. There are repercussions to consider always. What are the pros and cons of this or that? Will I regret my decision? What will others think of my decision? What will I do if my decision ripples and causes something good (or bad) to happen? He seeks full input from all parties involved and wants to know how others are impacted by his choices. Decision making for Tristan is nearly painful, his teen brain so full of what ifs.

The point of these examples is not to critique our children's decision-making ability. There are truly distinctive differences between the two that are neither right nor wrong. The fact is, what works for one person

does not work for another, purely because of our individual selves, our personalities, and our circumstances. Plus, decision making evolves as we age. A teen's process differs from decision making as an adult. Decision making, theoretically, can be honed with age and the added understanding of contributors to our decision failures and success.



This quote appealed to me because I've witnessed so many leaders (and supervisors) who are experienced and at the height of their careers really suffer and sometimes fail because they struggle with decision making. No one is truly immune and there have been times when we have all struggled with this affliction. Vacillating over decisions, or trying to saw with that jagged knife, when others in your organization are expecting strong leadership has true impact. Employee morale can plummet. A lack of confidence in organizational leadership and performance can quickly develop. You can lose the support of your senior management and other staff who seek opportunities to actively contribute expertise and witness you struggling on your own with no result in sight. And, equally important, indecision has known negative impacts on your own health and life satisfaction.

Whether you prescribe to the Tristan or Ariana decision-making process, there are some basic tactics that will help balance and bring you to decision points. Articulate what you wish to accomplish and why; set a deadline and stay with it; gather information about your options; seek expert or peer input if you are in unfamiliar territory; evaluate impacts; narrow your choices; pick an action; seek support; implement. Any of these steps can create a sticking point so think about the times that you have

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struggled most with a decision and consider what circumstances or stage of the process most often contributes to indecision. Dissect that step and think of how to overcome it in the future.

Don't be afraid to sharpen that knife. The result of a poor decision is more often than not better than inaction and its potential negative impact. That jagged edge hurts.

Comments, counterpoints, suggestions, or thoughts are always welcomed. E-mail me at lfreeman@amchp.org.

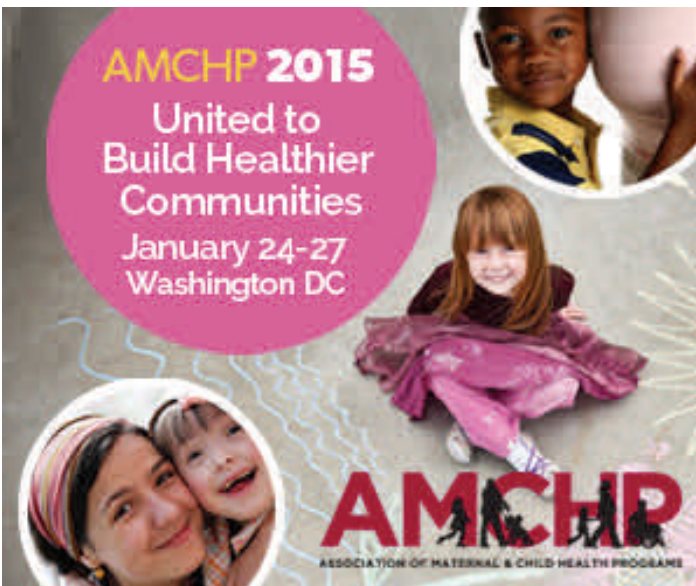
GET INVOLVED



AMCHP New Director Mentor Program Now Accepting Applications!

The AMCHP New Director Mentor Program is now accepting applications – if you know of a new maternal and child health (MCH), children and youth with special health care needs (CYSHCN) or Title V director (someone who has been in their role for three years or less) encourage them to apply! And we are always looking for great mentors, so if you are a seasoned MCH professional, we strongly encourage you to share your knowledge and information with new directors. The deadline for applications is **Dec 19**. All application materials can be located [here](#) on the workforce development pages or contact AMCHP staff Jessica Teel at jteel@amchp.org.

[Download the Registration Brochure!](#)



GET INVOLVED CONT.

Are your peers innovative and outstanding leaders? Nominate them for a 2015 AMCHP award!

AMCHP recognizes leadership in MCH in several ways, including awards presented to MCH leaders to honor their excellence in the field. These awards will be presented at the 2015 AMCHP Annual Conference, Jan. 24-27 in Washington, DC.

AMCHP is now accepting nominations for the following:

- **John MacQueen Lecture Award** for innovation in the field of maternal and child health
- **Excellence In State MCH Leadership Award** for an outstanding state MCH professional whose career has made significant contributions to the health of women, children and families in their state
- **Merle McPherson Leadership Award** for exemplary contributions to further family/state professional collaboration within a state Title V Program and AMCHP
- **Vince Hutchins Leadership Award** for leadership in promoting a society responsive to the needs of women, children, youth and families
- **Young MCH Professional Award** for significant contributions to state MCH programs in promoting and protecting the health of women, children, and families in their state and/or region

For more information and the nomination guidelines for these awards, [click here](#).

Please note: All awards use the same nomination form, but a separate form must be submitted per nominee, per award.



GET INVOLVED CONT.

You can host an Applied Epidemiology Fellow!

The goal of the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship program is to attract and prepare public health epidemiologists for careers with state and local health departments. The two-year program recruits and trains qualified candidates to support public health initiatives and provide opportunities for new epidemiologists to expand their skills to a level where they function as competent epidemiologists with little or no supervision. Upon completion of the Fellowship, graduates will be prepared to conduct day-to-day epidemiological activities and research on issues that affect public health. Mentors play a crucial role in the success of the Fellowship program; their expertise and skills provide the backbone to the Fellows' success as they're trained to become future leaders in applied public health epidemiology. Applications are open until Oct. 18. To learn more about how to apply as a host site, [click here](#).

DEADLINE EXTENDED: 2014-2015 AMCHP Best Practices Replication Technical Assistance Project

As part of an overall strategic goal to improve MCH outcomes by sharing effective and promising practices with state and territorial MCH programs, AMCHP is pleased to provide a third round of replication stipends to foster connections between states interested in replication or adaptation of a current emerging, promising or best practice in [Innovation Station](#). Through this project, applicants can request technical assistance support (i.e., travel funds or other seed resources) to learn how to adapt a specific *Innovation Station* practice (or elements of a practice) to their state or community. Applicants will need to demonstrate readiness to adapt the practice in order to maximize technical assistance resources. Applications will be accepted through Oct. 23. To access the RFA, click [here](#).

CoIIN National Expansion Virtual Town Hall Meeting

There is an incredible amount of energy across the country from states and their teams working to identify and implement strategies to impact infant mortality. The Collaborative Improvement & Innovation Network (CoIIN) offers a fantastic opportunity to leverage the learnings of many on a few select strategies. We encourage states to

seize this opportunity as a part of your overall approach to accomplishing your comprehensive infant mortality plans, inclusive of strategies that may be unique to your state's specific needs. The Town Hall Virtual meeting will be held on Tuesday, Oct. 7 from 3:30-5 p.m. EST. To register, [click here](#). If you have any questions, please contact Piia Hanson at phanson@amchp.org.

Title V Health Reform Implementation Webinar

On Oct. 29 from 3-4 p.m. EDT, the National MCH Workforce Development Center will host a webinar to introduce a comprehensive self-assessment tool that will help your Title V agency assess health reform-related activities in your state. The tool can help you clearly define your state capacity and opportunities to leverage existing MCH skills to drive health transformation – in all its forms – for maternal and child health populations. Iowa recently completed the tool and had this to say: “This tool was helpful for us to think about how Iowa's Title V program interfaces with the health care reform activities going on in our state. It helped us identify areas of strength and provided direction on important next steps as we move MCH forward post ACA implementation. Hopefully, other states will use the tool to ignite conversations in their states.” In the weeks following the webinar, Center staff will be available for consultation to assist you in completing the tool and examining results. This activity will put your state or territory on the fast track to participate in the Center's Intensive Health Transformation Training Program for 2015. To register, click [here](#).

Family Engagement Survey – Coming this fall!

Families are a critical part of Title V programs. AMCHP, with support from the Lucile Packard Foundation for Children's Health and the Maternal and Child Health Bureau (MCHB), wants to know more about how state Title V programs, both MCH and children and youth with special health care needs (CYSHCN), are involving families in the work of Title V. A survey looking at this very issue is currently in development and will be fielded this fall (October). Your input is critical to help us identify what is working and what is challenging – to help shape our work related to family engagement moving forward. For more information regarding this project or the survey, contact AMCHP staff Sharron Corle at scorle@amchp.org.

GET INVOLVED CONT.

Take the National Preconception Health Campaign Survey

The National Preconception Health and Health Care Initiative (PCHHC) is a public-private partnership that began in 2004 with the vision of improving preconception health and pregnancy outcomes in the United States. The purpose of this survey is to learn how the resources and tools developed by the PCHHC are being utilized as well as to gather information about preconception health activities underway across the country and collect input to guide our upcoming strategic planning process. The survey should take about 15 minutes to complete, and will close on Oct. 20. To access the survey, [click here](#).

Upcoming LCRN Webinars

The Life Course Research Network (LCRN) has several upcoming webinars on topics of interest for AMCHP members, including:

- Using the New England Family Study (NEFS) to Conduct Life Course Analyses, on Oct. 23 from 9-10 a.m. PST. This webinar features Stephen Buka, ScD, presenting on the New England Family Study (NEFS), a 50-year, three-generation longitudinal study of 17,000 infants born in New England in the 1960s. The NEFS is aimed at identifying obstetric and genetic risk factors for neuropsychiatric and other medical disorders with developmental origins, including schizophrenia, bipolar and major affective disorders, substance use, learning disabilities, attention-deficit/hyperactivity disorder (ADHD) and cardiovascular disease. Register [here](#).
- Life Course Health Development: Past, Present and Future, on Nov. 19 from 9-10 a.m. PST. This webinar will feature LCRN director Neal Halfon, MD, MPH, and will chart the evolution of the life course health development (LCHD) framework, and illustrate its potential to transform how the maternal and child health system addresses social, psychological, biological, and genetic influences on health, eliminates health disparities, reduces chronic illness, and contains health care costs. Register [here](#).
- The Developmental Approach to Health Inequality, on Dec. 16 from 9-10 a.m. PST. This webinar features Gabriella Conti, PhD, discussing the developmental approach to health inequality. Gabriella is a Senior Lecturer in Health Economics in the Department of Applied Health Research at

University College London; Research Associate at the Institute for Fiscal Studies; and Faculty Research Fellow at the National Bureau of Economic Research. Her research draws on both the biomedical and the social sciences with the aim of understanding the developmental origins of health inequalities, and the behavioral and biological pathways through which early life conditions affect health throughout the life course. Register [here](#).

Robert Wood Johnson Foundation Releases Call for RWJF Health Policy Fellows

The Robert Wood Johnson Foundation Health Policy Fellows program provides the nation's most comprehensive fellowship experience at the nexus of health, science and policy in Washington, DC. It is an outstanding opportunity for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy promoting the health of the nation. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care and health policy. Applications are due Nov. 13 at 3 p.m. EST. For more details, [click here](#).

Society for Public Health Education 66th Annual Meeting

The Society for Public Health Education 66th Annual Meeting, Blazing a Trail for Health Education and Health Promotion, offers an exciting opportunity to share your research findings, program impacts, policy changes, perspectives and expertise with the health education and health promotion professional community. The conference will be held in Portland, OR, Apr. 23-25, 2015. Subthemes include children, adolescents, and young adults: health needs of future generations and advancing health education through technology and innovations. To learn more, [click here](#).

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General Maternal & Child Health

Health Reform Monitoring Survey Policy Briefs

The Urban Institute Health Policy Center and Georgetown University Center on Children and Families co-authored the following briefs based on data from the Health Reform Monitoring Survey:

- *A First Look at Children's Health Insurance Coverage Under the ACA in 2014* examines changes in health insurance coverage for children. Topics include income distribution of uninsured children and how their access to care and preventive care receipt compares to that of insured children. The brief is available [here](#).
- *Taking Stock: Health Insurance Coverage for Parents Under the ACA in 2014* examines changes in health insurance coverage for parents living with their dependent children. Topics include distribution of uninsured parents by Medicaid expansion states, by family income, and by region. Geographic and health characteristics of uninsured parents are also discussed. The brief is available [here](#).

New Fact Sheet for Title V Directors on Injury and Violence Prevention

This Children's Safety Network fact sheet is designed to help states identify existing and emerging issues and use evidence-informed strategies and initiatives for injury and violence prevention. Topics include engaging stakeholders, assessing state needs and mandates, examining strengths and weaknesses, selecting priorities unique to the state's situation, setting performance measures, developing an action plan, seeking and allocating resources, monitoring progress for impact on outcomes and reporting back to stakeholders. The fact sheet is available [here](#).

New Resources from the CHIPRA Quality Demonstration National Evaluation Team

- The new *Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Quality Demonstration Evaluation Highlight, Evaluation Highlight No. 10: How are CHIPRA quality demonstration States testing the Children's Electronic Health Record Format?* focuses on how well the Format's requirements improve the delivery of primary care to children in North Carolina and Pennsylvania and on how readily the requirements can be incorporated into existing electronic health records (EHRs). This *Highlight*, which has implications for States and other stakeholders interested in using EHRs as a tool for measuring and improving children's health care quality, is available [here](#).
- The new implementation guide, *Implementation Guide No. 2: Designing Care Management Entities for Youth with Complex Behavioral Needs*, provides information about the care management entities (CME) design process for states interested in implementing or improving CMEs for youth with complex behavioral health needs. The guide focuses on experiences of the three CHIPRA quality demonstration states, Maryland, Georgia and Wyoming, who are using funds to implement or expand CMEs. The guide is available [here](#).

New AAP Instructional Video Series on the Medical Home Approach to Care

The National Center for Medical Home Implementation (NCMHI) in the American Academy of Pediatrics (AAP) produced an instructional "how-to" video series, which provides step by step implementation strategies for pediatric clinicians and practices related to key concepts of the medical home approach to care. *Fostering Partnership and Teamwork in the Pediatric Medical Home: A "How To" Video Series* contains three instructional videos from the National Center for Medical Home Implementation, in order to make the medical home approach to care easier to understand. These free videos show pediatric practices how to implement team huddles, family advisory groups, and care partnership support. Access the videos [here](#).



Women's & Infant Health

New Resource on Newborn Genetics Testing

The Association of Public Health Laboratories released this resource, which provides information on the role of public health laboratories in genetics testing and newborn screening science and practice. Resources for education, technical assistance and evaluation, training and quality improvement are also included. To learn more, [click here](#).

New Federal Study on Community-Based Doulas

The Perinatal Revolution, a new study supported by the federal government, finds that community-based doulas dramatically increase breastfeeding rates and decrease c-section rates in communities that face high risks of negative birth and developmental outcomes. Doulas provide extended, intensive peer-to-peer support to families throughout pregnancy, during labor and birth and in the early months of parenting. Click [here](#) to access the study. Resources include a video on community-based doulas, which can be found [here](#).

Child & Adolescent Health

New Resource on Confidentiality for Adolescents and Young Adults

The University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies recently released *Sensitive Health Care Services in the Era of Electronic Health Records: Challenges and Opportunities in Protecting Confidentiality for Adolescents and Young Adults*. This brief identifies key issues affecting access to sensitive services for young people in California under health reform, summarizes current federal and state confidentiality guidelines with special attention to the role of EHRs and highlights EHR challenges and opportunities to protect confidentiality while providing sensitive services. To view this resource, [click here](#).

New AHRQ Statistical Brief on the Cost of Children's Conditions

A new Agency for Healthcare Research and Quality (AHRQ) Statistical Brief, *The Five Most Costly Children's Conditions, 2011: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0-17*, presents data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) regarding medical expenditures associated with the five most costly conditions for children ages 0–17 in 2011. These conditions were determined by totaling and ranking the expenses by condition for all medical care provided in 2011. Mental disorders were the most expensive conditions (\$13.8 billion) to treat among children, followed by asthma/chronic obstructive pulmonary disease (\$11.9 billion), trauma-related disorders (\$5.8 billion), acute bronchitis and upper respiratory infection (\$3.3 billion) and otitis media (\$3.2 billion). To learn more, [click here](#).

New SAMHSA Study Shows Decline in Teen Drug and Alcohol Use

Drug and alcohol use among America's teens continues to trend downward, according to *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, released by the Substance Abuse and Mental Health Services Administration (SAMHSA). From 2002 to 2013, the average American teenager's odds of regular tobacco use nearly halved. Recreational use of prescription painkillers saw a similar decline. The rate of regular alcohol use among teens aged 12 to 17 declined from 17.6 percent to 11.6 percent over the same period. Teen marijuana use, a contentious topic now that several states have legalized marijuana sales, is also on the decline. To access the full report, [click here](#).



ON YOUR BEHALF

- On Sept. 16-19, AMCHP staff Lori Freeman, Lacy Fehrenbach, Erin Bonzon, Caroline Stampfel, Piia Hanson, Andria Cornell, Krista Granger, Jessica Teel and Megan Phillippi represented AMCHP at the CityMatCH Leadership and MCH Epidemiology Conference, which is a joint conference combining the CityMatCH Urban Maternal and Child Health Leadership Conference, as well as the MCH Epidemiology Conference every other year. AMCHP, in partnership with CityMatCH, hosted the pre-conference trainings, which included sessions on selecting and designing measures for MCH 3.0, advanced epidemiology methods like propensity score matching and mediation, designing infographics and illustrating return on investment. In addition, AMCHP staff Caroline Stampfel, Krista Granger, Brittany Argotsinger and Jessica Teel presented on current AMCHP work, including the life course indicators, the state infant mortality toolkit, the epidemiology methods and practice assessment, the Every Mother Initiative and next generation leaders. In addition, AMCHP staff participated in numerous meetings, moderated sessions and made connections with partners.
- On Sept. 25-26, AMCHP and the Association of Women's Health, Obstetric and Neonatal Nurses (co-convended an expert panel of nurse leaders to explore the development of effective strategies and tactics to improve the quality of nursing care women receive before, during, and after pregnancy, looking specifically at opportunities presented by state-based maternal mortality reviews. Various national and state leaders participated in the meeting to provide guidance and contribute to the panel's deliberations. The meeting took place in Atlanta, GA, with participation from AMCHP staff Andria Cornell and Erin Bonzon. Implementation of the findings of the panel will take place throughout early 2015.

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!

CAREER OPPORTUNITIES

AMCHP Seeks Associate Director, Health Reform Implementation (#14-10006)

The associate director, health reform implementation is accountable for the development, implementation and evaluation of program activities within AMCHP's National Center for Health Reform Implementation through cooperative agreements and grants, including health reform activities that are part of the National MCH Workforce Development Center. The associate director reports to the director of programs and serves as liaison to the policy team. S/he leads efforts with AMCHP to 1) track, analyze, and report on federal and state legislation and programs impacting state maternal and child health programs and 2) help maternal and child health (MCH) programs improve health outcomes for women, children, and families through implementation of federal and state health reforms. To learn more, [click here](#).



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 Brown](#) at (202) 266-3056 or visit amchp.org/bestpractices.

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

CAREERS CONT.

New Hampshire Department of Health and Human Services Seeks PRAMS Coordinator

The PRAMS project coordinator is responsible for overseeing and coordinating all aspects of the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) grant in collaboration with internal and external partners. The position oversees data collection and management procedures of the State PRAMS survey, including ensuring the quality and timeliness of the data and preparation and dissemination of reports. This position reports to the MCHS SSDI Program Planner III. To learn more, [click here](#).

North Carolina Accepting Applications for Women and Children's Health Section Chief

This position provides leadership, medical consultation and direction, overall guidance for policy, planning and accountability for the Section and the programs located within the Section. The position provides development and implementation of appropriate statewide health policy on issues related to women's and children's health issues; development of programs and initiatives with local health departments, nonprofits, the business and faith communities to address women's and children's health issues; accountability for contracted deliverables, funds spent and improved outcomes in communities; medical direction and consultation to Section programs, all 85 local health departments, related agencies and Section staff; statewide medical and public health leadership outside the Division of Public Health to physicians and other health professionals and their related organizations' leadership within the Division of Public Health; and representation for the State Health Director when requested. This position reports to the State Health Director and assists the State Health Director in formulating policies relevant to the health and wellbeing of the state's women, infants, children and families to assure consistency with the vision and direction of the Public Health Division and the expectations of state/federal and private funding sources. For more information, [click here](#).

Virginia Opens Children and Youth with Special Health Care Needs Supervisor Search

Serves as supervisor of the Children and Youth with Special Health Care Needs (CYSHCN) program within the Office of Family Health Services (OFHS), reporting to the Deputy Director of OFHS/Title V and MCH director. The goals of the program are summarized as follows: promotes the health of children with special needs through statewide initiatives and collaborations, as well as through specific public health programs. These are children from birth to 21 years of age who have a long term, chronic physical, developmental, behavioral or emotional illness or condition. Candidate must have considerable knowledge of public health principles and practices, public health education. Knowledge and experience with the principles, best practices, and national guidelines for children with special health care needs. Ability and experience to strategically plan, organize, direct and evaluate major health programs, to analyze and interpret data and to manage the application of leading edge technology (including databases) to program operations. Demonstrated skills in oral and written communication, supervision (Central Office and/or remote) and program budgeting. Ability to work with professionals and community groups to achieve desired outcomes. A Bachelor's Degree in public health, child development, social work, community health or related field or equivalent combination of education, training and experience is required. For more information and to apply, [click here](#).



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Reducing Disparities in Breastfeeding through Peer and Professional Lactation Support Project

Deadline: Oct. 10

With support from the CDC, the National Association of County and City Health Officials (NACCHO) is pleased to offer a funding opportunity for local health departments (LHDs) and community-based public, private, non-profit or faith-based organizations to provide peer and professional lactation support to African American and underserved (e.g. ethnic minority group or low-income) women and infants. The purpose of this project is to increase implementation of evidence-based and innovative breastfeeding programs, practices, and services at the community level, specifically focused on peer and professional lactation support to breastfeeding mothers in predominantly African American communities; and to develop and maintain public health partnerships critical to building community support for breastfeeding. NACCHO will make at least 70 awards available to LHDs, community-based public, private, non-profit, or faith-based organizations, and lactation support providers for a two-year breastfeeding project. The project is a four-year cooperative agreement with CDC to increase implementation of evidence-based breastfeeding programs, practices, and services at the community level. NACCHO recorded webinars discussing the funding opportunity and responding to questions, which will be posted to the NACCHO website. To learn more, [click here](#).

National Institutes of Health (NIH) PPTC Coordinating Center

Deadline: Oct. 13

The Pediatric Preclinical Testing Consortium (PPTC) initiative will consist of testing Research Programs and the PPTC Coordinating Center. It will address key challenges associated with the development of new therapies for children with cancer by developing reliable preclinical testing data for pediatric drug candidates that can be used to inform new agent prioritization decisions. The PPTC Coordinating Center will be responsible for integrating the activities of the individual PPTC Research Programs to create a functional consortium for pediatric preclinical testing. It will provide administrative coordination and infrastructure, data management and statistical support as well as Consortium scientific coordination. For more information, [click here](#).

NIH PPTC Research Programs

Deadline: Oct. 13

PPTC Research Programs will do *in vivo* and *in vitro* testing of the activity of pediatric anticancer drug candidates. The PPTC is to develop a rigorous preclinical testing system for them and generate reliable data that can be used to inform new agent prioritization decisions. Drug testing Research Programs focused on specific tumor types that are particularly relevant to pediatric oncology should propose one testing Research Program type per application. To learn more, [click here](#).

Healthy Tomorrows Partnership for Children Program

Deadline: Oct. 14

The Healthy Tomorrows Partnership for Children Program (HTPCP) is a cooperative agreement between MCHB and the American Academy of Pediatrics. Federal grants of \$50,000 per year for up to five years are awarded through the program to support community-based child health projects that improve the health status of mothers, infants, children and adolescents. The goal of this program is to promote access to health care for children, youth and their families nationwide and employ preventive health strategies through innovative community driven programs. This program supports HRSA goals to improve access to quality health care and services, to build healthy communities and to improve health equity. HTPCP funding supports direct service projects, not research projects. HTPCP applications must represent either a new initiative within the community or an innovative new component that builds upon an existing community-based program or initiative. For more information, [click here](#).

Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS)

Deadline: Oct. 15

The purpose of the RWHAP Part C EIS Program is to provide HIV primary care in the outpatient setting. Funds will support outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV/AIDS including women, infants, children and youth. Applicants must propose to provide a comprehensive continuum of outpatient HIV primary care services in the designated service area including: 1) targeted HIV counseling, testing, and referral; 2) medical evaluation and clinical care; 3) other primary care

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services; and 4) referrals to other health services. Primary care for persons with HIV disease should start as early in the course of the infection as possible. However, entry into a RWHAP Part C EIS program may take place at any point in the spectrum of the disease or the patient's lifespan. For more information, [click here](#).

MIECHV Competitive Grants

Deadline: Oct. 17

Competitive Grants provide funds to eligible entities that are states and certain territories that continue to make significant progress under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program toward implementing a high-quality home visiting program as part of a comprehensive, high-quality early childhood system and are ready and able to take effective programs to scale to address unmet need. Grantees will use the funds to provide ongoing support to high-quality evidence-based home visiting programs and for the incremental expansion of evidence-based home visiting programs funded, in whole or in part, by the MIECHV program to achieve greater enrollment and retention of families eligible for home visiting. Additionally, this funding opportunity will continue the programs emphasis on rigorous research by grounding the proposed work in relevant empirical literature and by including requirements to evaluate work proposed under this grant. To learn more, [click here](#).

National Maternal and Child Health Data Resource Center Cooperative Agreement Program

Deadline: Oct. 28

The purpose of the National MCH Data Resource Center (DRC) Cooperative Agreement Program is to support a diverse population of stakeholders in the valid and standardized use of national, state, and community level data as it relates to the health of women, children and families. This cooperative agreement program will support the maintenance and expansion of a DRC that highlights, describes, and facilitates access to publicly available data with a focus on increasing access to and timely utilization of MCH data among state and local governments and non-governmental organizations, including HRSA grantees. Activities to increase both the availability of relevant data and the analytic capability of stakeholders will be done in a manner that aligns with and supports the MCHB initiative to evaluate the effectiveness of MCH programming through the use of

national and state-selected performance measures. To learn more, [click here](#).

Academy Health Population Health Scholarship Program

Deadline: Oct. 31

Sponsored by The Kresge Foundation, the Population Health Scholarship Program brings emerging community health leaders to Washington, DC for a policy bootcamp, where they will: Attend and participate in the 2015 [National Health Policy Conference](#); Meet with policymakers and community health stakeholders; and Network with key advisors from Academy Health's Translation and Dissemination Institute and the Committee on Advocacy and Public Policy. Ten scholars will receive a travel stipend and complimentary registration for the National Health Policy Conference and participate in activities based on their health policy interests. For more information, [click here](#).

MIECHV Formula Grant Program

Deadline: Nov. 3

This program was established by the ACA to continue the delivery of voluntary early childhood home visiting program services in response to a statewide needs assessment. This program is being undertaken as part of the shared commitment of HRSA and the Administration for Children and Families (ACF) to comprehensive family services, coordinated and comprehensive voluntary statewide home visiting programs, and effective implementation of high-quality evidence-based practices. The MIECHV formula grant program is designed to: 1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; 2) improve coordination of services for at-risk communities;



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and 3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The statute reserves the majority of funding for the delivery of services through use of one or more evidence-based home visiting service delivery models. In addition, it supports continued innovation by allowing up to 25 percent of funding paid to the entity for a fiscal year to be used for service delivery through promising approaches that do not yet qualify as evidence-based models. To learn more, [click here](#).

National Technical Resource Center for Newborn Hearing Screening and Intervention (Center)

Deadline: *Nov. 10*

The purpose of the Universal Newborn Hearing Screening (UNHS) program is to utilize specifically targeted and measurable interventions to increase the number of infants who are followed up for rescreening, referral and intervention after having not passed a physiologic newborn screening examination prior to discharge from the newborn nursery. The focus of the Center will be to provide to state Early Hearing Detection and Intervention (EHDI) programs training and technical assistance for planning, policy development, implementing innovations and quality improvement methodology to reduce their loss to follow-up rate/loss to documentation (LTF/D), i.e. the number of infants who do not receive timely and appropriate screening follow-up and coordinated interventions. The goals of the Center are to: (1) improve the performance of state EHDI programs in decreasing the loss to follow-up rates by 5 percent per year, especially in rural and underserved communities; and (2) increase to 100 percent the number of state EHDI programs that have incorporated quality improvement methodology and processes into their operations. To learn more, [click here](#).

Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening

Deadline: *Nov. 10*

HRSA is soliciting applications for the Universal Newborn Hearing Screening and Intervention Program. This announcement solicits proposals for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery by utilizing specifically targeted and measurable interventions. The purpose of this funding opportunity is to further focus

efforts to improve the loss to LTF/D by utilizing specific interventions such as quality improvement methodology to achieve measurable improvement in the numbers of infants who receive appropriate and timely follow-up. For more information, [click here](#).

Strengthen Evidence Base for Maternal and Child Health Programs Cooperative Agreement

Deadline: *Nov. 10*

The purpose of this program is to provide support and resources to assist state Title V MCH programs in developing evidence-based or evidence-informed State Action Plans as well as in responding to the National Outcome Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures. This will facilitate the transformation of the Title V MCH Services Block Grant program. To learn more, [click here](#).

NIH Interventions for Youth Who Misuse/ Abuse Prescription Stimulant Medications

Deadline: *Nov. 13*

This NIH announcement solicits U01 applications conducting either hypothesis-driven or hypothesis-generating controlled research to build an evidence base to address the problem of prescription stimulant medication (PSM) misuse in youth. Specifically this solicits research applications that develop and test the efficacy of interventions to either prevent or reduce the misuse and diversion of PSMs among high school students and/or college students. Animal studies and epidemiological research will be considered unresponsive. For more information, [click here](#).

Rural Health Care Services Outreach Grant Program

Deadline: *Nov. 14*

Outreach Program is a community-based program targeted to improve outreach and service delivery in local and regional rural communities. The goals for the Outreach Program are the following: 1. Expand the delivery of health care services to include new and enhanced services exclusively in rural communities; 2. Deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services; 3. Utilize and/or adapt an evidence-

FUNDING CONT.

based or promising practice model(s) in the delivery of health care services; 4. Improve population health, demonstrate health outcomes and sustainability. Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective health care in rural communities. Proposed projects will be grounded in an evidence-based or promising practice model(s) in order to avoid reinventing the wheel. Projects based on an evidence-based or promising practice model have shown to be effective in addressing the community's need, improving the health status of its residents and sustaining the project beyond federal funding. Outreach projects can take the framework or methodology of an evidence-based or promising practice model and tailor it to their community's need and organization. To learn more, [click here](#).

NIH Assessment and Improvement Tools for Neurologic Outcomes in Perinatal Medicine

Deadline: *Nov. 17*

The goal of this initiative is to develop tools and technology for diagnosis, intervention and improvement of outcomes for pregnancies and infants with known neurologic disease or infants at high risk for neurologic complications. Available funding includes [Small Business Technology Transfer Grant \(R41\)](#) and [Small Business Innovation Research Grant \(R43\)](#).

William T. Grant Foundation Distinguished Fellows Grant

Deadline: *Jan. 6, 2015*

The Distinguished Fellows Grant awards up to \$175,000 for a fellowship for mid-career policymakers, practitioners and researchers who are influential in their role and able to affect attitudes and practices of others working in similar roles and settings. The Grant supports researchers seeking to work in policy or practice settings, or policymakers and practitioners seeking to work in research settings. To learn more, [click here](#).

NIH Understanding Infancy and Early Childhood Factors That Influence Obesity

Deadline: *Feb. 5, 2015*

Institutions/organizations should propose to characterize or identify factors in early childhood that may increase or mitigate risk for weight gain and fill risk for development of obesity in children research gaps. Studies should

propose research in young children and may also assess factors relevant to families of them. For more information, [click here](#).

NIH Patient Safety in the Context of Perinatal, Neonatal and Pediatric Care

Deadlines: *Mar. 5, 2015 (R01) and Mar. 16, 2015 (R21, R03)*

A wide range of collaborative research projects related to patient safety in the context of perinatal, neonatal and pediatric care both in routine hospital settings and in the intensive care units related to:

The epidemiology of various domains of medical errors and consequent patient harm; Assessing the factors at various levels that contribute to such errors; and Intervention strategies at individual, systems, and institutional levels to help reduce and eliminate medical errors is encouraged. Available funding includes [Exploratory/Developmental Research Grant \(R21\)](#), [Research Project \(R01\)](#) and [Small Grant Program \(R03\)](#).

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 Health IT

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 (IT) 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

AMCHP 2015

Jan. 24-27, 2015

Washington, DC

MCH Events

88th Annual School Health Conference

Oct. 8-11

Portland, OR

2014 Public Health Law Conference

Oct. 16-17

Atlanta, GA

American Public Health Association (APHA) 2014 Annual Meeting and Exposition

Nov. 15-19

New Orleans, LA

Public Health Law Research Annual Meeting

Jan. 14-16, 2015

San Juan, Puerto Rico

Children's Environmental Health Network (CEHN) 2015 Research Conference

Feb. 4-16, 2015

Austin, TX

National Health Policy Conference (NHPC)

Feb. 9-10, 2015

Washington, DC

2015 Preparedness Summit

Apr. 14-17, 2015

Atlanta, GA

National Network of Public Health Institutes Annual Conference

May 12-14, 2015

New Orleans, LA

31st Pacific Rim International Conference on Disability and Diversity

May 18-19, 2015

Honolulu, HI

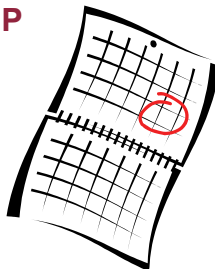
8th Biennial Childhood Obesity Conference

Jun. 29-Jul. 2, 2015

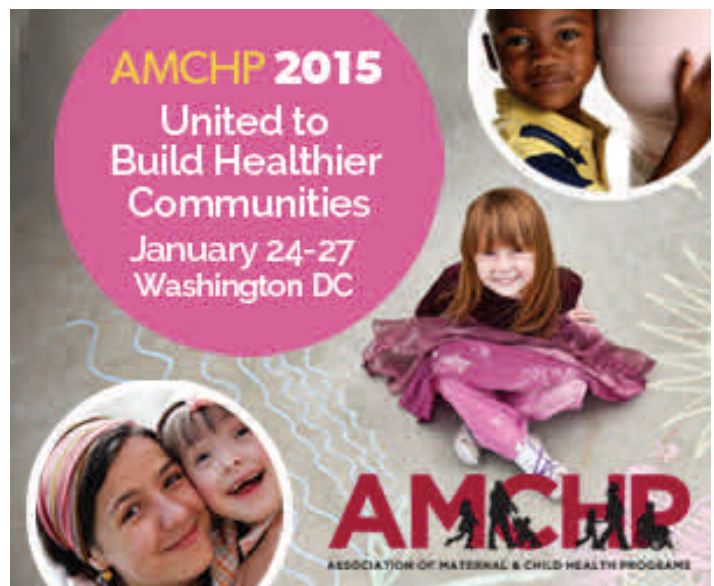
San Diego, CA

List Your Event on the AMCHP MCH Events Calendar

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



Register Today!



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