



AUGUST 11, 2008

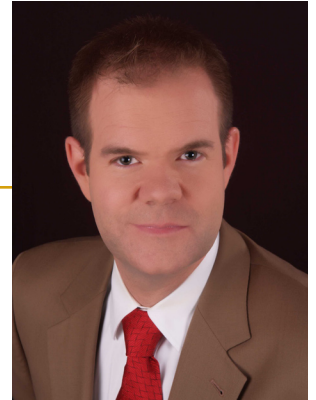
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member *Briefs*

MANAGEMENT MINUTE

I Need A Vacation!

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



If you've ever been to Washington in August you'll realize why Congress takes the month off – this place gets hot and sticky! While we all owe whoever invented air conditioning a major debt of gratitude, the heat of summer in Washington would have been enough to motivate me to invent it despite the fact I am extremely challenged in both the engineering and physics departments. And so, although I do enjoy the miracle of air conditioning, like many Washingtonians I too try to escape the city in August searching for cooler air, fresh breezes and a chance to enjoy a little time away from heat and humidity.

To be completely honest, taking “vacation” in the traditional sense does not come easily to me. I don't like being away when it feels like there is always something happening at the office, another project or grant due, an important meeting, or a critical event I feel I just have to attend. Truthfully, it is hard to relax knowing that I might be coming back to an inbox piled high and hundreds of new emails: that kind of ruins the vacation feel after one click of the mouse Monday morning. But taking my laptop to the beach just doesn't seem right either. The conundrum of wanting to stay connected while also taking some time off has led me to think some more about the tension between being vacation-adverse and knowing that one has to “get away from it all” to be a truly effective manager.

What I realized about myself, and maybe it is true for you too, is that what works best for me is not necessarily “going on vacation” as much as it is making sure I make time to recreate, recover and re-energize from my daily routine. Some people do that by spending a week on the beach, blended umbrella-drink in hand, and doing a whole lot of nothing. Not me. I like a great day at the beach as much as anyone but what I need to do on vacation is recover by thinking, reading, maybe doing some planning, writing and creative work for my next big thing. Sound crazy? Yes, it is true, Club Med rarely offers free wireless Internet access and those pictures of paradise do not have a laptop next to the pool. But, I have to say I am almost more able to relax knowing that I can read

that new management book I have been meaning to read, do some of the creative work I cannot always get to in the office, and maybe even explore how to do some cool things with PowerPoint I always wanted to know how to do, and still enjoy a pina colada with my Internet access. That is far more renewing, rejuvenating and relaxing to me than coming home after being totally disconnected for a week and not knowing what messages, tasks or crises I will have to deal with upon my return.

I guess where I am going with this is that the most important thing about vacation may not be how long you are away, how many roller-coasters you ride, or how many SPFs you need in your sunscreen. An effective manager knows when they need to “sharpen their axe” and use time away to do just that. A vacation is a renewal and recovery time to get a different perspective, think about something in a new way, give oneself time to reflect and not just react. That can happen during a week at the beach but can also happen by taking an afternoon off to go to the library, checking out a new art show at the gallery, seeing a movie, or attending a conference or seminar that opens your eyes to something different, something new, something that might just spark a connection to your work that allows you to do something better, more creatively, and have more impact when you get back.

So, the next time you are wondering why you feel that you just cannot face the pile of work that covers your desk and want to scream “I need a vacation!” step back and say “I need to sharpen my axe – I need some renewal and recovery time.” That statement may lead you to a beach-side vacation spot, but could also land you at a summer lecture at the local university, the “best sellers” section of your local bookstore, a day-long church retreat or a volunteer day at Habitat for Humanity. And when you return from your time away you may be surprised by what you bring back to the office, refreshed and renewed, and the value that “vacation” has added to your work.



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member Briefs



LEGISLATIVE CORNER

MCH Appropriations Update

Congress is currently on recess for the month of August and completion of FY '09 appropriations bills — including funding for health programs — is again not likely to be completed in time for the October 1 start of the next fiscal year. All indications are that Congress is likely to pass a continuing resolution (CR) that would level fund programs possibly through March of 2009, at which time FY '08 funding would be completed with a new president. AMCHP will certainly report any changes to this schedule, and in the meantime additional details have emerged on the funding levels for MCH programs included in the bills marked up by each chamber's Labor HHS Appropriations subcommittees.

As previously reported, the Senate Labor HHS Appropriations Committee has proposed flat funding for the Title V MCH Block Grant, while the House proposal includes an \$8.8 million increase for Title V. Once again more than half of the proposed new Title V funds are earmarked for the same programs as last year, as follows:

- First time motherhood @ \$5 million, an increase of \$87k;
- Heritable disorders/newborn screening @ \$5 million, an increase of \$3 million;
- Dental health @ \$5 million, an increase of \$282k;
- Epilepsy @ \$4 million, an increase of \$1 million;
- Sickle cell treatment centers @ \$3 million, it was zeroed out in FY 2008;
- Doulas @ \$1.5 million, a small cut of \$9k.

Our message to Capitol Hill is that while we understand the pressures to follow this approach — and while funding is certainly needed in each of these areas — the bottom line is that most states will see hardly any increase and their ability to respond to key state-determined MCH problems will continue to erode. As always, for more information on AMCHP's Title V advocacy efforts please contact Josh Brown or Brent Ewig by email or phone at (202) 775-0436.

House Passes Tobacco Regulation Bill

The House of Representatives passed a measure in July to give the FDA power to regulate tobacco. The bill, which

has been under consideration for nearly a decade, passed by a veto proof margin in the House, and while a companion Senate measure has 56 co-sponsors it has not yet been scheduled for a vote in that chamber. It is unclear if the Senate would have the votes to over-ride a promised veto from the White House, but AMCHP will continue to monitor the issue and support efforts to address the top preventable killer in America.

Congress Acts to Improve Child Safety

Congress also completed action in July on legislation intended to safeguard children from dangerous toys, protect whistleblowers and revise U.S product safety laws. The bill which reauthorizes the Consumer Product Safety Commission also will ban lead in children's products, mandate toy safety standards, raise fines for manufacturing faulty products, and restrict certain plastic softeners called phthalates in children's toys. At press time the president was expected to sign this bill, the Consumer Product Safety Modernization Act (HR 4040), into law. AMCHP commends this effort to assure safer, healthier kids.

HHS Withdraws Proposed Rule on Designation of MUAs and HPSAs

On July 23, the Department of Health and Human Services (HHS) withdrew a proposed rule on the designation of Medically Underserved Areas/Populations (MUA/P) and Health Professional Shortage Areas (HPSA) that threatened to disrupt health center funding and jeopardize health care for poor and underserved populations across the nation. The proposed rule, sought to create a new method to designate HPSAs and MUAs by creating a three-tier system with new criteria for designation.

For decades, areas have been designated as "medically underserved areas" and "health professional shortage areas." These designations are used by governments to prioritize the distribution of federal and state funds, including clinical resources to vulnerable and underserved communities. Areas that qualify may receive federal funding to support the establishment and operation of community health centers, or receive National Health Service Corps physicians and



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member *Briefs*

LEGISLATIVE CORNER CONT.

clinicians. Analysis conducted by the George Washington University (GWU) School of Public Health and Health Services demonstrated that the rule would have greatly disrupted safety net services particularly in urban areas, as well as in the northeast and northwest areas of the country. Additionally, almost 29 million people that live in urban areas would no longer have been considered medically underserved. In withdrawing the rule, the Health Resources and Services Administration cited receipt of “many substantive comments on the proposed rule,” a reference to the hundreds of comments submitted during the public comment period. Visit <http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/HighlightsMUA-5-1-08.pdf> to download GWU’s analysis of the rule.



GET INVOLVED

Pre-Conference Data Training Workshops —

AMCHP, in partnership with the Centers for Disease Control & Prevention (CDC), Division of Reproductive Health (DRH), and Maternal and Child Health Bureau (MCHB), will conduct four data training workshops on December 8-9, 2008, in Atlanta, GA. The trainings serve as pre-cursors to the 14th Annual CDC MCH EPI Conference scheduled for December 10-12, 2008, at the Crowne Plaza Hotel Atlanta-Ravinia. All four of the following courses will be two-day comprehensive and hands-on data trainings:

1. State Title V Program MCH Needs Assessment Practice
2. Scientific Writing: Communicating Research Investigation Effectively to Expedite Publication, Programmatic and Policy in Public Health
3. Time Trend Analysis for MCH Outcomes in Large and Small Populations
4. Using the Population Attributable Fraction (PAF) to Assess MCH Population Outcomes

Registration and course descriptions will be available online at <http://www.amchp.org>. Space is limited. For more information, please contact Henry Maingi (hmaingi@amchp.org) or Brynn Rubinstein (brubinstein@amchp.org).

Call for Abstracts: 14th Annual MCH EPI Conference —

This call for abstracts is specifically for students, fellows and summer interns for the “Making Methods and Practice Matter for Women, Children and Families,” conference convening December 10-12, 2008, in Atlanta, GA. This conference, organized by the CDC, will offer MCH professionals the opportunity to share experiences, enhance their knowledge, and generate new ideas for improved MCH data use and informed policymaking. The deadline for abstracts is **August 29**. For more details regarding the conference, visit <http://www.cdc.gov/reproductivehealth/MCHepi/2008/AboutConference.htm>.

Please note: A follow up announcement will be sent when the abstract submission website is up and running. For questions about the conference, please contact the conference organizers at mcheppi@cdc.gov.

Public Health Pre-Deployment Course —

The World Health Organization (WHO) will host a Public Health Pre-Deployment Course in Ottawa, Ontario, Canada on November 16–29, 2008. This course is for those with specific public health experience in any of the following areas: maternal, newborn and child health and reproductive health in emergency settings. Previous experience in a natural disaster or conflict environment is desirable but not mandatory. Those selected will 1) develop capacity for emergency response and 2) potentially join the roster of ‘Health coordinator’ or ‘MNCH/RH expertise’ that can be deployed by WHO in the event of an emergency. The deadline for applications is **August 31**. To learn more, visit <http://www.who.int/hac/techguidance/training/predeployment/phpd5/en/index.html>.

Call for Abstracts: 13th Annual National Conference —

This call for abstract is for speaker nominations to present at the National Hispanic Medical Association’s annual conference to convene on March 19–22, 2009, at the New York Marriott at the Brooklyn Bridge. The conference will focus on strategies to improve the health of Hispanic communities through policy, health professions’ education, research and clinical programs. The deadline for abstracts is **September 12**. To download the abstract form, visit www.nhmamd.org.



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member *Briefs*

GET INVOLVED CONT.

Call for Proposal: Linking At-Risk Children to Developmental/Behavioral Programs

— The Connecticut Children's Medical Center is pleased to announce a technical assistance opportunity for replicating a system linking children at risk for behavioral and developmental problems to existing services. This project will provide technical assistance and guidance to two selected states (or regions) as they replicate Connecticut's Help Me Grow program. The deadline for proposals is **September 22**. To download the application, visit www.ccmckids.org/programs/helpmegrow.asp.

PUBLICATIONS & RESOURCES



General Maternal & Child Health

Children's Safety Network and the 2010 Needs Assessment

— The Children's Safety Network (CSN) is a Maternal and Child Health Bureau-funded resource center for MCH and injury prevention professionals in state and territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN is working with MCH programs to help them address injuries and violence in the 2010 Needs Assessment. CSN can provide technical assistance to states by identifying the most useful injury data sources, developing sample State Performance Measures, providing case studies and more. To learn more about the kind of technical assistance that CSN can provide, visit <http://www.ChildrensSafetyNetwork.org>.

Paper on Reducing Unplanned Pregnancies through Medicaid Family Planning Services

— In this paper, authors Melissa Kearney and Phillip Levine analyze the impact of state policies that expanded eligibility for Medicaid family planning services to women who do not meet regular Medicaid eligibility criteria. The results of their research show that the expanded eligibility policies had a

significant impact on reducing unplanned births. Visit http://www.brookings.edu/papers/2008/07_reducing_pregnancy_ Kearney.aspx to see the full page.

Community Health Status Indicators Project

— The Public Health Foundation is dedicated to creating healthy communities throughout the United States. They do this by connecting communities to, and helping them effectively use, information that will help improve performance. One resource that helps them do this is the Community Health Status Indicators Project with organized health profiles for each of the 3,141 counties in an easy-to-find website. This allows you to compare your county's health data with that of other counties in the nation and ensure your state's efforts are measuring up to the Healthy People 2010 goals. To learn more, visit <http://www.phf.org/chsi/index.htm>.

Paper on the Impact of Publicly Funded Family Planning Clinic

— According to a new Guttmacher Institute paper analysis, "The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings," publicly funded family clinics prevent 1.4 million unintended pregnancies resulting in savings of \$4.3 billion in public funds. To download the paper, visit http://www.guttmacher.org/pubs/09_HPU19.3Frost.pdf.

Children's Health

Three "I Can Do It, You Can Do It" Program Brochures Available

— The Office of Disability at the U.S. Department of Health and Human Services now offers three brochures geared to three different audiences, including the sponsoring organizations, mentors and children and parent on their National Program on Physical Fitness for Children and Youth with Disabilities. The program is designed to reach 6 million children and youth with disabilities to assist them in becoming physically fit through physical activity and good nutritional practices. To learn more, visit <http://www.hhs.gov/od/physicalfitness.html>.

Data Resource Center — The National Survey of Children with Special Health Care Needs (CSHCN) has new resources on their website. Visitors are able to compare results for rural, suburban and urban areas within any state



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member Briefs

PUBLICATIONS & RESOURCES CONT.

from the 2005-2006 survey. Condition-specific profiles for CSHCN and maps that allow you to see how your state ranks compared to other states are also available. To learn more, visit http://www.cshcndata.org/RUCA/RUCA_Selection.aspx.

Report on Newborn Hepatitis B Vaccination Coverage Among Children — The CDC analyzed data from the 2006 National Immunization Survey to measure hepatitis B vaccination coverage during the neonatal period. The report, *Newborn Hepatitis B Vaccination Coverage Among Children Born January 2003 to June 2005 in the United States*, summarizes the results of this analysis and provides national, state and local data on vaccination coverage for infants who received the hepatitis B vaccine during the first days of life. The findings reveal that, during January 2003 to June 2005, before implementation of the 2005 Advisory Committee on Immunization Practices hepatitis B vaccine recommendation, the national newborn hepatitis B vaccination coverage estimate was 42.8% at age 1 day and 50.1% at age 3 days, with substantial variation by states and local areas. To read the full report, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5730a3.htm?s_cid=mm5730a3_e.

Adolescent Health

Report on HIV Infection and STDs Risk Behaviors Among High School Students — According to the CDC's *Morbidity and Mortality Weekly Report*, the percentage of U.S. high school students who had sexual intercourse decreased by 12 percent, the percentage who had sexual intercourse with four or more persons during their lifetime decreased by 20 percent, and the percentage who were currently sexually active decreased by seven percent. Among students who were currently sexually active, the prevalence of condom use increased by 33 percent. However, the changes in risk behaviors did not occur among black, Hispanic and male students.

In addition, no changes were detected in the prevalence of sexual risk behaviors from 2005 to 2007, and many students still engaged in behaviors that place them at risk for HIV

infection and STDs. To read the full report, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5730a1.htm?s_cid=mm5730a1_e.

Webcast on Internet-Based HIV/STI Prevention Intervention— The National Association of County and City Health Officials will host an "Internet-Based HIV/STI Prevention Interventions for Adolescents" live webcast and discussion on Thursday, August 21, from 3 to 4:30 p.m. (EDT). The webcast will provide participants with background information about adolescent internet use as well as strategies for how local health departments can leverage the power of the internet to target adolescents for HIV/STI prevention. To register, visit <http://webcasts.naccho.org/session.php?id=1493>.

Adolescent Webinar — The National Institute for Health Care Management Foundation will host a "Encouraging Adolescents' Use of Recommended Health Care Services" webinar on Thursday, August 28, from 1 to 2:30 p.m. (EDT). The webinar will examine current health plan efforts and what more can be done to tap social marketing and mobile technology to promote healthy behaviors among teens. To register by August 27, visit http://www.nihcm.org/maternal_adolescent_and_child_health1/conferences_and_webinars.

Injury or Neglect Webinar — The Prevention Subcommittee of the Federal Interagency Workgroup on Child Abuse and Neglect will host a "Is it Injury or Neglect? - Improving Our Knowledge to Better Protect Children" webinar on Thursday, August 28, from 3 to 4:30 p.m. (EDT). This webinar will help participants understand the relationship between unintentional injuries and neglect. To register, visit <https://www2.gotomeeting.com/register/399684939>.

Women's Health

Doctors Should Routinely Screen All Women for HIV — The American College of Obstetricians and Gynecologists' (ACOG) Committee on Gynecology Practice recently recommended that physicians should routinely



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member Briefs

PUBLICATIONS & RESOURCES CONT.

screen all women between the ages of 19 and 64 for HIV, regardless of their risk factors. Women continue to represent a growing proportion of HIV and AIDS cases and it's critical that they know their status. According to ACOG, this knowledge can improve women's chances of survival, reduce associated illnesses, help them take steps to avoid unintended pregnancy, protect their sexual partners, and reduce the likelihood of mother-to-child transmission should pregnancy occur. To learn more, visit http://www.acog.org/from_home/publications/press_releases/nr08-01-08-1.cfm.

Report Finds New Mothers Experience Post-Traumatic Stress Disorder —

A recent report found that one in 10 women in the United States who have recently given birth meet the formal criteria for post-traumatic stress disorder resulting from childbirth. The "New Mothers Speak Out" report released by Childbirth Connection and conducted by Harris Interactive, screened 900 U.S. mothers using an established Post-Traumatic Stress Disorder (PTSD) screening tool. Nine percent of the women surveyed screened positive for all the criteria of PTSD outlined in the Diagnostic and Statistical Manual of Mental Disorders, and 18 percent of participants showed some signs of the condition, according to the report. Researchers noted that most women enrolled in the survey who experienced PTSD and other depression symptoms did not seek professional help. To learn more, visit <http://www.childbirthconnection.org/article.asp?ck=10413>.

Study Finds Pre-Pregnancy Diabetes Increases Risk for Multiple Birth Defects —

According to the National Birth Defects Prevention Study by the CDC, pregnant women with pre-gestational diabetes mellitus (pre-pregnancy diagnosis of diabetes, such as type 1 or type 2 diabetes) are more likely than a mother with no diabetes or a mother with gestational diabetes mellitus (pregnancy-induced diabetes) to have a child with various types of individual or multiple birth defects. This includes heart defects, defects of the brain and spine, oral clefts, defects of the kidneys and gastrointestinal tract and limb deficiencies. To learn more, visit <http://www.cdc.gov/media/pressrel/2008/r080730.htm>.

FUNDING



Technical Assistance to Improve Services for Children with Disabilities

Deadline: **August 14**

The Technical Assistance and Dissemination to Improve Services and Results for Children with Disabilities program promotes academic achievement and improved results for children with disabilities by supporting technical assistance (TA), model demonstration projects, dissemination of useful information, and implementation activities that are supported by scientifically based research. The program seeks partnership projects with a need for TA and a vested interest in improving results for all students, including students with disabilities.

<http://edocket.access.gpo.gov/2008/pdf/E8-16128.pdf>

Community and Youth Development

Deadline: **August 16**

The Gannett Foundation is awarding grants to invest in the future of the communities in which Gannett does business. Preference is given to projects that take a creative approach to fundamental issues such as education and neighborhood improvement, economic development, youth development, community problem-solving, assistance to disadvantaged people, environmental conservation and cultural enrichment. For more information, visit

<http://www.gannettfoundation.org/index.htm>.

Active Living and Healthy Eating Research

Deadline: **August 28**

The Robert Wood Johnson Foundation's Active Living Research and Healthy Eating Research programs support research to identify promising policy and environmental strategies for increasing physical activity, promoting healthy eating and preventing obesity. For more information, visit <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=20361>.

Health and Wellness

Deadline: **Mid-September**

In early August, New Editions will distribute a Request for Proposals (RFP) to implement the Department of Health and Human Services Office on Disability "I Can Do It, You Can Do It!" program and collect data about the progress of participants. The program is an exciting nation-wide initiative



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member *Briefs*

FUNDING CONT.

supporting physical activity, nutritional awareness, fitness and healthy lifestyles for children and youth with disabilities. Interested applicants will be required to prepare and submit a short proposal that will be reviewed by an expert panel. Five community organizations, public school systems, and/or universities will be selected and awarded \$5,000 to implement the program within their organization. For more information, visit <http://cdd.unm.edu/ICanDolt>.

Health and Wellness

Deadline: **Ongoing**

PepsiCo Foundation's mission in Health and Wellness is to advance and encourage healthy lifestyles and positive behavior change. Initiatives of particular interest are those which address one or more of the following focus areas: community activation, minority communities, school drop-out prevention, and health professionals. For more information, visit http://www.pepsico.com/PEP_Citizenship/Contributions/GrantGuidelines/index.cfm.

CALENDAR



2nd Annual National Conference on Health Communication, Marketing and Media

Engage and Deliver

August 12-14

Atlanta, GA

<http://www.cdc.gov/HealthMarketing/NCHCMM2008/>

2008 Cancer & Nutrition Symposium

The Cancer Project

August 16

Bethesda, MD

<http://www.CancerProject.org/Symposium>

Becoming the Healthiest Nation in a Healthier World

ASTHO-NACCHO

September 9-12

Sacramento, CA

<http://www.naccho.org/events/asthonaccho2008/>

Reproductive Health 2008

Association of Reproductive Health Professionals, Planned Parenthood Federation of America, and the Society of Family Planning

September 17-20

Washington, DC

<http://www.ReproductiveHealth2008.org>

The Association of SIDS and Infant Mortality Programs (ASIP) 2008 National Conference

Infants at Risk: Science to Solutions

September 18-20

Dearborn, MI

<http://www.asip1.org/2008Conference.pdf>

A Lifecourse Perspective: Pathways for Improving Practice in Urban MCH

CityMatCH

Sept 20-23

Albuquerque, NM

http://www.citymatch.org/conf_index.php

Beyond the Bars II: Creating Effective Collaborations for Children of Incarcerated Parents Summit

Grantmakers for Children, Youth, and Families

September 23-24

Berkley, CA

http://www.gcyf.org/programs/programs_show.htm?doc_id=697508

Healthy Foods, Healthy Moves: Delivering the Childhood Obesity Prevention Message to Schools and Communities Conference



AUGUST 11, 2008

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

member *Briefs*

CALENDAR CONT.

October 2-3, 2008

Chicago, IL

<http://www.healthyfoodshealthymoves.org>

Safe Kids Worldwide 2008 Child Injury Prevention Conference

October 15-18

Washington, DC

<http://www.safekids.org/conference2008/>

The National Rural School-Based Health Symposium

Bassett Healthcare

October 17-18

Cooperstown, NY

<http://www.nationalruralsbhsymposium.org/home.php>

The 2008 Nemours Conference on Child Health Promotion Advocacy, Policy, and Progress in the Fight against Childhood Obesity

October 23-24

Wilmington, DE

<http://www.nemours.org/department/nhps/annual-conference.html>

National Perinatal Association 2008 Annual Conference

November 19-21

Loma Linda, CA

<http://www.nationalperinatal.org>

Fourteenth Annual Maternal and Child Health Epidemiology Conference

Making Methods and Practice Matter for Women, Children and Families

December 10-12

Atlanta, GA

<http://www.cdc.gov/reproductivehealth/MCHepi/2008/AboutConference.htm>

AMCHP's 2009 Annual Conference

Launching MCH: Opportunities for a New Era

February 21-25

Washington, DC

<http://www.amchp.org>

The 3rd International Conference on Fetal Alcohol Spectrum Disorder

Integrating Research, Policy, and Promising Practice Around the World: A Catalyst for Change

March 11-14

Victoria, British Columbia, Canada

<http://www.interprofessional.ubc.ca>

OUR MISSION

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children.

Association of Maternal & Child Health Programs

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