



MANAGEMENT MINUTE

Ice Cream and Title V

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

The cover of *How We Decide* by Jonah Lehrer has three ice cream cones on it — one chocolate, one strawberry, and one vanilla. On a recent flight I was reading the book when my seatmate commented on its cover. “That’s

easy,” she said. “Chocolate. Did they really have to write a book about that? Everyone loves chocolate. Especially me.” I laughed and said, “Well, not me. I like strawberry!”

What seemed like a simple conversation about ice cream flavors was really a more enlightened conversation about the way we make decisions, how our brains are wired to develop tastes and preferences, and the way emotions shape what we do and how we think. Chocolate or Strawberry? We all have very strong feelings about which flavors we like more. In his book, Lehrer describes the complex ways emotions influence our rational thought and how our brains have evolved such that humans do not necessarily make the “right” choices rather we often make choices that make us feel best — or least worse. Instead of seeing emotion as primal, animalistic or some sort of primitive aspect of who we are, Lehrer posits that emotion is actually part of our advanced selves; that which makes us human and separates us from all other species.

This surprised me. I always thought of emotions as primitive and rationality as modern. Much of modern philosophy and science is based on rational thinking and thought processes that lead to the selection of the “right” decision and discovery of the “truth.” The scientific method and rational thought aim to purge feelings and emotions that might color our results or bias our thinking. Instead, Lehrer argues that emotion is a uniquely human trait and that feelings serve to help us. We use emotion to make better decisions, to help separate out choices, and to aid us in navigating a complex world. If we rationally considered all of our choices, we would be

paralyzed. If we didn’t have preferences or feelings about ice cream, for example, we would stand in front of the ice cream case for hours examining all the choices, weighing all the costs and benefits of every single flavor and every single brand. Feelings let us cut to the chase, sort out what we want, and provide us a basis for moving forward.

What does this mean for us in maternal and child health? Our field is rich in science and rational thinking and the traditions of medicine, public health and social justice. But why did we get in this field in the first place? If our rational selves were making purely rational decisions we all would have sought to maximize our rewards, right? If we were purely rational beings we would have selected more lucrative careers (maximizing pay) or easier work (minimizing challenge, more time for leisure). And here’s where the emotion comes in: we opted for this work because we like it, it makes us feel good, it is something about which we care deeply. It wasn’t to maximize gain and it wasn’t to minimize effort: it was because we feel “right” doing it and there is intrinsic reward above and beyond any payoff rational calculus can describe.

Part of Lehrer’s insight is that we need to consider how emotions and feelings influence why we do the things we do — why someone likes chocolate more than strawberry, or vice versa. In fact, Lehrer suggests that to really understand human behavior we must account for emotion and how emotions influence our decision making. Advertisers, politicians, and the media are just a few of the groups that understand people are not rational actors in a mechanistic world. We are feelers — always sensing the world around us and making choices based on the emotions that make us who we are. For us to make headway in improving maternal and child health we cannot just rely on science, we have to engage feelings.

Take AMCHP’s call for full funding for the MCH Block Grant as an example. We have spent two years appealing to

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Congress to fully fund Title V but our appeal has been based on rational thought — the numbers of women and children that will be served, the savings that will be realized in future health care costs, the moral imperative to take care of those that need help the most. All of us agree that it is the “right thing” to do — in a rational world full funding for Title V just makes sense. But our appeal has not been based on emotion. We have not sought to understand policy makers’ feelings about maternal and child health, full funding, and what their emotional selves are telling them about the Block Grant. If we use Lehrer’s theory to inform our work we might be more successful taking an emotional approach to our work and thinking about the irrational ways that funding and policy decisions are made. This means appealing more to the emotive side of our work, telling the stories about our programs and the impact they have, relying less on what we think is “right” and more on the emotion involved in the minds of people making decisions about funding Title V programs.

This is certainly a different way of thinking for me and for many of us working on important maternal and child health issues. But maybe Lehrer has a point — if we think about how people decide we may be more effective in getting them to make the kinds of decisions we would like to see made. Ice cream makers do it, why can’t we? Let’s try it and see.

LEGISLATIVE CORNER

Support Grows for Health Reform to Address Infant Mortality and Disparities

Health reform discussions are moving forward on Capitol Hill. Last week AMCHP worked quickly to build coalition support for the Senate Finance Committee’s proposed policy option to “reduce infant mortality and improve maternal well being” through the Title V MCH Block Grant included in their coverage options paper (available on page 61 [here](#)). With three days turn around, we put together a sign on letter to Senate Finance Committee leaders supported by 35 national organizations. The letter available [here](#) expresses strong support for including provisions addressing infant mortality, maternal well-being and related disparities in any health reform bill this year. We also continue to use a memorandum crafted by the



LEGISLATIVE CORNER CONT.

AMCHP Legislative and Health Care Finance Committee (latest version [here](#)) with Hill staff to outline some initial ideas to support the proposal, but the situation is fluid. We continue to stress the message that any additions to Title V do no harm to the core Block Grant, but that health reform offers the opportunity to renew progress on this vital measure of our nation’s health by building on the capacity in state Title V MCH programs.

Last week the Senate Finance Committee also released its third and final Policy Options paper entitled “[Financing Comprehensive Health Care Reform: Proposed Health System Savings and Revenue Options](#).” The good news is that while they talk about finding savings from within the healthcare system, no where do they explicitly raise the option of shifting spending on current public health programs to pay for coverage. They do however propose an option regarding Medicaid Disproportionate Share Hospital payments, saying “Another option would be to adjust DSH payment levels over time as the need for these resources decrease as more individuals become insured as a result of health care reform.” We will need to anticipate that this thinking could apply to future appropriations committee consideration of the “gap-filling” component of the Title V MCH Block Grant and re-double our messages about the importance of Title V and other key MCH programs as needed.

As always, your input and feedback on AMCHP’s advocacy efforts are welcome and can be addressed to [Brent Ewig](#), Director of Policy or call (202) 266-3041.

ASK AN EXPERT

AMCHP’s Board of Directors is soliciting input from members about current and emerging issues facing MCH programs in the next three years. We invite your feedback on where you see AMCHP going in the future and appreciate your response. This information will be shared at the June Board meeting as the Board refreshes and refines our next Strategic Plan. Please submit your comments by **June 10** so that we may compile them. Your responses will be confidential and anonymous. All members will receive an Issue Brief summarizing this feedback and feedback from other similar scans we have done on emerging issues shortly after the June Board meeting. To take the survey, visit [here](#).

GET INVOLVED



Submit Your Best Practice!

AMCHP is seeking submissions of best practices in maternal and child health from around the country by **June 12**. Whether it's an effective campaign to promote breastfeeding, an outstanding nurse-family partnership, or a proven early intervention program for young children, get the word out about your best practice. AMCHP defines "best practices" as a continuum of practices, programs and policies ranging from emerging to promising to evidence-based. A best practice could focus on the health of women, adolescents, young children, families, or children with special health care needs. Best practice focus areas include preconception care, mental health, data and assessment, financing, program and system integration, workforce development, injury prevention, emergency preparedness, family involvement, or other public health issues. Best Practice submissions are accepted on a rolling basis. However, to be considered for the current round of reviews, applications must be submitted by **June 12**.

- 1) Click [here](#) to download a PDF of the submission form.
- 2) When you are ready to submit, click [here](#) to start the survey.

For more information on submitting best practices, please contact [Darlisha Williams](#) or call (202) 775-0436.

Webinar on the findings of the 2007 National Survey of Children's Health

The MCH Information Resource Center will host a webinar on "New Findings from the 2007 National Survey of Children's Health (NSCH)" on Tuesday, June 2 from 2 to 3 p.m. (EDT). The webinar will provide an overview of the survey methodology, discuss potential applications of the survey as well as selected findings, and provide information about accessing national and state-level survey data online and highlight key state-level survey results. To register, visit [here](#).

Webinar on the Feasibility of Enhanced Surveillance for Poisonings

The Children's Safety Network will host a webinar on the "Feasibility of Enhanced Surveillance for Poisonings" on June 5 from 2 to 3:30 p.m. (EDT). The webinar will feature examples of how jurisdictions are attempting to reduce morbidity and mortality from narcotic/opioid poisonings by enhancing their current poisoning surveillance efforts. These examples will include a description of findings from

research studies as well as the process that some states are implementing to enhance current poisoning surveillance efforts. The examples will be followed by an open discussion. To register, send an email with your name, title, email address, and state to [Zoe Baptista](#).

Webinar on Incorporating Family Participation Practices in Your Practices

The American Academy of Pediatrics will offer a webinar on "Incorporating Family Participation Practices Into Your Practice and Project" on June 24 at Noon to 1:15 p.m. (EDT). Participants will learn how to gain buy in and involve parents/caregivers in planning and implementing their projects and practice; understand the opportunities for different levels of family participation; and evaluate ways to maintain and sustain family participation. To register for the webinar, visit [here](#).

Call for MCH Case Studies

Maternal and Child Health projects of all kinds are needed (community-based/indigenous, public health, NGO, foundation-funded initiatives) to be used in the "International Case Studies in Maternal and Child Health," a textbook for health professionals. The deadline for submissions is September 30. Priority will be given to case studies written by, or in collaboration with, local voices. All questions and submissions should be addressed to the editor [Ruth C. White](#).

ON YOUR BEHALF

AMCHP staff participated in a one day cultural and linguistic competence training with staff from the National Center for Cultural Competence at Georgetown University. This training helped to provide staff with an understanding of cultural and linguistic competence, examine AMCHP's roles in the context of cultural and linguistic competence and begin a dialogue on policies, practices, structures, knowledge, attitudes and skills needed to achieve an AMCHP vision for cultural and linguistic competence.



General Maternal & Child Health

Influenza Resources for Maternal and Child Health Professionals

AMCHP continues to work with the Centers for Disease Control and Prevention (CDC) and state health agencies to monitor the emerging swine flu situation. The CDC is actively investigating isolated human cases of swine influenza A (H1N1) in several states and is working closely with Canada and Mexico and with the WHO. The CDC is continuously updating investigation information. To view the resources, visit [here](#).

CDC Offering a Class on Using Social Marketing to Plan Health Programs

The CDC is offering an online class, “Social Marketing for Nutrition and Physical Activity,” that provides training for public health professionals about how to use social marketing to plan nutrition, physical activity, and obesity prevention programs. To learn more, visit [here](#).

State Profiles on Birth Defects Available

The NBDPN created a state profile template that includes state and national data on the number of cases and prevalence rates for 12 conditions. The national estimates are based on pooled data from states with active surveillance systems. States have tailored their profiles to include state-specific information on their surveillance systems and how birth defects data are used in their states. To view the profiles, visit [here](#).

Women’s Health

The Preconception Health Council of California Launches Preconception Health Website

The site, “Every Woman California,” provides information for consumers and health care professionals about health considerations for women of reproductive age, whether or not they are planning pregnancy. In addition to providing information for the general public and for those working in health care and public health, “Every Woman California” serves as a virtual networking place where professionals can meet on-line to share ideas and resources and work on joint projects. To learn more, visit [here](#).

Updated Program Brief on Cancer Screening and Treatment in Women

The program brief, “Cancer Screening and Treatment in Women: Recent Findings,” published by the Agency for Healthcare Research and Quality (AHRQ), summarizes recent findings from AHRQ supported research related to cancer screening and treatment in women. To download the brief, visit [here](#).

Updated Program Brief on Cardiovascular Disease and Other Chronic Conditions in Women

The program brief, “Cardiovascular Disease and Other Chronic Conditions in Women: Recent Findings,” published by the Agency for Healthcare Research and Quality (AHRQ), summarizes findings from AHRQ-supported research on cardiovascular disease and chronic illness in women published from 2005-2008. To download the brief, visit [here](#).

Children’s Health

New Guide on Promoting Oral Health in Schools

The guide, “Promoting Oral Health in Schools: A Resource Guide,” published by the National Maternal and Child Oral Health Resource Center, lists resources for professionals and parents working to prevent oral disease and promote oral health in children and adolescents in the school setting. The guide is divided into three sections. The first section lists journal articles appearing in the literature from January 2007 to January 2009. The second section describes recent materials, including brochures, fact sheets, guidelines, curricula, and reports. The third section lists federal agencies, policy and resource centers, professional associations, and voluntary organizations that may serve as resources. To download the guide, visit [here](#).

New Issue Brief on the Impact of Primary Care Case Management in Medicaid and SCHIP

The issue brief, “Impact of Primary Care Case Management (PCCM) Implementation in Medicaid and SCHIP,” published by the Child Health Insurance Research Initiative (CHIRI™), summarizes research that studied the impact of implementing PCCM systems in Alabama and Georgia. Children enrolled in the Alabama and Georgia Medicaid programs were

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less likely to use emergency departments, but were also less likely to use well-child and other primary care after the implementation of PCCM. Physician participation in Alabama and Georgia Medicaid also declined over the PCCM implementation period. To download the brief, visit [here](#).

New Guide on Obesity Prevention in Schools

The guide, “Preventing Childhood Obesity: A School Health Policy Guide,” published by the National Association of State Boards of Education, offers research and policy recommendations to promote physical education, activity, nutrition, and healthy eating in schools. To download the guide, visit [here](#).

Early Childhood Health Interventions Could Save Billions in Health Costs

According to researchers at the Johns Hopkins Bloomberg School of Public Health, early childhood health interventions could save as much as \$65 billion in future health care costs. Numerous health problems such as early exposure to tobacco, obesity, and poor mental health affect nearly half of all children born in the United States. The health issues result in an estimated lifetime societal cost of \$50,000 per child. To read the full article, visit [here](#).

Adolescent Health

New Study on Eating Behaviors of Food-Insecure Adolescents

The study, “Eating When There is Not Enough to Eat: Eating Behaviors and Perceptions of Food Among Food-Insecure Youths,” published in the American Journal of Public Health, found that compared with food-secure youths, food-insecure youths were more likely to perceive that eating healthfully was inconvenient and that healthy food did not taste good. Additionally, food-insecure youths reported eating more fast food but fewer family meals and breakfasts per week than did youths who were food secure. To read an abstract, visit [here](#).

New Systems of Care Report

The report, “Working Together to Help Youth Thrive in Schools and Communities,” published by the Substance Abuse and Mental Health Services Administration (SAMHSA), describes school and clinical outcomes for youth aged 14–18 who received services in systems of care. Data from the national evaluation of the system of care program demonstrate how youth improve academically, behaviorally, and emotionally

from entry into systems of care to 12 months after they begin receiving services. To download the report, visit [here](#).

CAREER OPPORTUNITIES

APHA Public Health Fellowship

The American Public Health Association (APHA) is looking for candidates with strong public health credentials who wish to spend one year in Washington, D.C. working in a congressional office on legislative and policy issues related to health, the environment or other critical public health issues. The fellowship will begin in January 2010 and continue through December 2010. The fellowship is designed to provide a unique public policy learning experience, to demonstrate the value of science-government interaction, and to make practical contributions to enhancing public health science and practical knowledge in government. The application, including CV and three letters of recommendation, are due to APHA by June 22. All candidates must be APHA members, have five years of experience in a public health position and a graduate degree in a public health discipline. To apply, visit [here](#). For more information, contact [Susan Polan](#), Associate Executive Director of Public Affairs and Advocacy at APHA, or call (202) 777-2510.

FUNDING



CDC Funding Available for Reducing Risks for an Alcohol-Exposed Pregnancy in High Risk Women

Deadline: **June 8**

The purpose of the program is to reduce alcohol-exposed pregnancies by supporting and establishing the capacity of STD programs in public health departments to 1) implement and evaluate the Project CHOICES Intervention model for reducing risks for an alcohol-exposed pregnancy (AEP) in high risk women during the preconception period; 2) develop a data collection and monitoring system to evaluate changes in alcohol use of patients, evaluate effective contraception use, to determine reduced risk for AEP and other relevant sociodemographic information including risks associated with AEP ; and 3) develop a report describing how the CHOICES intervention model was modified or tailored to fit STD clinics, process and outcome evaluation measures, and lessons

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learned from implementation of the project. To learn more, visit [here](#).

CDC Funding Available for Fetal Alcohol Syndrome

Deadline: **June 8**

The purpose of this program is to: (1) determine the prevalence of fetal alcohol syndrome (FAS) within a geographically-defined area (statewide, multiple states, or regions of a state) that may include high risk population subgroups, using the common, multiple source surveillance methodology developed by the Fetal Alcohol Syndrome Surveillance Network (FASSNet); (2) improve the capacity of an existing surveillance system (e.g., birth defects, developmental disabilities) to ascertain infants and children with FAS and generate population-based surveillance data; (3) establish or expand relationships with facilities or programs where children with FAS are likely to be diagnosed or receive services, such as genetics and other specialty clinics, early intervention programs, special education programs, special needs registries, and other programs or settings for children with developmental disabilities; (4) evaluate the surveillance system methodology in terms of completeness of case ascertainment, data quality, ability to generate a prevalence estimate for FAS, and the potential for monitoring trends; and (5) implement provider training and education on FAS to improve case ascertainment. To learn more, visit [here](#).

CDC Funding Opportunity for Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance and Integration

Deadline: **June 15**

The purpose of the program is to (1) Enhance the tracking and surveillance systems for the EHDI program to accurately identify, match, and collect unduplicated individual identifiable data (not estimated or aggregated) at the State/Territorial EHDI program level, (2) Enhance the capacity of EHDI state and territorial programs to accurately report the status of every occurrent birth throughout the EHDI process for the purpose of evaluating the progress of the National EHDI goals, and (3) Develop and Enhance the capacity of EHDI programs to integrate the EHDI system with other State/territorial screening, tracking and surveillance programs that identify children with special health needs. To learn more, visit [here](#).

Outcome Monitoring of Innovative HIV Prevention Interventions for Men Who Have Sex with Men

Deadline: **June 26**

The CDC's Procurement and Grants Office has published a program announcement entitled, "Outcome Monitoring of Non-traditional Programs for Men Who Have Sex with Men that Focus on Psychosocial Factors to Enhance Overall Health and Reduce HIV Risk." Approximately \$400,000 will be available to fund approximately three awards. The purposes of the program are to evaluate and improve the performance of organizations that deliver innovative interventions to MSM at high risk for HIV infection or transmission. To learn more, visit [here](#).

HRSA Epilepsy and Telehealth Grants

Deadline: **June 29**

The objective of this project is to demonstrate how existing telehealth programs and networks and sites can improve access to quality health care services specifically for children and youth with epilepsy and their families residing in medically underserved areas, MUAs, and rural areas, and decrease existing challenges that families face in rural areas. EAT grants funded under this provision will support telehealth networks that provide services in different settings, (i.e., long-term care facilities, community health centers or clinics, medical homes, hospitals, schools) to demonstrate how telehealth networks can be used to expand access to, coordinate, and improve the quality of health care services, improve and expand the training of health care providers, and or expand and improve the quality of health information available to health care providers, patients, and their families. These grants will receive technical assistance from The National Center for Project Access, NCPA, which is housed within the National Epilepsy Foundation, EF, and link with existing epilepsy grantees. To learn more, visit [here](#).

Family Connection Discretionary Grants

Deadline: **July 6**

The Administration for Children and Families (ACF), Children's Bureau, has announced the availability of competitive grant funds authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008. The purpose of this funding is to help children who are in or are at-risk of entering into foster care reconnect with family members by developing and implementing

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grant programs in the areas of kinship navigator programs; programs utilizing intensive family-finding efforts to locate biological family and reestablish relationships; programs utilizing family group decision-making meetings; or residential family treatment programs. Under this Program Announcement applicants will submit proposals for one, or any combination of, the aforementioned four inter-related grant program areas, which comprise elements of a strong system of services to support family connections. Applicants must clearly state for which of these four program areas, or which combination of program areas, they are applying, and must justify their selection of program area(s) in terms of documented needs associated with specified project goals and objectives. To learn more, visit [here](#).

Funding Available for Male Involvement in Child Maltreatment Prevention Programs

Deadline: **Open**

The CDC's National Center for Injury Prevention and Control solicits research applications that will help advance knowledge of effective strategies for engaging the participation of fathers and male caregivers in evidence-based parenting programs that may prevent child maltreatment. Specific proposals are being sought to take an evidence-based parenting program (that is, a program that has been evaluated using a randomized- or quasi-experimental design with evidence of positive effects on parenting and/or child behavior outcomes) and develop systematic adaptations to the delivery structure, content, and/or materials to target father or male caregiver involvement and engagement in the program. Furthermore, the applications should seek to conduct pilot evaluations of the effects of the adapted programs on participant involvement and engagement in the program; parenting behaviors and male caregiver-child relationships; and child behavior outcomes. To learn more, visit [here](#).

CALENDAR



[National Conference on Childhood Obesity](#)

June 18-19
Washington, DC

[Children and Youth in Disasters: Closing Gaps among Research, Practice, and Policy](#)

June 25
Washington, DC

[Leadership, Legacy, and Community: A Retreat to Advance Maternal and Child Health Scholarship and Practice](#)

July 20-22
Oakbrook, IL

[Health Forum and the American Hospital Association's 17th Annual Leadership Summit](#)

July 23-25
San Francisco, CA

[Weight of the Nation – Obesity Prevention and Control](#)

July 27-29
Washington, DC

[World Breastfeeding Week 2009 - Breastfeeding: A Vital Emergency Response Are you ready?](#)

August 1-7

[18th Annual Summer Institute for Public Health Practice](#)

August 10-14
Seattle, WA

[National Conference on Health Communication, Marketing and Media](#)

August 11-13
Atlanta, GA

[International Swine Flu Conference](#)

August 19-20
Washington, DC

[CityMatCH 2009 Urban Maternal and Child Health Leadership Conference](#)

August 22-25
New Orleans, LA

CALENDAR CONT.

[Agency for Healthcare Research and Quality 2009 Annual Conference](#)

September 13-16
Bethesda, MD

[2009 ASTHO Annual Meeting](#)

October 13-16
Vienna, VA

[15th Annual Maternal and Child Health Epidemiology \(MCH EPI\) Conference](#)

[Making Methods and Practice Matter for Women, Children and Families](#)

December 9-11
Tampa, FL



SAVE THE DATE!

AMCHP'S 2010 ANNUAL CONFERENCE

**“Moving Ahead Together:
Celebrating the Legacy, Shaping the
Future of Maternal and Child Health”**

**March 6-10, 2010
Gaylord National Convention Center
National Harbor, MD**

The 2010 AMCHP Conference will bring together leaders in maternal and child health, public health practitioners and family advocates. Join us for sessions led by researchers, federal officials, advocates, families, healthcare providers and directors of state programs.

- Learn from leading MCH experts
- Attend skills-building, workshops, and plenary sessions
- Engage in networking opportunities, best practices sharing and collaborations
- Apply the tools and resources learned to enhance your work

**Association of Maternal &
Child Health Programs**

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