

# Member Briefs



September 26, 2011



THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS



## *Keeping Optimism Alive*

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

Over the past few months, I have had the chance to travel and visit with a number of maternal and child health (MCH) leaders at conferences and events across the country. Traveling is one part of my job that I really love – it gives me the chance to learn more

about what is going on in states and communities and that helps me connect our work at AMCHP to the work of state Title V programs and their partners. When myself or another AMCHP staff member has the chance to visit with a Title V program, or present at national or regional conferences, we get to know our members better and talk about the resources and tools that we can develop to meet member needs.

On these recent trips, I have had what feels like the same conversation with many different people. Basically, it goes like this:

Me: “Hey, how’s it going?”

You: “It’s tough. We’re cutting staff, we’re losing resources. It’s a tough time for us.”

Me: “Yeah, I’m hearing that a lot. What can we do help?”

You: “You mean in addition to more resources? We need inspiration. We need optimism.”

This conversation reminds me that a fundamental characteristic of leadership is unwarranted optimism. Even

in the face of dismal budget forecasts, seemingly endless cut backs and divided political systems, we need to be firmly optimistic in our review of our current situation. Why? Things will get better – we know that is true. How do we know that it is true? It always does: it is only through crisis and conflict that we change and it is only through change that we learn and do things better.

A recent conference speaker shared with our group that he thought this was a critical time in America’s history – a time of great change, a time of great turmoil. At first I felt dismayed: Who wants to fall off a cliff; who wants to live in crisis mode? But I thought some more about what he was saying and I asked, instead of fearing crisis what can I learn from it? What is this time teaching us, pushing us to do, where is it moving us?

What inspiration can we gather even in these tough times? Is it a reaffirmation of how important the work that we do really is? It is a confirmation that the people and communities with whom we work, now more than ever, will look to us for leadership, for vision, for inspiration? Maintaining a stance of unwarranted optimism is not easy in difficult times, but it is the right thing to do. With all the work that we have to do we cannot get stymied by the nagging calls of pessimism and despair. Instead, as MCH leaders, we need to go back to the reasons why we are in this work in the first place: to improve the health of women, children and families. That reason alone is enough to inspire and motivate me to continue to push through difficult, trying times. That reason alone is enough to carry us through the crises and the changes we are all facing in our agencies and programs across the country. I hope you will join us and share in our unwarranted optimism and continue to move our shared agenda forward.



### **In Case You Missed It – Senate Committee Cuts \$50 Million from Title V**

Despite our strong objections, on Sept. 21 the Senate Appropriations Committee approved a \$50 million cut to the Title V Maternal & Child Health Services Block Grant in the FY 2012 Senate Labor, Health and Human Services and Education Appropriations bill. The future of this bill, along with the House of Representatives action on health appropriations, is still unclear. However, the Senate action underscores the difficult work ahead to protect critical MCH funding. The new fiscal year begins on Oct. 1 and since Congress has not yet approved any appropriations bills, a short-term continuing resolution to keep government operations running is expected soon. For additional background, see our Legislative Alert page [here](#).

### **New AMCHP Report Details Impact of Budget Cuts**

To illustrate the importance of protecting Title V MCH Block Grant funding, AMCHP released a new report, [Critical Condition: How Federal and State Budget Cuts are Hurting the Health of Our Nation's Mothers and Children](#). The report shows how the combination of increased poverty, the number of Americans lacking health insurance and previous budget cuts approaching nearly half a billion dollars are combining to create a perfect storm endangering the health of our nation's mothers, infants and children, including those with special health care needs. The report provides a snapshot illustrating the combined impact of \$74 million in previous federal reductions to the Title V MCH Block Grant along with over \$313 million in state cuts to MCH programs since 2007, when the economic downturn began. A press release highlighting key messages and a link to the report is available [here](#).

### **Combating Autism Reauthorization Act Passes House, Stalls in Senate**

On Sept. 20, the House of Representatives passed the bipartisan *Combating Autism Reauthorization Act of 2011* (H.R. 2005) by voice vote. As of press time, Sen. Tom Coburn (R-OK) is blocking a final vote in Congress to renew the landmark 2006 law. This bill extends the *Combating Autism Act of 2006* for an additional three years without an increase in funding levels and allows research, training, and state and national coordination activities to continue.

Congress needs to reauthorize the Combating Autism Act before Sept. 30 when many of its important provisions will expire, however, the continuing resolution being considered in the House contains language to maintain funding for activities under the Combating Autism Act until Nov. 18 in case Congress does not pass the reauthorization bill before Sept. 30 – the day the original law expires.

For more information, please see the alert from our colleagues at the Association of University Centers on Disability (AUCD) at their [Action Center](#), which provides an opportunity to contact your members of Congress.

### **President Offers Deficit Reduction Plan – Details on Health Provisions**

On Sept. 19, President Obama unveiled a deficit reduction proposal for the Supercommittee's consideration. The president's recommendations amount to \$4.4 trillion in cost savings over the next decade. Specifically, the plan includes \$320 billion in health savings over the next 10 years, \$248 billion from Medicare and \$73 billion to Medicaid and other health programs.

AMCHP is deeply concerned that the administration's proposal proposes to cut the Prevention and Public Health Fund by \$3.5 billion over the next 10 years. With the additional cuts to domestic discretionary programs looming on the horizon any further cuts to public health programs will greatly undermine efforts to improve MCH. AMCHP continues to work with the broader public health community advocating for the Fund and helping Congress better understand the value of maintaining an investment in public health.

MCH leaders may also be interested to know the savings in Medicaid are proposed to be achieved by the following mechanisms:

- Prohibiting states from using federal funds as the state share of Medicaid or Children's Health Insurance Program (CHIP), unless specifically authorized by law.
- Giving states the flexibility to use a "benchmark" benefits plan for optional populations with income above 133 percent of the federal poverty line. It also would

- consolidate and streamline redundant error-rate programs.
- Accelerating state innovation waivers by making the health reform law's State Innovation Waivers available starting in 2014, three years earlier than under current law. These state strategies would provide affordable insurance coverage to at least as many residents as without the waiver, and must not increase the federal deficit.
  - Limiting Medicaid provider taxes by phasing down, but not eliminating, Medicaid provider taxes. By delaying the effective date until 2015, the proposal gives states time to prepare for the change. This proposal is projected to save \$26.3 billion over 10 years.
  - Simplifying federal Medicaid payment formulas for states by replacing the current formulas with a single matching rate specific to each state based on enrollment starting in 2014 that automatically increases if a recession forces enrollment and state costs to rise. The full federal funding for people gaining Medicaid coverage in 2014 through 2016 would be preserved. The proposal may improve coverage since it gives states a financial incentive to enroll newly eligible individuals for Medicaid early. The more newly eligible people they enroll in the first year or so of the program, the higher the blended matching rate will be in 2017. This proposal is projected to save \$14.9 billion over 10 years.
  - Re-base Medicaid formula for supporting hospitals that serve low-income Americans in 2021. Supplemental disproportionate share hospital payments are intended to help support hospitals that provide care to disproportionate numbers of low-income and uninsured individuals. The administration proposes to better align these future Medicaid supplemental payments to hospitals with reduced levels of uncompensated care. This proposal is projected to save \$4.1 billion over 10 years.

- Updating income definition. Starting in 2014, eligibility for Exchange premium tax credits and cost-sharing reductions, Medicaid, and CHIP will be determined based on an individual's or family's modified adjusted gross income (MAGI). The administration proposes to amend this definition for purposes of health insurance assistance programs to include total social security benefits, consistent with current Medicaid practice. This proposal is projected to save \$14.6 billion over 10 years.

### **CMS National EPSDT Improvement Workgroup Promoting Medical Home and Care Coordination**

The Centers for Medicaid and Medicare Services (CMS) continues to convene its National Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Improvement Workgroup – a national workgroup comprised of national organizations, federal agencies, and state Medicaid and Title V MCH program agency representatives to discuss core issues regarding improving Medicaid's EPSDT program. Two issues of particular import to state Title V MCH programs – medical home and care coordination – were discussed in recent meetings of this workgroup's EPSDT Integrated Care Sub-Workgroup.

Fan Tait of the American Academy of Pediatrics presented to the sub-workgroup on medical home. Judy Shaw of the Vermont Child Health Improvement Program, Lisa Honigfeld with the Child Health and Development Institute of Connecticut, and Darcy Lowell with Child First, also in Connecticut, presented to the sub-workgroup on care coordination. While specific recommendations for improving EPSDT have not been discussed at this stage, the workgroup continues to be an important opportunity for AMCHP to provide leadership in discussing the importance of Title V MCH program involvement and coordination with EPSDT and areas for improvement. AMCHP will continue to keep its members apprised of key outcomes from this Workgroup. For more information, contact AMCHP Senior Advisor, [Karen VanLandeghem](#).



### **Registration for the 2012 AMCHP Annual Conference Is Now Open**

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

Full conference registration includes all conference events, including the AMCHP Annual Conference Training Institute – Saturday, Feb. 11 and Sunday, Feb. 12 (until noon) – a rich schedule of skills-building sessions and other training opportunities. Watch the AMCHP [website](#) for updates as the program develops.

### **AMCHP is Pleased to Announce the Launch of the Ryan Colburn Scholarship Fund**

AMCHP is now accepting applications and will be awarding a scholarship to one youth leader to attend the 2012 AMCHP Annual Conference. The deadline is Friday, Oct. 14 by 5 p.m. EST. For more information, please click [here](#) or contact Michelle Jarvis at (202) 775-1472.

### **AMCHP Funding Opportunity: ASD/DD**

Deadline: Nov. 2

AMCHP, through funding from the Centers for Disease Control and Prevention (CDC) National Center for Birth Defects and Developmental Disabilities (NCBDDD), will provide 10-15 grants of up to \$15,000 each to public health entities (e.g. Title V, WIC, Early Head Start, home-visiting programs, etc.) to integrate "[Learn the Signs. Act Early.](#)" (LTSAE) materials and messages into programs that serve parents of young children, support the collaboration of Act Early State Teams, and evaluate progress. AMCHP will provide ongoing technical assistance, disseminate resource materials, and link grantees to other states and experts in autism spectrum disorders and other developmental disabilities (ASD/DD). The funding announcement can be accessed [here](#) and an informational call for interested applicants will be held in early October 2011 (exact date TBD). For more information, please contact [Treeby Brown](#) or [Melody Cherny](#).

### **Webinar on the Life Course Perspective**

The webinar, "The Life Course Perspective in Promoting Health in Aging," will feature Diana Kuh, PhD, Director of the Unit for Lifelong Health and Ageing at the Medical Research Council (MRC), Director of the MRC National Survey of Health and Development, and Principal

investigator for HALCyon, on Oct. 10 from 1 to 2 p.m. EST. Dr. Kuh uses data from the MRC National Survey of Health and Development to study how biological, psychological and social factors at different stages of life, independently, cumulatively or interactively affect adult physical capability and musculoskeletal function and their change with age. She also uses this life course approach to study women's health, cardiovascular health and well being. To register, visit [here](#).

### **RWJF Call for Applications**

The Robert Wood Johnson Foundation (RWJF) Scholars in Health Policy Research program develops and supports a new generation of creative health policy thinkers and researchers within the disciplines of economics, political science and sociology. Each year the program selects up to nine highly qualified individuals for two-year fellowships at one of three nationally prominent universities with the expectation that they will make important research contributions to future U.S. health policy. Application deadline is Oct. 12. To learn more, visit [here](#).

### **American Journal of Health Promotion Seeks Manuscripts on Strategies for Promoting Preconception Health**

The *American Journal of Health Promotion* will publish a special issue on "Effective Strategies for Promoting Preconception Health - From Research to Practice." This special issue will emphasize (1) audience research to inform preconception health promotion strategies and tactics among consumers (teens, women, men, couples) and health care providers; (2) policy and legislative approaches that influence preconception health and health care promotion; (3) innovative public and private partnerships in reaching women of childbearing age; (4) new media and interactive health communication approaches that promote preconception health; (5) social marketing or health communication interventions that have demonstrated impact on preconception health behaviors; (6) promising practices in reaching special populations in the context of their communities; (7) theoretical frameworks to evaluate approaches to influence preconception health; and (8) evaluation of preconception health tools, materials, and messages. For this issue, they are interested in emerging research, innovative and promising practice,

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community and policy-based approaches to improve preconception health. The deadline for manuscript submission is Jan. 15, 2012. For more information, visit [here](#).

### **ASTHO Now Accepting Applications for Environmental Public Health Tracking Fellowship Program**

ASTHO announced a call for applications for its fourth round of Environmental Public Health Tracking (EPHT): State-to-State Peer Fellowship Program. The Fellowship is designed to enhance the tracking capacity of non-funded states and territories. For more information on how to apply, please refer to [ASTHO's Fellowship Announcement](#) and use this [application form](#) to apply. All applications must be received by Nov. 21.



**Do you have a successful program that has addressed infant mortality in areas such as preconception health, prematurity awareness, infant mortality task forces, SIDS/SUIDS, and more?** Consider sharing your program in [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. You'll have a chance to:

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

The online submission process is simple, and applications are accepted on a rolling basis. For more information, contact [Kate Howe](#) at (202) 266-3056 or visit [amchp.org/bestpractices](#).

### **New AMCHP Best Practices Resources**

AMCHP recently released new resources to assist individuals in submitting their emerging, promising or best MCH practices to Innovation Station. Submitting practices to Innovation Station is a great way to share your successes with peers, enhance the MCH field and help contribute to program replication. The new resources include a checklist to help gauge if you are ready to submit your program and a PowerPoint presentation with tips on how to prepare a successful submission and a guide to the submission process. For more information about Innovation Station and the AMCHP Best Practices program, visit [amchp.org/bestpractices](#).

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

## PUBLICATIONS & RESOURCES



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

#### **AAP Announces Two New Resources on Evaluation Guidelines**

The National Healthy Tomorrows Technical Assistance Resource Center at the American Academy of Pediatrics recently posted two audio recordings based on the [Evaluation Guide Part II: Putting Your Evaluation Plan to Work](#) publication. The recordings feature Healthy Tomorrows Evaluation Consultant and co-author of the Evaluation Guides Holly Ruch-Ross, ScD. "[Evaluating Your Community-based Program: Gathering Information](#)" covers effective documentation and data collection tools for program evaluation and "[Evaluating Your Community-based Program: Analyzing and Using Your Data](#)" reviews data analysis and presentation strategies.

#### **New Online Tutorials to Help Service Providers Assist Children and Families**

The National Abandoned Infants Assistance Resource Center has released two online tutorials designed to enhance the quality of social and health services delivered to children who are abandoned or at risk of abandonment due to the presence of drugs and/or HIV in their families. The tutorials are:

- [Women and Children with HIV/AIDS](#), an introduction to the complex issues associated with HIV/AIDS among women and children in the United States. This tutorial examines HIV/AIDS in medical, psychosocial, parenting, and legal contexts. It also reviews various interventions and federal programs to support women, families and children affected by HIV/AIDS
- [Substance Use During Pregnancy](#), provides an overview of the prevalence and nature of substance use among pregnant women in the United States, including factors that often contribute to substance use. This tutorial reviews the potential impact of prenatal exposure to legal and illegal drug on infant development, as well as interventions for the prevention and treatment of drug use during pregnancy. [Excerpt taken from the Sept. 9 issue of the *MCH Alert*, published by the Maternal and Child Health Library at the National Center for Education in Maternal and Child Health.]

### **OSTLTS Launches Gateway and Facebook for State, Tribal, Local and Territorial (STLT) Public Health Employees**

The Office for State, Tribal, Local and Territorial Support (OSTLTS) launched two new products: the STLT Public Health Gateway [website](#) and the CDC STLT Connection Facebook [page](#) designed to enhance communication with state, tribal, local and territorial health agencies. The STLT Gateway offers a one-stop shop for the STLT public health community and will continue to grow to ensure it is inclusive of information that matters to health departments on all levels. The Facebook page will allow the STLT audience to engage with CDC and each other in open, real-time conversations.

### **Women's Health**

#### **New Report on Hospital Practices to Support Breastfeeding**

The report, "Vital Signs: Hospital Practices to Support Breastfeeding -- United States, 2007 and 2009," published in the Aug. 2, 2011, issue of *Morbidity and Mortality Weekly Report*, examines practices in 2,690 hospitals and free-standing birth centers in all states, the District of Columbia, and four U.S. territories. Contents include data and analysis for 10 indicators consistent with the World

Health Organization-United Nation's Children's Fund's Ten Steps to Successful Breastfeeding: existence of a model breastfeeding policy, staff competency assessment, prenatal breastfeeding education, early initiation of breastfeeding, teaching breastfeeding techniques, limited supplementation of breastfeeding infants, rooming-in, teaching feeding cues, limited use of pacifiers, and post-discharge support. To download the report, visit [here](#). [Excerpt taken from the Aug. 5 issue of the *MCH Alert*, published by the Maternal and Child Health Library at the National Center for Education in Maternal and Child Health.]

### **Children's Health**

#### **"When the Bough Breaks" From Unnatural Causes: Is Inequality Making Us Sick?**

This September, in honor of National Infant Mortality Awareness Month, California Newsreel is offering a free online preview of "[When the Bough Breaks](#)." Organizations around the country are screening this 28-minute episode of the award-winning and widely used series [Unnatural Causes: Is Inequality Making us Sick?](#) to help tackle the root causes of high rates of infant mortality, pre-term and low-weight births among African American babies. Discussion guides, backgrounders and other resources are available on the series companion [website](#).

#### **New CDC Congenital Heart Defects Website Unveiled**

The Centers for Disease Control and Prevention (CDC) unveiled its new user-friendly and up-to-date [website](#). New features include: easy-to-read information on prevention, risk factors, diagnosis and living with a congenital heart defect; information about specific congenital heart defects; a compilation of important data and scientific publications; and an overview of the work CDC and its partners are doing in the area of congenital heart defects.

#### **SBTS Launches New Website/Video**

Save Babies Through Screening Foundation (SBTS) introduced a new [website](#) that will serve as a comprehensive online newborn screening (NBS) resource center for families and health practitioners. The new site will host an interactive portal for new and expecting families to ask questions and view educational content about NBS. It also includes SBTS's new video, "One Foot at a

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Time,” which shares expert insight from respected medical advisors and the stories of four American families whose lives have been changed by NBS.

### **Catalyst Center Online State Chartbook Gets New and Improved Look**

The Catalyst Center enhanced and updated its [web-based state data chartbook](#) on coverage and financing of care for children and youth with special health care needs (CYSHCN) for each state, DC and Puerto Rico. The chartbook continues to offer demographic, economic, health care services and coverage information related to CYSHCN, but will now also offer data on percentage of CYSHCN screened early and continuously for special health care needs, and how that compares with the national average. Additionally, in an update to existing data, the chartbook now includes several new indicators, including a section on state performance toward the achievement of the six core Healthy People 2010 performance outcomes for CYSHCN.

### **Report Examines How Health Professionals Can Influence Environments to Improve Child Health**

[Building Healthier Communities: How Healthcare Professionals Are Fighting Childhood Obesity Outside the Clinic Walls](#) tells the stories of health professionals in eight different communities who advocated for policy changes designed to improve the health of children and families. The report, from phase 1 of the Be Our Voice project, contains stories of how Be Our Voice advocates worked with legislators, school boards, town and city officials, and other leaders to change policies affecting their towns, regions, and states. [Excerpt taken from the Sept. 16 issue of the MCH Alert, published by the Maternal and Child Health Library at the National Center for Education in Maternal and Child Health.]

## ON YOUR BEHALF

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

- On Aug. 29-30, AMCHP staff Caroline Stampfel attended the Sudden Unexpected Infant Death (SUID) Case Registry Pilot Program Reverse Site Visit and Partner Meeting at the Centers for Disease Control and Prevention in Atlanta, GA.

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The CDC, along with many public and private partners, developed the SUID Case Registry pilot program to provide more comprehensive data to characterize SUID cases and to determine which factors in the sleep environment contribute to SUID cases. The pilot program currently supports seven grantees, including Colorado, Georgia, Michigan, Minnesota, New Jersey, New Hampshire and New Mexico.

- On Sept. 7, AMCHP staff Cristina Sciuto showcased AMCHP publications at the 2011 MedImmune Premature Infant Summit in Washington, DC. Presenters at the Summit discussed opportunities for collaboration and best practices in addressing premature infant health.
- On Sept. 8-9, AMCHP staff Kate Howe participated in the 2011 Childhood Obesity Prevention Summit, which focused on the social and economic benefits of preventing and reducing childhood obesity and the importance of making it a policy priority, particularly in challenging economic times. For more information, click [here](#).
- On Sept. 14-16, AMCHP staff Lauren Raskin Ramos and Kate Howe represented AMCHP as a partner organization at the first Learning Session for the Healthy Weight Collaborative. AMCHP CEO Mike Fraser participated in the meeting of the Collaborative's Steering Committee just prior to the session. Headed by NICHQ, the collaborative is currently in Phase One during which 10 teams (one from each HRSA region) participate in a quality improvement initiative that aims to promote healthy weight and health equity by establishing productive teams composed of representatives from health care, public health and community-based organizations. For more information, visit [here](#).
- On Sept. 15, AMCHP staff Caroline Stampfel presented information about AMCHP as a non-traditional partner of the National Environmental Health Tracking Program, along with the American Nurses Association and the Association of Public Health Laboratories, in a session organized by the

American Public Health Association at the Tracking in Action Conference held in Atlanta, Georgia.

- On Sept. 21-22, AMCHP staff Kate Howe participated in the second annual Federal Partners in Bullying Prevention Summit in Washington, DC. This year's summit looked to expand on last year's goal of crafting a national strategy to prevent bullying, to work towards engaging private and public organizations committed to providing needed tools and resources to ensure the safety of students, and identify the next steps for continued progress in combating bullying.
- On Sept. 17-22, AMCHP CEO Mike Fraser, along with AMCHP staff Sharron Corle, Jessica Hawkins, Caroline Stampfel and Cristina Sciuto participated in the 2011 CityMatCH Urban MCH Leadership Conference, Justice-Advancing Health Equity, Working for JUSTICE in ALL communities. AMCHP CEO Mike Fraser helped build participants' competency in MCH policy and advocacy in his session, "Policy and Advocacy: What You Need to Know for Local MCH." AMCHP staff Sharron Corle presented lessons learned around building a comprehensive approach to adolescent-health systems in a presentation with Jessica Carda-Auten and Laura Snebold, partners from the National Association of County and City Health Officials (NACCHO).

## CAREER OPPORTUNITIES

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### **New HRSA Division Seeks Director, Deputy Director and Public Health Expert**

The Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration recently established a new Division within the Bureau, the Division of Home Visiting and Early Childhood Services. This was done in recognition of the importance of early childhood programs to at-risk populations. They are currently looking for strong leadership for these programs and are recruiting for a [Division Director](#) and Deputy Director (they will consider candidates for Deputy Director from those who apply to this position). MCHB is recruiting for either a [physician or public health expert](#) in recognition of the multidisciplinary expertise needed for such a position.

### **RWJF Seeks Health Policy Fellows Program Applicants**

The Robert Wood Johnson Foundation (RWJF) Health Policy Fellows program provides the nation's most comprehensive fellowship experience at the nexus of health science, policy and politics 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. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care, and health policy. The deadline to apply is Nov. 9 at 3 p.m. EST. To learn more, visit [here](#).

### **CHI Looking for Two Key Leadership Positions**

Centering Healthcare Institute (CHI), nonprofit organization based in Boston, MA and Washington, DC, is a leader in the innovative delivery of healthcare, with a mission to improve health outcomes for all Americans by changing the paradigm of health services to a cohort-based group care model. CHI is looking for a [Director of Organizational Advancement](#) and a [Director of Research and Innovation](#). As CHI grows and diversifies, these positions are integral CHI's ability to leverage data to uphold the Centering model's integrity, maintain and improve quality, and stimulate new focus areas for research studies. Accordingly, they will be part of the CHI leadership team and will work closely with the CEO to promote new Centering models, advocate for the paradigm shift from individual to group care, and define a rigorous and innovative research agenda.

### **AMCHP's CAREER CENTER**

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

## FUNDING

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### **NIH Funding on Strategies for the Protection of Pregnant Women and Infants Against Infectious Diseases (R01)**

Deadline: **Oct. 13**

The purpose of this funding opportunity is to encourage new and innovative mechanistic studies of pathogens that impact placental function and fetal well-being, with the long-term goal of informing the development of interventions against these pathogens and reducing the burden of infection-related pregnancy loss and infant morbidity and mortality. To learn more, visit [here](#).

### **National Women and Girls HIV/AIDS Awareness Day Request for Proposals (RFP)**

Deadline: **Oct. 17**

Funding is available for activities and events in support of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD) in the United States and its affiliated territories. The purpose of NWGHAAD is to highlight the increasing impact of HIV/AIDS on women and girls and encourages them to take action by knowing their HIV/AIDS status and understanding their risk. Projects will be funded up to a maximum amount of \$2,500. To learn more, visit [here](#).

### **National Women's Health Week 2012 (NHW) Request for Proposals (RFP)**

Deadline: **Oct. 20**

Funding through this request is available for National Women's Health Week (NHW). This funding opportunity provides support for activities and events that promote the health of women and girls in the United States and its affiliated territories. Funding is available for projects that empower women and girls across the country to get healthy by taking action to improve their health and the health of their community. Community-based partnerships and collaborations are strongly encouraged. Projects will be funded up to a maximum amount of \$2,500. To learn more, visit [here](#).

### **Funding for Bright Futures Pediatric Implementation Cooperative Agreement**

Deadline: **Nov. 1**

The purpose of the Bright Futures Pediatric Implementation (BFPI) cooperative agreement is to improve the quality of health promotion and preventive services for all infants, children, adolescents, and their families, including children

with special health care needs, through the effective national implementation of the Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition and subsequent editions. The primary focus of this cooperative agreement is on the implementation of Bright Futures-identifying opportunities and engaging key partners to leverage improvements in health promotion and prevention, developing and implementing strategies and tools and assessing their effectiveness, and taking effective strategies to scale. The tasks set forth in this cooperative agreement funding opportunity announcement include maintaining and updating Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. The awardee, working closely with MCHB and other partners, will provide national leadership to address the Bright Futures goals. To learn more, visit [here](#).

### **NIH Funding for Pediatric Centers of Excellence in Nephrology (P50)**

Deadline: **Nov. 3**

This funding opportunity invites new and renewal applications for the Pediatric Centers of Excellence in Nephrology to support both basic and clinical research on pediatric kidney disease. The emphases for this program are several-fold: (1) to continue to attract new scientific expertise into the study of the basic mechanisms of kidney diseases and disorders among infants, children, and adolescents; (2) to encourage multidisciplinary research focused on the causes of these diseases; 3) to explore new basic areas that may have clinical research application and 4) to design Developmental Research (DR)/Pilot and Feasibility (P&F) studies which should lead to new and innovative approaches to study kidney disease in the pediatric population, and the eventual submission of competitive investigator-initiated R01 research grant applications. To learn more, visit [here](#).

### **SAHM Funding for Local Public Health Demonstration Project Grants**

Deadline: **Nov. 15**

The Society for Adolescent Health and Medicine (SAHM) is soliciting proposals for innovative local public health demonstration projects that will improve our understanding of adolescent vaccination and ultimately lead to interventions to increase vaccination rates in the adolescent population. SAHM intends to fund

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approximately 10 proposals, and the expected average award will be \$150,000. A brief letter of intent is required, and should be submitted by Oct. 15. To learn more, visit [here](#).

### **HRSA Grant Program for Rural Health Care Services Outreach**

Deadline: **Nov. 22**

The Office of Rural Health Policy's Outreach Program supports projects that demonstrate effective models of outreach and service delivery through collaboration, adoption of an evidence-based or promising practice model, demonstration of health outcomes, replicability and sustainability. Proposed projects will have an outcomes-oriented approach that will enhance and sustain the delivery of effective health care in rural communities by tracking specific health indicators that will demonstrate the impact of their project at the end of their grant period. They will be based on evidence-based or promising practice models in order to avoid "reinventing the wheel" and demonstrate health status improvement in rural communities. To learn more, visit [here](#).

### **NIH Basic/Clinical Research Funding for a Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD) (U01)**

Deadline: **Dec. 14**

This Funding Opportunity Announcement (FOA) issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) solicits Cooperative Agreement (U01) applications from current awardees and new applicants to continue the previously funded Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD), a multidisciplinary consortium of domestic and international projects. The CIFASD aims to accelerate specific areas of research related to the translation of new or improved capabilities in FASD clinical case recognition (through improved diagnosis, enhanced understanding of the domains of neurobehavioral impairment), interventions (behavior-based, nutritional and/or pharmacological) and prevention, by fostering collaboration and coordinating basic, clinical, and translational research. To learn more, visit [here](#).

### **NIH Support/Technical Component Funding for a Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD) (U24)**

Deadline: **Dec. 14**

This Funding Opportunity Announcement (FOA) issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) solicits Cooperative Agreement (U24) applications from current awardees and new applicants to continue the previously funded Collaborative Initiative on Fetal Alcohol Spectrum Disorders (CIFASD), a multidisciplinary consortium of domestic and international projects. The CIFASD aims to accelerate specific areas of research related to the translation of new or improved capabilities in FASD clinical case recognition (through improved diagnosis, enhanced understanding of the domains of neurobehavioral impairment), interventions (behavior-based, nutritional and/or pharmacological) and prevention, by fostering collaboration and coordinating basic, clinical, and translational research. To learn more, visit [here](#).

### **Funding for Advancing HIV Prevention through Transformative Behavioral and Social Science Research (R01)**

Deadline: **Jan. 6, 2012**

This funding opportunity announcement (FOA) encourages applications that will advance generalize knowledge about HIV prevention through transformative behavioral and social science research. An underlying assumption for this funding opportunity is that methods of and findings from social and behavioral studies can make essential contributions to research that utilizes biomedical modalities. In addition, biomedical perspectives are essential for the advancement of social and behavioral HIV research on HIV prevention. Therefore, this FOA invites studies that are comprehensive in the sense that the reciprocal influences of relevant variables, whether social, behavioral, or biomedical are included in study design and interpretation. This FOA is intended to address the goals of the National HIV AIDS Strategy, and therefore studies should address issues that are highly relevant to the domestic (i.e., United States) HIV problem. To learn more, visit [here](#).



### **NIH Funding for Advancing Implementation Science in Prevention of Maternal-Child HIV Transmission (PMTCT) (R01)**

Deadline: **Feb. 28, 2012**

The NIH, in collaboration with the Office of the Global AIDS Coordinator, invites applications for implementation science projects that will inform the Presidents Emergency Plan for AIDS Relief (PEPFAR) as they develop more efficient and cost-effective methods to deliver proven interventions for prevention of maternal-child HIV transmission (PMTCT). To learn more, visit [here](#).

### **NIH Funding on Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)**

Deadline: **May 15, 2014**

The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic disease, the consumption of tobacco, alcohol and other drugs, mental illness or HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. To learn more, click [here](#).

**Association of Maternal &  
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2030 M Street, NW, Suite 350  
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