

# Member Briefs



Feb.16, 2016



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



## BOARD CORNER

In the issue of Board Corner, it's our pleasure to share the results of the 2016 Board Election. These volunteer leaders have been elected by you to provide for the care and future direction of AMCHP. Please join us in congratulating the incoming Board members!

### 2016 AMCHP Board of Directors Election Results

President-Elect:	Michael D. Warren, MD, MPH (2016-2017) – 1st Term
Treasurer:	Valerie Ricker (2016-2017) – 1st Full Term
Secretary:	Susan Colburn (2016-2017) – 1st Term
Region I:	Karin Downs, RN, MPH (2016-2019) – 1st Term
Region VI:	Susan Chacon, BS, MSW, LISW (2016-2019) – 2nd Term
Region IX:	Mary Ellen Cunningham, MPA, RN (2016-2019) – 1st Term
Region X:	Cate Wilcox, MPH (2016-2019) – 1st Term

In the coming year, we'll continue to highlight the backgrounds of our board members in Board Corner. This information is meant to provide you with a resource for a new MCH connection, a better understanding of the Board Member's roles, or simply to pique your interest in the work of your peers. This month, however, each of the elected members share their personal vision for AMCHP as they begin their new leadership terms.



I envision an AMCHP where the strengths and unique needs of diverse states are recognized and supported; where program and policy efforts for mothers, children, and families are data-informed; and where the nation's MCH workforce is continuously strengthened in order to build and

maintain the capacity for making demonstrable changes in the health and well-being of the MCH population.

Michael D. Warren, MD, MPH  
President-Elect, AMCHP



AMCHP balances representation of Title V, MCH and CSHN Directors and partnerships with consumers and families. In partnership with the Maternal Child Health Bureau and the U.S. Centers for Disease Control and Prevention, AMCHP supports strengthening of state Title V Programs with resources for implementing MCH 3.0, the Affordable Care Act, and public health accreditation.

Valerie Ricker  
Treasurer, AMCHP



AMCHP will continue to be the national organization working to ensure the health and well-being of all mothers, children and families, including children with special health care needs. State membership in AMCHP will look to the organization to provide them with timely information and policy updates, as well as leadership on emerging issues impacting state programs. All AMCHP members, including family Delegates and members, will be actively engaged in the organization, providing feedback and leadership in the development of AMCHP policies and strategies, and promoting the work of the organization.

Susan Colburn  
Secretary, AMCHP

## BOARD CORNER CONT.



My personal vision for MCH is that all children including those with special health needs are raised in healthy, safe, nurturing environments to ensure optimal physical, social and emotional well-being. Informed by an understanding of the life course,

health equity model, social determinants of health and trauma-informed care, this vision can be achieved by 1) partnering with stakeholders at the national, state and community levels; 2) aligning national, state and local priorities and initiatives; 3) using quantitative and qualitative data to inform program needs, development and improvement; 4) addressing social determinants of health through public health initiatives, education, health care policy and program development; 5) improving universal access to quality care; 6) enhancing public awareness and family and community engagement; and 7) assuring fiscal sustainability.

Karin Downs, RN, MPH  
Region I Director



This is an exciting yet uncertain time for AMCHP and all Title V programs across the country as we implement health care reform and wait for possible changes in all sections of government. It is important to stay informed as a program locally and nationally. AMCHP plays a vital role with its outreach to the States and the

advocacy it provides nationally on behalf of MCH. The regional experience represented by members of the AMCHP Board enriches this advocacy and helps to assure that the voice of unique communities are included in the conversation.

Susan Chacon, BS, MSW, LISW  
Region VI Director



As the Title IX Regional Representative my vision is to be a voice for the region and a conduit of information and support both from and to the region's Title V Directors from HRSA and AMCHP. I would see myself as a listener and then a resource as we identify concerns and

then resources. By that I mean, if any Title V Director is faced with a concern, I would like to be there to listen and then look to the other Directors in Region IX through AMCHP for suggestions that would lead to success.

Mary Ellen Cunningham, MPA, RN  
Region IX Director



AMCHP holds a unique role in ensuring the health and well-being of the nation's women, children, and families across three critical areas: 1) Advocate—providing a voice that represents real people in

communities to shape policy and program decisions at the national level; 2) Convener—creating a space for all Title V programs to connect, share, and de-silo work at the state and local levels across the nation, which helps improve outcomes for all; and 3) Supporter—promoting Title V program success through information, technical assistance and linkages.

Cate Wilcox, MPH  
Region X Director

We thank and honor all of these professionals for giving their time and expertise to AMCHP. Please take a moment to visit the AMCHP Board page on our [website](#) for more details and how you can reach the new leaders of AMCHP.

## LEGISLATIVE & POLICY CORNER



### President Releases FY2017 Budget

In case you missed it, the President unveiled his FY2017 budget proposal on February 9. The proposal included important investments in several maternal and child health priorities including level funding for Title V, a proposal to expand the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) over 10

years, increased funding to address prescription drug abuse and heroin use, and emergency funding to address the Zika virus. The release of the President's budget signals the start of the appropriations process, though given recent history and the fact that is an election year with a divided government the process is unlikely to follow regular order. Nonetheless, AMCHP will be meeting with key Appropriations Committee members in the coming weeks to advocate for an increase of Title V funding to \$650 million to ensure our voice is heard and we will be following up with you on how to urge your elected officials to support this request! Click [here](#) to read AMCHP's full statement on the President's budget.

### ***Health Reform Implementation***

#### **50-State Survey on Medicaid & CHIP Released by Kaiser Family Foundation**

The [Kaiser Family Foundation](#), along with the [Georgetown Center for Children and Families](#), recently released the annual [50-State Survey on Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies](#). The report found that more than two-thirds of states (37) report they can make real-time Medicaid eligibility determinations (defined as less than 24 hours) for children, pregnant women, and nondisabled adults. Implementing these sorts of policies is crucial for maternal and child health populations. [Real-time eligibility](#) determinations allow eligible individuals to access the care they need in a timely manner without facing unnecessary red tape.

#### **Tax Rules May Stop Children from Falling Through the Cracks**

In a recent [blog](#) for the Georgetown Center for Children and Families, Tricia Books explains how discrepancies in tax rules versus [Modified Adjusted Gross Income](#) (MAGI) calculations for Medicaid could leave some children without coverage. One of the five exceptions to MAGI rules for Medicaid is that when a child lives in a household with both parents, regardless of their marital or tax filing status, non-tax rules apply. To prevent children from falling through the cracks, the [IRS code](#) dictates that a taxpayer's family is defined as the individuals for whom a taxpayer properly claims a deduction for a personal exemption under section 151 for

the taxable year, and family size is defined as the number of individuals in the family. This clarification should help children in unique family situations access the coverage they are entitled to.

#### **CMS Issues Clarification on Special Enrollment Periods**

On January 19<sup>th</sup>, the [Centers for Medicare and Medicaid Services](#) issued a [statement](#) on clarifying, eliminating and enforcing [special enrollment periods](#) in the health insurance marketplace. Special enrollment periods allow individuals who experience a [qualifying life event](#) to enroll in coverage outside of the normal open enrollment period. In an effort to improve the Marketplace experience for consumers and insurers and to ensure the sustainability of the Marketplace, CMS has eliminated a number of outdated special enrollment periods related to tax filing. Additionally, it has clarified eligibility for certain qualifying life events such as a permanent move, and it has developed an action plan to enforce these new and existing rules.

#### **Basic Health Program a Good Option for States**

[Section 1331 of the Affordable Care Act](#) gives states the option of creating a [Basic Health Program](#) (BHP), a health benefits coverage program for low-income residents who would otherwise be eligible to purchase coverage through the Marketplace. The BHP gives states the ability to provide more affordable coverage for low-income residents and improve continuity of care for people whose income fluctuates above and below [Medicaid](#) and [Children's Health Insurance Program](#) (CHIP) levels. This is particularly relevant for pregnant women and families who might otherwise churn between Medicaid and the Marketplace. The BHP could offer stability and help a pregnant woman maintain continuity of coverage. So why haven't more states adopted a BHP? Experts suggest that people with incomes under 200 % of the federal poverty level (FPL) make up as much as [two-thirds of Marketplace enrollment](#) in some states. A smaller Marketplace might be less attractive to insurers and result in fewer, more expensive offerings, if those earning under 200% FPL were to switch to a BHP.

## High Costs Pushing Some Families to Enroll in Limited Coverage Health Plans

Under the ACA, most people are required to have insurance that meets minimum standards, or pay a fine. In 2016, the [penalty](#) is \$695 per adult and \$347.50 per child, or 2.5 percent of household income, whichever is greater. Faced with high premiums and deductibles in many Marketplace plans, some consumers are looking at other options, such as limited coverage health plans, which include short-term, critical illness, and accident policies. These plans, which don't qualify as minimal essential coverage under the ACA, have significant drawbacks. They typically do not provide access to preventive care and may deny treatment for pre-existing conditions. In addition, these plans frequently impose dollar limits on coverage, and often refuse to renew policies if enrollees become sick and need expensive treatment. Families may view these plans as more cost effective than [qualified health plans](#). But in purchasing them, they incur the federal penalty for not having adequate insurance, and lose the opportunity for the more comprehensive coverage that QHPs provide.

## 12.7 Million Individual Enrollees during Past Open Enrollment Period

On February 4<sup>th</sup>, the [Department of Health and Human Services](#) announced that nearly 12.7 million people signed up for health coverage by the January 31<sup>st</sup> deadline. This number includes 4 million new healthcare.gov consumers. About 7 in 10 consumers with 2015 coverage came back to healthcare.gov and actively selected a plan for 2016. In a press statement, HHS Secretary Sylvia Matthews Burwell noted "The Marketplace is growing and getting stronger and the ACA has become a crucial part of healthcare in America."

GET INVOLVED



## AMCHP 2016 Annual Conference Update

We are pleased to announce that the 2016 AMCHP Annual Conference has been rescheduled for **April 6-9, 2016** at the Washington Marriott Wardman Park in Washington, DC! The AMCHP Annual Conference is an essential part of the maternal and child health field and a signature event for our members and other constituents

to network, share best practices, and meet with federal and other crucial partners. The AMCHP Board of Directors felt it was very important that this event be rescheduled as quickly as feasible. If you previously registered for this year's conference, please [click here](#) to confirm your attendance by **March 4, 2016**. If you are interested in attending this year's conference and have not registered, [click here](#). For continued updates about this year's conference, [click here](#).

## Webinar on the Zika Virus Outbreak

The National Society of Genetic Counselors will be conducting a free webinar conducted by an MCHB grantee. Dee Quinn, MS, CGC, of MotherToBaby Arizona, will discuss the latest research in the Zika virus and its impacts on pregnancy, describing the epidemiology of the virus, the malformations associated with it, and criteria for and availability of testing. This webinar will take place on **Feb. 26 at 12 pm EST**. To register, [click here](#).

## MCH Symposium Call for Abstracts 2016

The Maternal and Child Health Epidemiology Program, CDC, in partnership with the AMCHP and the Council of State and Territorial Epidemiologists (CSTE) is announcing a special call for abstracts for presentation at the MCH Symposium during the 2016 CSTE Annual Conference. All submitted abstracts should focus on the theme of emerging methods to incorporate populations underrepresented in MCH analysis and reporting. Please apply by **March 3, 2016** in order to be considered. For more information, [click here](#).

## Young Invincibles Special Enrollment Webinar Series

Young Invincibles will be hosting a webinar on **Wednesday, March 2 at 2 pm EST** to discuss health insurance coverage for young adults. The webinar will focus on understanding taxes and health care. To register, [click here](#).

## Infant Mortality ColIN Virtual Learning Session 3 (VLS 3)

The third learning session for Infant Mortality ColIN state teams will occur on **Tuesday, February 23** and **Wednesday, February 24 from 1:00-4:30 pm EST** each day. The registration deadline for VLS 3 is **Friday, February 19**. For more information, [click here](#).

## 2016-2018 Developmental Monitoring Within State Systems Grants Requests for Applications

Through funding from the CDC National Center for Birth Defects and Developmental Disabilities, AMCHP will facilitate a competitive award process of up to \$20,000 to 12 states or territories over the next two years. The purpose of this grant is to increase parent-engaged developmental monitoring by promoting the adoption and integration of Learn the Signs. Act Early. materials and training resources into programs and statewide systems that serve young children and their families, such as Early Head Start/Head Start, child care, home visiting, WIC, Child Find, health care, etc. AMCHP will provide ongoing technical assistance, disseminate resource materials and link grantees to other states and experts in early identification of developmental delay. For more information and to apply, [click here](#). **Applications are due Feb. 29.** For additional questions, contact Kate Taft, senior program manager, CYSHCN, at [ктаft@amchp.org](mailto:ктаft@amchp.org) or (202) 266-3056, or Cori Floyd, program associate, child and adolescent health, at [cfloyd@amchp.org](mailto:cfloyd@amchp.org) or (202) 266-3046.

## Call for Abstracts: 2016 CityMatCH Leadership and MCH Epidemiology Conference

City MatCH invites you to submit abstracts for oral and poster presentation in two tracks: scientific research and data or program and policy issues in maternal and child health. This is an opportunity to share your successes, research, results, and lessons learned with national and global audiences. The deadline to submit an abstract is **Feb. 19, 2016**. To apply, [click here](#). Please contact Carol Gilbert at [cgilbert@unmc.edu](mailto:cgilbert@unmc.edu) /402-552-9589 or Maureen Fitzgerald at [mchepireg@unmc.edu](mailto:mchepireg@unmc.edu) /402-552-9585 for any questions or concerns. The deadline to apply for a Travel Sponsorship Application is **March 15, 2016**. To apply, please [click here](#).

## 2016 Training Course in Maternal and Child Health Epidemiology

The Maternal and Child Health Bureau (MCHB), the CDC, and CityMatCH are offering a training course in MCH Epidemiology as part of their ongoing effort to enhance the analytic capacity of state and local health

agencies. The course is an intensive program, combining lectures, discussion, hands on exercises, and opportunities for individualized technical assistance. Several post-training webinars will serve to build upon and extend the content of the in-person training. Applications are due no later than **11:59 pm PST on Feb. 19**. For more information and to apply, [click here](#).

## Opportunity to Improve the Quality of Children's Health Care through Customized Technical Assistance

The Agency for Healthcare Research and Quality (AHRQ), in partnership with the Centers for Medicare & Medicaid Services (CMS), is offering technical assistance and peer-to-peer learning opportunities to support State health care quality improvement projects for children enrolled in Medicaid and CHIP. The goal of this "knowledge transfer" opportunity is to leverage lessons learned from the CHIPRA Quality Demonstration Grant Program, which is the largest Federal investment ever made to identify effective, replicable strategies for enhancing the quality of health care for children enrolled in Medicaid or CHIP. The program aims to help participants apply lessons from the Demonstration to save time and resources and increase the potential for successful outcomes for children. Please submit an Expression of Interest Form by **Feb. 25**. For more information, [click here](#).





## General & Maternal Child Health

### The Health Coverage Gap and Young Adults

Millions of young adults in America are still uninsured. Young Invincibles has published fact sheets on the health coverage gaps in Florida, Georgia, North Carolina, Texas, and Virginia to bring awareness on this issue, as well as explain how Medicaid expansion could benefit low-income, uninsured young adults. To view the fact sheets, [click here](#).

## Women & Infant Health

### Vital Signs: Alcohol-Exposed Pregnancies

CDC analyzed data from the 2011–2013 National Survey of Family Growth to generate U.S. prevalence estimates of risk for an alcohol-exposed pregnancy for 4,303 non-pregnant, nonsterile women aged 15–44 years, by selected demographic and behavioral factors. To read the full study, [click here](#).

## Child & Adolescent Health

### The Role of Research in Promoting Social Change: Teen Pregnancy Prevention as a Case Study

The 9th annual Kristin Anderson Moore Lecture featured renowned teen pregnancy prevention advocate Sarah S. Brown, who co-founded and, for nearly 20 years, led The National Campaign to Prevent Teen and Unplanned Pregnancy as its CEO. To view the achieved webinar and download slides, [click here](#).

- On February 3, Amy Haddad attended Academy Health’s Child Health Policy Conference. Featured speakers included Administration and State officials as well as leading experts on children’s health policy. Breakout sessions covered timely topics such as neonatal abstinence syndrome and emerging issues related to research on equity and trauma.

## CAREER OPPORTUNITIES

### Texas Department of State Health Services Seeking Maternal Mortality and Morbidity Nurse

The Maternal Mortality and Morbidity Nurse oversees MCH programs for the state and performs advanced nursing activities in a consultative, advisory, educational, and administrative capacity for the Office of Title V and Family Health under the general direction of the Director. Responsibilities include planning, implementing, and evaluating activities. These activities include overseeing the Mortality and Morbidity Task Force described by Senate Bill 495, collaborate with stakeholders to address maternal and child health related needs in the community and statewide and represents the agency as a maternal and child health specialist. For more information and to apply, [click here](#).

### New CSTE Career Center

The Council of State and Territorial Epidemiologists (CSTE) is launching a new Career Center where all the best public health jobs are located in one site. This allows job seekers to search and apply for relevant positions, set up job alerts, create an anonymous job seeker profile or resume, and access job searching tools and tips. The CSTE Career Center allows employers to post new positions, search resumes through a database, and limit applications to only those who are qualified. For more information, [click here](#).

### AMCHP CAREER CENTER

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

## GET SOCIAL



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### **Emergency Medical Services for Children Targeted Issues Program**

Deadline: *Feb. 29, 2016*

The HRSA is now accepting applications for the Emergency Medical Services for Children Targeted Issues Program (EMSC). The program works to ensure that critically ill and injured children receive optimal pediatric emergency care. The target goal of the Targeted Issues Program is to support strategies to improve the quality of pediatric care delivered in emergency care settings across the continuum of emergency care through the implementation of pediatric emergency care research and innovative cross cutting projects. Targeted Issues programs translate research into practice and improve pediatric health outcomes related to emergency care, such as reduced severity of asthma and decreased hospitalization for trauma. To learn more, [click here](#).

### **Ryan White HIV/AIDS Program Integrated HIV Planning Implementation**

Deadline: *Mar. 1, 2016*

The HRSA is accepting applications for the RWHAP (Ryan White HIV/AIDS Program). This is a cooperative agreement is to provide technical assistance to RWHAP Parts A and B recipients and their planning bodies to support activities and strategies for integrating HIV planning across prevention, care, and treatment service delivery systems, and support activities related to the CDC and HRSA Integrated HIV Prevention and Care Plan submissions. The main objectives is to develop and review tools and processes for the Integrated HIV Prevention and Care Plans; develop strategies, tools, and trainings for RWHAP recipients and planning bodies to identify and support activities to integrate planning and prevention care across systems; to deliver technical assistance in a select number of jurisdictions to facilitate integrated planning ; to support peer learning opportunities across RWHAP recipients and planning bodies. For more information, [click here](#).

### **Early Childhood Comprehensive Systems Impact (ECCS Impact)**

Deadline: *Mar. 15, 2016*

The HRSA is accepting applications for Early Comprehensive Childhood Systems Impact (ECCS

Impact). The purpose of this program is to enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) approach. An additional goal of the ECCS Impact grants is the development of collective impact expertise, implementation and sustainability of efforts at the state, county and community levels. For more information, [click here](#).

### **Maternal Nutrition and Pre-pregnancy Obesity: Effects on Mothers, Infants, and Children**

Deadline: *May 7, 2016*

This funding opportunity encourages applications to improve health outcomes for women, infants and children, by stimulating interdisciplinary research focused on maternal nutrition and pre-pregnancy obesity. Maternal health significantly impacts not only the mother but also intrauterine environment, and subsequently fetal development and the health of the newborn. For more information, [click here](#).

### **HHS Centers for Disease Control and Prevention NCIPC: Core State Violence and Injury Prevention Program**

Deadline: *May 8, 2016*

The overall purpose of this funding is to: 1) decrease and prevent injury and violence related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices. This will be achieved through support to State Health Departments (SHDs) in the implementation, evaluation and dissemination of programs, practices, and policies with the best available evidence. To learn more, [click here](#).

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

Deadline: *Sept. 6, 2016*

NIH present this funding opportunity to facilitate the training of individuals at all careers levels (the undergraduate, graduate, post baccalaureate, postdoctoral and faculty levels) from diverse backgrounds underrepresented in scientific disciplines relevant to genomics to enable them to pursue genomics

## FUNDING CONT.

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research that spans all areas of interest to National Human Genome Research Institute later in their careers. To learn more, [click here](#).

### **Using Existing Early Intervention Data to Assess Outcomes among Deaf and Hard of Hearing Children**

Deadline: *Sept. 30, 2016*

The Disability Research and Dissemination Center is presenting a funding opportunity to assess the outcomes of deaf or hard of hearing (DHH) children identified through state early intervention (EDHI) programs by using existing intervention and educational data sets. For more information, [click here](#).

### **Improving the Coordination and Documentation of Enrollment into Early Intervention for Deaf and Hard of Hearing Children through Parent Engagement**

Deadline: *Sept. 30, 2016*

The Disability Research and Dissemination Center is presenting a funding opportunity to help increase parental/public awareness about the importance and benefits of signing a release to share early intervention information (information release) with the state EHDI programs, as well as engaging and supporting families in the intervention process. For more information, [click here](#).

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

Deadline: *Nov. 16, 2016*

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

### **Reducing Health Disparities among Minority and Underserved Children**

Deadline: *Jan. 7, 2017*

This initiative encourages research that targets the reduction of health disparities among children. Specific

targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (e.g., physical and family environments) social (e.g., peers), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known health condition and/or disability; and studies that test and evaluate the comparative effectiveness of health promotion interventions conducted in traditional and nontraditional settings. For more information, [click here](#) (R01) or [here](#) (R21).

### **Chronic Illness Self-Management in Children and Adolescents**

Deadline: *Jan. 7, 2017*

The purpose of this announcement is to encourage research to improve self-management and quality of life in children and adolescents with chronic conditions. Managing a chronic condition is an unremitting responsibility for children and their families. Children with a chronic condition and their families have a long-term responsibility for self-management. For more information, [click here](#) (R01) or [here](#) (R21).

### **Understanding Factors in Infancy and Early Childhood That Influence Obesity Development**

Deadline: *Feb. 5, 2017*

This funding announcement invites Research Project Grant (R01) applications from institutions/organizations which propose to characterize or identify factors in early childhood (birth-24 months) that may increase or mitigate risk for obesity and/or excessive weight gain and/or to fill methodological research gaps relevant to the understanding of risk for development of obesity in children. For more information, [click here](#).

### **Maternal Nutrition and Pre-pregnancy Obesity: Effects on Mothers, Infants and Children**

Deadline: *May 7, 2018*

This announcement encourages applications to improve health outcomes for women, infants and children, by stimulating interdisciplinary research focused on maternal nutrition and pre-pregnancy obesity. Maternal



## FUNDING CONT.

health significantly impacts not only the mother but also the intrauterine environment, and subsequently fetal development and the health of the newborn. For more information, [click here](#).

## CALENDAR



### AMCHP Events

#### [2016 AMCHP Annual Conference](#)

Apr. 6-9, 2016  
Washington, DC

### MCH Events

#### [National Healthy Start Spring Conference](#)

Feb. 27-Mar. 2, 2016  
Washington, DC

#### [Early Hearing Detection & Intervention Meeting](#)

Mar. 13-15, 2016  
San Diego, CA

#### [2016 Preparedness Summit](#)

Apr. 19-22, 2016  
Dallas, TX

#### [YTH Live](#) (the youth+tech+health conference)

Apr. 24-26, 2016  
San Francisco, CA

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

Jun. 19-23, 2016  
Anchorage, AK

#### [NACCHO Annual Conference](#)

Jul. 19-21, 2016  
Phoenix, AZ

#### [Public Health Informatics Conference](#)

Aug. 21-24, 2016  
Atlanta, GA

#### [CityMatCH Leadership and MCH Epidemiology Conference](#)

Sept. 14-16, 2016  
Philadelphia, PA

## CALENDAR CONT.

#### [Congenital Cytomegalovirus Public Health and Policy Conference](#)

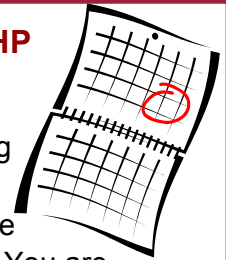
Sept. 25-27, 2016  
Austin, TX

Do you have a great infographic?  
AMCHP is now featuring  
infographics from our members in  
*Member Briefs*! To have an  
infographic featured, please  
e-mail a submission to  
[jfarfalla@amchp.org](mailto:jfarfalla@amchp.org).



### List Your Event on the AMCHP MCH Events Calendar

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



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