

# Member Briefs



Feb.2, 2016



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



## MANAGEMENT MINUTE

The best thing you can do is the right thing. The next best thing is the wrong thing. The worst thing is nothing.  
~ *Teddy Roosevelt*

Trust me when I say, cancelling the AMCHP Annual Conference was not at all for the faint of heart. From my perspective, it was an incredibly agonizing decision-making process comprised of equal parts hourly situational analysis, trust and confidence in the information you have at the time of the decision, pure gut instinct, and absolute fear of making the wrong choice. Your elected AMCHP leadership did an amazing job of balancing the complexities of this particular decision with the abbreviated timeline that Mother Nature imposed upon us a little over a week ago.

With states of emergency in at least ten states and over 9,000 cancelled flights on the Eastern Seaboard, the storm delivered as promised with average snowfalls of 30 inches throughout the area. It was the fourth largest storm in the Northeast in over 60 years. Schools are still delayed even today, a full ten days after the start of the storm. For all of us living in DC metropolitan area, we know full well the impact the storm had on us personally and on the area.

This past week we spent much time communicating with conference attendees, our sponsors and exhibitor, the AMCHP Board, and staff around the decision to cancel the 2016 AMCHP Conference. Although I won't cover the full chronology of events here, it is important that you understand the due diligence, care, and thoughtfulness that surrounded this decision.

On Wednesday, January 20, we began to hear predictions for the winter storm headed to the DC metropolitan area. This was only one day prior to attendees beginning to travel to AMCHP 2016. Conference calls had been conducted throughout the day to identify the impacts and potential risks associated with proceeding with or not proceeding with the AMCHP

conference. As the storm was approaching, a decision was made late that day to proceed with the AMCHP 2016 conference.

With Conference Managers (our conference logistics vendor), we discussed the predicted timing and track as known for DC area; identified that airlines and trains were not issuing change policies yet due to the storm; mapped patterns of check-ins noting the majority of attendees as traveling on Thursday and Friday (only 150 remain for check-in on Saturday); created a communication to attendees by the end of the day regarding recommendations to change airline travel away from the target storm period of late Friday and all day Saturday; updated the web site with messaging to attendees; and held subsequent conference calls to discuss the storm and potential impact on AMCHP 2016.

With the hotel, we discussed that the hotel had never been closed for any reason over at least the past seventeen years and was not modifying its cancellation policies; the property was already operating under emergency preparation plans and had contingency plans in place for staff to stay onsite during the storm to service customers. The hotel did not anticipate any issues with accommodating our event on any day at any time including food and beverage preparations, housekeeping, restaurants being opened, etc.; we began to determine flexibility to address changes to food and beverage guarantees based on actual attendance, contractual obligations related to attrition and room nights to determine if they can be flexible on penalties, and ability to move AMCHP exhibitor freight from Saturday move-in to Friday move-in.

Conference Managers had already begun earlier in the day to contact all speakers (including plenary), determine arrival days, and work to shift arrivals to avoid cancellations and started to consider alternate plans for speakers who cannot make it including eliminating Wi-Fi

## MANAGEMENT MINUTE CONT.

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in lieu of hardwiring internet to sessions to allow for Skype capability and other technologies.

On Thursday, January 21, storm predictions began to worsen and DC metropolitan area was noted by major weather forecasters to be in the 'bull's-eye' of the storm. Late Thursday morning, a state of emergency was issued by Virginia, and quickly followed by DC and Maryland. States of emergency declarations are critical because the government has the power to close businesses, restrict travel, and call up the National Guard among other powers. As soon as this occurred, we began emergency teleconferences once again with Conference Managers, our insurance company, the hotel, and our attorneys. Early that afternoon, the Executive Committee, reviewed all of the information to date and a decision was made unanimously to cancel the conference and begin an immediate communications strategy.

A number of things began happening simultaneously. The hotel was officially notified of the cancellation. AMCHP attendees and speakers received a mass email communication of the cancellation and the web site was updated. Keynote speakers, AMCHP vendors, sponsors, and exhibitors were contacted. Twitter, LinkedIn, and Facebook were updated. Many of our staff (please join me in appreciating and thanking them!) participated in a personal phone call campaign to all 800 attendees with Conference Managers. This was stressful at times for staff because they were the messenger of bad news. It was also stressful because of the number of calls they had to make. Please know how important the staff were to this effort and that many, many of you expressed appreciation for their individual and collective effort at communication.

Later that evening, I arrived at the Hyatt and met with Eileen Forlenza, AMCHP President-Elect, to discuss on the ground strategy for attendees at the hotel or en route to the hotel. (Sam Cooper was able to divert travel and avoid the trip to DC altogether). We began to plan for a brief attendee session on Friday morning to gather attendees who were already in DC, as well as to hold hours in the lobby area for any AMCHP travelers who wished to talk or connect about the conference cancellation. We also met with Conference Managers to discuss next steps onsite. Together, we conducted another personal phone call campaign to all AMCHP attendees checked-in to the Hyatt, inviting attendees to come to the lobby to meet/greet with us and to personally invite them to attend a morning session the next day.

Together, we stayed in lobby area until Midnight, January 21 chatting with attendees on site.

On Friday, January 22, Eileen hosted attendees for a two hour session (with myself and a few other staff present) attended by twelve AMCHP attendees. It was great to get the folks together who were at the conference and they deeply appreciated the chance to network even in small groups.

With the communications and other efforts, we were able to reduce the number of attendees impacted significantly. With a high of 65 attendees arriving on Thursday, many were able to halt travel, turn around at stop-overs, or make immediate arrangements to fly back to their homes before the storm. In the end, we had approximately 30 or so attendees in DC at the time of the storm. All appreciated the many, many efforts to engage them while they were stranded in DC in spite of the awful circumstances.

Not all of you obviously plan conferences and events in your states, but there still are some lessons learned (and many, many more to come for sure) from this event that might be applicable to other foreboding types of decisions that have far-reaching impacts and weigh heavily on managers and organizations. Here is a sampling of a few top lessons learned from this experience. These are not the ONLY lessons, by the way. The aftermath of a singularly critical decision like this goes on for quite some time and, with it, more lessons can come.

### *Evaluate risk comprehensively.*

Risk is tricky and can be cloaked in surprising disguises. There are threats related to human impact (included the all-important aspects of safety and well-being); financial impact, reputational impact, contractual impact, and so on. All are important to consider and factor into a decision but all may not carry the same level of significance.

### *Engage decision-makers early and often.*

Ensure those making the final decision are fully briefed and engaged as soon as possible, and throughout the process, with detailed information, key considerations, risks, options, alternatives, and predicted impact across the risk categories. This creates a momentum that results in well-informed leaders who are not afraid to reach a decision quickly if needed.

### *Seek legal advice.*

If there's ever a time to invest in external advice, it is this situation. But, whatever the critical decision, if there are



potential repercussions related to operating legally and in compliance with agreements, it is worthwhile to consult with experts who are in a position to offer sound advice to help inform good decision-making.

*Be prepared to change course and modify a previous decision.*

Just when you've applied good standards to your decision-making and defined a solid process, things can and do change to throw decisions off course. There is a need to re-evaluate and sometimes make a mid-course correction. This takes a lot of courage by the way, but in the end it is far more preferable to reconsider all available information to ensure a decision that is for the greater good of the organization.

There is NO level of communication that is too much. During emergent situations, there really is no such thing as communicating TOO much. When decisions impact individuals, plans, families, obligations, and responsibilities at all levels, people naturally want and need to know why a decision is made, how the decision will impact them personally, and what they must do for themselves, and for others around them, to prepare for the impacts of the decision.

*Don't lose sight of the people most impacted by your decision.*

Although some high-level decisions have to be made for the broader good of the organization, don't forget that people and individuals are ultimately impacted. Be compassionate and take great care thinking about the persons impacted from decisions.

Our story does not end here just yet. We are carefully considering all of the options available to AMCHP at this time, including rescheduling the meeting or issuing credits or refunds. We are busily gathering information from many sources to inform this critical decision and will continue to do so in the coming days. I hope by the issue of Member Briefs, we'll be able to share more about these discussions and upcoming decisions.

In the meantime, your comments, counter-points, suggestions, or thoughts are always welcomed. Email me at [lfreeman@amchp.org](mailto:lfreeman@amchp.org).

### **On the Horizon: Congress, the President's Budget and AMCHP Day of Action**

The same winter storm that canceled the AMCHP Annual Conference canceled votes in the House of Representatives last week as well. Instead, they will be voting this week to overturn President Obama's veto of the budget reconciliation bill which, among other things, would repeal major parts of the Affordable Care Act. Overturning a veto requires a 2/3 vote which is not expected to be achieved. Next up is the beginning of budget and appropriations season starting with the release of the President's FY17 budget expected February 9. With Hill Day activities in conjunction with the AMCHP Annual Conference having been canceled, we will be encouraging an AMCHP Day of Action to share Title V priorities with Senators and Representatives following the release of the President's budget. February-March is a crucial time for Members of Congress to submit their individual requests for FY17 and we will be sending out an action alert to contact your elected officials in order to ensure our funding priorities are their priorities as well!

### **Health Reform Implementation**

#### **Mammograms Still Covered by all Insurance Plans**

Several organizations, including the [U.S. Preventive Services Task Force](#) (USPSTF), the [American College of Obstetricians and Gynecologists](#) (ACOG), and the [American Cancer Society](#), have recently updated their breast cancer screening recommendations. These varying recommendations have caused confusion among women about whether or not a mammogram is covered by their health insurance. To clear up some of this confusion, Dr. Nancy C. Lee, Director of the [Office on Women's Health](#), issued the following [statement](#):

"I want to make clear that coverage requirements for mammograms have not changed... In December, the President signed a bill that ensures that women's coverage for mammography will remain the same through 2017. Women 40 years and older enrolled in most health insurance plans will continue to be covered



for screening mammography every 1–2 years without copays, coinsurance, or deductibles — just as they are today. If a woman 40 years and older and her doctor determine that a mammogram is appropriate, she will not have to pay out of pocket.”

### President Obama Vetoes ACA Repeal Bill

On February 2nd, President Obama [vetoed](#) legislation that would have repealed the Affordable Care Act and cut federal funding for Planned Parenthood. The President’s veto was expected, but nevertheless it marks the first time Republicans in Congress have been able to get a bill that would repeal the signature health care law to the White House, after more than 60 votes to roll back all or part of the law. The bill has been sent back to Congress, which has scheduled a vote to override the veto on January 26<sup>th</sup>. The vote is largely symbolic, as the Republican-controlled Congress lacks the two-thirds majority necessary to override the President’s veto.

### CMS Announces Accountable Health Communities Model

The Center for Medicare and Medicaid Innovation (the Innovation Center) of the Department of Health and Human Services recently announced a [new funding opportunity](#) to test the efficacy of the “Accountable Health Communities Model,” which is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs. This five-year program is the first [Innovation Center](#) model to focus on the health-related social needs of Medicare and Medicaid beneficiaries. The model will test three scalable approaches to addressing health-related social needs and linking clinical and community services – community referral, community service navigation, and community service alignment. The \$157 million funding for this initiative, provided under the Affordable Care Act, will support up to 44 awards, ranging from \$1 million to \$4.5 million.

### Final 2 NPM Implementation Roadmaps scheduled February 1 to 10

AMCHP and the Johns Hopkins University Bloomberg School of Public Health Strengthen the Evidence Base for MCH are pleased to host a series of webinars to support your next phase of action – selecting evidence-based or -informed strategies and developing your state-initiated Evidence-based or -informed Strategy Measures (ESMs) that will impact your state selected Title V population-based National Performance Measures (NPMs).

Each webinar in the series will focus on one of the 15 NPMs. The series will take place through February. The first webinars are scheduled as follows:

Taking Action with Evidence: Implementation Roadmap  
NPM #15

Date: Wednesday, Feb. 3  
Time: 4:00-5:00 PM EST

Strengthen the Evidence Base, National Performance  
Measure Webinar, NPM #12—Transition

Date: Wednesday, Feb. 10  
Time: 4:00-5:00 PM Eastern

More information about the series and registration links for each webinar are posted to the [MCH Block Grant Transformation Resources](#) page on the AMCHP website. We will update this site on a rolling basis and provide reminders in *Member Briefs*.

### Keeping our Children Safe in a Changing World

The Health Resources Services Administration (HRSA) and Emergency Medical Services for Children (EMSC) will be hosting a webinar on **Wednesday, February 3 from 4:00-5:00 pm EST**. The webinar will help parents and caregivers define the need for resources to prepare children and youth to make the best decisions when they are on their own to stay safe in unexpected crisis events; describe real concerns of parents and youth in today’s world; identify current and upcoming resources to help teach children, parents, and communities what to do in a crisis; and discuss gaps in resources and opportunities

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for future collaboration in resource development. To register, [click here](#).

### Newborn Screening Contingency Plan Survey Now Open for Public Comment

AMCHP is partnering with CDC, APHL, and HRSA, and an Advisory Committee to update the [Newborn Screening Contingency Plan](#) (CONPLAN), with a focus on addressing gaps in laboratory and clinical follow up. We are seeking input from State/Territorial Newborn Screening Programs, State Public Health Laboratories, Title V MCH and CYSHCN Programs, Preparedness Programs, Primary Care Providers, Specialists, Hospitals, Local Health Departments, Families, Consumers, and other stakeholders. Please feel free to distribute the public comment survey link to any audience you feel is applicable. We also encourage state programs to coordinate with one another to develop a robust survey response. The survey will be open **January 12 to February 15**. To access the public comment survey, [click here](#). For questions and concerns, please contact Cori Flyod at [cflyod@amchp.org](mailto:cflyod@amchp.org) or call 202-266-3046.

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

The third learning session for Infant Mortality Collaborative Improvement & Innovation Network (CoIN) state teams will occur on **Feb. 23** and **Feb. 24 from 1:00-4:30 p.m. EST** each day. Pre-work for the learning session is due Feb. 5. The registration deadline for VLS 3 is **Feb. 19**. For more information, [click here](#).

### 2016-2018 Developmental Monitoring Within State Systems Grants Request 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**, and the applicant informational conference call will take place on Tuesday, Jan. 5 at 3:30 p.m. EST. Please RSVP to [cflyod@amchp.org](mailto:cflyod@amchp.org) if you plan to participate on the call. 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



**A HOLISTIC, NEIGHBORHOOD APPROACH TO GIVE EVERY BABY THE BEST CHANCE IN LIFE**

#### WHY NOW

Too many babies in the U.S. are dying at birth or in their first year, at a rate that's higher than almost any other developed nation. Traditional health care approaches haven't solved this, because they don't address racial and economic disparities. We bring a new integrated approach that connects health to community.

#### HOW WE WORK

##### NATIONALLY

- Cultivate "Best Babies Zones" across the U.S.
- Provide guidance and support to zones
- Spark innovation to tackle infant mortality crisis

##### NEIGHBORHOOD ZONES

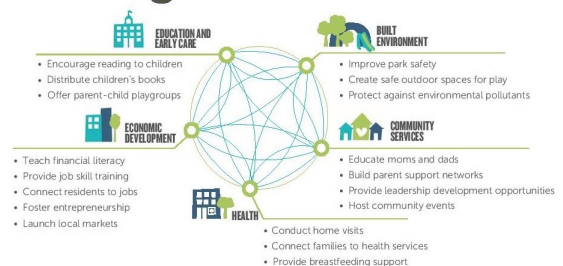
- Focus efforts in concentrated areas
- Mobilize residents and partners to create change



#### WHAT WE DO TOGETHER

- 1 ACTIVATE ZONE RESIDENTS AND COMMUNITY PARTNERS**
  - Identify neighborhood leaders and partners
  - Bring them together
- 2 LISTEN TO NEIGHBORHOOD PRIORITIES**
  - Prioritize needs and opportunities
  - Create a shared vision

##### 3 FOSTER CROSS-SECTOR COMMUNITY ACTIONS



#### WHAT HAPPENS OVER TIME

- Increased community resiliency
- Greater ability of families to meet their basic needs
- Improved health of moms and families
- More children are prepared for and successful in school
- Stronger local economy
- Safer, healthier neighborhood
- Lower infant mortality



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).



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[cfloyd@amchp.org](mailto:cfloyd@amchp.org) or (202) 266-3046.

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

CityMatCH 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.

### 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](#).

### Free webinar on Improving Health Care Quality for Children in Medicaid and CHIP

This webinar on **Feb. 11 at 2:00pm ET** will highlight promising practices and key lessons learned over the course of the 5-year Quality Demonstration Grant Program. Topics will include supporting primary care practice quality improvement and transformation; enhancing States' capacity to report quality measures; improving service systems for youth with serious emotional disorders; and building partnerships and capacity to leverage and sustain ongoing quality improvement. To register, [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

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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](#).



## PUBLICATIONS & RESOURCES

### General & Maternal Child Health

#### Rhode Island: Advancing the Medical Home Model in Pediatrics

The Rhode Island Pediatric Practice Enhancement Project places family/peer resource specialists in pediatric practices to enhance care coordination, family-centered care, and cultural competency for families and children. Learn about the project's components, payment model, and outcomes by viewing the Rhode Island State Profile created by the National Center for Medical Home Implementation in partnership with the National Academy for State Health Policy. For more information, [click here](#).

## GET SOCIAL



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### NETWORK

[linkedin.com/groups/AMCHP-4145590](https://linkedin.com/groups/AMCHP-4145590)



### **Weiss Pediatric Care: Promising Practice in Pediatric Medical Home Implementation**

Weiss Pediatric Care in Sarasota, Florida, is an innovative and promising practice in pediatric medical home implementation. Visit the National Center for Medical Home Implementation Web site to learn practical pediatric medical home implementation strategies utilized by Weiss Pediatric Care to provide care for families and children. For more information [click here](#).

### **Women & Infant Health**

#### **Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection**

The CDC, in consultation with the American Academy of Pediatrics, has developed interim guidelines for the evaluation, testing, and management of infants born to mothers who traveled to or resided in an area with Zika virus transmission during pregnancy. The guidelines gives assistance to healthcare providers caring for infants with microcephaly or intracranial calcifications detected prenatally or at birth, and infants who are at risk based on maternal exposure. To view the guidelines, [click here](#).

#### **Key Findings: Antidepressant Prescription Claims among Reproductive-Aged Women**

The CDC Morbidity and Mortality Weekly Report (MMWR) has published a new study on antidepressant prescription claims among women of reproductive age. These new findings highlight how important it is for all women to talk with their healthcare provider about the safety and risks of taking medications. To read the

#### **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!

report, [click here](#).

### **Child & Adolescent Health**

#### **Strategies to Enhance Care for Hispanic Children and Youth with Special Health Care Needs**

Created by the National Center for Medical Home Implementation based on lessons learned from a community-based medical home project in Rhode Island, this fact sheet provides clinicians and state based agencies with strategies on how to enhance care for Hispanic children, youth and their families. For more information, [click here](#).

## CAREER OPPORTUNITIES

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#### **AMCHP Seeking Associate Director, Women and Infant Health**

This position is accountable for the implementation and evaluation of program activities within AMCHP's Women and Infant Health Portfolio. The Associate Director reports to the Director of Programs and serves as a member of the organizations management team. Duties will include tracking and analyzing trends and emerging issues related to women's health, preconception, pregnancy and birth outcomes, postpartum health, and infant health; increasing the capacity of states to use evidence to drive policy and program design to improve women and infant health outcomes and health equity; increase understanding of life course approach to MCH among AMCHP members and partners; liaise with relevant national leaders and represent AMCHP on coalition groups; assist with increasing alignment of resources and the delivery of MCH services and programs at federal and state levels; developing funds and a staff team for programmatic efforts to support all work in the portfolio. For more information and to apply, [click here](#).

#### **AMCHP Searching for Program Associate, Women's and Infant Health**

This position supports and assists the Women's and Infant Health Team in the development, implementation, and evaluation of program activities related to MCH.

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Principal duties includes communications support for Women's and Infant Health team and projects, including organizing conference calls and webinars, updating content on the AMCHP website, and preparing memos, fact sheets and surveys; assist the Associate Director, Senior Program Manager, and Program Analyst in developing and implementing work plans related to MCH and women's and infant health; collect and analyze data; represent AMCHP at various meetings and conferences; contribute to the identification and collection of best practices and support AMCHP's Innovation Station database; participate in the development of grant proposals and other funding applications; track, analyze, and report on state and national initiatives related to women's and infant health. The Program Associate will report directly to the Associate Director of Women's and Infant Health. For more information and to apply, [click here](#).

### **CDC Recruiting Senior Maternal and Child Health Epidemiologists to State Public Health Agencies**

The Maternal and Child Health Epidemiology Program (MCHEP) is a collaborative effort between the CDC and the HRSA. The program's mission is to promote effective public health action for improving the health and well-being of women, children, and families by building MCH epidemiology and data capacity at local, state, and tribal levels. CDC's MCHEP is recruiting a doctor of medicine and/or doctoral level, senior MCH Epidemiologists/Health Scientists to assign state public health agencies. Assignments are prioritized for states with limited access to MCH epidemiology capabilities. CDC epidemiologists are currently assigned to Florida, Hawaii, Illinois, Iowa, Louisiana, Massachusetts, New York, Ohio, Oregon, Vermont, Wisconsin, and Wyoming. Additional states are also in the process of developing new assignments and should be available for advertisement shortly. Salary is based on experience and training. This opportunity closes on **March 11, 2016**. For more information and to apply, [click here](#). For questions and concerns, please contact Donna Addison directly by phone (770-488-6501) or email [dnp7@cdc.gov](mailto:dnp7@cdc.gov).

### **HRSA is Recruiting Supervisory Health Care Administrator**

This position is located in the Office of Epidemiology and Research, Division of Research (OER/DR), of the

Maternal and Child Health Bureau, in the Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), located in Rockville, MD. OER/DR administers extramural research programs, and funds multi-year investigator-initiated research projects that addressing critical MCH issues. As director of the OER/DR, duties and responsibilities will include supervising an interdisciplinary staff of professionals, participating in the development of manuscripts to be submitted to peer-review scientific journals; developing and establish national program policies; identifying growing needs for MCH research and demonstration projects; reviewing and analyzing epidemiologic findings that provide new insights into opportunities that promote health and prevent disease among maternal and child health populations. This opportunity

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closes on **February 9, 2016**. To apply, [click here](#).

### **Advanced Education Nursing Traineeship (AENT) Program**

Deadline: *Feb. 15, 2016*

The HRSA is accepting eligible applicants in education programs that provide registered nurses with nurse practitioner and nurse mid-wife education. Such programs may include schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities authorized by the Secretary to confer degrees to registered nurses for nurse practitioner nurse-midwife education. Federally recognized Indian Tribal Government and Native American Organizations are also eligible to apply. For more information, [click here](#).

### **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



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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](#).

### **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

### **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. Man-

## FUNDING CONT.

aging 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 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



### MCH Events

#### [National Health Policy Conference](#)

Feb. 1-2, 2016  
Washington, DC

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

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

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

Apr. 19-22, 2016  
Dallas, TX

## CALENDAR CONT.

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

Jun. 19-23, 2016  
Anchorage, AK

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

Jul. 19-21, 2016  
Phoenix, AZ

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

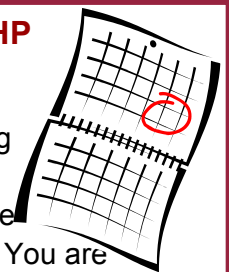
Aug. 21-24, 2016  
Atlanta, GA

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

Sept. 14-16, 2016  
Philadelphia, PA

### 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 at [kcharles@amchp.org](mailto:kcharles@amchp.org), Interim Communications and Membership Associate. Please note: All event listings are subject to AMCHP approval.



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