

# Member Briefs



May 3, 2016



THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS



## BOARD CORNER

These volunteer leaders were elected by you to care for AMCHP today and guide it into the future. Here they share information about themselves to give you a new MCH connection and a better understanding of the board members' roles, or simply to pique your interest in the work of your peers.

This month we have the privilege of introducing you to Karin Downs and Cate Wilcox, who were elected to the AMCHP Board of Directors earlier this year.



Karin Downs, RN, MS, MPH, has been an AMCHP member since 2006, serving in multiple volunteer capacities including as a member of the Best Practices Committee, which she has chaired, and the Emerging Issues Committee. She joined the board as the Region I

director representing Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Karin came to public health through anthropology and nursing, which stirred a deep interest in people's stories and their experience of health, birth and families within the cultural context of their lives, communities and belief systems. Over the past 35 years she has worked both nationally and internationally -- in Nepal (with Peace Corps), Thailand (in refugee camps), Cambodia and Laos -- focusing on MCH, community development, family economic stability, and relief and reconstruction. Her personal and professional goals are built on the core principles of social justice, health equity and the right for all families to receive the support they need to nurture their children through building strong relationships. Karin works for the Massachusetts Department of Public

Health as the MCH director for Title V Programs and director of the Division of Pregnancy, Infancy and Early Childhood. She received the Distinguished MCH Alumni Award from Boston School of Public Health in 2012 and completed a fellowship at the Maternal Child Health-Public Health Leadership Institute at the University of North Carolina-Chapel Hill.

Karin joined the AMCHP Board of Directors primarily "to connect with MCH colleagues across the nation and globe to respond to emerging issues, and to engage with national and local stakeholders to ensure that all families thrive and hold hope for the future for themselves and the generations to come."

Beyond her professional life, Karin shares that family is of central importance to her. As the youngest of six, she says her parents and siblings shaped her values, sense of belonging and life goals. As an adult, her family -- including her siblings, wife, three daughters and two granddaughters -- remain a source of support and inspiration, and important partners on her life journey. Karin also values her connection to the community, and for the past 12 years has participated as a team leader in a three-day benefit hike for a shelter that supports families who became homeless due to domestic violence, substance use and mental health issues. In this capacity, Karin has individually raised over \$50,000.



Cate Wilcox, MPH, has been an active AMCHP member since 2007. She joined the board as a Region X director representing Alaska, Idaho, Oregon and Washington.

Cate is the maternal and child

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health manager and Title V director for the Oregon Health Authority Public Health Division. Prior to joining the state, she spent over seven years at Planned Parenthood of the Columbia/ Willamette, overseeing medical operations for 11 health centers serving three-quarters of Oregon and southwest Washington, and a staff of over 150. Earlier, she spent 12 years with the Johns Hopkins University Center for Communication Programs, developing and managing global training programs that focus on all aspects of reproductive health communication, including at the international, national and regional levels in Asia, Africa and the Middle East.

Cate tells us it's been fun to have experiences in academic, nonprofit and (now) government work environments. She loves facing challenges and working with all the people around her to figure out the paths forward. (But she adds that she hates firing people!) She was thrilled to return to her alma mater, the University of North Carolina-Chapel Hill, for a fellowship at the Maternal Child Health-Public Health Leadership Institute. "AMCHP has given so much to all of the states in terms of advocacy, collaboration and connection", Cate says when asked what drew her to serve on the AMCHP Board of Directors. "I wanted to give back just some of that and participating on the board was my opportunity." Travel has always been a big part of Cate's personal life, starting with her first camping trip at the age of 6 weeks. She lived in Germany during her high school-college gap year as an exchange student, then served in the Peace Corps in the late 1980s, in Micronesia. Cate has two daughters: Aniya (ah-NEE-ya), 13, is from Nepal, and Lila, 8, is from China. They keep her grounded both in her work life (she lives what she does!) and her personal life.

We thank and honor these two professionals for giving their time and expertise to AMCHP. Please take a moment to visit the [AMCHP Board page](#) for more details and how you can reach Karin Downs and Cate Wilcox directly.

## LEGISLATIVE AND POLICY CORNER



### Congress Recesses for a Week Without Acting on Zika

Last week Congress departed for a one-week recess without taking action on the supplemental request for emergency funding to address Zika virus preparedness. AMCHP is working with the ASTHO Affiliate Council and an ad hoc MCH coalition led by the March of Dimes to raise awareness of the urgent need for resources to help states and communities prepare for the potentially devastating consequences of a wider outbreak. We will be joining efforts throughout May to urge Congress to act swiftly, and appreciate hearing about your perspectives and needs which can be shared with AMCHP Director of Policy and Government Affairs Brent Ewig at [bewig@amchp.org](mailto:bewig@amchp.org).

### House Committee Passes Dozen Bills Addressing Opioid Abuse

On Thursday, April 28, the House Energy and Commerce Committee passed a package of twelve bills addressing the opioid crisis – including several focused on pregnant women or neonatal abstinence syndrome. At one point during their consideration, it appeared the committee was interested in lowering the authorization level of the Title V Maternal and Child Health Services Block Grant to comply with a House rule requiring any new funding authorizations to be offset by decreases in existing program authorizations. Some members of the committee were concerned about the unfortunate precedent that would create, so in the end the committee used other offsets. Nonetheless, it alerted AMCHP to a previously unknown potential vulnerability that we will now be vigilant to guard against moving forward. Summaries of the bills passed by the committee are below. Action in the Senate is pending and any final package will need to reconcile any differences between the two chambers.

- [H.R. 4641, to provide for the establishment of an inter agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes](#) – Authored by committee members Rep. Susan Brooks (R-IN) and Rep. Joseph Kennedy (D-MA), this legislation would establish an inter-agency task force to review, modify, and update best practices for pain management and how pain medication is prescribed.

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- [H.R. 4978, the Nurturing and Supporting Healthy Babies Act](#)– Authored by Rep. Evan Jenkins (R-WV) and Rep. Cheri Bustos (D-IL), this bipartisan legislation would require the Comptroller General of the United States to issue a report one year after enactment on Neonatal Abstinence Syndrome (NAS). Also passing with the bill was an [amendment](#) offered by Health Subcommittee Chairman Joseph Pitts (R-PA) and Rep. John Yarmuth (D-KY), which corrects an error in current law by exempting abuse-deterrent formulations (ADF) of prescription drugs from the definition of “line extension” when calculating Medicaid rebates, thus helping incentivize the development of ADF to combat opioid abuse. The cost of this change was offset by implementing a policy in the President’s FY2017 Budget that would prevent the public disclosure of predictive algorithms used to identify fraud in Medicare, Medicaid, and CHIP programs, a policy idea that Rep. Bilirakis (R-FL) first [introduced](#) last Congress.
- [H.R. 1818, the Veteran Emergency Medical Technician Support Act of 2015](#) – Authored by committee members Rep. Adam Kinzinger (R-IL) and Rep. Lois Capps (D-CA), this bipartisan legislation (which [passed the House](#) last Congress) would create a demonstration program to streamline emergency medical technician state requirements and procedures for veterans who have already completed military emergency medical technician training. Also passing with the bill was an [amendment](#) offering a technical correction to the bill title.
- [H.R. 4981, the Opioid Use Disorder Treatment Expansion and Modernization Act](#) – Authored by committee members Rep. Larry Bucshon, M.D. (R-IN) and Rep. Paul Tonko (D-NY), this legislation would amend the Controlled Substances Act to expand access to medication-assisted treatment, while ensuring that patients receive the full array of quality evidence-based services and minimizing the potential for drug diversion.
- [H.R. 4969, the John Thomas Decker Act](#) – Authored by Rep. Pat Meehan (R-PA), Rep. Ron Kind (D-WI), and Rep. Marc Veasey (D-TX), this legislation would amend the Public Health Service Act to direct HHS to study what information and resources are available to youth athletes and their families regarding the dangers of opioid use and abuse, non-opioid treatment options, and how to seek addiction treatment. HHS would then be required to report its findings and work with stakeholders to disseminate resources to students, parents, and those involved in treating a sports related injury. Also passing with the bill was an [amendment](#) offering a technical correction to the bill.
- [H.R. 4599, the Reducing Unused Medications Act of 2016](#) – Authored by Rep. Katherine Clark (D-MA) and Rep. Steve Stivers (R-OH), this legislation would amend the Controlled Substances Act (CSA) to clarify when a prescription for a drug listed on Schedule II of the CSA may be partially filled.
- [H.R. 4976, the Opioid Review Modernization Act](#)– Authored by Rep. Sean Maloney (D-NY) and committee member Rep. Leonard Lance (R-NJ), this legislation would require the FDA to work closely with expert advisory committees before making critical product approval and labeling decisions, and to make recommendations regarding education programs for prescribers of extended-release and long-acting opioids.
- [H.R. 4982, Examining Opioid Treatment Infrastructure Act of 2016](#) – Authored by Rep. Bill Foster (D-IL) and full committee Ranking Member Rep. Frank Pallone, Jr. (D-NJ), this legislation would require the Comptroller General of the United States to issue a report to Congress on substance abuse treatment availability and infrastructure needs throughout the United States. This report shall

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include an evaluation of various substance abuse treatment settings including inpatient, outpatient, and detoxification programs. Also passing with the bill were two amendments, one offered by Rep. David McKinley (R-WV) and one offered by Rep. Markwayne Mullin (R-OK). Rep.

McKinley's [amendment](#) examines barriers to accessing real-time data on overdoses, and Rep. Mullin's [amendment](#) studies access to treatment in the Indian health program.

- [H.R. 3250, the DXM Abuse Prevention Act of 2015](#) – Authored by committee members Rep. Bill Johnson (R-OH) and Rep. Doris Matsui (D-CA), this legislation would prohibit the sale of a drug containing dextromethorphan (DXM) to an individual under 18, unless the individual has a prescription or is actively enrolled in the military and place restrictions on distribution of bulk DXM. DXM is commonly found in cough syrup.
- [H.R. 4586, Lali's Law](#) – Authored by Rep. Bob Dold (R-IL) and Rep. Katherine Clark (D-MA), this legislation would amend the Public Health Service Act to authorize grants to states for developing standing orders for naloxone prescriptions and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions. Also passing with the bill was an [amendment](#) offered by Health Subcommittee Chairman Joseph Pitts (R-PA) to make technical corrections and make the bill cut-go compliant.
- [H.R. 3680, the Co-Prescribing to Reduce Overdoses Act of 2015](#) – Authored by committee member Rep. John Sarbanes (D-MD), this legislation would create a grant program for co-prescribing opioid reversal drugs for patients who are at a high risk of overdose. Also passing with the bill was an [amendment](#) offered by Chairman Pitts to make technical corrections and make the bill cut-go compliant.
- [H.R. 3691, the Improving Treatment for Pregnant and Postpartum Women Act of 2015](#) – Authored by committee member Rep. Ben Lujan (D-NM), this legislation would reauthorize a residential treatment program that currently provides numerous services to aide pregnant women or postpartum women engaged in substance abuse. Also passing with the bill were two amendments, one offered by Chairman Pitts and one offered by Lujan. Chairman Pitts'

[amendment](#) made technical corrections and ensured the bill was cut-go compliant, and Lujan's [amendment](#) made additional technical corrections.

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

#### **CMS Issues Guidance on “Free Choice of Provider” Requirement under Medicaid**

The Centers for Medicare & Medicaid Services (CMS) recently issued a [letter](#) to all state Medicaid directors reiterating that providers may not be excluded from participating in Medicaid for reasons other than being unable to perform covered medical services or being unable to bill for those services. The letter further reminds states that they may not target providers for reasons unrelated to their ability to perform covered services or the adequacy of their billing practices. The letter notes that providing a full range of women's health services does not disqualify a provider from participating in Medicaid. [Ten states](#) have recently taken action or passed legislation to cut off Medicaid funding to Planned Parenthood. This is the first time CMS has issued a collective notice to all 50 state Medicaid agencies, advising that specific actions may be outside of compliance with federal law.

#### **CMS Releases Medicaid and CHIP Managed Care Final Rule**

On April 25, the Centers for Medicare & Medicaid Services (CMS) released the Medicaid and Children's Health Insurance Program (CHIP) Managed Care [Final Rule](#), the first major update to [Medicaid and CHIP managed care regulations](#) in more than a decade. Among the [revisions](#), the rule strengthens state efforts to support delivery system reform, authorizes the first-ever Medicaid and CHIP quality rating system, requires electronic notices to beneficiaries and requires online provider directories. The rule better aligns key regulations and practices with those of the Marketplace and Medicare Advantage plans. It also helps strengthen and improve the delivery of health care to low-income children served by CHIP. The rule will affect the nearly two-thirds of beneficiaries who get Medicaid coverage through private managed care plans.

#### **HHS Grants \$5 million to Puerto Rico to Fight Spread of Zika Virus**

On April. 26, the Department of Health and Human

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Services (HHS) [announced](#) it will grant \$5 million to 20 health centers in Puerto Rico to combat the spread of the Zika virus. The funds will be used to expand voluntary family planning services, including contraceptive services, outreach and education, and to hire more staff. The 20 health centers and their 84 service delivery sites in Puerto Rico serve over 330,000 people, including nearly 80,000 women age 15 to 45. A list of awardees is [here](#).

### California Medicaid to Extend Coverage to Undocumented Children

Starting May 1, roughly 170,000 undocumented children in California will gain access to a full range of health services, following an unprecedented expansion that provides full scope Medicaid coverage to all low-income children in the state regardless of immigration status. Home to more immigrants than any other state, California will join Washington, Illinois, New York, Massachusetts and Washington, D.C., in providing state-financed, full-scope Medicaid services to undocumented low-income children. The expansion was approved by Gov. Jerry Brown in the October 2015 state budget. More information is available [here](#) and [here](#).

## GET INVOLVED



### The New Round of 2016-18 LTSAE Grantees are Here!

Please join us in celebrating the new round of 2016-18 LTSAE grantees! The grantees are **California, Florida, Georgia, Guam, Massachusetts, Minnesota, Montana, New Mexico, North Carolina, South Carolina, Tennessee, and the Virgin Islands**. Their work will span a wide range of systems such as Home Visiting, Title V, Head Start/Early Head Start, Early Childhood Education Partners and more to increase parent engaged developmental monitoring. For more information about each states' or territories' goals and project activities, [click here](#).

### Save-the-Date: Evidence-Based or Informed Strategy Measures (ESM Learning Labs)

In follow-up to the State Title V Technical Assistance Meeting that took place in Washington, DC on April 5<sup>th</sup> and 6<sup>th</sup>, the Maternal and Child Health Bureau (MCHB) is planning to host six learning labs (one per population

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health domain) during the month of May. These learning labs will build on the work that was accomplished at the State Title V Technical Assistance Meeting, and they are intended to provide ongoing technical support in the development of Evidence-Based or –Informed Strategy Measures (ESMs) to address each of the National Performance Measures (NPMs.) Dates for the upcoming ESM learning labs are: **May 11, May 16, May 18, May 23, May 25 and June 1**. Each learning lab will be scheduled from **3:30 -5:00 pm ET**. **Please mark your calendars!** Additional information about registration will be provided in the near future.

### Adolescent and Young Adult Health National Resource Center Inaugural Newsletter!

A new service is on the way to help you stay up-to-date on adolescent and young adult health topics and resources: The Adolescent and Young Adult Health National Resource Center (AYAH Center), funded by HRSA's Maternal and Child Health Bureau (MCHB), is launching a newsletter this week -- and Member Briefs subscribers will automatically receive it. The AYAH Center created the newsletter to inform the field about trending adolescent and young adult health topics; provide resources from the AYAH Center, the Collaborative Improvement and Innovation Network (CollIN) and the MCH community; and promote upcoming events related to adolescent and young adult health. The inaugural issue will include information about AYAH Center activities and upcoming newsletter issues to look forward to. For more information about the AYAH Center and its partners -- AMCHP, the National Adolescent and Young Adult Health Information Center (NAHIC), the National Improvement Partnership Network (NIPN) and the State Adolescent Health Resource Center (SAHRC) - [click here](#).

### WSSDOM Series

AMCHP is pleased to present a new MCH Workforce Development Solutions Series Domain (WSSDOM). This new series will provide a platform for AMCHP members to learn more about successful workforce development solutions to address issues such as staffing, organizational design, accreditation, and work process re-design (e.g., due to health transformation), share innovations, and identify best practices. The MCH WSSDOM series consist of 45-minute live interactive webinars. The next topic is listed below:

- **Resiliency: Tips and Tricks on How to Keep Staff Morale High**

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Success of an organization/department depends on the employees who work there. The morale among staff must be high to have outstanding staff performance.

Sometimes when organizational changes occur, the morale can decrease. Dr. Kris Risley, Clinical Assistant Professor at the University of Illinois at Chicago will provide tips and tricks to keep staff morale high by using appreciative inquiry and positive questions to bring out the best of the organization/department/team on **May 12, 2016 from 1-2 pm ET**. Dr. Risley will also discuss the importance of emotional intelligence and the impact you have on your organization/department. Click [here](#) to register.

### **Strengthen the Evidence Base: Communities of Practice (CoP)**

Come and join AMCHP's Strengthen the Evidence Base: Communities of Practice (CoP)! The CoPs are grouped by population domain including Child Health, Children and Youth with Special Health Care Needs (CYSHCN), Cross-cutting/Life-course, and Women's/Maternal Health. The purpose of the CoPs is to provide a space for peer sharing and learning, which could include topics ranging from Evidence Based Strategy Measures (ESM) development to implementation of your plan. As a participant, we encourage active contributions within the CoPs by responding to discussion questions, posting your own questions and resources, and engaging with other participants. To sign up, [click here](#). For questions or additional assistance, please contact Krista Granger at [kgranger@amchp.org](mailto:kgranger@amchp.org) or Sarah Beth McLellan at [smclellan@amchp.org](mailto:smclellan@amchp.org).

### **Join AMCHP for the 2016 March for Babies Campaign**

Once again, AMCHP is supporting our partners at the March of Dimes by raising funds and participating in the Maryland-National Capital Area March for Babies on **May 7, 2016** at Nationals Park in Washington, DC! Last year, the AMCHP team raised over \$2,000 for stronger and healthier babies. [Click here](#) to support our team in reaching our 2016 fundraising goal of \$3,000.

### **Continuing Education for CME, CNE, CUE, CECH, and CPH**

Continuing Education for the AMCHP Annual Conference 2016 is available through the CDC Training and Continuing Education Online system (CDC TCEO). Online evaluations must be completed by **May 16, 2016** to receive credit for continuing education or a certificate

of completion. [Click here](#) for instructions on the evaluation process.

### **Secondary Use of Electronic Health Data for Child Health Research: Opportunities and Challenges Webinar**

EnRICH (Research Innovations & Challenges) will host a webinar on **May 5, 2016 from 1:30-2:30 pm ET**. The learning objectives for this webinar include understanding the types of data readily available in electronic health records (EHRs) that support child health research activities; recognizing the challenges with cleaning and organizing electronic health data before statistical analyses can be performed; and gaining a practical understanding of how researchers working with the American Academy of Pediatrics are using data from an EHR "supernetwork" to conduct cutting-edge research. To register, click [here](#).

### **How to Participate in National Teen Pregnancy Prevention Month**

Please join the U.S. Office of Adolescent Health (OAH) in recognizing May as National Teen Pregnancy Prevention Month. Every May, the nation celebrates the progress made and renews its commitment to teen pregnancy prevention. Significant declines in teen birth rates have occurred in all 50 states and among all racial and ethnic groups. Nevertheless, with persisting disparities, there is more work to be done.

- **National Teen Pregnancy Prevention Month Twitter Chat**

Join the HHS Office of Adolescent Health and the National Campaign to Prevent Teen and Unplanned Pregnancy on **May 6, 2016 at 12 pm ET** for an hour-long Twitter chat. This conversation will allow participants to share ideas on how to support National Teen Pregnancy Prevention Month. Follow the conversation and participate by using the hashtag #NTPPM.

- **Digital Town Hall Webinar**

Join the HHS Office of Adolescent Health on **May 11, 2016 from 2-3:30 pm ET** for a Digital Town Hall Webinar discussing the importance of a continued focus on teen pregnancy prevention. Panelists will include OAH staff, who will share information about the OAH Teen Prevention Pregnancy Program; grantees, who will discuss successes from their TPP programs; and experts from the field, who will share ways to get involved and support efforts to prevent teen pregnancy. To register,

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[click here.](#)

### **CDC Hosts Zika Action Plan Teleconference Series**

As a follow up to the April 1 Zika Action Plan (ZAP) Summit in Atlanta, Ga., CDC will host a series of six teleconferences to address the most common challenges that jurisdictions are facing in implementing Zika Action Plans. The events will cover communications, vector surveillance/control, pregnancy and birth defects, epidemiology, sexual transmission/pregnancy planning, and laboratory capacity/test interpretation. More information will be provided for each topic as dates are finalized. The first teleconference addressing communications will be held on **May 6, 2016 from 2:30-3:30 pm ET**. There will be an opportunity for questions following the presentation. Questions can be sent in advance to [preparedness@cdc.gov](mailto:preparedness@cdc.gov). Partners are encouraged to share the information with their membership as appropriate and when possible, participate in groups when dialing in, as a limited amount of phone lines are available. A link to a PowerPoint presentation will be provided prior to the teleconference. Audio from the call will also be recorded and available online post-conference for those not able to participate live. To access the conference, call **415-228-4842 (toll)** or **800-988-9673 (toll free)**. Please use the passcode **2153806**.

### **Maternal and Child Health Life Course Network Webinars**

The Maternal and Child Health Life Course Research Network will host the upcoming webinar:

- **TADPOHLS: Enabling Integrative Longitudinal Studies of Positive Health** will take place on **May 9, 2016 from 5-6 pm ET**, featuring Dr. Margaret Kern. Dr. Kern and her colleagues developed TADPOHLS (The Anatomy of Developmental Predictors of Healthy Lives Study), a database that categorizes items and constructs from 25 prospective longitudinal studies that have followed participants from adolescence into adulthood. This webinar will present the database and coding typology, and illustrate how the database can be used to integrate multiple studies at the item level to examine adolescent predictors of adult health outcomes. To register, [click here](#).

### **Evidence to Prevent Childhood Obesity**

Healthy Eating Research: Building Evidence to Prevent Childhood Obesity is a Robert Wood Johnson Foundation (RWJF) national program. The program supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among groups at the highest risk for obesity: black, Latino, American Indian, Asian/Pacific Islander, and children who live in lower-income communities (urban, suburban, and/or rural). Findings are expected to advance RWJF's efforts to help all children achieve a healthy weight, promote health equity, and build a culture of health. This is a call for proposals that includes two types of awards aimed at providing advocates, decision-makers, and policymakers, with evidence to reverse the childhood obesity epidemic. These awards include Round 10 grants and RWJF's New Connections grants awarded through the Healthy Eating Research program. The first round of proposals will be accepted until **May 11, 2016 at 3 pm EST**. For additional deadline dates and more information, click [here](#).

### **Changing Perception: How to Build Cultural Competence and Humility**

The National Center for Medical Home Implementation (NCMHI) in the American Academy of Pediatrics is hosting a three-part webinar series that will provide pediatric clinicians, Title V programs, families, and other tools, resources, and strategies, to enhance the patient and family experience in the pediatric medical home. This includes, but is not limited to, the experience of diverse, vulnerable, and medically underserved populations. The first webinar in the series will take place on **May 12, 2016 from 12-1 pm CDT**. To register, [click here](#).

### **2016 Breastfeeding Summit: Call for Abstracts**

Reaching our Sisters Everywhere, Inc. (ROSE) is currently accepting abstract and poster applications for the 5<sup>th</sup> Annual Breastfeeding Summit, which will take place on Jul. 28 and 29<sup>th</sup>, 2016 in New Orleans, La., Applications must be received by **May 16, 2016 by 5 pm EST** in order to be considered. All submissions should address breastfeeding, lactation issues, and concerns in vulnerable communities. To apply, [click](#)



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[here](#). Additional information on poster and abstracts requirements can be found [here](#).

### **Reducing Disparities in Teen Birth Rates: A National Snapshot from CDC and Examples from the Field**

On **May 19, 2016 from 1-2 pm ET**, the Centers for Disease Control and Prevention will highlight the findings from the *Morbidity and Mortality Weekly Report (MMWR)* that was released on April 28 on reductions in teen birth rates and persistent disparities. During the webinar, program partners in North Carolina and South Carolina will describe their efforts to address the social determinants of health through the Office of Adolescent Health (OAH)/CDC Teen Pregnancy Prevention Community-Wide Initiative (2010-2015) that may have contributed to narrowing of differences in birth rates between white and black teens in targeted communities in their states. A Q&A session will follow the presentations. To register, [click here](#).

### **Upcoming Webinar Series**

Join Child Trends and other partners of the National Center on Early Childhood Quality Assurance for a webinar series focused on evaluating quality initiatives, especially those related to the Child Care and Development Fund. Topics include evaluation basics, data collection and analysis, as well as evaluation timing and reporting.

- Session 3 of the series will take place on **Jun. 2, 2016 from 3-4:30 pm ET**. This webinar will discuss the timing of data analysis, dissemination strategies and the messaging of evaluating findings, as well as ways to examine the infrastructure needed to support evaluation findings over the long term. [Click here](#) to register.

### **The ACE Study: Implications for MCH Policy and Practice**

The Maternal and Child Health Journal is soliciting a call for manuscript submissions based on the ACE (Adverse Childhood Experiences) Study. This issue of the Journal is intended to provide a forum to enhance knowledge of the study and its implications across the field. Topics of interest include: the aims and findings of the ACE Study; the implications of the study and use of its findings to shape MCH practice in clinical, program, and policy settings; the importance of the study in relation to life

course theory and social determinants of health; the strengths and limitations of the study as a basis for action to improve MCH outcomes; adoption of a trauma informed approach on an agency or community wide basis; and the strengths and limitations of the study in relation to efforts to eliminate inequality in MCH health outcomes. Submissions received by **Jul. 1, 2016** will have a greater likelihood of acceptance. When submitting a manuscript, include a cover letter requesting that to be included in the thematic issue and select “ACE Special Issue” as manuscript type. For submissions and additional instructions, [click here](#).

## PUBLICATIONS AND RESOURCES



### **Zika Corner**

#### **Zika Key Messages Guide**

This document contains information related to Zika, including transmission, testing for pregnant women and children, and the associated birth defects. To view the guide, [click here](#).

#### **MMWR on Ongoing Zika Virus Transmission in Puerto Rico**

CDC has released MMWR Update: Ongoing Zika Virus Transmission – Puerto Rico, November 1, 2015-April 14, 2016. To view the resource, [click here](#).

#### **CDC Publishes New Report on Sexual Transmission of Zika Virus**

Zika virus infection has been linked to increased risk for Guillain-Barré syndrome and adverse fetal outcomes, including congenital microcephaly. In January 2016, after notification from a local health care provider, an investigation by Dallas County Health and Human Services (DCHHS) identified a case of sexual transmission of Zika virus between a man with recent travel to an area of active Zika virus transmission (patient A) and his nontraveling male partner (patient B). At this time, there had been one prior case report of sexual transmission of Zika virus. The present case report indicates Zika virus can be transmitted through anal sex, as well as vaginal sex. Identification and investigation of cases of sexual transmission of Zika virus in nonendemic



## RESOURCES CONT.

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areas present valuable opportunities to inform recommendations to prevent sexual transmission of Zika virus. To access the full article, [click here](#).

### **CDC Publishes Report on Preparing for Local Mosquito-Borne Transmission of Zika Virus**

Widespread Zika virus transmission in the Region of the Americas since 2015 has heightened the urgency of preparing for the possibility of expansion of mosquito-borne transmission of Zika virus during the 2016 mosquito season. CDC and other U.S. government agencies have been working with state and local government partners on prevention and early detection of Zika virus infection and will increase these activities during April as part of their preparation for the anticipated emergence of mosquito-borne transmission of Zika virus in the continental United States. To access the article, [click here](#).

## **Women's & Infant Health**

### **National Teen Pregnancy Prevention Month Supporter Toolkit**

The HHS Office of Adolescent Health designed a toolkit for organizations to become involved in supporting National Teen Pregnancy Prevention Month. This toolkit offers 12 innovative ways to get involved, as well as sample social media and newsletter language, and a customizable news release. To access the toolkit, [click here](#).

## **Child & Adolescent Health**

### **Telehealth and Autism Treatment, Training and Systems Building**

The recording and slides from SPHARC's Autism Awareness Month webinar, Telehealth and Autism Treatment, Training and Systems Building, are now available. The webinar provided an overview of policy issues related to telehealth, laws and regulations, and examples from CARES grantees of using telehealth/telemedicine to increase access to behavioral health services and to provide parent coaching as an alternative to long waiting lists for services. To view the archived webinar, [click here](#).

### **Making Strides: State Report Cards on Sup-**

at state policy focusing on four key areas: complete streets and active transportation, safe routes to school and active transportation funding, active neighborhoods and Schools, and state physical activity planning and support. [Click here](#) to view the full report.

## ON YOUR BEHALF

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- On April 17, AMCHP staff Krista Granger and Megan Phillippi facilitated an in-person learning session for the National Learning Network for Perinatal and Infant Oral Health, in partnership with the Children's Dental Health Project (CDHP), the Association of State and Territorial Dental Directors (ASTDD), the National Academy for State Health Policy (NASHP), and the National Improvement Partnership Network (NIPN). The meeting aimed to enhance collaborative learning among 11 state grantees within the Perinatal and Infant Oral Health Quality Improvement project.
- On April 19, Krista Granger lead discussion around AMCHP's current resources and efforts for improving perinatal and infant oral health during the National Organization and Federal Agency Roundtables at the National Oral Health Conference in Cincinnati, Ohio. Participants who attended the roundtable discussion shared their insights on the National Performance Measure for oral health (NPM 13) and it's alignment to the current work happening in their states.
- From April 17-19, AMCHP staff members Emily Eckert and Michelle Eglavitch attended the 2016 National Family Planning and Reproductive Health Association (NFPRHA) Conference in Alexandria, Va. They were exhibiting on AMCHP's behalf. Their booth included various women's health and health reform documents, including [Health for Every Mother](#) and [Health Reform and Women's Health](#), as well as a [case study](#) of best practices for integrating Title V and Title X programs/dollars at the state level.
- From April 18-19, Iliana White from the Child & Adolescent Health Team attended the 2016 Conference on Adolescent Health in Ypsilanti, Mich. The meeting was organized by the University of Michigan Health System's Adolescent Health Initiative. The conference launched with a series of skills-building sessions aimed to build the capacity of health professionals and clinical systems to substantially impact adolescent care; topics included community-based participatory research, cultural responsiveness training for providers serving

## ON YOUR BEHALF CONT.

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LGBTQ youth, LARCs and marketing the importance of the well-visit. The workshops on Day 2 centered on many other subjects affecting adolescents, including bullying, violence prevention, obesity, and strategies for youth engagement and leadership. For more information about the Adolescent Health Initiative, [click here](#).

## CAREER OPPORTUNITIES

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### **AMCHP Seeking Meetings & Membership Associate**

The Membership and Meetings Associate is a member of the Communications and Membership Team performing a range of responsibilities related to AMCHP's membership services and annual conference. Responsibilities include the execution of all membership operations, including ensuring efficient, responsive and cost-effective processes and procedures. More specifically, the Membership and Meetings Associate is responsible for helping to promote a "member-centric" culture among AMCHP staff; assisting the Associate Director of Communications and Membership with all recruitment, retention, and marketing campaigns; helping to ensure consistent and integrated messaging, branding and promotion of AMCHP's products and services; overseeing the dues invoicing and data entry process; helping to ensure the integrity and upkeep of the membership and customer AMS and the membership and annual conference areas of the website; acting as the junior editor of the bi-weekly electronic member newsletter *Member Briefs*; serving as the primary staff liaison for all annual conference activities; overseeing the annual committee volunteer recruitment and appointment process; assisting with the coordination of AMCHP's election processes; coordinating external exhibit/promotional activities and other duties as agreed. A bachelor's degree in business, communications, or relevant professional field with a minimum of two to five years of related experience or advanced technical training, or an equivalent combination of education and experience, including relevant certification, is required. To apply, [click here](#).

### **AMCHP Searching for Communications Associate**

The Communications Associate is a member of the Communications and Membership Team and performs a range of responsibilities related to publications development, print and online content, and media. General re-

## OPPORTUNITIES CONT.

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sponsibilities related to publications development, print and online content, and media. General responsibilities include substantive editing, copyediting and proofreading publications intended for broad distribution to state public health professionals; providing desktop publishing and graphic design expertise; developing and maintaining AMCHP web pages; development and oversight of social and other media campaigns; and implementing and enforcing quality-control processes for colleagues. A bachelor's degree in communication, English or a relevant professional field with a minimum of two to five years of related experience or advanced technical training, or an equivalent combination of education and experience, including relevant certification, is required. To apply, [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!

## FUNDING

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### **Maternal and Child Health Workforce Development Center Program**

Deadline: *May 5, 2016*

HRSA presents a funding opportunity for the Maternal and Child Health (MCH) Workforce Development Center Program. The purpose of the MCH Workforce Development Center Program is to support workforce development for State Title V program leaders and staff to meet current public health MCH policy and programmatic imperatives around health transformation, including ongoing transformation of the Title V Block Grant and continued implementation of health reform at the state and national levels. The MCH Workforce Development Center will focus on systems integration; change management and adaptive leadership; and evidence-based decision making. The awardee will be responsible for coordinating and implementing a national training strategy to address all three key issues within the Center's purview. For more information, [click here](#).

## FUNDING CONT.

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### **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](#).

### **Bridging the Word Gap Research Network**

Deadline: *May 9, 2016*

This funding opportunity will establish and maintain a national interdisciplinary research network designed to reduce the vocabulary word gap between children from low socio-economic status (SES) families as compared with children from higher-SES families. The research network will foster scientific collaboration, with a focus on research designed to develop and test interventions to improve early language exposure, vocabulary acquisition, and language development for children from lower SES backgrounds, including dual language learners. For more information, [click here](#).

### **Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and Other Developmental Disabilities**

Deadline: *May 10, 2016*

This announcement from HRSA calls for applications for a funding opportunity that supports the implementation of innovative, evidence-informed strategies to integrate care at a system-level within a state for children and youth with autism spectrum disorder (ASD) and other developmental disabilities (DD), with special emphasis on medically underserved populations. The target population for this program is all children and youth within a state at risk/or diagnosed with ASD or DD. Awardees will implement innovative, informed models of family support and navigation, shared resources and telehealth and/or telemedicine health information technologies. To learn more, [click here](#).

### **Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy**

Deadline: *May 12, 2016*

HRSA presents this funding opportunity to facilitate the delivery of quality health care for children and youth with epilepsy (CYE) by implementing evidence-based and innovative models of telehealth and/or telemedicine using health information technologies; implementing the Got Transition Six Core Elements Framework to help you successfully transition from pediatrics to the adult system of health care; and facilitating outreach and education regarding epilepsy among pertinent stakeholders. The goal of this initiative is to utilize quality improvement methods and measure outcomes to improve access to coordinated and comprehensive quality care for CYE, with an emphasis on populations experiencing health disparities and CYE residing in underserved and/or rural communities. For further information, [click here](#).

### **Life Course Research Network**

Deadline: *May 17, 2016*

HRSA is accepting funding applications for the Life Course Research Network (LCRN). The life course theory posits the multiple determinants, such as healthcare, nutrition, stress and supports, and environmental exposures, as critical drivers for MCH outcomes. The LCRN is designed to accelerate the translation of the life course theory to MCH practice and policy, as well as to foster its rapid adoption into clinical and public health settings through systems integration and collaboration among entities interested in improving MCH outcomes. The cooperative agreement will establish and maintain an interdisciplinary, multi-site research network. For more information, [click here](#).

### **Coordinating Center for Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy**

Deadline: *May 17, 2016*

The purpose of this award is to provide support and technical assistance to grantees receiving funding from HRSA/MCHB through the Strategic Approaches to Improving Access to Quality Health Care for Children and Youth with Epilepsy announcement. The awardee is expected to conduct ongoing assessments and evaluations of the grantees' outcomes and objectives, including data collecting analysis, and timely provision of per-

## FUNDING CONT.

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formance improvement data feedback to the grantees. For more information, [click here](#).

### **2016 Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN)**

Deadline: *May 17, 2016*

The purpose of this program is to increase the proportion of children and young adults (ages birth to 21 years old) who fall within a healthy weight range by helping states adopt evidence-based or evidence-informed policies and practices related to nutrition, physical activity and breastfeeding that support healthy weight behaviors. The Children's Healthy Weight CoIIN will support implementation of the Title V Block Grant Transformation by supporting states' efforts to address the new National Performance Measures (NPMs) by accelerating improvement and innovation in integrating and translating evidence-based or evidence-informed strategies into practice through collaborative learning in order to achieve the greatest impact at the state level. The Children's Healthy Weight CoIIN will align with and synergize with other MCHB investments, including Healthy Start, Home Visiting and Early Childhood Comprehensive Systems to support states in areas related to nutrition, physical activity and breastfeeding, and will build on lessons learned from MCHB Pediatric Obesity Mini CoIIN. For more information, [click here](#).

### **Ryan White HIV/AIDS Program States/Territories Part B Supplemental Grant Program**

Deadline: *May 17, 2016*

The purpose of this program is to supplement the HIV care and treatment services provided by the States/Territories through the Ryan White HIV/AIDS Program Part B (RWHAP) and AIDS Drug Assistance Program (ADAP) Base funds. The amount of funding is determined by the applicant's ability to demonstrate the need in the State/Territory based on an objective and quantified basis. The RWHAP Part B Supplemental funding is used to assist States and Territories in developing and/or enhancing access to comprehensive continuum of high quality care and treatment services for low-income individuals and families living with HIV. For more information, [click here](#).

### **Maternal, Infant, and Early Childhood Home Visiting Program-Innovation Awards**

Deadline: *May 17, 2016*

The purpose of this HRSA funding opportunity is to fund the development, implementation, and evaluation of innovations of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high quality voluntary early childhood home visiting services to eligible families. The goals of the MIECHV program are to: strengthen and improve the programs and activities carried out under Title V of the Social Security Act; improve coordination of services for at-risk communities; and identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities. For more information, [click here](#).

### **Maternal and Child Health Measurement Research Network**

Deadline: *May 27, 2016*

The purpose of this HRSA funding opportunity is to support a forum that will create a national agenda for health measurement research by producing an evolving compendium of available high quality measures of MCH, and by identifying gaps in existing measures for future development purposes. The goals of the research network is to establish a Research Network comprised of interdisciplinary experts who represent the MCH lifespan and who are active in the measurements of health and well-being of MCH populations; to formulate a national research agenda with regard to existing and needed health measurements for MCH populations with high relevance to MCHB programs; To collaborate in the development, validation, and implementation of new MCH health measures that address identified gaps, using external and private funding sources; and to translate and apply Network findings into a variety of practices, policies, and processes. For more information, [click here](#).



## FUNDING CONT.

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### **Newborn Screening Implementation Program Regarding Conditions Added to the Recommended Uniform Screening Panel (RUSP)**

Deadline: *May 27, 2016*

The goal of this HRSA funding opportunity is to increase the number of newborns receiving early treatment for Pompe disease, Mucopolysaccharidosis I (MPS I), and X-linked Adrenoleukodystrophy (X-ALD) by: fostering the integration of and building capacity for newborn screening for these conditions; increasing the number of NBS laboratory scientists and short-term follow-up personnel with knowledge and skill in conducting newborn screening and short-term follow-up for Pompe disease, MPS 1, and X-ALD; providing training, education, and sharing of information via a national meeting for the public health community; supporting primary health care providers through education and resources, with special attention to cases with later onset of symptoms; and engaging families in the development and dissemination of educational materials and support mechanisms that are culturally sensitive and family-centric for families who have an infant identified through NBS. For more information, [click here](#).

### **Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors**

Deadline: *Jun. 6, 2016*

The purpose of this HRSA opportunity is to assist in funding local health departments in communities with demonstrated high rates of violence to implement the best available strategies to prevent youth violence and teen dating violence. As a result of the program, communities will decrease the burden of youth violence and teen dating violence, and address shared risk and protective factors for multiple forms of violence. For more information, [click here](#).

### **New Access Points**

Deadline: *Jun. 17, 2016*

HRSA is soliciting applications for New Access Points (NAP) grants under the Health Center Program. The purpose of the Health Center Program grant is to support NAPs for the delivery of comprehensive primary health care services to underserved and vulnerable populations. NAPS will increase access to comprehensive, culturally competent, quality primary health care services and improve the health status of underserved and vulnerable

populations. Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that serve an increasing number of the Nation's underserved. For more information, [click here](#).

### **Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality**

Deadline: *Jun. 27, 2016*

This funding opportunity is intended to equip states to improve the timeliness of surveillance of opioid-involved morbidity and mortality. CDC's Injury Center intends to support up to 11 state health departments with high burden of drug overdose over a 3-year project period, with an average award amount \$335,000 each year. A desired outcome of the enhanced surveillance is to provide key stakeholders with more timely data on fatal and non-fatal opioid overdose and more detailed information on risk factors, which can inform prevention and response efforts. Improved quality and timeliness of surveillance data will support and inform ongoing activities to prevent and address prescription drug misuse, abuse, and overdose funded through CDC's existing state programs. Please keep in mind that all letters of intent must be received by **May 13, 2016**. An informational conference call will be held on **May 11, 2016 at 2 pm ET** to understand the conceptual context of this FOA. The call can be accessed by calling (770)488-3600 or (855)644-0229. Please use the conference ID 5740377. For additional information, [click here](#).

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

Deadline: *Sept. 6, 2016*

NIH presents this funding opportunity to facilitate the training of individuals at all career 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 research that spans all areas of interest to National Human Genome Research Institute later in their careers. To learn more, [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*

## FUNDING CONT.

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through state early intervention (EDHI) programs by using existing intervention and educational data sets. 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 bio behavioral 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 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 CONT.

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### **MCH Events**

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

Apr. 24-26, 2016

San Francisco, CA

[Building a Healthier Future 2016 Summit](#)

May 18-20, 2016

Washington, DC

[CSTE Annual Conference](#)

Jun. 19-23, 2016

Anchorage, AK

[NACCHO Annual Conference](#)

Jul. 19-21, 2016

Phoenix, AZ

# CALENDAR CONT.

## [ROSE 5<sup>th</sup> Annual Breastfeeding Summit](#)

Jul. 28-29, 2016  
New Orleans, LA

## [Public Health Informatics Conference](#)

Aug. 21-24, 2016  
Atlanta, GA

## [20<sup>th</sup> National Conference on Child Abuse and Neglect](#)

Aug. 31-Sept. 2, 2016  
Washington, DC

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

Sept. 14-16, 2016  
Philadelphia, PA

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

Sept. 25-27, 2016  
Austin, TX

## [Society for Longitudinal and Life Course Studies 2016 Conference](#)

Oct. 5-8, 2016  
Bamberg, Germany

**Association of Maternal &  
Child Health Programs**  
2030 M Street, NW, Suite 350  
Washington, DC 20036  
(202) 775-0436  
[www.amchp.org](http://www.amchp.org)

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



## 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](#), Communications and Membership Associate. Please note: All event listings are subject to AMCHP approval.

