



# ATMCH Newsletter

Association of Teachers of Maternal and Child Health

Fall 2001

*Providing Leadership in Maternal and Child Health Education, Research, and Service*

## A Letter from the President

by Arden Handler, DrPH

I am writing this letter to you in the aftermath of the tragic events that have occurred in our nation during the last few weeks. As I obsessively read every last detail in the NY Times about the lives of the men, women and families directly or indirectly affected by the World Trade Center events, I have become even more passionate about our mission in Maternal and Child Health to improve the health and well-being of women and children in the US as well as throughout the world. In our teaching, research and service, we must continue to support policies that demand improved economic, social and physical well being for all families,

especially those that are most vulnerable.

I have also thought a lot about the role of public health during these recent events. First, on a very personal note, I had this strong feeling of pride when Bob Edwards from NPR announced that NYC's Health Commissioner was temporarily in charge because Mayor Giuliani and the NYC Police Commissioner could not be found for several hours after the airplanes struck the World Trade Center. And as I write this letter to you, I was heartened to see APHA's policy positions concerning these events: **War is the enemy of public health, Diversity is our strength, Funding for public health must be bolstered, and Protections for civil liberties must be promoted.** I believe these are sound principles that, as public health leaders, we must communicate not only to our students but also to our non-public health colleagues and members of our local communities. During this time when public health is more visible than usual, we have an important opportunity to make it clear to all that **protecting the public's health** is truly providing "national security." I look forward to continuing to spread this message as a teacher, researcher and advocate in Maternal and Child Health.

On a less somber and philosophical note, ATMCH members have been busy since we last got together in March. We have launched an ambitious membership campaign; we have fleshed out our Faculty Mentorship/Curriculum posting project; we have strengthened our relationships with our partners; and, we have been working on internal and external education projects. Our membership campaign includes a survey that asks both current members and potential members about their needs for continuing education and technical assistance. You should have received information about completing this survey through email. While we have not been able to post any additional curricula for our Curriculum posting project, we have furthered developed the entire Faculty Mentoring concept and have begun to seek funding for this initiative. We have continued to work with our partners such as the Friends of Title V Coalition, the National Action Alliance, and the National MCH Epidemiology Awards committee. We look forward

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to seeing all of you at the ATMCH Business meeting at APHA on Sunday October 21, 2001.

## **From the Desk of Peter C. van Dyck, MD, MPH**

### **Associate Administrator for MCH in HRSA**

I hope that you and your families are safe and well following the tragic events of September 11. The Department of Health and Human Services, HRSA and the Maternal and Child Health Bureau (MCHB) have been working to bring whatever assistance we can to the communities in New York, Washington, DC and Pennsylvania and will continue to provide services to the nation as we heal from these events.

I would like to provide you with some updates on activities within MCHB. Strategic planning efforts are underway and many of you participated in the planning meetings that we held with our constituency groups. A new MCHB strategic plan will be released in 2002. As part of the strategic planning efforts, we are developing a performance measurement system for all of our discretionary grants. We expect to submit a proposed list of performance measures to the Office of Management and Budget (OMB) by the end of the calendar year.

MCHB will be highlighting its 10-year strategic plan for children with special health care needs at Child Health Day (October 1 this year) and a national summit to be held on December 12 and 13. For additional information regarding the national summit, please go to:

<http://www.psava.com/internet/register/conferences/MCHB/>

The Training Branch of MCHB has also been developing priorities for the coming year which include:

**Improving efficiency** by critically assessing and streamlining program and administrative functions;

**Increasing communication**, both internally and with our grantees;

**Increasing coordination** of activities within MCHB including regional offices, and with other federal agencies and foundations; and

**Increasing accountability** by developing and tracking performance measures for all of our grantees.

Training branch staff have already established an email distribution list of all training grantees and set up a webcast

for all interdisciplinary training grantees (Schools of Public Health, LEND, Pediatric Pulmonary Centers, and Leadership Education in Adolescent Health) on Thursday, October 11, 2001 from 1:00-2:30 pm EST. If you are an MCH School of Public Health Grantee, please join us live at [www.mchcom.com](http://www.mchcom.com). All interested participants may view an archive of the presentation which will be posted on the web site on October 12.

*Editor's Note: Due to formatting difficulties, the newsletter was not available for distribution prior to October 11. The webcast has been archived at [www.mchcom.com](http://www.mchcom.com).*

Two reports about the MCH Training Program will be available on the MCHB web site, [www.mchb.hrsa.gov](http://www.mchb.hrsa.gov), by the end of October, *The MCH Training Program: An Evaluation* and the *Graduate and Continuing Education Needs in Maternal and Child Health; Report of a National Needs Assessment*. We look forward to discussing the findings from these reports with you.

## **Appropriations Endgame Begins In Shadow of National Tragedy**

**by Chris Goldson (AMCHP and Friends of  
Title V Coalition)**

The tragic events of the September 11 attack on the World Trade Center in New York City and the Pentagon in Washington, DC have drastically altered the legislative calendar in Congress. The attacks and subsequent loss of life have led to a softening of the highly partisan atmosphere in DC. Intensely partisan budget battles have been replaced by bipartisan action on our nation's immediate business. In response to the tragedy, Congress passed a \$40 billion emergency appropriations bill.

The passage of a \$40 billion supplemental measure will tap into the Social Security Trust fund surpluses, what had been a source of contention in Washington. Half of this package, \$20 billion, is allocated for spending in the FY 2002 appropriations process, an incentive for the Congress to pass these bills quickly. The expenditures will be divided equally between relief assistance and defense operations. In short, the package will fund rescue, clean up and repair efforts at the Pentagon and World Trade Center; terrorism investigations and intelligence operations; national security; and transit security. In addition, Congress has passed a \$15 billion package to provide financial assistance to shore up the airline industry.

Prior to these horrific attacks, both the Congressional Budget Office and the Office of Management and Budget had reported that the budget surplus had already dwindled significantly due to a number of factors, the most significant being the \$1.35 trillion tax cut enacted in June. Other contributing factors include \$6.5 billion in supplemental appropriations approved by Congress and the President earlier this year, and the slowing economy. These unanticipated expenditures to respond to the terrorist attacks could mean less federal spending on important domestic programs in the next fiscal year.

Although Congress has directed its full attention recently to responding to the terrorist attacks, it must still pass all 13 appropriations bills funding federal agencies before October 1<sup>st</sup>, the start of FY 2002. Currently, no FY 2002 appropriation bills have been sent to the White House, although 4 have passed both Houses and are currently in conference committees. On September 24<sup>th</sup>, the House passed a Continuing Resolution (H.J. 65) that would fund the government thru October 16<sup>th</sup>. Under the Continuing Resolution, funding for most governmental operations remain at FY 2001 levels through October 16<sup>th</sup> or whenever the appropriations bill for those programs are signed into law. The Senate is expected to act quickly once the House has passed the bill.

The Labor, Health and Human Services, and Education appropriations bill which provides funding for most health programs including the Maternal and Child Health Services Block Grant, is one of the most costly and, historically, contentious annual appropriations bills. The scheduled mark up for this bill in a House subcommittee has been slipping, but indications are that the markup will be pushed back to the first week of October. It is likely that whatever funding levels emerge from this markup will be the final numbers agreed to by the House.

It is highly unlikely that programs funded under the “Labor-H” measure will be adequately funded. Staff from the Subcommittee did share (before the markup was postponed) that an additional allocation under the budget resolution will be provided to the House Appropriations Subcommittee with jurisdiction over the Labor-HHS bill. This amount, about \$3 billion—is for increased education funding the FY 2002 bill. This should also ease pressures, somewhat, on the health programs in the bill. But the bill caps are still described as tight given the fact that the committee is looking to plug holes in the President’s budget request for Health Professions and Nursing Education programs at HRSA (around \$213 million to restore programs to current levels) and restore the Community Access Program (\$125 million) as well as to provide a significant increase for NIH

and Community Health Centers.

Several pieces of legislation of particular interest to the MCH community have been introduced to date but the possibility of any action being taken has declined. The “Family Opportunity Act” (S. 321/HR 600) that would allow states the option to expand Medicaid coverage to families of children with special health care needs continues to receive tremendous support in Congress but Congress still needs to hear from supporters of this bill, especially as the session draws to a close.

Legislation to reduce the number of uninsured children and pregnant women had been drawing attention in the Senate before the events of September 11. The “Start Healthy, Stay Healthy Act of 2001” (S.1016), introduced by Senator Bingaman (D-NM), seeks to provide states with financial assistance to ensure that children eligible for either Medicaid or SCHIP leave the hospital insured and remain so through the first year of life. Further, it provides states with the option to cover pregnant women through Medicaid and SCHIP to reduce infant mortality and low birth weight babies. Also, Senators Edward Kennedy (D-MA) and Olympia Snowe (R-ME) have introduced Family Care legislation (S. 1244) that would include many of the provisions of Senator Bingaman’s proposal and extend coverage to family of SCHIP eligible children. Pieces of these bills could be attached to other legislation and passed but there is very little chance that any of the bills in their entirety will move. More information on these bills can be found in the Legislative Action Center on AMCHP’s website: [www.amchp.org](http://www.amchp.org).

## **National Action Alliance: Building Data Capacity for the Health of Women, Children, and Youth**

**by Helene Kent, AMCHP**

Several national public health organizations have joined together to form an alliance for action to strengthen the data-related capacity of public health agencies. Together, they are committed to better equipping our nation’s public health agencies with the data tools needed to make a measurable difference for future generations and the families that raise them. Given the health needs of women, children including children with special health care needs, and youth in this country and the potential opportunities for improvement, this activity is vital.

The *National Action Alliance* began in 1997 as the National Action Agenda for Building Data Capacity for Maternal and Child Health. The group defined a National Action Agenda that included a mission and long-range vision for achieving MCH data capacity, and well-defined short-term strategies. In June 2001, partners of the National Action Agenda met to assess the Agenda's impact and to determine the next steps. The participants updated the Agenda's original mission, vision, goals and tenets. It was recognized that a new organizational structure was needed that would encourage communication, coordination, and collaboration among the many partners. The *National Action Alliance* was launched to enable multiple organizations to maximize together the impact of their related independent efforts.

*The National Action Alliance* seeks to develop a clear national strategy to strengthen state, tribal and local public health agencies' data-related capacity to carry out the core public health functions and to improve the health of women, children and youth. The Alliance plans to take a prominent role in communicating, coordinating, and ensuring collaboration on activities of joint interest.

The *National Action Alliance* partners have identified five key areas for development:

**Better Data and Information Systems** at all levels to carry out data-related core public health functions. This will result in enhanced data collection systems that are compliant with national standards, protect confidentiality and yield timely user-friendly information.

**Increase Opportunities for Field-Based Capacity Building** to provide resources and technical assistance needed for strengthening data-related capacity thus ensuring evidenced-based decision-making.

**Sufficient, Well-Trained People in the Field** achieved through enhanced and intensified efforts in graduate training, continuing education, internships and field placements. This will assure that local, state and tribal public health agencies have the necessary human resources to carry out their data-related core public health functions.

**Improve Communication, Coordination and Collaboration** within and between federal agencies, among national organizations, and across all levels to advance a shared strategic plan for building data-related capacity.

**Advance Knowledge and Evidence-Based Practice** through enhanced systems that develop and share promising practices and research; that promote evidence-based models; and prevention strategies; that explore non-traditional public health approaches; and that assure their incorporation into public health practice.

The National Action Alliance is made up of the following

partners who represent public health agencies at a national, state and local level. Currently, the partners are in the process of reviewing and renewing their commitment to the National Action Alliance's mission and goals. The following is the list of partners:

- ❖ Association of Maternal and Child Health Programs (AMCHP)
- ❖ Association of Schools of Public Health (ASPH)
- ❖ Association of State and Territorial Health Officers (ASTHO)
- ❖ Association of Teachers of Maternal and Child Health (ATMCH)
- ❖ Centers for Disease Control and Prevention (CDC)
- ❖ CityMatCH
- ❖ Council of State and Territorial Epidemiologists (CSTE)
- ❖ Health Resources and Services Administration (HRSA)
- ❖ National Association of County and City Health Officials (NACCHO)
- ❖ National Association of Public Health Statistics and Information Systems (NAPHSIS)

For further information, please contact:

Helene Kent at AMCHP—(202) 775-0436 or [hkent@amchp.org](mailto:hkent@amchp.org)

Patrick Simpson at CityMatCH—(402) 561-7500 or [psimpsol@unmc.edu](mailto:psimpsol@unmc.edu)

## Obituary for Earl Siegel

by Jonathan Kotch

Earl Siegel-- teacher, mentor, role model, friend.

Widely loved and admired by all of those in the field that we shared, Maternal and Child Health.

From students and colleagues I have heard from today:

"...a good person in so many ways."

"I was very, very fond of Earl."

"I had so much respect for Earl."

"What a gentleman."

I have many fond memories of Earl:

In class

In our homes

In the synagogue

At his retirement celebration

At the meeting at which he was presented with the highest award in our field.

Meticulous in his research, firm in his conviction that advocacy should be supported by good science, and good data.

Yet, he was just as careful, if not more so, with people. Earl demonstrated that one can be firmly committed to an idea, or to a group of people such as young children, and still be a nice guy.

With Earl, you got the content, and the niceness. Nowhere was this more obvious than in the way he blended his work and his family. Earl had no need to “balance” work and family. It was for him a seamless whole. More than anything, this is the Earl Siegel I cherish the most. I have expressed my thanks to him. Gladys, I thank you too.

### **Update on the *Globalization of the MCH Curriculum* Session at October 2001 ATMCH Meeting**

**by Doug Taren**

ATMCH has started to obtain information about the current status and needs for developing curricula that address the globalization of MCH within U.S. graduate programs. An internet-based survey was sent by email to all ATMCH members. The survey addressed how globalization is currently presented within MCH curricula, the competencies that students need in this area and gaps in existing curricula as perceived by ATMCH members. A report on the results from the survey will be presented at the ATMCH Business meeting during APHA in Atlanta. Members of the working group who have devoted time to this project are Douglas Taren (University of Arizona), Pierre Buekens (University of North Carolina) and Cathey Falvo (New York Medical College). The working group would also like to acknowledge the considerable assistance that it has received from Arden Handler (University of Illinois) and from Sandra V. Maldague, MPH (ATMCH Liaison from the Association of Schools of Public Health).

### **CDC Sponsored Opportunities to Practice MCH Epidemiology in State and Local Health Departments**

**by Tishia James and Bill Sappenfield**

CDC is committed to the goal of "Healthy People in a Healthy World - Through Prevention." As a result, the agency offers many opportunities for learning and practice for students and public health professionals. CDC works with state and local health departments, academic institutions and other professional, voluntary, and

community organizations to promote the hands-on education and experience. Many public health leaders today got their start in CDC's many learning and practice programs.

Sponsored by CDC's Division of Reproductive Health and the Maternal and Child Health (MCH) Epidemiology Program, there are several opportunities for masters and doctoral-prepared professionals to both learn and practice MCH epidemiology in state, tribal and local health departments. These opportunities include:

- ❖ graduate fellowships through the Association of Teachers of Preventive Medicine (ATPM) and the Association of Schools of Public Health (ASPH),
- ❖ training opportunities through the Council of State and Territorial Epidemiologists (CSTE),
- ❖ assignments as Epidemic Intelligence Service (EIS) officers through CDC's EIS Program,
- ❖ training opportunities as Preventive Medicine Residents (PMR) through CDC's PMR Program, and
- ❖ practice opportunities as a full time MCH Epidemiologist through becoming a CDC fellow.

The MCH Epidemiology Program sponsors masters and doctoral-prepared graduate fellows from schools of public health and preventive medicine departments. This year, the program continues its support and collaboration with ATPM and ASPH, having a full-time ATPM fellow working at CDC on MCH Epidemiology issues and an ASPH fellow working in a health department with a CDC-assigned senior MCH Epidemiologist. The duration of these fellowships span from one to two years.

In collaboration with the MCH Epidemiology Program, CSTE aims to expand the pool of experienced MCH Epidemiologists available at the federal, state, and local level. In recent years, the program has recruited and trained fellows and assigned them to work for the long term as MCH epidemiologists in state health departments.

Each year, CDC's Epidemiology Program Office (EPO) supports and successfully recruits EIS Officers and assigns them to work with epidemiologists in state health departments on MCH and other public health issues for two years. Presently, there are two EIS officers supervised by epidemiologists in the MCH Epidemiology Program working on MCH issues. In addition, through EPO's support and identification of CDC and field assignments, there are MCH-related training opportunities for physicians through the Preventive Medicine Residents program.

The Division of Reproductive Health also recruits and supports experienced masters and doctoral-prepared professionals as CDC fellows and even CDC staff to serve

full time as MCH epidemiologists in state, tribal and local health departments. These multi-year assignments are based on health department needs and the professional's knowledge and expertise.

The CDC offers unparalleled opportunities. You can feel the satisfaction of knowing that your work will contribute to an important public health mission. Moreover, your contribution will be valued as part of a public health team. For more information regarding opportunities for learning and professional growth, please call Jessie Richardson Hood at 770-488-6250 or send an email to [JRichardson@cdc.gov](mailto:JRichardson@cdc.gov).

## **Seventh Annual Maternal and Child Health Epidemiology (MCH EPI) Conference**

**December 12-13, 2001  
Sheraton Sand Key Hotel  
Clearwater Beach, Florida**

You are invited to attend the Seventh Annual Maternal and Child Health Epidemiology (MCH EPI) Conference. The purpose of the MCH EPI conference is to provide maternal and child health professionals an opportunity to disseminate research findings, to provide training opportunities, and to allow knowledge exchange for policy and program management decision-making. The Seventh Annual conference theme is *Enhancing Competencies for Informed Decision Making in Maternal and Child Health Outcomes*. Conference discussions will focus on successful efforts in using data to design, implement, and evaluate the effectiveness of programs targeted towards informed decision making in maternal and child health.

The plenary sessions will highlight successful efforts to build data systems locally, models to enhance competencies and approaches to better inform decision making. Presentations in breakout sessions will provide up-to-date scientific data on MCH issues. Additionally, the second annual National MCH Epidemiology Awards sponsored by the Coalition for Excellence in MCH Epidemiology will be presented at the Thursday luncheon.

The conference organizers encourage attendance of all health professionals working with maternal and child health data, programs, or policies, particularly at the state and local levels. This includes epidemiologists, program specialists, evaluators, data analysts, community advocates, policy makers, and students.

For up-to-date information about the conference and to **register online**, please visit:  
[www.publichealth.usf.edu/conted/mchepi01.html](http://www.publichealth.usf.edu/conted/mchepi01.html)

## **CAST-5: A New Resource for Title V Programs**

An exciting new resource for Title V programs, *Capacity Assessment for State Title V (CAST-5)*, made its debut this spring at the AMCHP Annual Meeting. The culmination of over two years of work by the CAST-5 Advisory Group and careful pilot testing in three states, this Preliminary Edition of CAST-5 represents a first, significant step toward comprehensive, structured organizational assessment and planning for state maternal and child health (MCH) programs.

CAST-5 is intended to assist states in assessing their performance of the MCH-specific 10 Essential Services of Public Health and in identifying specific elements of organizational capacity that are necessary for optimal performance. Once these organizational resources are identified, CAST-5 offers broad guidance on developing strategies for enhancing or obtaining them.

CAST-5 is designed to accommodate wide variation in state programming structures and systems contexts. As a first step in the CAST-5 process, Title V programs are guided through articulating their mission, goals, and objectives and the social, political, and health care delivery environment shaping the program. That information is used to form internal benchmarks, or state-determined reference points, against which to weigh the program's performance of the 10 MCH Essential Services. In other words, CAST-5 assists states in determining what organizational, programmatic, and management resources must be developed or enhanced, given the program's role within the wider MCH system, in order to fulfill the program's goals and objectives. As such, CAST-5 can be useful in strategic planning efforts.

CAST-5 is made up of several distinct tools that can be used collectively for a comprehensive assessment of program capacity needs or individually for narrower appraisals. The Preliminary Edition includes all of these tools, plus examples of completed assessment worksheets and tips for assessment coordinators or facilitators. The Preliminary Edition comes with a CD-ROM containing the entire document, all necessary forms and worksheets, and a PowerPoint presentation giving an overview of CAST-5.

In October 2001, a cadre of state Title V professionals and experts in state MCH programs will be trained to function as facilitators and consultants for states seeking assistance in implementing CAST-5.

CAST-5 is a collaborative effort of the JHU Women's and Children's Health Policy Center and the Association of Maternal and Child Health Programs, with support from the federal Maternal and Child Health Bureau. More information on CAST-5 is available on the WCHPC or AMCHP web sites ([www.med.jhu.edu/wchpc](http://www.med.jhu.edu/wchpc) or [amchp.org](http://amchp.org)) or by contacting WCHPC director Holly Grason ([hgrason@jhsph.edu](mailto:hgrason@jhsph.edu)) or CAST-5 Project Director Marjory Ruderman ([mruderma@jhsph.edu](mailto:mruderma@jhsph.edu)).

## **Maternal and Child Health Faculty Search School Of Public Health University Of Alabama At Birmingham**

The Department of Maternal and Child Health invites applicants for two tenured or tenure-track faculty positions. Projected start date is Spring or Fall, 2002. Candidates must have an earned doctorate with relevant MCH-related education and/or experience. Evidence of good analytical skills and success in publishing research and obtaining extramural funding is essential. The faculty members will be expected to work collaboratively with other university departments; state and local health departments and health agencies; and national and international MCH-related organizations.

Responsibilities will include:

- teaching and advising MPH and DrPH students,
- conducting independent research,
- providing continuing education and technical assistance, and
- providing service to the department, school, university, and the field.

### **Full or Associate Professor Position**

Experience in the practice of public health is highly desirable, including MCH epidemiology, program planning and evaluation, needs assessment, performance monitoring, and advocacy.

**Associate Professor Position** (Assistant level applications will be considered)

Skill areas of preferred focus are: perinatal/MCH epidemiology, needs assessment/health surveillance, and program evaluation. Preferred content areas are: early child development, maternal/reproductive health, international MCH, racial/ethnic disparities, and adolescent health.

The university offers very competitive compensation, nationally recognized colleagues, a supportive environment for research and teaching, and challenging

students. Birmingham has an excellent climate and is a wonderful community in which to live. The positions will be filled when suitable candidates are identified. Interested persons should submit a letter delineating the specific position of interest, describing their qualifications and academic interests, and including a curriculum vitae and the names of three references to:

Chair, MCH Faculty Search Committee  
Department of Maternal and Child Health  
School of Public Health, UAB  
320 Ryals Building  
1530 3rd Avenue, South  
Birmingham, AL 35294-0022  
Phone: 205-934-7161  
Fax: 205-934-8248

## **Call For Nominations: March Of Dimes Agnes Higgins Award**

### **For Achievement In Maternal/Fetal Nutrition**

The March of Dimes is accepting nominations for the 2002 and 2003 Agnes Higgins Awards, presented in recognition of distinguished achievement in research, education, or clinical service in the area of maternal/fetal nutrition.

Nomination forms are available on the March of Dimes website at [www.modimes.org](http://www.modimes.org). Nominations for both years **must be postmarked no later than March 1, 2002** to be eligible for review. Winners will be honored at presentations and receptions at the 2002 and 2003 American Public Health Association Annual Meetings.

## **Fall ATMCH Meetings**

Sunday, October 21, 2001 is the date for the fall ATMCH meeting in Atlanta, to be held in conjunction with the APHA annual meeting. The site will be at the Salon Court, International South Hall, at the Marriott Marquis. If you need to make reservations at the Marriott, the contact information is listed below.

Marriott Marquis  
265 Peachtree Center Avenue  
Atlanta, GA 30303  
Phone: 1-404-521-0000  
Fax: 1-404-586-6299

*See following page for ATMCH meeting times and location.*

### **ATMCH Executive Committee Meeting**

Meeting date: Sunday October 21, 2001  
Time: 10:00 – 1:00 p.m.  
Location: Salon Court  
International South Hall  
Marriott Marquis  
265 Peachtree Center Avenue  
Atlanta, GA

The *ATMCH Newsletter* is produced by Sandra Maldague, who works closely with Karen Helsing and Allison Foster to staff the ATMCH secretariat.

You may reach us at:

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**1101 15<sup>th</sup> St. NW Suite 910**  
**Washington, DC 20005**  
**Phone: 202-296-1099**  
**Fax: 202-296-1252**

### **ATMCH Business Committee Meeting**

Meeting date: Sunday October 21, 2001  
Time: 2:00 – 4:30 p.m.  
Location: Salon Court  
International South Hall  
Marriott Marquis  
265 Peachtree Center Avenue  
Atlanta, GA

#### Other News:

- Please pay your membership dues for the 2001-2002 fiscal year if you have not yet done so.
- Help us keep our directory up-to-date! If you have any updates or changes in your contact information, please send them to Sandra Maldague at [smaldague@asph.org](mailto:smaldague@asph.org).