



# ATMCH Newsletter

Fall 2005 Association of Teachers of Maternal and Child Health  
Providing Leadership in Maternal and Child Health Education, Research, and Service

Fall 2005

## President's Letter The Summer of 2005: Lessons for MCH Educators

José J. Gorrín-Peralta, MD, MPH, FACOG, FABM  
ATMCH President

As we approach the end of the 2005 hurricane season one can almost hear the collective sigh of relief from millions of people in the U.S., many Caribbean nations, and other countries in the Gulf of Mexico basin. We have witnessed death, destruction, homelessness and desperation among the people hit hardest by the hurricanes which broke all records in history during this season. This has been a summer none of us will forget. There are still thousands of families in many countries who have no home to return to, while others have lost relatives and friends. The economic cost of reconstruction of these regions is astronomical and the human cost of the suffering endured is immeasurable.

In these disaster and emergency situations, women and children are among the most vulnerable segments of the population, and their need for special care is most dramatic. The *Facts for Life* publications from several United Nations organizations have estimated that of the world's 27 million refugees and 30 million displaced people, 80 percent are women and children. Of these close to 2 billion people who were affected by disasters during the last decade of the past century, the poor were disproportionately affected. Close to 9 million children worldwide have been killed,

injured, orphaned or separated from their parents by disasters during that period.

From the old adage that crisis is opportunity we can learn much. UNICEF and the International Social Service have worked on the establishment of international standards for the care of children affected by armed conflicts and other emergency situations. Several factors have been identified which amplify or compound the issues confronted in determining and providing adequate care for child victims of natural or man-made disasters. Among these are: lack of preparedness for concerted and well-planned action; the sheer number of children involved; the reduced capacity of the community to provide care; lack of available professionals with expertise in child care and protection; the partial or total destruction of infrastructure such as water/sanitation facilities; communication and transportation; a weak or non-existent government presence; and episodes of insecurity and rights violations.

As professors of MCH we have a responsibility to capacitate our students in these issues which, unfortunately, will probably repeat themselves in the foreseeable future. *Facts for Life* has several key messages for those involved in the man-

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### 2005 ATMCH FALL MEETING Sunday, December 11, 2005

2:00 p.m. - 4:30 p.m.

Philadelphia Marriott  
Room 401  
1201 Market Street  
Philadelphia, PA 19107



agement of disaster situations. Children should receive essential health care, including measles vaccination, as well as adequate food and micronutrient supplements.

Breastfeeding is essential in emergency situations. We recently watched with trepidation how powdered milk was being distributed to homeless and poor populations during a recent hurricane in Guatemala. Without adequate sanitary water supplies, these powdered milks only serve as vehicles to carry contaminated water and death to infants and children in disaster situations. The United States Breastfeeding Committee has sent a message to mothers and babies affected by the devastation caused by hurricane Katrina, urging all mothers who are breastfeeding to continue to do so as long as possible to protect infants from infection and disease. It encouraged all health care workers to assist breastfeeding women to continue nursing. Pediatrician Lawrence Gartner, chair of the Section on Breastfeeding of the American Academy of Pediatrics and member of the Professional Advisory Board of La Leche League International, encouraged all health workers caring for children and adults in the post-Katrina period to promote: breastfeeding; urge pregnant women to breastfeed immediately after delivery; continue exclusive breastfeeding for six months; and maintain prolonged breastfeeding for two years or beyond after starting complementary foods.

In the promotion and protection of breastfeeding in emergency situations, health workers must frequently deal with and clarify certain prevailing myths and fallacies. Some are afraid that the stress of the disaster will not allow for adequate milk production. This is false, since stress may affect milk letdown but not milk production. Stress management, on the other hand, is better among lactating women. Maternal undernutrition is believed by some to affect quantity and quality of their milk. Only extremely malnourished mothers may see some reduction in their milk supply, so the thing to do is feed the mother, not supplement the baby with formula. Formula is the last thing a baby needs in a disaster situation. It can carry infectious diseases, and prevents the baby from getting the immunological benefits of the mother's milk.

Another basic tenet is that children need to be cared for by their parents or other familiar adults, therefore, family tracing and reintegration is of paramount importance. Children affected by natural or man-made violence suffer from fright and anger. This requires special attention, extra affection and the opportunity to express their feelings and describe their experiences in ways

appropriate for their age. Children separated from their parents in an emergency cannot be assumed to be orphans as long as the fate of the parents is not determined. In the case of adolescents, their capacity for clearer understanding of traumatic situations can make them more vulnerable to stressful experiences. This must be taken into consideration when caring for adolescents in emergency situations.

For many of us, natural disasters have been something we watch on television, which happen to other folks in far away and underdeveloped countries. Now that the events of this past summer have hit many so hard in our nearby environment, there are many lessons to be learned. First of all, if we are to master nature, we must first learn to respect it. Natural disasters do not discriminate between rich and poor countries. No man is an island, and we are our brother's keeper. In natural disasters, mothers and children are among the most vulnerable populations. So it behooves us to capacitate ourselves in the body of knowledge pertinent to damage control, health care and rehabilitation of populations subjected to emergency situations. Only then will we be able to capacitate our students and the communities we serve to handle and survive these situations.

I look forward to seeing you in the upcoming meeting in Philadelphia and hope that the necessary change of venue and dates will not prevent your coming.

**From the Desk of  
Peter C. van Dyck, MD, MPH,  
Associate Administrator  
for Maternal and Child Health,  
Health Resources and Services  
Administration (HRSA)**

Dear Colleagues:

As the Health Resources and Services Administration (HRSA) continues its hurricane recovery efforts, I would like to extend my appreciation for ASPH. The ASPH has mobilized its resources to assist colleagues and students directly impacted by the storm by establishing a Tulane faculty, staff and student check-in center, arranging for housing for displaced graduate students, assisting in enrolling Tulane students into other Schools of Public Health and providing the latest

information on announcements from the Tulane School of Public Health and Tropical Medicine.

### **News from HRSA/MCHB**

- As of October 6, 19 health center sites in the states of Louisiana and Mississippi are either closed or destroyed. The bulk of evacuees needing the services of health centers have received treatment in Texas and outlying areas in Louisiana.
- As of October 6, three Healthy Start projects in Louisiana are closed. The MCHB estimates that service providers who receive funds through the Maternal and Child Health Block Grant have served approximately 25,448 evacuees. Healthy Start grantees have treated approximately 38,000 evacuees.
- As of October 6, ten Ryan White CARE Act grantee sites serving Louisiana, Mississippi and Alabama are closed. Sites in 13 states, the District of Columbia and outlying areas of Louisiana and Mississippi report that evacuees living with HIV/AIDS have requested services.
- The MCH Training Program will conduct competitions in three programs in 2006. They include the MCH Pipeline Training Program (MCHPTP), the Leadership Education in Neurodevelopmental Disabilities (LEND) program and the Collaborative Office Rounds (COR) program. Although many of you may be familiar with the LEND and COR programs, this will be the first time you have heard about the MCHPTP. This program, formerly known as the Graduate Medical Education and Summer Mentorship Program, will provide grants to programs that promote the development of a culturally diverse and representative health care workforce by recruiting, training and retaining students from under-represented minorities into maternal and child health professions. The MCHPTP recruits financially disadvantaged under-represented undergraduate students enrolled at Minority Serving Institutions. The MCHPTP will educate, mentor, guide and provide enriching experiences to increase students' interests in MCH public health professions (pediatrics, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, pediatric occupational/physical therapy, speech language pathology, etc.). The applicant must demonstrate a linkage to one or more existing MCH long-term training program. More information about the MCHPTP can be found at <http://www.hrsa.gov/grants/preview/default.htm>. Scroll down to *Find Opportunities* and you will see *HRSA-06-077, MCHPTP* listed under *Maternal and Child Health*.
- As MCHB plans future MCH Training MCHCOM.COM Web casts, please feel free to send your suggestions and/or comments to Ms. Madhavi Reddy at [mreddy@hrsa.gov](mailto:mreddy@hrsa.gov). Archived MCH Training MCHCOM.COM Web casts are available at <http://www.mchcom.com> and are available on the MCH Training Program Web site at <http://www.mchb.hrsa.gov/training>.
- REMINDER: MCHB's Distance Learning Inventory Database is available for you to access the distance learning training resources that MCHB supports. You can browse all of MCHB's training resources or search for them by keyword, training category, or academic institution. Visit [http://www.uic.edu/sph/mch\\_dli](http://www.uic.edu/sph/mch_dli) to learn more.

MCHB hosted the HRSA/MCHB Federal/State Partnership Meeting in Washington, DC, October 16-19, 2005. The theme of the meeting this year was "Maternal and Child Health across the Lifespan." Many state Title V directors were in attendance at this meeting. Conference archives will be available at <http://www.mchcom.com>. Have a great holiday season. I will see you at the Association of Maternal and Child Health Programs Conference in March!

## **Legislative News**

Susan Campbell, AMCHP

### **Appropriations**

The FY06 Labor, Health and Human Services and Education Appropriations bill, which provides funding for discretionary health programs such as the Title V MCH Block Grant, the Prevention Block Grant, the Community Services Block Grant and health/public health professionals training, has been passed by the House and Senate, and a conference report was filed late on November 16, 2005. There were a number of items to resolve, since there were significant differences in the House and Senate versions of the bill. Among the issues on the table for discussion were the overall funding level, the number of earmarks, the number of programs to be eliminated, whether emergency funding for

avian flu should be included, funding levels for individual programs and some language concerning abortion. The bill reported out by the conference committee was reviewed by the House Rules Committee and may go to the House floor as early as November 17. Several Democrat senators who are members of the Labor, HHS Appropriations Subcommittee are planning to oppose the bill when it comes to the Senate floor because they do not feel the bill provides adequate funding.

The Coalition of Health Funding, a nonprofit alliance of fifty national professional and voluntary health associations sent a letter to all conferees urging them to provide the highest possible funding level for the health programs in the bill and will be urging senators to oppose the bill when it comes to the floor because of the significant cuts contained in the bill.

### **Budget and Reconciliation**

The budget and reconciliation bill is also proving to be difficult to resolve. Not only do members of the House and Senate disagree about how to proceed with a plan to offset the cost of Hurricane Katrina with more than \$50 million in savings from mandatory spending programs, but also there is no longer unity among the Republican Party. This massive package to curb mandatory spending is to be paired with a plan to extend tax cuts. Neither Senator Grassley (R-IA), Chairman of the Senate Finance Committee, nor House Majority Leader Roy Blunt (R-MO) have yet been successful in getting the votes needed to bring the bills to the floor. While there is growing concern about cutting mandatory entitlement programs such as Medicaid and food stamps, while providing huge tax cuts for the wealthy, there is also pressure from House GOP conservatives to rein in government spending, particularly in light of the demands for funding in the aftermath of Hurricanes Katrina and Rita. Democrats have displayed unusual cohesiveness on this issue, as Republican conservatives and moderates engage in a rarely seen struggle. Leaders from both Houses are planning to reconvene in December after the Thanksgiving break, to finish these bills.

## **ATMCH Activities This Year**

Marti Coulter, DrPH, MSW  
ATMCH President Elect

This has been an active and exciting year for ATMCH. A number of the activities that we initiated at our meetings last year are moving along. Others show much

promise but still need your input to make them as successful as they can be. I am listing some of the activities and summarizing where they are. I hope to see most of you at the ATMCH Fall meeting so that we can continue to discuss all of our efforts and directions.

### **Case Studies Project**

I am excited to report that the Case Studies Project, while not yet funded, is showing great promise. I met with Dr. Peter van Dyck in April as part of a meeting that included Dr. Charlie Mahan (USF), Dean Pierre Buekens (Tulane) and Dr. Harrison Spencer (ASPH) to discuss current activities and the future plan of ATMCH. The case studies project was discussed in great detail. MCHB, headed by Dr. van Dyck, has expressed support for developing MCH cases. Though this project was not funded for FY05, we will explore funding opportunities in the coming year.

### **Faculty Mentoring Project**

The ATMCH launched a mentorship program in 2002 to provide an opportunity for new or developing MCH programs located in any institution of higher learning in the US and its territories to receive assistance in shaping and/or strengthening their programs. This assistance would be received from an experienced MCH faculty member who is a member of ATMCH. ATMCH has some funds to support the travel and consultation expenses of one mentor and expects the program receiving the mentoring support to contribute as well. The University of Medicine and Dentistry of New Jersey School of Public Health, the Saint Louis University School of Public Health and the University of Arkansas for Medical Sciences Dr. Fay W. Boozman College of Public Health have received this service in past years. This year we are funding University of South Carolina Arnold School of Public Health for the application submitted by Dr. Jihong Lui. Congratulations, Dr. Jihong Lui. Thanks to Dr. Greg Alexander for his assistance with this project.

### **Course Syllabi**

We continue to post MCH-related syllabi on the ATMCH Web site at <http://www.atmch.org/curriculum.htm>. This is a valuable resource for everyone to share syllabi. Please don't forget to submit more and to update those syllabi that have been submitted.

There are currently 51 syllabi posted in the following areas:

- Intro to MCH
- Adolescent Health
- Breastfeeding
- Child Health
- Children with Special Health Care Needs
- Global Health
- Policy and Advocacy
- Reproductive and Perinatal Health
- Research Methods
- Women's Health

### **ATMCH Co-sponsored Student Paper Presentation**

As discussed in the Spring meeting, ATMCH is collaborating with APHA MCH Section to promote academic contributions and achievements in MCH among graduate students by co-sponsoring the outstanding student papers at APHA.

This year at the 133rd Annual Meeting of APHA, the fourth annual outstanding student papers in MCH showcase will be Session Number 3121.0 held on Monday, December 12 from 10:30 a.m.-12:00 p.m.

Dr. Jose Gorrin-Peralta will moderate this session. Dr. Anne Wallis (Iowa) and Dr. Jihong Liu (USC) represented ATMCH in the organizing committee along with Mr. Tom Vallin (Georgetown) and Ms. Carol Shieh (Indiana). Papers were chosen from among 14 entries and were subject to the APHA blind review process. Papers that were accepted but not included in the special session will be presented at the following poster session, Student and New Researcher Papers in Maternal and Child Health Session Number: 5021.0 Wednesday, December 14, 2005 from 8:30 a.m.- 9:30 a.m.

The papers were chosen as the most outstanding student papers submitted for consideration. This year's presentations touch on a variety of topics within MCH including social determinants of health, post-partum depression, post-partum nutrition, verbal ability and physically aggressive behavior, and risk-taking behavior among South African youth.

At the end of this session the learner will be able to:

- Discuss the associations between women's social status and child health and well-being at the state

level;

- Describe neighborhood effects on fruit and vegetable consumption among women from a low-income, post-partum population;
- Recognize the impact of demographic, family, pregnancy, and infant characteristics on the risk of post-partum depression;
- Identify the interrelationship between children's verbal ability, maternal depression, and physical aggression; and
- Describe contextual and social factors that may contribute to risk-taking behavior among young, rural South African youth.

The program schedule is as follows:

**10:30 a.m.** Introductory Remarks

**10:35 a.m.** A state level analysis of the relationship between women's social status and child health and well-being in the United States

Allison Appleton, Alisa K. Lincoln, Karestan Koenen, (Boston University School of Public Health)

**10:50 a.m.** Individual and neighborhood demographic factors of fruit and vegetable consumption among low-income post-partum women

Tamara Dubowitz, Subramanian, Dolores Acevedo-Garcia, Theresa L. Osypuk, Karen E. Peterson (Harvard School of Public Health)

**11:05 a.m.** A longitudinal analysis of post-partum depression among employed women

Rada K. Dagher, Patricia M. McGovern, Bryan E. Dowd, Laurie Ukestad, David McCaffrey (University of Minnesota, School of Public Health)

**11:20 a.m.** Relationship between verbal ability, maternal depression, and physically aggressive behavior among children.

Elizabeth Anson, Robert E. Cole, Harriet J. Kitzman, Kimberly J. Sidora-Arcoleo, Linda Chaudron (School of Nursing, University of Rochester Medical Center)

**11:35 a.m.** Social instability and violence in relation to the risk-taking behaviors of young adolescents in rural KwaZulu/Natal, South Africa

Aliza Monroe-Wise, Abigail Harrison (Johns Hopkins Bloomberg School of Public Health)

Thanks to all of you for your involvement and attention to all of our projects this year. We look for-

ward to another active and productive year in ATMCH. For more information about these projects contact Ms. Kalpana Ramiah at [kramiah@asph.org](mailto:kramiah@asph.org) or (202) 296-1099 ext. 155.

## ATMCH Nomination Committee Report

Eugene Declercq, PhD  
ATMCH Nomination Committee Chair

After two years as President-elect and two years as President, my current position as Past-president and Chair of Nomination Committee seems to be the golden years of my ATMCH executive member life. After the Fall meeting, we will be requesting for nominations for President-elect and Secretary for a term to begin with the 2006 APHA meeting. Please consider serving on the ATMCH Executive Committee. Self nominations are accepted. Please send your nominations to Ms. Kalpana Ramiah at [kramiah@asph.org](mailto:kramiah@asph.org).

We are also calling for Nominations for *2006 Loretta P. Lacey Academic Leadership Award*. The Loretta P. Lacey Award was created to recognize leadership in MCH education, research, policy development and/or advocacy. The award is sponsored by the Association of Teachers of Maternal and Child Health (ATMCH) in memory of Loretta P. Lacey, a former faculty member at the University of Illinois at Chicago and a leader in MCH education. The awardee is announced at the Spring ATMCH meeting.

The nominee must be at mid-career, i.e., not yet a full professor, but must have already begun to establish a reputation in MCH. The nominee must have demonstrated leadership skills and show potential for future career development. The recognition accorded by this award is intended to support such career development. The nominee must be a full-time faculty member in an accredited school of public health or program, who teaches in the MCH curriculum, program or department. The nominee must be an ATMCH member. All nominations must be received by January 16, 2006. To nominate an individual, send a letter of nomination and curriculum vitae for the nominee providing evidence of the nominee's accomplishments and her/his future potential, to Ms. Kalpana Ramiah at [kramiah@asph.org](mailto:kramiah@asph.org). Letters of support are not necessary and are discouraged.

## What is the role of MCH in Undergraduate Public Health Education?

We will discuss this question in our ATMCH Fall Business Meeting on Sunday December 11, 2005 in Philadelphia.

**Guest Speaker:** Dr. Richard Riegelman, Chair, ASPH Undergraduate Public Health Education Taskforce (GWU School of Public Health and Health Services)

**Moderators:** Dr. Ellen Daley (USF College of Public Health) and Dr. Eugene Declercq (BU School of Public Health).

Please email Ms. Kalpana Ramiah ([kramiah@asph.org](mailto:kramiah@asph.org)) to let us know:

1. Is your school involved in undergraduate public health education?
2. If yes, how your MCH department/division is involved in undergraduate public health education? For example, do you have an undergraduate major/minor in public health that emphasizes or includes MCH courses?
3. What are the lessons learned concerning MCH undergraduate education?
4. What can ATMCH do as an organization to support MCH involvement in under undergraduate public health education?

Join this interesting discussion in the ATMCH Fall meeting.

Molly McNulty J.D. invites ATMCH members to submit ideas and suggestions for a textbook she is writing under contract to Jones & Bartlett Publishing, Inc. The working title is **MATERNAL AND CHILD HEALTH: LAW, POLICYMAKING, AND ADVOCACY**.

Please email her at [mcnulty@rochester.rr.com](mailto:mcnulty@rochester.rr.com). She would like to meet with interested faculty APHA to discuss; if interested, please let her know and she will arrange a time.

Molly McNulty J.D., McNulty Consulting, 57 Willard Avenue, Rochester, NY, 14620, (585) 244-5261, [mcnulty@rochester.rr.com](mailto:mcnulty@rochester.rr.com)

This book is an innovative, cross-disciplinary curriculum that will address the "Policy and Advocacy" curricular and training shortfalls identified in the Institute of Medicine report on educating the public health workforce of the future, as well as curricular gaps related to informatics, global health, and public health ethics competencies. The goal of this book is to teach students how to use public policy making tools to improve the health of mothers, children and adolescents, with a special emphasis on community-level health policy.

## OUTLINE

### PART I: THEORIES, MODELS, AND FRAMEWORKS

- 1 Introduction to child and adolescent health policy; Ethical Frameworks
- 2 Theories and methods in law and public policy
- 3 Models of data use in policymaking
- 4 Models of determinants of child health

### PART II: OVERVIEW OF ORGANIZATION AND FINANCING

- 5 The child health system
- 6 Insurance and managed care
- 7 Public health and child health
- 8 Safety net providers

### PART III: POLICY ISSUES THROUGHOUT CHILDHOOD

- 9 Motherhood and Infancy
- 10 Early childhood
- 11 Middle childhood
- 12 Adolescents
- 13 Children with special health care needs

## New Knowledge Path Edition: Racial and Ethnic Disparities in Health

The MCH Library released a new *Knowledge Path* edition about racial and ethnic disparities in health. This electronic resource guide includes information on (and links to) Web sites, electronic and print publications, Web casts, and databases. It is intended for use by health professionals, policymakers, program administrators, researchers and families. The *Knowledge Path* is available at [http://www.mchlibrary.info/KnowledgePaths/kp\\_race.html](http://www.mchlibrary.info/KnowledgePaths/kp_race.html). *Knowledge Paths* on other maternal and child health topics are available as well. (See <http://mchlibrary.info/KnowledgePaths/index.html>).

## An Overview of the National Association of County and City Health Officials (NACCHO) Birth Defects and Developmental Disabilities Program

Through a cooperative agreement with the CDC, NACCHO has received funds to support the efforts of local health departments (LHDs) in promoting health and preventing birth defects and developmental disabilities (BDDD).

NACCHO is the national organization representing local public health agencies. NACCHO works to support efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems.

The goal of the BDDD project is to provide information and analyses on issues related to preconception care, as well as other methods of birth defects and developmental disabilities prevention for LPHA officials and programmatic staff. The objectives to achieve this goal are as follows:

- Provide updates on resources, job postings, funding opportunities, key legislative activities and other birth defects/preconception care-related events

through *Public Health Dispatch*.

- Provide updates, resources, and general information on preconception care and the prevention of birth defects and developmental disabilities on the NACCHO BDDD Web site.
- Collect and disseminate educational information and resources via the NACCHO BDDD email distribution list.
- Assist local health officials in the development of policy statements used to establish the official position of the organization on matters of public policy and serve as the basis for NACCHO action.
- Research and identify potential funding opportunities for birth defects/preconception care-related activities and disseminate through the NACCHO Foundation Funding Guide.
- Identify state and local health officials and/or programmatic staff to develop a Preconception Care Advisory Group.
- Create a distribution list of LHD contacts engaged in the delivery of preconception care-related services by querying NACCHO membership and accessing existing resources.
- Develop and publish issue briefs on preconception care highlighting current research, information, and examples of state and local practices

More information about NACCHO's Birth Defects and Developmental Disabilities project can be found at <http://www.naccho.org/topics/hpdp/birthdefects.cfm>. You can sign up for the BDDD updates from NACCHO by subscribing to the listserv at [bddd-sub@lists.naccho.org](mailto:bddd-sub@lists.naccho.org). Any further questions can be directed to Lauren Chiarello [lchiarello@naccho.org](mailto:lchiarello@naccho.org).

## MCH Training Information

### BU

The Boston University School of Public Health MCH Department has just completed the third year of a program, supported by MCHB, of MCH-Epi Field Practicums. The program was developed to address the special challenge of how, in the context of master's level education, students can develop the skills and hands-on experience to understand and apply appropriate methodologies to challenges they will face as future MCH leaders. This project was a collaboration between the MCH Department and the Massachusetts Department of Public Health. It required students to complete a combination of methods and MCH courses and then enhance those skills with applied experience working with research staff at

MDPH in a carefully supervised practicum. Three students a year were chosen for the program in which they received a modest stipend and worked 260 hours at MDPH over the course of a semester. The students supported a variety of state projects, including: analyzing key subsets from the Youth Risk Behavior Survey; supporting the development of a surveillance system for early child development; providing background research for a substantial revision of Massachusetts perinatal regulations in general and with particular attention to breastfeeding; and analysis of subgroup data for maternal mortality reviews.

Students participating in the program worked directly with the project director (Dr. Declercq) to complete a report, as well as a required abstract on their research that was to be submitted to a national (APHA or MCH-Epi) meeting. The seven students who have thus far submitted abstracts have all had them accepted. They present the results not only at the national meeting but also to MCH faculty prior to the meeting, hopefully increasing their presentation skills. The program also provided key help to MDPH at a time when it was experiencing significant budget cuts. The funding line under which this program was supported through MCHB has been discontinued, but given its success, the BUSPH MCH Department has chosen to continue a modified version of the program on its own. More information on how they might set up a comparable program, please contact Gene Declercq @ [declercq@bu.edu](mailto:declercq@bu.edu) or (617) 638-7795.

### Tulane

Tulane University School of Public Health and Tropical Medicine is excited to announce the establishment of the Tulane Leadership Education in Maternal Child Health Program, one of only 12 such programs funded by the HRSA MCHB MCH Long-Term Training Program in June 2005. The multifaceted Tulane MCH Leadership Education program is grounded in Tulane's strong tradition of MCH education and research, our close collaboration with the Louisiana Office of Public Health Title V program, and our dedication to the community the school serves.

The 2005 hurricane season has demonstrated for the whole nation how the MCH population takes the hardest blows in such catastrophes. In the wake of Katrina and Rita, Louisiana and the New Orleans community are in even more dire need of highly trained public health professionals who are dedicated to the MCH population. The new Tulane MCH Leadership Program seeks to train such extraordinary public health prac-

tioners with a focus on enhancing their leadership skills. Specifically, the program will include a new Executive MPH in MCH for current health professionals; a new Public Health Certificate program; a series of seminars in public health leadership for practicing public health nurses across Louisiana; and basic leadership skills mini-seminars for students in the traditional MCH Master of Public Health program. The school also establishing a formalized mentoring system for faculty, students and community preceptors. Tulane is confident that the lessons learned through Katrina and Rita will provide an extraordinary learning and training environment for both current and future MCH students.

For more information on the new Tulane MCH Leadership Education Program, please contact Program Director Dr. Jeanette H. Magnus at [jmagnus@tulane.edu](mailto:jmagnus@tulane.edu).

## **UAB**

The Department of Maternal and Child Health (MCH) at the University of Alabama at Birmingham School of Public Health offers graduate programs (MPH and DrPH) for students wishing to focus on MCH Epidemiology through the development of enhanced analytical skills in population-based research, needs assessment, and program evaluation. Funding may be available at both the DrPH and MPH levels. Student practica (for the MPH program) and dissertation research (for the DrPH program) may be done in conjunction with a state or local public health agency. For application procedures or to answer specific questions about these programs, please contact: Ms. Carol Reichle at (205) 934-3939, [creichle@uab.edu](mailto:creichle@uab.edu) or visit <http://www.soph.uab.edu/mch>.

## **UIC**

The University of Illinois at Chicago School of Public Health offers a graduate program (MPH and PhD) for students wishing to focus on applied MCH Epidemiology. Student practica (for the MPH program) and dissertation (for the PhD program) will be done in conjunction with a state or local public health agency. Funding may be available at both the doctoral and MPH levels. To receive an application or to answer specific questions about these programs, please contact: Ms. Jennifer Bowe at (312) 413-5625, [jbowe@uic.edu](mailto:jbowe@uic.edu) or visit <http://www.uic.edu/sph/mch>.

## **MCH - Related Meetings**

### **11th Annual MCH EPI Conference**

The 11th Annual Maternal and Child Health Epidemiology (MCH EPI) Conference, "Making Methods and Practice Matter for Women, Children and Families," will be held December 7 - 9, 2005 at the Wyndham Miami Hotel in Miami, FL.

For more information about the conference or to register, visit <http://www.cdc.gov/reproductivehealth/MCHepi/2005/AboutConference.htm>.

### **NBDPN 9th Annual Meeting**

The National Birth Defects Prevention Network (NBDPN) is holding its 9th annual meeting in Arlington, VA., from January 30 - February 1, 2006. A hands-on GIS training will be offered on Sunday, January 29, 2006.

Additional information, including a preliminary agenda and registration form, is available at <http://www.nbdpn.org/current/annualmeeting/index.html>.

### **2006 AMCHP Annual Conference**

The 2006 Annual Conference of the Association of Maternal and Child Health Programs will be held on March 4 - 8, 2006 at Crystal Gateway Marriott Hotel in Arlington, VA.

The Conference "Early Childhood: Building the Foundation for Lifelong Health," will cover topics applicable to professionals throughout the maternal and child health field. For more information visit [www.amchp.org](http://www.amchp.org).

## **Did you pay your ATMCH membership dues?**

Please pay your membership dues for the 2005-2006 fiscal year, if you have not yet done so. Please note that only members in good standing will receive all ATMCH announcements.

If you have any updates or changes to your contact information and interest areas, please send them to Ms. Kalpana Ramiah at [kramiah@asph.org](mailto:kramiah@asph.org). The website is updated each month.

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The *ATMCH Newsletter* is produced by ASPH staff with the submissions from ATMCH members.

**You may reach us at:**

**The Association of Teachers of Maternal and Child Health (ATMCH)**

**1101 15th St. NW Suite 910**

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