



# ATMCH Newsletter

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

Spring 2005

## President's Letter: Quo Vadis, ATMCH?

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



As I labor to come up to speed in my new duties as President of ATMCH, I believe my first words should be to thank my two immediate predecessors,

Gene Declercq and Arden Handler, for helping me prepare for my new tasks. My thanks also extend to all those others members who have served ATMCH, in directive positions and from the ranks, and who have worked so hard to bring the organization to the position of strength and diversity of projects we have today. And a special message of gratefulness must go to Kalpana Ramiah, who keeps it all happening. I certainly hope she remains a member of our team for a long time.

Our Case Studies Project is moving along very well under the expert leadership of President-elect Marti Coulter. We will have a meeting at the ASPH office on February 19 with the subcommittee working on the case studies, and Marti will present on the project's status at the business meeting on February 20. We are sure this effort will have significant impact on our teaching endeavors in the future, and in the students' capacities for problem solving.

The annual Loretta P. Lacey Academic Leadership Award activity will take place at 6:30 pm on February 20. This

year's recipient is Colleen Huebner from the University of Washington School of Public Health and Community Medicine. Colleen is the Chair-elect for the ASPH Maternal and Child Health Council. My most heartfelt congratulations go to Colleen.

Our mentorship program is healthy and dynamic. Our next project is with the College of Public Health at the University of Arkansas for Medical Sciences. The director there is Richard Nugent, a very enthusiastic and dynamic professor with whom I had the opportunity to share thoughts and ideas at a recent meeting.

Just before sending in the President's Letter, I participated in a meeting of the Curriculum Advisory Committee of the MCH Leadership Skills Training Institute, by invitation of its Project Director, colleague and friend Greg Alexander. The meeting convened February 9 and 10 in St. Louis, MO, and discussed the challenges facing MCH and public health, in general, from a national perspective. The increased need for leadership training, the setting of priorities for training topics, the available options for training recruitment, sites and modalities, as well as the exploration of new approaches to the provision of technical

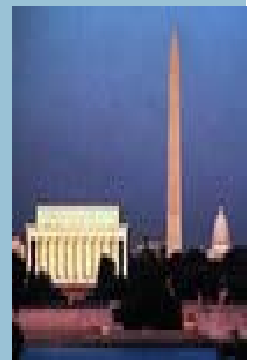
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### **2005 ATMCH SPRING MEETING** **SUNDAY February 20, 2005**

The Grand Hyatt Washington  
Room: Constitution E  
1000 H Street NW  
Washington, D.C.

**Business Meeting:** 1:30 pm - 4:30 pm  
**Lacey Award Dinner:** 6:30 pm



assistance, were placed in the agenda. Academics were invited for this activity and Anita Farel and I, from ATMCH, shared in the discussions with the folks from the state MCH programs, as well as with the federal officers present. The entire process of development of the Institute, its achievements, challenges and areas for future development were discussed with an overriding purpose of maximizing the effectiveness and efficiency of its activities and its role in providing leadership skills and continued education to MCH workers nationwide. The importance of interaction between MCH educators and the MCH field workers whose ranks are fed by MCH educational programs was stressed. The establishment of periodic meetings between MCH academics, MCH health professionals out in the field, and the MCHB directives was also stressed. Relationships among the Institute, MCH academic programs, the federal government, and MCH Title V programs nationwide have progressed to higher levels and, we are sure, to more advanced avenues for collaboration.

ATMCH was represented at the winter meeting of the US Breastfeeding Committee, held in Washington, DC, January 28 and 29. The new leadership team, chaired by Audrey Naylor, has been very active in inserting the Committee, and breastfeeding, into the nation's health agenda. Composed of 42 non-profit organizations nationwide, the Committee was created in observance of one of the policies formulated by the Declaration of Innocenti, a WHO/UNICEF document calling for the promotion, protection, and support of breastfeeding worldwide. One of its statements calls for the creation of national committees charged with this task. A major step taken by the Committee since last year has been to work towards promoting compliance with the World Health Organization's International Code on Marketing of Breast Milk Substitutes. One of the USBC's member organizations, the National Alliance for Breastfeeding Action (NABA) will hold a two-day workshop in July, in Washington, DC, to educate participants on the nature of the Code, its purposes and goals, and the importance of monitoring for compliance and violations. As part of our contribution to this effort, and of helping ATMCH members in their efforts to gain expertise in the field of breastfeeding promotion, we announced at the meeting that ATMCH will incorporate the syllabi of three pertinent courses into our website's curriculum posting project, for the benefit of the entire ATMCH membership. These courses are: Basic Concepts of Breastfeeding, Legal and Ethical Aspects of Breastfeeding, and Public Policies Related to Breastfeeding. These syllabi are contributed by faculty at the Maternal and

Child Health Program of the University of Puerto Rico Graduate School of Public Health, and they will be posted as soon as their translation into English is completed.

At this year's spring meeting, we will not hold the Students' Symposium. The decision was made due to the paucity of submitted abstracts. The Executive Committee will take up the issue and present its views and recommendations to the membership at the business meeting. It is possible that transferring the activity to the fall meeting, which coincides with the APHA meeting, could prove to draw a larger number of students who submit abstracts. The spring business meeting will begin at 1:30 p.m. The academic session in this meeting will be dedicated to doctoral education in MCH and will be moderated by Gene Declercq. Members present are encouraged to participate in the discussion and to share their experiences in this aspect of graduate education, their programs, problems encountered (and hopefully solved), recruitment, retention, and perspectives for the future. The session will surely be very pertinent to all of us.

In the coming years, our association should consider addressing many issues of great relevance to the population of mothers and children. The subject of health disparities, a term which is being used everywhere, but a problem which seems to be turning worse every time we look at the national health statistics, deserves a critical look from the scholars of this field. How should the members of ATMCH prepare the future leaders in the MCH arena so they can become effective agents of change to reduce these disparities? How do we empower our students so they can tackle these problems in their professional careers with full understanding of the cultural, sociodemographic, economic and political variables which prevent minorities from achieving equality in the health indicators? With regards to the provision of reproductive health services, why do our children have a worse prognosis for surviving their first year of life than children in so many countries with lower levels of development and much lower health budgets? Why are there so many medical interventions being carried out on pregnant mothers which are not based on scientific evidence and which can, in fact, become risk factors for health and even survival? Is the present system conducive to the best possible maternity care, or are there institutionalized organizational barriers which hinder optimal care? Why is our national cesarean section rate approaching twice the internationally recommended rates? The statistics certainly demon-

strate that the increase in cesarean deliveries has not produced a corresponding decrease in infant mortality, cerebral palsy, low birth weight rate and overall quality of our newborn babies. The current status of informed consent in the law and in maternity care should be addressed. Both informed consent and informed refusal have been ruled as absolute rights by the US courts. Are we doing enough to prepare our students so they will be able to empower our communities to defend these rights?

Are we focusing on health with all its complex interactions between providers and consumers, shared and informed decision making, in a system which considers health services a social investment, or are we focusing on disease as an industry? A new study, published in the February issue of *Health Affairs*, by authors from the Harvard Schools of Medicine and of Law, as well as from the University of Ohio, shows that almost one half of personal bankruptcies in the nation in 2001 were "medical bankruptcies," financial family collapses provoked or aggravated by illness in a family member. A significant percentage were directly attributed to the arrival of a new child. Most of these bankruptcies, moreover, were in families with previous health insurance coverage. Many were induced by a temporary lapse in coverage because of loss of a job. So we must tackle the larger problem that, besides the 45 million Americans without health insurance, there are many more American families who fall through the cracks because of temporal loss of health insurance coverage. Universal health insurance accessibility is, therefore, not only a national necessity, but must be unattached to the employment status of the citizen. These and other interrogatives are difficult and perhaps even painful to tackle and answer, but there is no question that they have become a moral imperative in our times. I think that we must address them in our academic duties. The public health dollar is shrinking, the health necessities of our less privileged communities are increasing, and it is our obligation to think and act accordingly.

It will be my privilege and my pleasure to see you at our next meeting, and I am sure that ATMCH will continue to fulfill its duties as the representative and the beacon of the teachers of the health professionals in charge of caring for our most important constituents, our mothers and their children.

## **From the Desk of Peter C. van Dyck, M.D., M.P.H., Associate Administrator for Maternal and Child Health, Health Resources and Services Administration (HRSA)**

Dear Colleagues:

The Association for Maternal and Child Health Programs' (AMCHP) Annual Conference is around the corner! As that time of year approaches, I would like to take this opportunity to update you on Maternal and Child Health Bureau (MCHB) activities. I look forward to seeing you on Monday, February 21, 2005, at the AMCHP Conference.

### **News from MCHB**

- As you may remember, participants at the 2004 HRSA/MCHB All-Grantee Meeting attended workgroups in six areas of action outlined by the Institute of Medicine in their report "The Future of the Public's Health in the 21<sup>st</sup> Century." Recommendations from the six workgroups were presented at a general session for review and comment. After the meeting, six internal MCHB workgroups were convened to analyze the recommendations and recommend priority issues for further development. Priority issues from the six internal workgroups will be presented and discussed at the AMCHP conference. The Bureau will involve internal and external partners in the development of priority issues that will inform Bureau activities for the next five years.
- HRSA announced recently that the MCH Research Program will fund six new projects, totaling \$1.5 million, in fiscal year 2005. The University of North Carolina at Chapel Hill, recipient of two awards, will conduct research on early childhood development and on the capacity of maternal and child health programs and professionals to assure the health of children with special health care needs (CSHCN). Georgetown University researchers will investigate access to dental services through Medicaid for CSHCN who live in the Washington, D.C. area. The University of California at Davis will examine problems associated with breastfeeding during the first few weeks after delivery. The Uni-

versity of Maryland will continue its work in health promotion and reduction of overweight in low-income, urban African-American teenagers. The University of Utah will examine the use of oral Dexamethasone to treat infant bronchiolitis, the most common lower-respiratory infection in infants.

- The MCH Training Program website is available for you at <http://www.mchb.hrsa.gov/training>. It provides information about the Program and its goals and objectives as outlined in the Draft National MCH Training Strategic Plan. The website also provides pertinent information about how you can apply for a grant, frequently asked questions about the application process, and a list of current and recent MCH Training competitions. If you are interested in learning more about the projects the MCH Training Program currently funds, please visit the Funded Projects section of the website to access abstracts for projects in 17 categories. A new feature for grantees is the New Grantee Products section. If you have developed products through your MCH Training grants and you would like to share them via the website, please feel free to send information to Ms. Madhavi Reddy at [mreddy@hrsa.gov](mailto:mreddy@hrsa.gov) or call (301) 443-0754. While you are at the MCH Training Program website, please take a moment to peruse the Items of Interest and the Event Calendar on the home page. If you have any Items of Interest and/or Events you would like us to consider for inclusion on the website, please email them to Ms. Madhavi Reddy.
- The MCH Training Program would like to announce the addition of a new project officer. Captain Audrey Koertvelyessy has extensive clinical, administrative, and academic experience. Prior to joining the United States Public Health Service, Audrey was a tenured associate professor and Dean of the School of Nursing at Ohio University, and developed the graduate School of Nursing at the Uniformed Services University of the Health Sciences. She joined the PHS in 1988, and has served in both the Health Resources and Services Administration and the Indian Health Service. While in the IHS, Captain Koertvelyessy served as the Chief Nurse and Director, Division of Nursing. In this position, she was involved with both policy formulation and implementation of this national health care program designed specifically for the American Indian/Alaska Native tribes and communities. At

HRSA she worked at the Bureau of Health Professions and, most recently, at MCHB in the Division of State and Community Health. Captain Koertvelyessy has had extensive involvement on many national committees involving education, research, and clinical issues. Of particular interest is her involvement in those activities related to minority and underserved communities. She has bachelor's and master's degrees in Nursing from the State University of New York at Buffalo, and a master's degree in Anthropology. She is an enrolled member of the Seneca Nation of Indians from New York.

- As the Bureau plans future MCH Training MCHCOM.COM webcasts, 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 webcasts are available at <http://www.mchcom.com> and will soon be available under Items of Interest on the MCH Training Program website 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 the Bureau supports. You can browse all of MCHB's training resources or search for them by key word, training category or academic institution. Visit [http://www.uic.edu/sph/mch\\_dli](http://www.uic.edu/sph/mch_dli) to learn more.

I look forward to seeing you at AMCHP!

## Legislative News

Chris Goldson, AMCHP

With only a few weeks left in the second session of the 108<sup>th</sup> Congress, Congress finds itself well behind in completing work on bills providing funding for much of the federal government. Additionally, bills reauthorizing the Temporary Assistance for Needy Families Program and the Individuals with Disability Education Act appear to have died for the session, leaving those programs operating under current authorization. Given the upcoming November elections, it is highly unlikely that much legislative work will get done.

## Appropriations

On September 8, the House passed the FY 2005 appropriation bill funding the Departments of Labor, 4

Health and Human Services after two days of debate. This bill provides discretionary funding for many maternal and child health related programs. Given the current budget and political environment in Congress, final passage of this bill is expected to occur well after the Oct. 1 deadline for enacting fiscal year 2005 appropriations.

Rep. David Obey (D-WI), ranking Democrat on the House Appropriations Committee, was blocked by House leaders from offering an amendment to add money to the bill. Rep. Obey's amendment would have added \$7.4 billion to the bill, providing an additional \$5.5 billion for education and \$1.6 billion across HHS, including an additional \$40 million for the MCH Block Grant. The amendment would have paid for by a 30% reduction in tax cuts provided in 2001 and 2003 tax bills for individuals with incomes above \$1 million.

Within the bill, the Health Resources and Services Administration (HRSA) receives \$6.33 billion, which is a reduction of \$288 million or 4.3% below 2004 levels. The Maternal and Child Health Services Block Grant receives flat funding again of \$729.8 million. The bill continues \$5 million in funding for the SPRANS oral health grant program. Funding also is continued for SPRANS set asides for sickle cell disease (\$4 million), epilepsy (\$3 million), and newborn screening (\$2 million). The House draft did not include \$1.6 million for postpartum depression provided last year. The Title X Family Planning Program receives \$278 million, the same as current year.

The bill includes language urging HRSA to work with states to facilitate the development of newborn screening "education materials that inform parents and health care providers of the benefits of newborn screening, about which conditions are screened for in their state, and about options to have babies screened for additional conditions that are not covered by their state programs."

The bill also rejects the President's proposal to eliminate funding for the Universal Newborn Hearing Screening Program and place it within the MCH Block Grant, instead providing level funding of \$9.8 million. Within CDC, the committee provides a \$29 million increase in funding for the VERB childhood obesity prevention media campaign, \$12 million in increased funding for the Administration's Steps to a Healthier U.S. Initiative. The Preventive Health and Health Services Block Grant receives a \$23 million cut. An amendment was offered during floor debate by Rep. Tom Udall (D-

N.M.) to restore the funding but it was withdrawn when it became clear that there was not enough support.

## Senate Action

The Senate Appropriations Committee Labor, Health and Human Services Education bill was a little more generous than its House counterpart. While the bill passed the committee easily, the bill might never make it to the Senate floor. Largely because there are controversial issues, such as a provision to eliminate funding for the Labor Dept.'s new overtime rules (an amendment adopted in committee 16-13) and there are just a few weeks left before Congress recesses for the elections. Additionally, appropriators found \$3.2 billion in funding for the bill by shifting that amount for the mandatory SSI program for the poor and disabled to FY 2006, a highly controversial maneuver. Given that, this bill is headed for a large omnibus bill to be taken up after the elections. Majority Leader Frist has indicated his interest in bringing Members back in November to deal with unfinished appropriations bill in a "lame duck" session. Lame Duck sessions are both acrimonious and dispirited and generally despised by Members of Congress. An omnibus bill is most likely to be dealt with in the New Year and by a new Congress.

The bill reported by the Senate Committee mirrors its House counterpart by providing significant increases for Presidential priorities such as Community Health Centers (+\$250 million) and community based abstinence education (+\$25 million). However, unlike the House bill, the Senate bill spreads the wealth to quite a few more programs within HRSA and CDC. Title X Family Planning receives a \$30 million increase under the Senate bill (total: \$308 million). The Healthy Start Infant Mortality Reduction program receives \$105 million, a \$7 million increase and the first proposed increase in three years.

The Senate would also provide the Maternal and Child Health Services Block Grant with an increase of \$5 million for a total of \$734.8 million. The bill continues \$5 million in funding for the SPRANS oral health grant program. Funding also is continued for SPRANS set asides for sickle cell disease (\$4 million), epilepsy (\$3 million), and newborn screening (\$2 million). The Senate includes \$3 million for postpartum depression demonstrations provided last year.

Within CDC, the Preventive Health and Health Services Block Grant is level funded at \$131 million. The Center for Health Promotion receives a \$56 million increase, including \$5 million for competitive grants to states to upgrade their existing tobacco quitlines or initiate new ones and a \$1 million increase to expand the Behavioral Risk Factor Surveillance System to increase state infrastructure. Funding for the National Center for Birth Defects is increased by \$10 million.

### **Senators Demand Answers on Administration's 1115 Waiver Policy**

Sens. Charles Grassley (R-IA) and Max Baucus (D-MT), the chairman and ranking member on the Senate Finance Committee respectively, expressed their concern to the head of the Centers for Medicare and Medicaid Services (CMS) that the administration may be using section 1115 waiver authority to "approve fundamental changes to the Medicaid program." Under section 1115 of the Social Security Act, the Secretary of Health and Human Services (HHS) can waive many of the statutory requirements for Medicaid and the State Children's Health Insurance Program (SCHIP) in the case of experimental, pilot, or demonstration projects that are likely to promote program objectives.

"We are concerned," the senators wrote, "about reports describing active but private negotiations between CMS and several states on waiver programs that would cap enrollment and/or federal payments over the life of the proposed waivers." The senators argue that these waivers make changes to the Medicaid program that Congress did not anticipate or intend. The full text of the letter can be found at: <http://amchp.org/policy/Baucus-Grassley%20waiver%20letter%20061604.pdf>

Sen. Baucus is the author of S. 2222- the Medicaid and CHIP Safety Net Preservation Act of 2004, legislation that would rein in the authority of the HHS Secretary to approve waivers. S. 2222 would prohibit the Secretary from approving section 1115 waivers that: (1) cap, limit, or place other restrictions on payment to states for Medicaid; (2) eliminate or limit the individual entitlement to receive medical assistance under Medicaid; and, (3) an elimination or modification of the amount, duration, or scope of early and periodic screening, diagnostic, and treatment services.

### **Congress Passes Youth Suicide Bill**

The House and Senate have passed a bill (S. 2634) that would authorize funds to states to help develop, imple-

ment, and evaluate statewide youth suicide prevention strategies and services. The bill that was approved differed slightly from the version introduced by Sens. Chris Dodd (D-CT) and Mike DeWine (R-OH).

The bill authorizes funds through the Substance Abuse and Mental Health Services Administration (SAMHSA) to states, federally recognized tribes, or a public or private nonprofit organization designated by the state to develop, implement, and evaluate youth suicide early intervention and prevention strategies in schools, juvenile justice and other systems; collect and analyze data on youth suicide and prevention services; and to assist eligible entities in achieving targets for youth suicide reductions under Title V of the Social Security Act. In developing the grant programs, the Secretary of HHS is encouraged to consult with state and local agencies including Medicaid agencies, SCHIP agencies and state Title V programs. The bill authorizes \$48 million over three years for these grants, 85 percent of which would have to be used for direct services.

The bill also authorizes a program for colleges and universities to enhance services for students with mental and behavioral programs that can lead to school failure, such as depression and suicide attempts. Grant funds would support educational seminars, hotlines, the development of education materials for families of students and training programs for students and campus personnel to respond to students with mental and behavioral health problems. Twenty two million dollars is authorized over three years.

Before passing the bill, conservatives in the House forced the sponsors to address a few of their concerns. The measure was amended to require parents to sign consent forms allowing their children to participate in school-sponsored anti-suicide seminars, assessment programs or treatment, lifting the requirement only in emergency situations. The bill was also amended to state that school officials could not require a student to take medication, another concern of the conservatives. Even with those changes, 64 representatives voted against the bill, arguing that it was unnecessary to create the new programs and that prevention programs had not been proven to be successful and may be harmful. The Senate quickly took up and passed the bill again, as amended by the House.

The president is expected to sign the bill into law. The bill simply authorizes Congress to provide funds; money to carry out the programs would still have to

be passed as part of SAMHSA funding in the Labor, Health and Human Services, and Education appropriations bill. If funding is provided in this year's bill, then the administering agency would be responsible for producing grant guidance and an application process.

### **Senate Passes Sickle Cell Treatment Act of 2003**

In May, the Senate passed the Sickle Cell Treatment Act of 2003 (S. 874), as an amendment to the JOBS Act (S. 1637). Approximately 70,000 Americans have Sickle Cell disease and approximately 1,800 American babies are born with this disease each year. The Sickle Cell Disease Treatment Act, sponsored by Sens. Jim Talent (R-MO) and Charles Schumer (D-N.Y.), is a disease management measure that allows states to combine Medicaid-reimbursed services to target Sickle Cell Disease, and authorizes a small HRSA grant for research, treatment and community outreach through qualifying community health centers. This bill does not expand Medicaid eligibility or change the federal Medicaid matching formula and has a very small cost to the federal government.

Since the bill was not included in the House version of the JOBS Act, the Senate co-sponsors are working to encourage the inclusion of the provision in the conference report on the JOBS Act.

### **Senate Passes Family Opportunity Act**

In a victory for families of children with special health needs, the Senate finally passed the Family Opportunity Act (S. 622) by voice vote. Senate supporters of the bill, lead by Sens. Charles Grassley (R-IA) and Edward Kennedy (D-MA), were able to bring the bill to the floor and pass it quickly after reaching a compromise with Sen. Don Nickles, a vocal opponent of the bill. The major component of the bill is that it gives states the option to allow families of children with severe disabilities to buy-in to Medicaid. Under the compromise, premiums that states would charge families participating in the Medicaid buy-in program would be capped at 7.5 percent of family income (compared to a five percent cap in the introduced bill.)

## **ATMCH-Sponsored Skill Building Workshop in AMCHP Conference**

### **Partnering to Address the Health of Pregnant and Postpartum Women Using Community Based Participatory Research Methods**

**Date:** Sunday February 20, 2005

**Time:** 8:00 - 11:30 a.m.

**Presenters:** Dr. Edith Kieffer and Dr. Karen Peterson

## **MCH Library Services Available**

Rochelle Mayer, Ed.D.  
Director, NCEMCH  
Georgetown University

The National Center for Education in Maternal and Child Health at Georgetown University has been awarded a cooperative agreement from HRSA's Maternal and Child Health Bureau to continue its Maternal and Child Health Library (MCH Library) services. The MCH Library combines research and reference capacity with information technology to provide broad access to information about advances in maternal and child health (MCH) science and practice for health professionals, policymakers, program administrators, families, and educators.

The 5-year grant will enable the MCH Library to expand its extensive hard-copy collection of nearly 30,000 items—including a century's worth of historic documents on MCH as well as current documents that are not readily available elsewhere—and to enhance its electronic resources. This wealth of information can be used to inform new program initiatives, educate students, and reach families and other key groups with state-of-the-art knowledge about topics ranging from adolescent mental health and asthma to substance abuse and violence prevention. MCH Library electronic resources include:

- MCH Library Website—an award-winning website (<http://www.mchlibrary.info>) with easy access to information compiled by library staff and electronic links to the best MCH information available elsewhere.

- MCH Alert—a weekly electronic newsletter that provides timely information on current research, policies, and programs in the field.
- Annotated resource guides on MCH topics—knowledge paths, bibliographies, and organization lists on close to 100 topics important to the MCH community.
- MCHLine® and MCH Organizations databases—searchable, annotated electronic records on over 18,000 print, audiovisual, and electronic resources and over 2,000 government, professional, and volunteer organizations involved in MCH activities.

In addition, the MCH Library provides information assistance available on site and via telephone, postal mail, and e-mail to aid MCH professionals and the public in locating resources.

An online tour of the library (available to view at <http://www.mchlibrary.info/tour/index.html> and to download as a PowerPoint at [http://www.mchlibrary.info/tour/MCH\\_Library.ppt](http://www.mchlibrary.info/tour/MCH_Library.ppt)) highlights the resources on the website. An archive of the December 16, 2004 presentation about the library to state MCH and CSHCN directors is available at <http://www.mch.com.com/archivedWebcastDetail.asp?aeid=298>. The MCH Library is located at 2115 Wisconsin Avenue in Washington, DC. Phone: (202) 784-9770; fax: (202) 784-9777; e-mail: [mchlibrary@ncemch.org](mailto:mchlibrary@ncemch.org).

## Colleen Huebner as 2005 Loretta P. Lacey Awardee



This year we had four outstanding nominees for the Loretta P. Lacey Award. The award was created to recognize leadership in MCH education, research, policy development and/or advocacy. Our winner is Colleen Huebner, MPH, PhD, who is the Associate Professor and Director of the Maternal and Child Health Track at the

University of Washington School of Public Health and Community Medicine.

Dr. Huebner has been a member of the University of Washington faculty since 1996 and serves as Program Director of the Maternal and Child Health Track, (MPH

program). Her research and teaching expertise integrate three overlapping areas in public health and child development. They are: (1) the development of language and emotion regulation and the constitutional and social factors that can influence these processes; (2) parent-child interaction and family functioning during first the five years of life; and (3) the design and evaluation of appropriate interventions for children and families at-risk for poor outcomes due to experiential or environmental factors including poverty, low parental education or maternal mental illness. Dr. Huebner is an affiliate member of the faculty of the School of Nursing, on the faculty of & member of the advisory board of the university's Center for Infant Mental Health & Development. She is also a Research Associate with the Center for Human Development & Disability and the Institute for Learning and Brain Sciences. This is a well-deserved award. Congratulations, Colleen!!!

## Thoughts on George Silver

Bernard Guyer, MD, MPH  
Johns Hopkins University  
Bloomberg School of Public Health

I was saddened to see the reports of the death of George Silver and how little was written about his life and accomplishments. He passed away on January 7, 2005 at his home in Chevy Chase MD at the age of 91.

From the earliest moment I entered the field of maternal and child health, I knew him as one of the “elders” of the field. During the 1990s, I had the great pleasure of hosting him several times here at Johns Hopkins where he met with and spoke to our MCH students.

His career included public service as the deputy assistant secretary for health and scientific affairs at the Department of Health, Education and Welfare from 1965 to 1968, where he was one of the principal authors of the EPSDT provisions of the Medicaid law. For much of his career, he was a professor of health services at the Yale University School of Public Health. He published his well known book, *Child Health: America's Future* in 1978.

George did his MPH at Johns Hopkins School of Hygiene and Public Health in 1948 and served for two years as the health officer in Baltimore's Eastern Health District. In 1993, he was honored by Hopkins through election to membership in the University's Society of Scholars.

George was an idealist and a conscience for the field. From my earliest encounters with him, he made me feel guilty that I wasn't doing enough for mothers and children - that I wasn't thinking radically enough. In the late 1990s, he believed that the country would come back to its senses after the Reagan era. After attending the 50<sup>th</sup> anniversary celebration of the founding of our MCH Department here at Johns Hopkins, he wrote to me in 1998: "First, the present reversion to anti-social legislation and limitation of social action and reform is about to change [he was ever the optimist]... Second, we have failed to win radical reform of the health and medical care system in the past decades in part because we have emphasized the need for change in response to the needs of the poor and dispossessed. The new emphasis has to be on the average American's needs, the middle-class as we like to describe the majority. Third, we need to start with a revolutionary approach to care and cost and payment details for children's services, because the families will be less threatened by rearrangements for the children than they would be for themselves. Fourth, we need to regroup around pediatric advanced practice nurses, reserving pediatricians as specialists and consultants. Maternity care also would be centered in midwives with obstetricians as consultants. Single payment source will be much easier to accomplish now as managed care organizations like HMOs are accustomed to provide services on a third-party basis... When do we start? ... Enthusiastically and gratefully, *George*"

George Silver was an inspiration to those of who attempt to follow in his footsteps. He was a tireless advocate for making the health of women and children a priority for this country. We miss his warm but provocative prodding to provide leadership to the next generation.

## MCH - Related Meetings

### 18th Annual MCH Leadership Conference

18th Annual MCH Leadership Conference sponsored by the University of Illinois at Chicago MCH Program. This 18th annual MCH Leadership Conference is now national in scope. Join us at the Hyatt Lodge in Oakbrook, Illinois (close to both O'Hare and Midway airports) on May 16-17, 2005. In this year's conference, interdisciplinary experts and participants will come to-

## Loretta P. Lacey Award Dinner

**Date:** Sunday, February 20, 2005

**Time:** 6:30 pm

**Place:** La Tasca  
Spanish Tapas Restaurant  
722 7th St, NW  
Washington, DC 20001

**Cost:** \$30 (Make Check Payable to ASPH)

**RSVP:** Ms. Kalpana Ramiah ([kramiah@asph.org](mailto:kramiah@asph.org))

gether to share findings about emerging MCH issues, cutting-edge research, and innovative programs designed to improve the health and well-being of women, children, and families. The conference includes a dynamic keynote address by Lisa Simpson, MB, BCh, MPH, FAAP, University of South Florida, and plenary sessions by Donna Strobino, PhD, Johns Hopkins University; Jennifer Culhane, PhD, MPH, Drexel University; Gary Slutkin, MD, University of Illinois at Chicago. Keynote and plenary topics include the return on investment from research, Healthy Steps for Young Children, current thinking about prematurity prevention, and reducing violence in our communities (Findings from CeaseFire). For more information about the conference, including the detailed agenda and registration information, please see [www.uic.edu/sph/mch/ce/mch\\_leadership](http://www.uic.edu/sph/mch/ce/mch_leadership).

## National Center on Birth Defects and Developmental Disabilities National Summit on Preconception Care

The National Center on Birth Defects and Developmental Disabilities announces that registration is now open for the National Summit on Preconception Care. The Summit will be held June 21-22, 2005 in Atlanta, GA at the Marriott Century Center. Questions regarding the Summit may be directed to Chris Parker via email at [cparker@cdc.gov](mailto:cparker@cdc.gov) or telephone at 404-498-3098. Additionally, further information on the Summit may be obtained at <http://www.signup4.net/Public/ap.aspx?EID=NAT114E>

## Did you pay your ATMCH membership dues?

Please pay your membership dues for the 2004-2005 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.

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