



# ATMCH Newsletter

**Spring 2004 Association of Teachers of Maternal and Child Health**  
*Providing Leadership in Maternal and Child Health Education, Research, and Service*

Spring 2004

## President's Letter

Gene Declercq, PhD

The short time between the APHA and the AMCHP meeting has required us ("us" is a euphemism for Kalpana and her colleagues at ASPH) to move quickly to prepare for our Spring meeting and to address the ambitious agenda we have set out for the next year. In San Francisco, our business meeting included a very important decision -- the raising of dues -- and a very interesting and productive set of discussions on teaching in key areas of MCH (the MCH intro course; child and adolescent health; and women's health). The increase in dues has enabled us to become partners with AMCHP and more fully support our various outreach activities. We hope to expand our involvement with our practice partners in AMCHP over the next several years.

At the non-business section of our Spring business meeting on February 29th, we'll begin a discussion we plan to carry over into the Fall meeting -- the use of case studies in teaching MCH. Betty Gulitz, Donna Peterson and Marti Coulter will lead a presentation on the development of case studies. In the Fall, we'll build on that discussion to look at how to most effectively incorporate cases into our teaching. This topic has generated considerable interest among our members as we look for ways to better develop leaders in MCH prac-

tice. Case studies can serve as a powerful tool for helping our students to clarify their decision making process.

Also at our Spring meeting, we'll be saluting our latest Loretta Lacey Award winner -- Wendy Hellerstedt from the University of Minnesota (see details on pg. 7). Wendy's a long time ATMCH member and a richly deserving winner as you'll hear at the Loretta Lacey Dinner. We'll also be holding our third annual student symposium (for details see pg. 8), which not only provides us a chance to see presentations from some of our most talented students, but also gives our students an opportunity to participate in the AMCHP meeting and meet leaders of the practice and academic communities.

Of course, we have a variety of activities beyond the Spring meeting, including the continuation of our mentorship program, with Carol Hogue from Emory currently work

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## **2004 ATMCH SPRING MEETING** **SUNDAY FEBRUARY 29**

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

**Student Symposium:** 12:00 noon - 1:15 pm

**Business Meeting:** 1:30 pm - 4:30 pm

**Lacey Award Dinner:** 6:30 pm



ing with the University of St. Louis, as we begin the process of selecting another school for next year's program. We have also been active in putting together a terrific panel for the APHA meeting. It's entitled: "The Future Research Agenda for MCH," and as proposed (the final composition of the panel will depend on the abstracts chosen through the review process), will involve the following topics and speakers:

Women's Health	Stacey Geller & Trude Bennett
Perinatal Health	Michael Lu
Child Health	Bernie Guyer
Children with Special Health Care Needs	Debbie Allen
Adolescent Health	Clair Brindis
Moderator	Stella Yu
Discussant	Milt Kotelchuck

We asked participants to speak on the following three issues in their respective area:

- (1) What are the major data sets and sources now and likely to be in the future?
- (2) What are the current key issues facing researchers?
- (3) What are the future questions that will arise?

Looking further down the road, we'll continue to work to seek funding from MCHB to support our various activities, particularly our secretariat at ASPH which has been an invaluable resource to us, as well as special projects, including funding to support students who participate in the student symposiums.

Finally, in my policy classes I note that the President's greatest power is his opportunity to set and structure the agenda for the country. Swelling with my unchallenged power as ATMCH President, I'd like to suggest a future topic for us to consider – the changing demands on us as teachers. I regularly contrast "full service" teaching with what some of

my clinician colleagues refer to as teaching, which is essentially delivering a lecture to a class. I recently did a presentation at BUSPH on teaching in public health and it gave me an opportunity to reflect on how my teaching has changed in the past 30 years. I considered what I was expected to do when I began in 1973: prepare a brief syllabus noting readings and grading requirements; select a textbook; prepare and present lectures; prepare and grade exams and papers; answer student questions outside of class. That's about it. Contrast that with what I now do: essentially develop a textbook as I choose readings from myriad sources; develop an elaborate syllabus (10+ pages long) with very specific guidelines on grading; develop discussion questions to accompany readings (and prepare associated points I want to add to whatever the student-led discussion misses); develop and maintain a class Web site with dozens of external links organized by class topics; distribute weekly handouts in class to my students that get posted on the web-site; send a weekly email reminder that discusses what we'll be doing in the following class; respond to the flood of return emails from students generated by my reminder; develop presentation materials (e.g. overheads or PowerPoint) for the actual class; prepare and administer in-class exercises; and, grade papers and other assignments (I don't use exams any longer).

I don't present this list as a complaint – I chose to do all these things. However it's obviously very time intensive and I wonder about the extent to which we can integrate these responsibilities (and the many other teaching tools the rest of you use that I haven't mentioned) with our research and service responsibilities. Something to talk about in the future, I hope.

**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 of 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, March 1, 2004, at the opening of the AMCHP Conference.

**News from MCHB**

- The fiscal year (FY) 2004 appropriation for HRSA is \$7.1 billion, an increase of \$175 million over FY 2003. HRSA's Consolidated Health Center program accounted for over half of the increase. Funds to continue President Bush's 5-year initiative to expand the health center system rose to almost \$1.64 billion in FY 2004, an increase of more than \$112 million over FY 2003. Most programs in MCHB received level funding; however, substantial increases were targeted for community-based abstinence education programs (\$15.4 million) and poison control centers (\$1.3 million).
- President Bush also has released his FY 2005 budget proposal for HRSA. In the proposal, President Bush recommends maintaining level funding for the Maternal and Child Health (MCH) Block Grant, Healthy Start, Family Planning, Traumatic Brain Injury, and Poison Control/Emergency Medical Services for Children. Please visit <ftp://ftp.hrsa.gov/newsroom/HRSA-FY05-budget-proposal.pdf> for more information about the FY 2005 budget proposal.
- At the request of Secretary Thompson, I am pleased to announce that I will represent HRSA on the Department of Health and Human Ser-

ices' new Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. In addition, MCHB will provide staff support. Secretary Thompson appointed 15 members to serve on the Committee. The Committee's purpose is to review and report regularly on newborn and childhood screening practices; recommend improvements in the national newborn and childhood screening programs; and engage in providing such recommendations, advice or information as may be necessary to enhance, expand or improve the ability of the Secretary to reduce the mortality or morbidity in newborns and children having or at risk for heritable disorders. The Committee includes representatives from the medical, technical, public health and scientific professions with special expertise in the field of heritable disorders.

- MCHB, in conjunction with its contractor Scientific Applications International Corporation, is developing the Discretionary Grant Information System (DGIS). This system, which will be pilot tested in March, will allow non-Block Grant MCHB grantees to report program and performance data on-line. Similar to the Title V Information System (TVIS) for Block Grant recipients, the DGIS will create reports with the data collected and display the reports via the Web, allowing MCH professionals, researchers, Congress, students, and the public to access and analyze these data.
- *The MCHB Draft Strategic Plan for FYs 2003 - 2007* is now available via the MCHB Web site. Please visit <ftp://ftp.hrsa.gov/mchb/stratplan03-07.pdf> for a printer-friendly version of the plan. The document is divided into four main sections: an overview of the Bureau; the plan itself, which includes goals, strategies and associated performance measures; the conceptual framework for the plan; and the planning cycle, which includes the Bureau's ongoing needs assessment activities.
- MCHB has also recently released its *Strategic Research Issues for FY 2003 - 2007*. The plan contains four strategic research issues that focus on improving the health infrastructure and systems of care, eliminating health barriers and

disparities, assuring quality of care and promoting an environment that supports maternal and child health.

Please visit <ftp://ftp.hrsa.gov/hrsa/04guidance/mchb/hrsa04051.doc> to view the strategic research issues in their entirety. The issues are also located in Appendix D of the MCH Research Program guidance.

- 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). The next MCH Training MCHCOM.COM webcast will take place in late March.
- 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, format, state, or project. Visit [http://www.uic.edu/sph/mch\\_dli](http://www.uic.edu/sph/mch_dli) to learn more.

I look forward to seeing you in March!

## President Budget Freezes Funding For Health Programs

Chris Goldson, AMCHP

The President released his fiscal year (FY) 2005 budget request on February 2. As expected, the budget holds discretionary spending to less than inflation for many programs—including the Maternal and Child Health Services Block Grant. With a record budget deficit projected in 2004 and over the five year period encompassed by the budget, few programs receive significant increases, the majority receive flat fund, and a few receive significant cuts. In the coming weeks, Congress will review the elements of the request and put together its FY 2005 budget resolution. The Congressional budget resolution will set the spending limits that appropriators will have to follow later in the year in assembling the spending bills.

Within the Department of Health and Human Services Health Resources and Services Administration, the Presidents' request for the MCH Block

Grant is \$730 million, the same as provided in the 2004 omnibus appropriations bill. The request again proposes to move the Universal Newborn Hearing Screening Program into the MCH Block Grant. Unfortunately, the request does not allocate the \$10 million that these programs received in FY 2004 to the block grant as well. States are expected to fund those programs out of current block grant funds. A chart detailing requested funding for selected HRSA programs can be found at: <http://newsroom.hrsa.gov/NewsBriefs/2004/2005budget.htm>. As you review the chart, keep in mind that programs that receive significant cuts under the President's proposals are programs that: 1) he slashed significantly last year; and, 2) programs for which Congress restored funding last year and which retain strong Congressional support.

Within the Centers for Disease Control and Prevention (CDC), support for HHS' **Steps to A Healthier US** initiative is increased by \$81 million, bringing total spending for this program to \$125 million. This initiative provides states funding to encourage healthy behaviors through the use of local partnerships and community coalitions. The President's request for select CDC programs is available at: <http://www.cdc.gov/fmo/fmofybudget.htm>.

New in the President's request is a Marriage and Healthy Family Development Initiative. The initiative builds "on the research that there are life-long benefits of growing up in married-parent families" and would be a mix of new and existing programs. For example, as part of the initiative's goal of teaching values to children, the President would shift funding and oversight of the state-based (section 510 of the MCH Block Grant) and SPRANS Community-Based Abstinence Education Grants from HRSA to the Administration for Children and Families (ACF), which would be the lead agency for implementing the Healthy Family Development Initiative. The President's doubles the amount of funding currently provided by the federal government for abstinence education through these streams as well as others within HHS. Moving the programs to ACF would "foster linkages with ACF's existing efforts to promote comprehensive positive youth development and reduce

teen pregnancy.”

The President retains his proposal from last year to reform Medicaid by allowing states to combine SCHIP and Medicaid funding. The allotment option requires states to provide a specified benefit for current Medicaid beneficiaries whose coverage is mandated by law. The administration believes the proposal would “give states as much flexibility as possible with predictable financing.”

### *Sens. Alexander and Dodd Introduce Prematurity Legislation*

Sens. Lamar Alexander (R-Tenn.) and Chris Dodd (D-Conn.) have introduced S. 1726, The Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act. Sen. Alexander chairs the Senate Health, Education, Labor and Pensions (HELP) Committee’s subcommittee on Children and Families.

The bill directs the National Institutes of Health (NIH) and the CDC to expand research on causes of preterm labor and delivery, infant mortality and improving the care and treatment of preterm and low birthweight infants. The bill also directs CDC to conduct a study on the relationship between prematurity, birth defects and developmental disabilities; creates a federal inter-agency coordinating committee on prematurity and low birthweight and authorizes several demonstration projects to study ways to improve the provision of information on prematurity to health professionals, other health care providers and the public. Projects could include the development of information on the signs of preterm labor; screening for and treating infections; counseling on optimal weight and good nutrition; and stress management.

HRSA’s administrator is directed to assess the current national performance measures for the MCH Block Grant and consider expanding them to include measures of known risk factors for premature births. The bill does not specify funding for the authorized activities, but Sen. Alexander’s staff anticipates an investment of approximately \$75 million over five years. Once the bill becomes law, exact amounts will be left to the discretion of Con-

gressional appropriators.

Fourteen senators have signed on as co-sponsors. Gaining the support of more members of the HELP Committee will be key to moving this bill.

### *TANF Reauthorization*

The reauthorization of the Temporary Assistance for Needy Families (TANF) Program is expected to finally get some floor time in the Senate early in this session. The authorization for this program expired September 30, 2002 and the program has been running on a series of continuing resolutions since then. The current resolution expires March 31, 2004. The House passed their welfare reform bill (H.R. 4) early last year, which called for increased work hours and requirements and flat funding of child care funds. The Senate Finance Committee reported a bill that closely follows the House bill adding some additional funding for child care as well as an amendment exempting care givers of persons with disabilities from the work requirement. Senate floor debate is expected to focus on child care funding (Senator Snowe is expected to offer an amendment adding \$6 billion over the next 5 years) and work rules and requirements.

## **ATMCH Becomes A Member of The United States Breastfeeding Committee**

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

The United States Breastfeeding Committee (USBC) held its regular winter meeting in Washington, DC, on January 23-24, 2004. The agenda included the evaluation of the membership application submitted by ATMCH, as decided by ATMCH’s Executive Committee during its meeting in San Francisco in October, 2003. The delegate from ATMCH, José J. Gorrín-Peralta, as well as the alternate delegate, Ana M. Parrilla, were present as invited guests of the USBC for the entire meeting. They participated in the plenary ses-

sions, as well as in the work groups pertaining to Policies, Procedures, and By-Laws and Marketing and Media. During the final day of the meeting, ATMCH's application to the USBC was presented to the plenary session by the Membership Committee, and our organization was admitted to the USBC.

The USBC marks its origins in 1995, when a group of breastfeeding advocates met to discuss the need for coordination of breastfeeding activities in the USA. From this arose the National Alliance for Breastfeeding Advocacy (NABA), which in turn organized and convened the National Breastfeeding Leadership Roundtable (NBLR) in January 1996. Working on the international model, it was felt that the formation of a successful committee would satisfy one of the operational targets of the 1990 Innocenti Declaration. This document had called for all nations to create a multi-sectorial national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations (NGOs), and health professional organizations in every country.

In the January 1996 meeting, it was decided to formalize NBLR into the United States Breastfeeding Committee (USBC). By 2001, the USBC set forth its strategic plan for breastfeeding in the USA, the document "Breastfeeding in the United States: A National Agenda". The plan has four goals:

Goal 1 – Assure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children and families.

Goal 2 – Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

Goal 3 – Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

Goal 4 - Increase protection, promotion and support for breastfeeding mothers in the work force.

Since 1996, the USBC has grown and become a very strong national organization. ATMCH now joins a group of over 40 governmental, educational and not-for-profit organizations that share a common mission: to improve the nation's health by working collaboratively to protect, promote and support breastfeeding. The USBC vision states that, in order to achieve optimal health, enhance child development, promote knowledgeable and effective parenting, support women in breastfeeding, and make optimal use of resources, we envision breastfeeding as the norm for infant and child feeding throughout the United States.

The central role of ATMCH as the organization which houses the teachers responsible for the training of the next generations of leaders in maternal and child health in the nation, places us in a crucial role to help USBC realize its mission and vision, and satisfy its goals. *I invite the entire membership to join in strengthening our contributions in teaching, research, and service in breastfeeding and human lactation.*

As an update on the USBC's activities, here's an authorized press release regarding the much awaited Breastfeeding Awareness Campaign. On January 22, 2004, representatives of the United States Breastfeeding Committee met with Kevin Keane, Assistant Secretary for Public Affairs, Department of Health and Human Services (DHHS), to learn the status of the much anticipated National Breastfeeding Awareness Campaign. The launch date for the campaign had been moved to allow for the appropriate research review process within DHHS to verify the science behind the ads. Representatives of the infant formula industry and others had voiced concerns about the strength of the scientific evidence for a risk-based approach.

Assistant Secretary Keane reported that the campaign will be launched this spring. In a report to members of the United States Breastfeeding Committee on January 23, 2004, a senior agency official from the DHHS Office on Women's Health described the campaign changes as minimal. The risk-focused campaign strategy remains intact and communicates the increased risk of diarrhea, ear infections, and respiratory illness and the possi-

ble increased risk of childhood obesity when children are not breastfed. The campaign also stresses the importance of exclusive breastfeeding for 6 months.

While ads targeting childhood leukemia and diabetes have been removed, further research has been authorized by DHHS to explore the relationship to not breastfeeding. Specific risk ratios were also removed from the ads.

Assistant Secretary Keane indicated that he will also meet with representatives from the infant formula industry to inform them of the campaign content just as he met with representatives of the USBC. He assured the USBC representatives that more information will follow when a launch date is set.

The United States Breastfeeding Committee would like to thank all who have contacted the DHSS regarding your concerns and support for the campaign. We understand the DHSS received more than 1,000 communications and that they had a significant influence on the decisions made. You can demonstrate your continued support of and reactions to the campaign by contacting the Office on Women's Health at [www.4woman.gov](http://www.4woman.gov).

I encourage the entire ATMCH membership to visit the USBC site at [www.usbreastfeeding.org](http://www.usbreastfeeding.org). I will be happy to discuss any questions on our role in the USBC, our work in the promotion, protection and support of breastfeeding, and possible areas of collaboration, at the upcoming spring meeting in Virginia on February 29. I hope to see all of you there!

## 2004 Loretta P. Lacey Awardee Chosen

This year we had five outstanding nominees for the Loretta P. Lacey Award. The Loretta P. Lacey Award was created to recognize leadership in MCH education, research, policy development and/or advocacy. Our winner is Wendy Hellerstedt, MPH, PhD, who is Associate Professor in the Division of Epidemiology of the School of Public

Health of the University of Minnesota.

Dr. Hellerstedt has established herself as an outstanding scholar in the area of reproductive and perinatal health, with a particular emphasis on women with biologic, psychosocial or behavioral risk for adverse pregnancy outcomes, and also with an emphasis on adolescent health. She was instrumental in helping to establish the National Teen Pregnancy Prevention Research Center, serving as its first Deputy Director and working closely with community agencies to develop and evaluate initiatives to prevent teen pregnancy. She is active in a variety of state and national organizations including ATMCH, currently serving as a Member-at-Large on the ATMCH Executive Committee, the Society for Pediatric and Perinatal Epidemiologic Research, and the MCH section of APHA among others. She is one of the University of Minnesota's outstanding teachers.



Last year, she received the University of Minnesota Leonard Schumann Award for teaching excellence, given annually to one School of Public Health faculty member who best exemplifies "...a broad understanding of public health, ..stimulates intellectual growth and development of students... emphasizes critical thinking and analysis...etc." This is a well-deserved award. Congratulations Wendy!!!

### Loretta P. Lacey Award Dinner

**Date:** Sunday February 29, 2003

**Time:** 6.30 pm

**Place:** Mehak Indian Restaurant  
817 7th St., NW  
Washington, DC 20001

**Cost:** \$24 (Make Check Payable to ASPH)

**RSVP:** Ms. Kalpana Ramiah ([kramiah@asph.org](mailto:kramiah@asph.org))  
by Thursday **February 26.**

## ATMCH Spring 2004 Meeting

Sunday, February 29, 2004 is the date for the Spring ATMCH meeting in Washington, DC, to be held in conjunction with the AMCHP annual meeting. You will be receiving the agenda by email. It will also be posted in the ATMCH website at <http://www.atmch.org/meeting.htm>. We are looking forward to seeing you in DC at the

**The Grand Hyatt Washington**  
**Room: Constitution A**  
**1000 H Street NW**

### Student Symposium

Time: 12:00 noon - 1: 15 pm

### Business Meeting

Time: 1:30 pm - 4:30 pm

### Papers for Student Symposium

- Differences in obtaining consistent HPV information from the Internet.
- Early parental satisfaction with pediatric care: does it improve immunization of young children?
- Community pediatrics: sources of guidance and advice for residents.
- Estimates of trends in mental health utilization and expenditures for children: impact of SCHIP.
- Trends in the receipt of recommended preventive dental care & utilization and expenditures for children: impact of SCHIP.
- A survey of the health status of women served by public clinics.

## Election Time Again!!!

We have two excellent nominees for President-elect of ATMCH: Donna Petersen, ScD from the University of Alabama at Birmingham School of Public Health and Martha (Marti) Coulter, DrPH from the University of South Florida College of Public Health. Running for secretary of the organization are Ellen Daley, also from the University of South Florida College of Public Health and Doug Taren, PhD from the University of Arizona. More information about the nominees will be available after the Spring ATMCH meeting. The election will occur via e-mail following the Spring meeting.

*Nominations are accepted for Member-At-Large position. Please send your nominations to Ms. Kalpana Ramiah [kramiah@asph.org](mailto:kramiah@asph.org).*

## ATMCH Membership Dues

At our Fall meeting in San Francisco, ATMCH members recognized that rising costs necessitated increasing annual dues for faculty to \$75 . This increase will meet both rising operating expenses and the costs associated with new initiatives, including co-sponsorship of the annual AMCHP meeting and the new faculty mentorship program. Annual dues for students will remain at \$10.

Increasing dues at a time when many universities and funding agencies are struggling with reduced resources is not a pleasant task. Nonetheless, the willingness of the membership to continue to not only support the ongoing efforts, but to foster continued growth is a sign that our organization remains vital.

If you have any updates or changes to your contact information and interest areas, please send them to Ms. Kalpana Ramiah. The website is updated each month.

Please pay your membership dues for the 2003-2004 fiscal year, if you have not yet done so. Please note that only members in good standing will receive all ATMCH announcements.

## **CDC/CSTE Applied Epidemiology Fellowship Program -- Due March 15**

The Council of State and Territorial Epidemiologists (CSTE), in collaboration with ASPH and CDC, is now accepting applications for the *CDC/CSTE Applied Epidemiology Fellowship Program*. This two-year training program is designed to give recent graduates from schools of public health on-the-job training at state and local health departments in the field of applied epidemiology.

The goal of this fellowship is to prepare fellows for careers at state and local health agencies. This fellowship provides rigorous training for participants, and fellows are carefully matched to agencies based on the interests and aspirations of the fellow and available opportunities at the host agency.

Funds are available to support ten or more fellows. Applicants must meet academic requirements in epidemiology and statistics and also be US citizens. For an application and to access more information, see <http://www.asph.org> or <http://www.cste.org/>. The deadline for applications is March 15. Interested students may direct questions to [fellowship@cste.org](mailto:fellowship@cste.org).

## **New ASPH/NHTSA Emergency Medical Services Fellowship Opportunity Now Accepting Applications**

For the first time, the Association of Schools of Public Health (ASPH) has teamed up with the US Department of Transportation's (DOT) National Highway Traffic Safety Administration (NHTSA) to offer an emergency medical services (EMS) fellowship opportunity for graduates of the 34 ASPH-member accredited schools of public health.

The fellowship is a collaborative effort between the Emergency Medical Services Division (EMS Divi-

sion), at NHTSA, and the Injury/EMS Branch, Maternal and Child Health Bureau (MCHB), at the Health Resources and Services Administration (HRSA).

The fellowship will include working directly with NHTSA and HRSA program managers and senior staff involved in inter-agency EMS program development. The selected fellow will conduct research and policy analysis to substantiate the need for, and effectiveness of EMS and public health integration. He/she will also conduct legislative tracking and policy analysis related to EMS Primary Injury Prevention Programs at the national and state level.

One fellow will be selected for this position. The selected fellow will receive an annual stipend of \$37,000, plus an allowance to cover health insurance costs and travel-related expenses.

To be eligible for the ASPH/NHTSA fellowship program, applicants must have received their MPH or doctorate degree from an accredited school of public health within 5 years prior to the beginning of the fellowship. Applicants must also be U.S. citizens or hold visas permitting permanent residence in the U.S. to be eligible. Detailed project descriptions and all application materials are posted on the ASPH website at [www.asph.org](http://www.asph.org). For more information, please contact Monica Stadler at [mstadtler@asph.org](mailto:mstadtler@asph.org) or 202-296-1099, ext. 143.



*Use interactive folic acid module ([www.folicacid.net](http://www.folicacid.net)) in your class.*

*Use it as a web assignment. You can track your students scores!!*

*Contact Ms. Kalpana Ramiah ([kramiah@asph.org](mailto:kramiah@asph.org)) for more details.*

## ***MCH Epidemiology at Emory University***

The Rollins School of Public Health announces the establishment of an MCH Epi Certificate Program as part of their Career MPH (CMPH) Program. The certificate program is an 18-hour, three semester, distance-learning program that offers skill-building courses in MCH Epi. These web-based courses focus on epidemiologic methods, analysis and interpretation of data, and policy and program analysis. It includes day-to-day interaction with syllabi, readings, assignments, and “chats” with the course professors vis-à-vis an e-learn portal on the Internet and two on-campus, 3-day weekends per term. Fellowships are available to prospective students who are non-federal employees. The Rollins School of Public Health is currently accepting applications for entry into the MCH-Epi Certificate program for Fall 2004. Visit our website at <http://www.sph.emory.edu/CMPH/options.html#MCH>, or contact Susan Landskroener at 404-727-8095 or [slandsk@sph.emory.edu](mailto:slandsk@sph.emory.edu) for more information.

## **MCH Related Meetings**

### **AMCHP Annual Conference 2004**

Mental Health — Promoting a New Paradigm for MCH Public Health Practice  
Washington, D.C. February 28 - March 3, 2004  
<http://www.amchp.org/news/conference.htm>  
*ATMCH members can receive discount in AMCHP conference registration by using the sponsor code 001.*

### **Head Start's 7th National Research Conference**

Promoting Positive Development in Young Children: Designing Strategies that Work  
Washington, D.C. June 28—July 1, 2004  
<http://www.acf.hhs.gov/programs/core/hsrc/index.htm>. ATMCH is cooperating organization for this conference.

### **National Center on Birth Defects and Developmental Disabilities Conference**

Navigating the Future: Aligning Strategies and Science. Washington, D.C. July 26-28, 2004  
<http://www.cdc.gov/ncbddd/conference.htm>

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The *ATMCH Newsletter* is produced by Ms. Kalpana Ramiah, MSc, MPH, CHES with the submissions from ATMCH members.

**You may reach us at:**

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