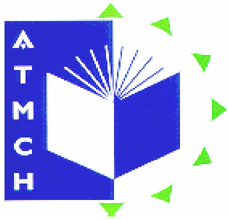



# ATMCH Newsletter

**Spring 2006 Association of Teachers of Maternal and Child Health**

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

Spring 2006


****New Section in ATMCH Newsletter****

We will be highlighting our partners and their work as a featured article in each edition of the ATMCH Newsletter.
See featured article on AMCHP

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# AMCHP: A Leader in Family Health

By: Sara Brandspigel, AMCHP

The Association of Maternal and Child Health Programs (AMCHP) is an important resource and advocate for quality health care for women, children, and families.

For over 60 years, AMCHP has worked to protect the health and well-being of all families, especially those who are low-income and underserved.

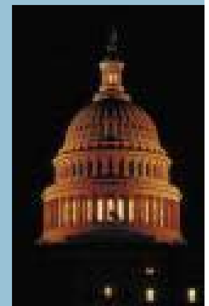
AMCHP represents state public health leaders and others who promote the health of America's families. AMCHP members include directors of programs, directors of programs for children with special health care needs (CSHCN), academic leaders, community-based family health professionals and families themselves. Collectively, AMCHP members manage public health programs that serve over 27 million women, children and youth across the country. That's over 80% of infants, 50% of pregnant women and 20% of children in the U.S.

**Policy and Advocacy** — AMCHP works to build a society where healthy families are the foundation of vital communities. To realize this vision, AMCHP advocates for a national investment in family health, universal health insurance and care for the most vulnerable Americans. We work to educate policy-makers about important public health issues. In January, AMCHP hosted a briefing on Capitol Hill, "The Public Health Response to Hurricanes Katrina and Rita — Applying Lessons Learned." Louisiana's MCH medical director, Dr. Gina LaGarde, explained the unique challenges of serving women and children after a natural disaster.

**Adolescent and School Health** — AMCHP works with adolescent health coordinators and other MCH health professionals in each state to increase awareness of adolescent health within Title V programs and strengthen partnerships with schools and youth-serving organizations. For example, AMCHP offers regional meetings to strengthen

**2006 ATMCH SPRING MEETING**
**Sunday, March 5, 2006**
**1:30 p.m.-4:30 p.m.**

**Crystal Gateway Marriott**
**Room: Grand Ballroom Salon A**
**1700 Jefferson Davis Highway**
**Arlington, VA**



collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

**Best Practices —** AMCHP uses the concept of "best practices" to drive efforts to document and share effective models in maternal and child health. State health programs and others are encouraged to submit their best practices for an upcoming online, searchable database of model programs at www.amchp.org/bp.

**Infant Mortality** — In 2004, AMCHP launched the State Infant Mortality Initiative with the Centers for Disease Control and Prevention and support from the March of Dimes. The initiative helps five state public health agencies address their increasing, stagnant or high infant mortality rates.

**Women's Health** — AMCHP promotes best practices and conducts education on issues related to pregnant women, new mothers and their infants. In collaboration with CityMatCH, AMCHP recently published a report on healthy weight for women of reproductive age. AMCHP also hosts a bimonthly conference call series on topics in women's and perinatal health, such as implementing smoking cessation programs and building partnerships between pediatricians and public health officials.

**Training and Technical Assistance** —Through leadership training and technical assistance, AMCHP builds the capacity of state health agencies to manage vital programs for women, children, and families. The *Action Learning Lab (ALL) How-to Manual* guides AMCHP members in bringing diverse agencies and programs together to tackle priority issues in maternal and child health. Other tools include a leadership guide for managing state MCH programs and *Capacity Assessment for State Title V (CAST-V)*, a set of tools to help state Title V programs examine their organizational capacity. For more information on AMCHP activities or membership, contact Sara Brandspigel at sbrandspigel@amchp.org.

**At the ATMCH Spring meeting, you will have an opportunity to meet AMCHP leadership and discuss in detail AMCHP's activities and its relationship to ATMCH.**

# President's Letter: Gender and Equity in the Teaching of MCH

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

The celebration of the Fourth International Conference on Population and Development (Cairo, Egypt, 1994) marked a historical landmark in the struggle for the rights of women and children in the world. Its Program of Action, containing fifteen guiding principles for international action, states in Principle #4:

> *Equality and equity for the sexes, as well as the rights of women, should be promoted, together with the elimination of all types of violence against women, and woman's control over her fertility. These are the cornerstones of programs for population and development. The human rights of women and girls are inalienable, integral, and indivisible from the universal human rights. The full participation of women, in conditions of equality, in civil, cultural, economic, political and social life, at the regional, national and international levels, and the eradication of all forms of discrimination by gender, are priority objectives of the international community.*

Progress towards these goals has been modest in many countries, and their attainment is still far away. But the Cairo Conference has provoked ample discussion and actions in many countries. Cairo +5 and Cairo +10 terms have been used to monitor national progress in many societies, and to identify areas of research and public policy needs. Cairo +15 is now being discussed, with 2009 as the next target.

A review of the feminist literature shows that certain feminist currents have encountered difficulties with biology. On one hand, feminism was organized precisely to fight and reject the idea that the socially assigned positions for women and for men were the inevitable result of the biological differences between the sexes. On the other hand, feminism has recognized that there are differences, and that these differences have had their effects. The undeniable fact that woman bears the biological responsibility to bear, deliver and breastfeed children has provoked intense debates in the nations

of the world regarding legislation and public policies for the protection of maternity, with divergent and radically different results.

In the U.S., for example, the "equality" model between genders has led to the fact that there is no national paid maternity leave. (Australia, the only other developed country without a paid maternity leave, grants the new mother a "Baby Care Package" worth $3,000.) After all, quoting Jessie Bernard, men do not get pregnant. The paradigm of "equality" establishes that women should not benefit from a law of "privilege" over men. Actually, the issue of a paid leave around the birth of a baby is no longer a "women's issue," but has been redefined as a topic of discussion within labor market issues.

In other regions of the world, notably Europe and the majority of the Latin American countries, paid maternity leave has been the product of a different vision, one which recognizes the differences in reproductive biology between the sexes, and the social role of motherhood. Those models accept the differences between gender equality and equity.

The term gender refers to the sum of relations, attributes, roles, beliefs, and attitudes which define what is a woman and what is a man in a given society. There is no question that gender relationships in most societies lead to un-equality and are lopsided in the balance of power accepted for women and for men. Gender prejudice is reflected in the laws, in the policies, and in the social practices of a society, as well as in the self-image, attitudes, and behavior of people. Unequal gender relations aggravate other social inequalities and discrimination based on social class, race, age, ethnicity, sexual orientation, discapacities, language, and religion. Gender attributes and roles are not determined by the biological sex, but are historically and socially constructed and can be transformed.

Gender equality is a human rights principle, as well as a necessary national goal. It requires that an equilibrium be reached between men and women in terms of financial resources, legal rights, political participation, and personal relationships. Gender equity requires full recognition of the specific needs of women, whether they arise from historical patterns of gender prejudice, biological differences, or social inequalities. The full achievement of gender justice needs a combination of gender equality with the principles of gender equity as the basis for social actions and public policies.

Pregnancy, birth, and breastfeeding constitute powerful and evident signs of the differences between the sexes in the labor market. A recent example in the state of Massachusetts dramatizes this inherent conflict between the best interests of mothers and their children and the economic interests of the manufacturers of artificial milk (formula). The state Public Health Council in Massachusetts had recommended a ban on free discharge packs containing formula handed out by hospitals (and given to the hospitals by the formula companies), as a strategy for protecting and promoting breastfeeding in that state. Scientific research has shown the negative effect of these discharge packs, as well as other marketing ploys by these companies, in the incidence of initiation and maintenance of adequate breastfeeding. Scientific evidence has also shown the hazards of artificial feeding for the health of children and mothers. The formula companies have achieved, through their influence on the governor's office, to have the ban lifted. The reason given? Mothers should have the "free choice" to choose the best nutrition for their baby. While no one denies that right of mothers, financial interests prevail over policy makers to defend private profit over public health. The victim, in this case mothers and their babies, are "defended" by allowing big capital to increase its earnings at the expense of maternal and child health in Massachusetts. This false presentation of breastfeeding and artificial feeding as comparable alternatives has contributed to the marginalization of breastfeeding in many feminist debates discussing the development of labor market policies and strategies.

It is vital that educators in the field of MCH be capacitated in the gender issues which determine the inferior category of women in society. A thorough understanding of the subjacent causes of oppression of women is necessary.

From a social standpoint, women have a position inferior to men in most societies. Cultural devaluation of women forces them to create their own identity, their own self-esteem, within the conflictive cultural frame of their condition as women. She is revered as a mother, but she can be arrested for breastfeeding in public. She is the guardian of morality, but she is considered weak, neurotic, (the term hysteria comes from the greek *hysteros,* uterus), and fundamentally inferior to men. After all, it was Aristotle who said that men sire daughters when they cannot sire a son.

From the viewpoint of education, there are 60% more women than men in the world who cannot read or write, and primary education levels is 13% lower for girls.

From the point of view of health and nutrition, the World Bank reports 450 million women in the developing world who suffer from protein malnutrition. Anemia is present in 75% of pregnant women in South Asia, and in 51% of those in sub-Saharan Africa. Girls receive less health care than boys. Early pregnancy, lack of control over their fertility, excess work, and marginalization of women during the old age completes the cycle of poverty for millions of women in this world.

Sexual and reproductive rights for women are medullary in gender injustice, and is central in the denial of equality and self-determination for women. Sexual violence against women is frequently used in armed conflicts as a weapon to dishonor the enemy. Physical, sexual and psychological abuse within the home and the family, including rape within marriage and incest, and the imposition of contraceptive methods and policies, frequently unsafe, are seen.

Article 2 of the United Nations Declaration on Elimination of Violence Against Women (1993) condemns violence against women, gender violence, be it physical, sexual, or psychological, in the family or in the community. It includes domestic violence, sexual abuse of girls, rape (including intramarital rape), genital mutilation, female infanticide, and feticide.

WHO has reported that 20% of women has been the victim of rape or attempted rape, and worldwide evidence has shown that 10-50% of women have experienced domestic violence. Around the world, violence based on gender is responsible for more morbidity and mortality than cancer, traffic accidents, and malaria put together.

The problems inherent to gender inequality and inequity are an integral part of our charge as MCH educators. It behooves each and every one of us to pursue personal and professional capacitation in this topic so that we may be better suited to help in the education of future MCH workers who will contribute to effective solutions. Now, more than ever, the liberation of women is necessary for all humanity.

**ATMCH Sponsored Skill Building Workshop in 2006 AMCHP Annual Conference**

Identifying Evidence-Based Practices in Public Health

Sunday, March 5, 8:00 a.m. - 11:30

http://www.amchp.org/news/2006/session_descriptions.htm#A

# 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:

The 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 6, 2006, at the opening of the AMCHP Conference.

## News from HRSA/MCHB

- The Department of Health and Human Services' (HHS) FY 2006 budget of $6.5 billion for the Health Resources and Services Administration (HRSA) is a net decrease of $846 million from the FY 2005 level. The budget includes funds to support the President's commitment to create 1,200 new or expanded health center sites to serve an additional 6.1 million people by 2006. The budget includes $26 million to fund 40 new health center sites in high poverty counties. A total of $2.0 billion is requested for the Health Centers program, $304 million over the FY 2005 level.
- In FY 2006, MCHB will see a decrease in funding for the Maternal and Child Health (MCH) Block Grant to the States, for Special Programs of Regional and National Significance grants, for Community Integrated Service System grants, for Healthy Start grants, and for Traumatic Brain Injury grants. Projects in the Sickle Cell Service Demonstration program, Universal Newborn Hearing program and the Emergency Medical Services for Children program will see an increase in funding in FY 2006.
- The final HHS Fiscal Year 2006 budget resulted in a $144 million cut from the Bureau of Health Professions' (BHPR) budget. BHPR programs whose budgets were eliminated in 2006 include Health Education and Training Centers, Geriatric Programs, and the Quentin N. Burdick Program for Rural Interdisciplinary Training. Other programs,

such as Centers of Excellence and the Health Careers Opportunity Program, had their budgets sharply cut.

- MCH Training Program - Competitions in the MCH Pipeline program and the Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) program are now closed. The guidance for the Collaborative Office Rounds (COR) program should be released shortly. More information about the COR program will be available at http://www.hrsa.gov/grants/preview/default.htm when the funding opportunity is released. The COR program supports small discussion groups that meet at regular intervals over sustained periods of time to address the mental health aspects of pediatric care. The groups are jointly led by pediatricians and child psychiatrists, and participants include practitioners, fellows, and residents. Although they vary in a number of ways, all groups are concerned with the day-to-day psychosocial issues that confront primary care providers serving children, adolescents, and their families.
- REMINDER: For HRSA applicants - Major changes are coming to HRSA's Grant Application Process. For guidances released/posted on or after January 1, 2006, HRSA will no longer accept applications for grant opportunities on paper. Applicants submitting new and competing continuations and a selected number of non-competing continuation applications will be required to submit electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Grantees must request an exemption in writing from DGPClearances@hrsa.gov, and provide details as to why they are not able to submit electronically though the Grants.gov portal. As soon as you read this, whether you plan on applying for a HRSA grant later this month or later this year, it is incumbent on individual organizations to immediately register in Grants.gov and become familiar with the Grants.Gov site application process. Instructions on how to register, tutorials and FAQs are available at www.grants.gov. Assistance is also available from the Grants.gov Help Desk, support@grants.gov or 1-800-518-4726.
- The MCH Training Program, in conjunction with the Association of University Centers on Disabilities, will host a joint meeting of the four interdisciplinary leadership training programs funded by MCHB. Participants from the LEND, Leadership Education in Adolescent Health, Pediatric Pulmonary Centers and Schools of Public Health (SPH) training programs will attend the meeting on Sunday, March 5, 2006 from 8:00 AM-1:30 PM. The topic of the meeting will be *Emergency Preparedness in MCHB Interdisciplinary Training Programs*. Invited speakers include Jeanette Magnus, PhD, from Tulane University SPH and Fouad Berrahou, PhD, the State Title V Director from Texas. For registration information and an agenda of the meeting, please visit http://www.aucd.org/aucd_lend.htm.
- As MCHB plans future MCH Training MCHCOM.COM Web casts, please feel free to send suggestions and/or comments to Ms. Madhavi Reddy at 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 to learn more.

I look forward to seeing you at the AMCHP Conference next month!

# Washington Update: Tax Cuts Continue to Threaten Health Funding

Susan Campbell, AMCHP

In February, Congress passed the FY 2006 budget reconciliation bill, which cuts $39 billion in spending. Narrowly passed along party lines, the bill cuts many programs, including Medicaid and Medicare, student loans, and foster care. The bill permits states to increase co-payments and impose premiums on many Medicaid beneficiaries, including children. According to an analysis by the Center on Budget and Policy Priorities, 20% of Medicaid beneficiaries (approximately 13 million people) will face higher co-payments for medical services (other than prescription drugs) by 2015, and 9 million of the beneficiaries, including 4.5 million children, will face co-payments for the first

time. Children were previously exempt from such charges.

A study by the Congressional Budget Office forecasts that savings resulting from the increases in co-payments could come from decreased use of medical services. For the first time under this new law, states will allow providers to deny needed services to beneficiaries who cannot afford the co-payment. Another provision in the bill requires U.S. citizens receiving Medicaid to prove their citizenship by submitting a document like a birth certificate or passport. Advocates fear that these provisions will lead to decreased access to care and poor health outcomes for women and children who rely on Medicaid.

The legislation also reduces financial support for grandparents and other relatives caring for abused and neglected children by altering the eligibility criteria for federal foster care and adoption assistance (Title IV-E), restricting certain state claims for federal reimbursement of administrative costs under the federal foster care program, and clarifying the use of Medicaid-targeted case management services for children in foster care.

Concerns about serving the needs of women and children were heightened February 6, when President Bush released his FY07 budget. The president's budget would initially cut $16 billion in domestic discretionary funding, and the cuts would grow to a staggering $56 billion in 2011. The cuts in discretionary spending are necessary to balance the tax cuts, which President Bush has proposed making permanent. A report by the Center on Budget and Policy Priorities finds that by 2010, the annual cost of cutting taxes for the top one percent of Americans will equal everything the federal government spends on education and will be about eight times greater than federal spending on environmental protection.

Last year, the Title V Block Grant was cut by $24 million and the president's current proposal maintains this decreased level of funding. The president's budget proposes cuts to several programs and zero funding for the Community Services Block Grant, Emergency Medical Services for Children, Universal Newborn Hearing Screening, and Traumatic Brain Injuries.

The release of the President's budget is the first step in the annual appropriations cycle, which can take up to a year. The next step in the process is for the House and Senate budget committees to write a bill, which is not binding, but serves as a blueprint for the appropriations committees. After the appropriations committees hold hearings, they mark up the bill and prepare for the challenge of reaching agreement with their colleagues, both on the floor and in conference. Then the bill is sent to the president to be signed. Because this is the closing year for the 109th Congress, this process must be finished before they adjourn, likely in October.

Taxes, budget issues and lobbying reform will dominate the discussions on the House and Senate floor through the spring. As the midterm election draws closer, the debate will sharpen as both sides vie for control of Congress.

MCH advocates need to keep their members of Congress informed about how these discretionary program cuts are affecting women and children. Contact members of Congress and explain the impact of these funding cuts. It is critical that members of Congress hear from voters about these important issues.

# ATMCH Activities - Present and Future

There are a number of exciting projects going on in ATMCH. Here are some highlights during this quarter.

In the Fall meeting in Philadelphia, we had an energetic and informative discussion about undergraduate public health education and its relevance to MCH. Dr. Richard Riegelman, Chair of the ASPH Undergraduate Public Health Education (UGPHE) Taskforce, provided an update for meeting participants about current trends in UGPHE and how MCH can be a part of it.

ATMCH is currently focusing on increasing its collaboration with our practice partners. ATMCH leadership is looking into ways to work closely with AMCHP to increase academic practice linkages in MCH. This newsletter features a special article about AMCHP. AS one of our current activities to support the efforts of AMCHP, ATMCH has been co-sponsoring the AMCHP.

We are also closely working with the ASPH MCH Council to ensure that MCH training, research , and practice are in the schools of public health agenda. In the Fall meeting, members voted to include the ASPH MCH Council chair in the ATMCH executive com-

mittee and also ensure that the ATMCH president is involved in the MCH council activities. Dr. Colleen Huebner, who was our last year Lacey award winner, is the chair of the MCH council. We welcome Dr. Huebner to the ATMCH executive committee.

We would like to hear your thoughts on these projects and other ways that we can increase our collaborative efforts.

# Mary Barger is 2006 Loretta P. Lacey Awardee

The Loretta P. Lacey award was created to recognize leadership in MCH education, research, policy development and/or advocacy. Our winner this year is Ms. Mary Barger, who is the Assistant Professor at the Boston University School of Public Health (BUSPH).

Professor Barger has been a member of the Boston University SPH faculty since 1991 and directed the MCH Department Nurse-midwifery education program since 1998. She serves on the BUSPH Curriculum Committee and has been a force for innovation in curriculum development at the school as a whole. In the MCH Department, she has been a leader by example in the development of the Department's curriculum, willingly teaching a wide range of courses both in the Department and the midwifery program. Mary Barger's devotion to teaching is legendary. She brought excellence to all her classes as evidenced by her winning the BUSPH semester teaching awards multiple times for different courses.

Professor Barger is an outstanding leader in midwifery education, winning the American College of Nurse-Midwives Region 1 Excellence Award and twice winning the Excellence in Teaching Award from the ACNM Foundation. For more than 5 years she has served as associate editor of the *Journal of Midwifery & Women's Health* and has been a member of both the Boston Public Health Commission Fetal and Infant Mortality Review Committee and the Mass. DPH Maternal Mortality and Morbidity Review Committee. While involved in all of the above, she has also been completing her doctorate in Epidemiology from BUSPH. She has been an ATMCH member since 1996 and was an active contributor to the rewriting of the ATMCH competencies. This is a well-deserved award to a generous faculty member who serves as a role model for her devotion to excellence in educating her students and colleagues. Congratulations, Mary!!!

**Lacey Award Dinner will be held at**

**Portofino Restaurant**
**526 23rd St S**
**Arlington, VA**

**On March 5 at 6:00 p.m.**
Contact Ms. Kalpana Ramiah at kramiah@asph.org to make a reservation.
Cost $34.

# Dr. Russell S. Kirby Receives 2005 President's Award from National Birth Defects Prevention Network

Dr. Russell S. Kirby, professor and vice chair of the Department of Maternal and Child Health, School of Public Health, University of Alabama at Birmingham, was awarded the President's Award for 2005 by the National Birth Defects Prevention Network at its annual meeting on Wednesday, February 1.

This award is presented to an individual who has made significant contributions to the mission and goals of NBDPN.

Dr. Kirby was one of the founders of the organization, served as its first president in 1999 and has served in numerous leadership roles including editor of the annual report since 2002 and chair of the annual meeting planning committee for 2005, 2006 and 2007.
ATMCH congratulates Dr. Kirby.

# New Knowledge Paths from MCH Library

## Children's Dental Health Month Resource

The National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the MCH Library released a new edition of its knowledge path about oral health and children and adolescents. Presented in time for Children's Dental Health Month in February, this electronic resource guide offers a selection of current, high-quality resources that analyze data, describe effective programs, and report on policy and research aimed at improving access to oral health care and quality of oral health for children and adolescents.

This knowledge path is aimed at health professionals, program administrators, educators, policymakers, and others who are interested in obtaining timely information about oral health. A separate section contains links to resources for families. It is available at http://www.mchoralhealth.org/knwpathoralhealth.html.

## Autism Spectrum Disorders

The MCH Library released a new knowledge path about autism spectrum disorders (ASD) identification and intervention. This electronic resource guide includes information on (and links to) Web sites, electronic and print publications, and databases containing resources about biomedical research into the causes of ASD; resources that address the communication, education, and vocational challenges associated with ASD; and resources about ASD's impact on family life. Separate sections identify resources about ASD and environmental health research as well as those that address concerns about vaccines. The knowledge path is intended for use by health professionals, educators, researchers, policymakers, and families. It is available at http://www.mchlibrary.info/KnowledgePaths/kp_autism.html.

## Spanish-language Health Resources

The MCH Library released a new edition of Spanish-language health resources knowledge path that includes information on (and links to) Web sites, electronic and print publications, and databases for health professionals and consumers. The resources cover a wide range of health topics, including many of interest to families and professionals in the maternal and child health (MCH) community. The knowledge path is available at http://www.mchlibrary.info/KnowledgePaths/kp_spanish.html.

Knowledge paths on other maternal and child health topics are available at http://mchlibrary.info/KnowledgePaths/index.html .

# MCH Training Information

## HRSA Training Course in MCH Epidemiology

HRSA, in partnership with MCHB and CDC, are offering a training course in MCH Epidemiology from May 21-25, 2006 in New Orleans, LA.

Dr. Michael Kogan, Dr. Patricia O'Campo, Dr. Deborah Rosenberg and Dr. William Sappenfield will serve as training faculty for the course.

This is a national program aimed at professionals in state and local health departments who have significant responsibility for collecting, processing, analyzing and reporting maternal and child health data.

The training curriculum is designed to build conceptual, technical and analytic skills for using data effectively, and focuses on applications that are relevant to the day-to-day work of participants. The training combines an intensive four-day face-to-face program emphasizing hands-on data analysis experience, with additional access to core faculty for short-term consultation and follow-up training for one year following completion of the course. Full and partial scholarships are available. For additional information call 1-866-CRPHRSA between 10 a.m. and 2 p.m. (Eastern).

## Distance-Learning Master of Public Health in Maternal and Child Health

The MCH Program (www.epi.umn.edu/mch) at the University of Minnesota's School of Public Health is offering a distance learning Master of Public Health (MPH) to MCH professionals.

The program is designed for working professionals whose goal is to advance to leadership roles in Maternal and Child Health:

- Individuals with an advanced degree (e.g., MD, MSW, MSN, MS, PhD, DrPH) and 5 or more years of work experience in MCH; or
- Individuals without an advanced degree who have 8-10 years of work experience in MCH.

The program focuses on the principles of social justice and concern for vulnerable populations. Graduates of the 42-credit program will develop expertise in evidence-based advocacy, rigorous public health assessment, accessible and appropriate health education, and effective and innovative programs that promote the health and well-being of infants, children, youth, families, and women. Training will be delivered through a combination of online courses and short intensive courses at the Twin Cities campus.

For more information, go to http://www.sph.umn.edu/mchonline.html.

# MCH - Related Meetings

## CityMatCH Call for "Promising Practice" Abstracts

CityMatCH is now accepting "Promising Practice" abstract submissions for its Annual Urban Maternal and Child Health Leadership Conference, "Providence 2006: Where Obstacles Become Opportunities," to be held August 19-22, 2006.

Abstracts are due Friday, March 17 and can be submitted online at http://www.citymatch.org/Conference2006/. For questions regarding the 2006 CityMatCH conference, E-mail citymch@unmc.edu.

## 19th Annual National MCH Leadership Conference

The 19th Annual National MCH Leadership Conference: "Translating Research into MCH Public Health Practice," sponsored by the University of Illinois at Chicago MCH Program, will be held at the Hyatt Lodge in Oakbrook, IL., on May 16-17, 2006.

In this year's conference, interdisciplinary experts and participants will come together 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 keynote address by Paul Wise, MD, MPH, Stanford University, Center for Health Policy/ Center for Primary Care and Outcomes Research titled "The Translation and Dissemination of Health Care Interventions for Poor Children: Can Research Speak to Power?" Plenary sessions include: 1) "Washington State Uses Data in an Innovative Way to Improve Their System of Care for Children with Special Health Care Needs," 2) "Interdisciplinary Research on Disparities in Pregnancy Outcomes: From Bench to Community," and 3) "A National Survey of U.S. Maternity Care Practice From the Mothers Perspective." For more information about the conference including the detailed agenda and a listing of all sessions (keynote, plenary, and workshop) and speakers, please visit website at http://www.uic.edu/sph/mch/mch_leadership_conference.htm.

## 8th Annual Rocky Mountain Maternal and Child Health Summer Institute

The Rocky Mountain Public Health Education Consortium exists to improve the health of women, children and families including those with special health needs. The organization does this by offering education, training, technical assistance, and networking opportunities for MCH staff working at the community, tribal or state-level. Consortium members are maternal and child health practitioners and educators who work in the Rocky Mountain West.

The Consortium's 8th Annual Rocky Mountain Maternal and Child Health Summer Institute, "People and Data Working Together to Address Health Disparities," will be in Tucson, AZ, from July 24 – July 28, 2006.

All Rocky Mountain Public Health Consortium offerings are jointly designed by MCH academicians and practitioners resulting in quality and relevant opportunities to strengthen knowledge, skills, and competencies. Members include MCH programs from a variety of Rocky Mountain States and Tribes; Universities in Alaska, Arizona, Colorado, New Mexico, and Utah; and many other organizations and individuals.

For more information about the Consortium and its projects and services, go to http://services.tacc.utah.edu/rmphec/ or contact Helene Kent, RMPHEC Executive Director, at (303) 364-1546 or hmkent@netzero.net.

## Texas Birth Defects Research Symposium

On April 19, 2006, a Birth Defects Symposium will be held in Austin, Texas, to showcase exciting new findings from the Texas Center for Birth Defects Research and Prevention and their partners and collaborators.

The thirteen presentations will include the most recent findings from the Texas Neural Tube Defects Project,

a comparison of selected birth defect rates in border and non-border areas, links between pesticide exposures and birth defects, and a look at ear defects in Texas. A scientific poster session spotlighting additional work in birth defects epidemiology and research will also be featured.

Those encouraged to attend this free event include state and local public health professionals, clinicians, researchers from other fields and anyone with a personal or professional interest in birth defects. For more information about this event, contact Amy Case at (512) 458-7232, Ext 2814, amy.case@dshs.state.tx.us.

It is now possible to register for the Texas Birth Defects Symposium online. Please visit the conference website at http://www.dshs.state.tx.us/birthdefects/Conferences/06_BD_symp.shtm. An agenda and links to the Hilton Hotel can be found there as well. Reservations for the Hilton Hotel can be made by following the link at http://www.hilton.com/en/hi/groups/private_groups/auscvhh_bdr/index.jhtml or by calling (512) 482-8000 (specify Texas Birth Defects Meeting).

## 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. 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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