



ATMCH Newsletter

Spring 2003

Association of Teachers of Maternal and Child Health

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

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President's Letter by Eugene Declercq, PhD



It has been a busy several months for ATMCH since the APHA meeting and for me personally, a period of trying to rapidly learn why Arden had such a big smile on her face as her term ended in November. I hope to work with all of you on building the momentum we have developed over the past several years to both expand our work into new areas as well as continue to effectively administer the initiatives we have already established. We also face the timely challenge of an economic downturn and a war economy that has led to substantial government budget cuts. These have severely impacted a number of states in terms of both services and public health education, and our roles as advocates may never be more important.

The upcoming meeting in March will give us an opportunity to prioritize our organizational goals for the next two years and we have two key discussions at the business meeting that will help us do that. First, we'll have a presentation and discussion on the recently issued report by the Institute of Medicine on "Who Will Keep The Public Healthy?" ATMCH member, Sheila Smythe, who was a member of the IOM commission, will summarize the results most pertinent to those of us in maternal and child health. I expect a lively discussion will

ensue. A brief summary of some of the report's findings are included in this newsletter (Page 5).

Also, looking to the future, we'll discuss the results of the strategic planning session coordinated by Donna Petersen at the fall meeting. Donna has summarized the results and these will be presented. As with all such efforts, the session produced more questions than answers and we need to think hard about what we can accomplish given limited resources and an already substantial series of ongoing projects (some of which we may want to re-evaluate as well). A full summary of the planning session will be available at the meeting and an executive summary is included in this newsletter.

Several of the recommendations involve enhancing our work with students and the March meeting will also feature our second annual student symposium, to be held prior to the business meeting. Those of you who attended last year can attest to the quality of the research and the professionalism of the presentations made by the students. I want to thank Greg Alexander and the folks at UAB for their work in coordinating this year's session.

The meeting will also feature the awarding of this year's Loretta Lacey Award to Kay Perrin from the USF (Page 7).

Our other projects also continue apace. I just completed a trip to the UMDNJ School of Public Health to encourage and assist them with their plans to develop a more comprehensive set of MCH offerings.

We are continuing to seek updated syllabi for our ATMCH web page and I want to encourage you to examine the site and see where you might contribute. This has been an invaluable resource for both new and established teachers in MCH to learn from their colleagues how best to communicate with and assess MCH students. Likewise our proposal for a "teaching MCH" continuing education session prior to the 2003 APHA meeting was submitted. Thanks to Molly McNulty and the faculty, Noel Chavez, Sara Rosenbaum and Debbie Rosenberg, who agree to teach in it. Also, our President-elect Jose Gorrin-Peralta is coordinating our regular session for next year's APHA which will be on the topic of "Educating 21st Century Public Health Professionals: Bringing MCH Research into Practice."

As I said, it's been a busy few months, but this is an organization with a strong core leadership, more than capable support from its ASPH secretariat and a clear mission to improve education, research and service in maternal and child health.

**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)**

Happy 2003! As the New Year begins, 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 Sunday, March 9, 2003, at the ATMCH meeting in partnership with the AMCHP national meeting.

News from MCHB

- HRSA continues to operate under a Continuing Resolution. We will keep you posted regarding fiscal year 2003 funding as it is available.
- The comment period on the first draft of a *National Plan for Maternal and Child Health Training* ended on December 20, 2002. Training Branch members are currently incorporating your changes and will be sending out another draft in Spring 2003.
- MCHB performance measures have been approved by the Office of Management and Budget. The Training Branch looks forward to further discussion of the Schools of Public Health measures at

the 2003 MCH Training Program Grantee Meeting scheduled for February 6-7, 2003, at the University of California at Los Angeles.

- Please join me in welcoming Ms. Madhavi M. Reddy to MCHB's Training Branch. Effective immediately, Ms. Reddy will assume the role of Project Officer for the MCH Schools of Public Health training grants. During an initial transition period, Captain Nanette Pepper will provide guidance to Ms. Reddy as she assumes her new responsibilities. You can reach Ms. Reddy at mreddy@hrsa.gov or (301) 443-0754.
- I had the distinct pleasure to lead a team for the Department of Health and Human Services (HHS) to Afghanistan in December. Secretary Thompson had visited Afghanistan earlier in the fall and felt compelled to address the extremely high maternal and infant mortality rates in there. While in the country, the team visited the Rabia Balkhi Hospital in Kabul, one of two women's hospitals in the capital. Rabia Balkhi is a busy urban hospital with 40-50 deliveries and 500 outpatient procedures per day. However, its attending physicians have not received any refresher courses in 20 years, there are no post-graduate courses offered, and equipment is sparse. Secretary Thompson felt that training and equipment were areas where HHS could make a unique contribution to rebuilding Afghanistan and improving health outcomes for the nation's mothers and children. HHS is partnering with the Department of Defense to remodel Rabia Balkhi and work with the United Nations International Children's Emergency Fund, the United States Agency for International Development, the World Health Organization and other non-governmental organizations to reequip the hospital and to provide training to practicing physicians and residents.
- REMINDER: MCHB's Distance Learning Inventory Database is available for you to access the distance learning training resources that we support. 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 to learn more.

I look forward to seeing you in March!

Senate Passes Omnibus Appropriations Package

by Chris Goldson

On January 23rd, the Senate passed H.J. Res. 2, which was amended to include the 11 outstanding FY 2003 appropriations bills. The bill now heads to conference to work out the funding differences between the House and Senate on various programs. Conferees can increase or decrease any of these differences.

Highlights from the Senate bill:

The bill increases funding for the Maternal and Child Health Block Grant in FY 2003 by \$10 million to \$741 million. The bill also provides \$5 million more for SPRANS activities than would otherwise be the case under the statutory formula. This \$5 million is earmarked for oral health demonstration programs and activities in the states, such as grants to reduce the incidence of early childhood caries and baby bottle tooth decay. The House bill would cut the Block Grant by \$4.3 million in FY 2003.

The Senate (and House) rejected the administration's proposal to wrap the Universal Hearing Screening and Trauma programs into the block grant. Universal Hearing Screening is funded at \$10 million and Trauma care receives \$5 million under the Senate bill. The SPRANS Community based Abstinence Education program would receive \$40 million under the bill.

In addition, the Senate omnibus bill contained a provision enacting a 1.6 percent across the board cut to offset the cost of three initiatives (election law reform, drought assistance, and Medicare-related adjustments) added to the bill above the President's request. Additional amendments were also added during debate that required across the board cuts to offset their costs.

Please visit the following link to the Legislative Center on the AMCHP website for a comparison of the House and Senate numbers for select health programs: <http://capwiz.com/amchp/issues/alert/?alertid=1261001&type=CO>

President Releases FY 2004 Budget Request

On February 3rd, President Bush released his FY 2004 budget. The \$2.2 trillion spending plan proposes a 10 year, \$695 billion tax package, a 4% increase in discre-

tionary spending for all government programs, a controversial Medicaid/SCHIP reform proposal, and a projected deficit of \$307 billion in FY 2004 — without including expenditures for a possible war with Iraq, which could further squeeze domestic spending. The 4% increase in discretionary spending will not be across the board. Most of those new funds will go to homeland security and the military, meaning that many programs will be flat-funded or cut under the FY 2004 budget request.

Among the highlights in his budget (*Please remember than any increases mentioned below are above his FY 2003 BUDGET REQUEST not necessarily what the program received in FY 2003. For many programs an increase over his budget request for FY 2003 might still be a decrease compared to the final FY 2003 appropriation*):

- An increase of \$19 million for the Title V MCH Block Grant (to \$751 million) to “support the program's strong performance and to ensure continued efforts to improve the health of mothers and children.” The President retains his previous proposal to wrap Universal Hearing Screening and Trauma care grants into the block grant.
- Flat funds Healthy Start, Title X Family Planning grants, and the Preventive Health and Health Services Block Grant among other programs when compared to his FY 2003 request.
- A \$43 million increase in funding to \$4.72 billion for the WIC Program.
- A proposal to expand the number of clinics that can provide VFC vaccines to underinsured children. The proposal will allow state and local public health clinics to provide VFC vaccine to underinsured children at no cost. HHS estimates that the cost of this reform will be \$50 million.
- \$100 million more to support the AIDS drug assistance program. Flat funds the other programs funded through the Ryan White CARE Act and announced that HHS will waive applicable regulations to allow rapid HIV tests to be more readily available to doctors and public health facilities.
- Calls for spending an estimated \$707 million between FY 2003 and FY 2006 to build up a national stockpile of childhood vaccines to ensure that shortages of these vaccines do not recur.
- \$11 million proposed for FY 2004 to fund four demonstrations that promote home and community-

based care alternatives. Two of the demonstrations provide respite care services for caregivers of adults with disabilities or long-term illness and children with substantial disabilities. Another demonstration provides community-based care alternatives for children who are currently residing in psychiatric residential treatment facilities.

Medicaid Reform

One major new initiative detailed in the President's budget is "Medicaid / SCHIP Modernization." In late January, three Republican governors, Florida Gov. Jeb Bush, Connecticut Gov. John Rowland and Colorado Gov. Bill Owens, sent a letter to President Bush and Secretary Thompson that called for reforms to the program to provide states with more flexibility to reform their Medicaid programs.

In the letter, the governors argued that the "Medicaid program has not been fundamentally reformed in the ways other public programs have been, still containing many of the original eligibility and benefit mandates. It continues to limit cost sharing and does not reflect the changing demographic characteristics of its beneficiaries... The result is 50 solutions to common problems as each state annually "reinvents" its program."

Among the Governor's recommendations:

- Tailor a program to meet the needs of different populations, recognizing that "one size will no longer fit all." Like Medicare Part A and Part B, such a program would offer choices. It might include a core package of benefits, a long-term care package, and a supplemental package for lower income individuals with specific chronic health conditions.
- Allow Medicaid beneficiaries to be active participants in the program, making informed choices, directing their own care, sharing in the cost of their care, and helping to control program costs.
- Reverse recent trends and encourage choice through private health insurance, perhaps allowing people to select options for coverage through private health plans.

The proposal outlined by the administration, the State Health Care Partnership Allotments, closely follows this outline. Among the principles the administration outlined as part of their efforts to modernize SCHIP and Medicaid:

- Provide states the flexibility to design innovative programs without waivers, including increased use of consumer-directed services and home and community based care.
- Enhance state capabilities for coordinating with and utilizing the private sector to deliver services.
- Curb the growth of state and federal program costs.
- Simplify the payment policies and rules for these programs.
- Ensure Medicaid and SCHIP accountability with regard to funding to minimize cost-shifting.
- Increase accountability in the state and federal partnership by ensuring that funds are being used to reduce the number of low-income Americans who are uninsured.

According to the administration's proposal, all Medicaid and SCHIP funding would be combined and provided to states selecting this option in two individual allotments: one for acute care and the other for long-term care. States would be allowed to transfer some amount between the acute and long term care, although what that limit is has not been made clear.

State allotments would be based on 2002 spending, inflated annually by a specified rate. States would be required to meet a maintenance of effort for spending on Medicaid and SCHIP services, which would increase each year, but at a lower rate than federal growth. States also would be required to provide a specified benefit package for those current Medicaid beneficiaries whose coverage is mandated by current law. The proposal omits that same protection for "optional" Medicaid populations. States would be encouraged to integrate allotments with private insurance options, such as premium assistance programs, and coordinate with any federally enacted health tax credits. According to the administration, the "use of allotments would be at the state's option. The allotment option assumes that states will be given flexibility in designing their benefit packages." States declining to participate would remain in the traditional Medicaid and SCHIP programs.

The administration would provide an estimated \$3.25 billion in extra federal funding for Medicaid in fiscal year 2004, with \$12.7 billion in extra funding over seven years.

The following are other Medicaid related proposals included in the budget. (These would only apply to states

that do not opt to take part in the State Health Care Partnership Allotments program.)

- A proposal to establish a state option enabling Medicaid presumptive eligibility for institutionally qualified individuals who are discharged from hospitals into the community.
- A proposal to give states the option to continue Medicaid eligibility for the spouses of individuals with disabilities who return to work.
- The reauthorization of the Transitional Medicaid Assistance program for five years. This would include adding a state option to eliminate TMA reporting requirements and provide 12 months of continuous eligibility regardless of changes in families' financial status. There would also be an option to allow TMA recipients to purchase private health insurance.
- A legislative proposal to make it easier for Medicaid and SCHIP beneficiaries to enroll in private health insurance, by making eligibility for Medicaid and SCHIP a trigger for private health insurance enrollment outside the plans' open season.

AMCHP is concerned about the potential impact of these policies on the maternal and child health populations covered by these programs and will closely monitor developments over the course of the year.

The House Energy and Commerce Committee held a February 6th hearing on Medicaid reform at which Governor Jeb Bush testified. Committee Chairman Billy Tauzin (R-LA) said that he plans to "move quickly" on a Medicaid reform bill. But a Tauzin aide said that the representative would not be in favor of "one-time gimmicky fixes," such as altering Federal Medicaid Assistance Percentages, the formula that determines how much federal matching money states receive (Fulton/Rovner, *CongressDaily/AM*, 1/29). Some Democrats have already made clear their concern with the proposal. "I am troubled by the administration's proposal to fundamentally change the nature of the Medicaid program, and I am particularly concerned about the impact it may have on the millions of Americans who rely on it for their health insurance coverage. I doubt that I will be able to support a proposal like it," said Max Baucus, ranking member of the Senate Committee that will have to approve any changes to Medicaid and SCHIP.

Summary of IOM Report on Public Health Education

Adapted from Executive Summary of:

Institute Of Medicine. *Who Will Keep The Public Healthy? Educating Public Health Professionals For The 21st Century* (Washington: National Academy Press, 2002) Full text available (one page at a time) at: www.nap.edu.

Public health professionals receive education and training in a wide range of disciplines, come from a variety of professions, work in many types of settings, and are engaged in numerous kinds of activities. For purposes of this study the committee defines a public health professional as *a person educated in public health or a related discipline who is employed to improve health through a population focus*. Regardless of their backgrounds, public health professionals must have a framework for action and an understanding of the forces that impact on health, as well as a model of health that emphasizes the linkages and relationships among multiple determinants affecting health. Such an ecological model, the committee believes, is key to effectively addressing the challenges of the 21st century.

The report also recommends that eight content areas be included in graduate-level public health education programs and schools of public health: (1) informatics, (2) genomics, (3) communication, (4) cultural competence, (5) community-based participatory research, (6) global health, (7) policy and law, and (8) public health ethics. These areas are natural outgrowths of the traditional core public health sciences that have evolved in response to ongoing social, economic, technological, and demographic changes.

SCHOOLS OF PUBLIC HEALTH

The committee determined that schools of public health have six major responsibilities.

1. Educate the educators, practitioners, and researchers, as well as to prepare public health leaders and managers.
2. Serve as a focal point for multi-school transdisciplinary research, as well as traditional public health research to improve the health of the public.
3. Contribute to policy that advances the health of the public.
4. Work collaboratively with other professional schools to assure quality public health content in

- their programs.
5. Assure access to life-long learning for the public health workforce.
 6. Engage actively with various communities to improve the public's health

The report recommends schools of public health to:

- Embrace as a primary educational mission the preparation of individuals for positions of senior responsibility in public health practice, research, and training.
- Emphasize the importance and centrality of the ecological approach.
- Assure that curricula and teaching approaches incorporate enhanced participation in the educational process by those in senior practice positions or with unique skills in areas such as communication, cultural competence, leadership development, policy, or planning.
- Expand *supervised* practice opportunities and sites (e.g., community-based public health programs, delivery systems, and health agencies).
- Establish new relationships with other health science schools, community organizations, health agencies, and groups within their region to foster transdisciplinary research.
- Involve faculty in policy development and implementation for relevant issues and enable them to play a leadership role in public policy discussions about the future of the United States health care system.

OTHER PROGRAMS AND SCHOOLS

Although the primary focus of this report is on schools of public health, other programs, schools, and institutions play major roles in educating public health professionals. The report examines the potential contributions these other institutions and programs can make to educating public health professionals. Among the report's recommendations are that:

- All students in medical schools should receive *basic* public health training in the population-based prevention approaches to health.
- A significant proportion of medical school graduates should be *fully* trained in the ecological approach to public health at the M.P.H. level.
- Schools of medicine and of public health should support research collaborations linking public

health and medicine in the prevention and care of chronic diseases.

- Schools of nursing should encourage an understanding of the ecological model of health; the public health community should collaborate in making appropriate sites available for clinical experience.

PUBLIC HEALTH AGENCIES

Governmental public health agencies at the local, state, and federal level have a major interest in educating and training the current public health workforce and future public health workers. Among the report's recommendations for local, state, and federal health agencies are that:

- Health agencies should actively assess the public health workforce development needs in their own state or region.
- They should engage in faculty and staff exchanges and collaborations with schools of public health and accredited public health education programs.
- They should assure that those in public health leadership and management positions within federal, state, and local public health agencies are public health professionals with M.P.H. level education or experience in the ecological approach to public health.
- Federal agencies should provide increased funding for the development of curricula, fellowship programs, academic/practice partnerships, and the increased participation of public health professionals in the education and training activities of schools and programs of public health.

Further, the report recommended that there be significant increases in research on population health, primary prevention, and public health systems, as well as increased emphasis on community-based participatory research.

Executive Summary of 2002-2004 ATMCH Strategic Plan by Donna Petersen, ScD, MHS

Two central themes emerged from the discussions surrounding strategic planning for ATMCH, faculty development (current and future), and partnerships. The following action items are suggested for consideration by the leadership of the organization.

Current and Future Faculty Development

- Issue a call for “teaching case studies” and develop a template for case studies
 - describe the content desired
- Continue the mentor program with emerging MCH programs
- Extend the mentor program to students
 - continue the student poster session
 - invite/sponsor the MCHB fellows to join and attend ATMCH meetings
 - encourage members to bring doctoral students with them to meetings
 - arrange “lunch with a footnote” during meetings (AMCHP, MCH Epi, APHA)
- Consider additional internal sessions for ATMCH members on topic areas such as:
 - MCH Preparedness
 - Turning technical reports into publishable articles
 - emerging areas in public health, e.g. genomics
 - advanced methodologies
 - refining the concept of evidence-based research to practice
 - teaching leadership and identifying emerging leaders
 - enhancing teaching skills
- Link curriculum efforts and posting to other existing CE efforts (preparedness, leadership)
- Create a new posting of ATMCH member research efforts

Partnerships

- Identify related organizations with whom we might partner to promote MCH
 - select organizations and review missions
 - promote ATMCH by increasing its visibility
- Improve awareness of MCH research and its quality and value
 - identify possible funders for MCH research
 - invite these funders to a session at which we discuss our respective agendas

Karen (Kay) Perrin, PhD, MPH, wins the 2003 Loretta P. Lacey Academic Leadership Award

Congratulations are due to Dr. Kay Perrin who has won the 2003 Loretta P. Lacey Academic Leadership Award for her distinguished record in MCH education, re-

search, policy development and advocacy. Since 1990, Dr. Perrin has held faculty appointments at the University of South Florida, College of Public Health, Department of Community and Family Health and is currently an Assistant Professor in this Department expected to go up for promotion and tenure next year. She is the co-PI for the department’s MCH Leadership Training Grant for which she teaches a variety of MCH courses, has been a PI and co-PI on various research grants, including many community-based evaluations, has presented and published numerous papers on adolescent pregnancy, and has been actively involved in numerous service projects in the Florida community and nationally. She most recently served as Secretary of ATMCH from 2000-2002. Dr. Perrin also had a distinguished career prior to her pursuit of academe working as a health educator and writer in the areas of prenatal care, childbirth education and parenting.



Lacey Award Reception Dinner

Lacey award reception dinner will be held on March 9, 2003 at 7:00 pm at:

Crystal Gateway Marriott
Tuscany's Ristorante
1700 Jefferson Davis Highway
Arlington, VA 22202

If you are interested in joining the other ATMCH members for a dinner, please contact Ms. Kalpana Ramiah at kramiah@asph.org or 202-296-1099.

All ATMCH Members are Invited to Attend the Student Research Symposium

at this year's ATMCH Spring Meeting in Arlington, VA on Sunday, March 9th at 1:00 pm – 2:00 pm, organized this year by students at the UAB Department of Maternal and Child Health. This symposium gives MCH students the opportunity to showcase their research.

Please come and support the endeavors of future MCH leaders. We hope to see you at the symposium!

Children's Environmental Health Conference

ASPH has issued a call for abstracts for an upcoming conference: "Children's Environmental Health: Protecting our Future" which will be held at Research Triangle Park, NC on August 10-12, 2003. ATMCH members are encouraged to submit presentation abstracts on both their research and teaching activities in MCH.

The ASPH Environmental and Occupational Health Council has planned three successful conferences in the past three years. The first such conference, *Improving Environmental Health Curricula and Practice at Schools of Public Health* (June 2000, Washington, DC), examined the research and teaching paradigm. The second conference, *Sustaining the Environmental Health Workforce* (August 2001, Seattle, WA), focused on faculty skills such as recruiting students and teaching environmental health. The third conference, *Responding to a New Environment* (September, 2002, Pittsburgh, PA), was developed around skills and techniques necessary to incorporate disaster management and preparedness into curricula. The most recent conference "*Responding to a New Environment*" included a one-day pre-conference workshop in which participants were able to work through various scenarios related to a fictional outbreak of smallpox in the United States.

These conferences have all been well attended by faculty from the schools of public health who value the chance to interact with each other and with guest attendees from the practice community. This year's conference will give faculty from two disciplines the unique opportunity to share ideas and perspective on a common issue that can be incorporated into curricula.

This year's conference is being planned as a joint venture between MCH departments and environmental/occupational health departments of schools of public health. The goal of the 2003 conference will be to encourage collaboration between faculty and practitioners in order to combine and expand our knowledge base of children's environmental health. Experts in children's environmental health will be invited to share the most current programs and research.

Travel funds are available to those whose abstracts are accepted. To submit an abstract, please download the

information at www.asph.org/uploads/abstracts.pdf. The deadline for submission is April 14, 2003.

For more information, please see the ASPH website at: http://www.asph.org/fac_document.cfm?setion_id=72&&subsection_id=72&document_id=6675 or contact Allison Foster at afoster@asph.org.

2003 National MCH Epidemiology Awards – A Search to Recognize Excellence

Have you, your colleagues or other individuals made significant strides in using data to make a difference for women, children and families in communities or states? Do you know someone whose MCH applied research is having a national impact? Would you want to recognize this important work nationally? Take the time now to recognize excellence in MCH epidemiology.

Sponsored by 14 national health and public health organization, the Coalition for Excellence in MCH Epidemiology announces the fourth year of the National MCH Epidemiology Awards. The coalition is recruiting nominees for the 2003 awards. Potential nominees include, individuals, teams, institutions, and leaders of institutions who have made significant contributions to improving the health of women, children and families through epidemiology, applied research and the effective use of data. These awards recognize both research and effective public health practice and recognize individuals and organizations at a community, state and national level.

For more details on how to nominate, visit <http://www.citymatch.org/citymatch/mchepiawards.htm>. The deadline for nominations is June 2, 2003. Please contact Dr. William Sappenfield using the information below, if you have questions or need assistance:

William M. Sappenfield, MD, MPH
 Division of Reproductive Health Center for
 Disease Control and Prevention
 4770 Buford Hwy. NE. MS-K22
 Atlanta, GA 30341-3717
 Phone: 770-488-5133
 Fax: 770-488-6291
 E-mail: bsappenfield@cdc.gov

2002 National MCH Epidemiology Award Recipients
Advancing Knowledge—Nigel Paneth, Michigan State University

Effective Practice

- *Community*—Carolyn Slack, Columbus Health Department
- *State*—Gilberto Chavez, California Department of Health Services
- *National*—Carol Hogue, Emory University
- *Special Recognition*—New Mexico and Navajo PRAMS Collaborative

Outstanding Leadership—Deborah Klein Walker, Massachusetts Department of Public Health
Young Professional Achievement—Joann Petrini, National March of Dimes Foundation

2003 MCH Summer Institute Strategies for Assessing and Addressing Health Disparities

June 26-27, 2003

Saint Paul, Minnesota

You are invited to attend the University of Minnesota, School of Public Health, MCH Program's Summer Institute. The Institute will focus on the importance of addressing social and health disparities affecting women, children, families and communities. Sessions will increase participant's knowledge and skills by providing examples of best practices in the areas of serving diverse communities, program design and implementation, needs assessment, evaluation, building community partnerships and policy development. The goal is to provide an educational opportunity that is relevant, informative, and useful to public health researchers and practitioners. The cost of the conference will be \$35.00 per day and includes a program book featuring summaries and articles relevant to each session, and breakfast and lunch for both days.

For more information or to be included in our mailing list, please contact Jan Peraron at: pearson@epi.umn.edu. Conference registration materials will be posted on our website at: www.epi.umn.edu/mch when they are available.

MCH Section of APHA Seeks Nominations for Student Fellows

The MCH Section of APHA is seeking nominations for MCH Student Fellows. Fellows work with section officers and committee chairs, getting to know leaders in the field while learning about the section and APHA. The MCH section is committed to including diverse student representation in the section in order to recognize the tremendous contributions students can make now and will make to our field in the future.

To be eligible, students must:

1. Be current graduate student in public health or related field as of March 1 for the same year(s) they will serve (term is from April 1- March 31). Students may graduate during their term, but must have been enrolled on March 1.
2. Commit to joining APHA and attending the Annual APHA meeting. (Note: The section assists in covering costs associated with APHA meeting attendance, but students must be prepared to assume some portion of such expenses).
3. Have a record of outstanding scholarship reflected in graduate school GPA and honors.
4. Have a record of outstanding student leadership reflected in school or community leadership activities.
5. Be able to demonstrate commitment and experience in MCH or a closely related field.

If you know of a student who is a potential candidate, please take the time to nominate him or her for one of these positions. Your letter should address how the student meets each of the qualifications. You will also need to obtain a current resume and a letter of interest from the student, describing how she or he meets the qualifications. This material must be submitted to me at the address below by February 28, 2003. Students will be selected and notified in late March for positions beginning April 1, 2003.

Thank you for your assistance. Please call or e-mail Dr. Deborah Allen, if you have any questions, and please circulate this material to interested students and faculty and consider submitting one or more nominations. APHA looks forward to engaging a diverse group of students in the work of the MCH Section, and in welcoming them to the MCH.

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MCH Faculty News

Department of Maternal and Child Health, University of Alabama at Birmingham, School of Public Health.

The Department of Maternal and Child Health at the UAB School of Public Health recently welcomed three new faculty members.

Maja Altarac, PhD, MD, MPH, Assistant Professor, joined the Department in November, 2002. She completed her MD at University of Sarajevo, MPH at the



Uniformed Services University of Health Sciences and her PhD at JHU. She has several years of diverse public health experience and was an epidemiologist at Western University of Health Sciences before coming to UAB. Dr. Altarac's research interests include the application of epidemiologic methods to the study of women's and maternal

and child health issues, maternal morbidity and mortality, pregnancy outcomes, abuse against women, sexuality and reproduction, perinatal health, and injury research and prevention.

John E. Ehiri, MSc (Econ.), MPH, PhD, Assistant Professor, joined the Department in January 2003. He has a PhD in public health (majoring in Evaluation) from the University of Glasgow, Scotland, an MPH with specialization in Health Promotion from the same University, and an MSc (Econ) in Health Planning & Development Policy from the University of Wales, Swansea. Prior to joining the UAB, Dr. Ehiri was a Lecturer in International



Health & Director of the Master of Community Health program at the Liverpool School of Tropical Medicine, Liverpool, England. His primary research interests are in international health, evaluation, child and adolescent health, behavior change, and hygiene promotion. His recent research includes a study of the quality of post partum care services in central Shanghai, China, environmental impact assessment (EIA) of a social marketing intervention to promote contraceptive use in Orissa, India, and application of the hazard analysis critical control point (HACCP) technique to control of childhood diarrhea in eastern Nigeria.

Andrzej Kulczycki, MSc, PhD, Assistant Professor, joined the Department in January 2003, having earlier served in the Department of Epidemiology and International Health. Prior to this, he was on the Faculty of Health Sciences at the American University of Beirut, and was a Research Associate at the School of Public Health, University of Michigan, where he completed his doctorate. He has worked in Kenya, Mexico, Poland, and Lebanon. Dr. Kulczycki's research and teaching centers on reproductive health and demography with a strong international emphasis, and merges both social science and public health perspectives. His research interests include the organizational aspects of international population and health assistance; the safety, effectiveness, and acceptability of microbicides and condoms; and the effectiveness and sustainability of family planning and maternal and child health services.



Changes at Boston University

New Chair at Department of MCH

Milton Kotelchuck, PhD, MPH has been appointed as Chair of Department of MCH at Boston University. Dr. Kotelchuck received his PhD in Personality and Developmental Psychology and an MPH in Maternal and Child Health and Epidemiology from Harvard University. His research interests include examination of the adequacy and content of prenatal care, racial disparities in birth outcomes, maternal morbidity, immigrant health, child health services, and health data policy. He developed the widely used Adequacy of Prenatal Care Utilization Index.

Professor Kotelchuck served as director of the Division of Health (Vital) Statistics and Research and as Assistant Commissioner for Community Health Services for the Massachusetts Department of Public Health. He has been a member of the Massachusetts and North Carolina Governors' Commissions on the Reduction of Infant Mortality and on the North Carolina Comprehensive Child Health Plan Task Force. He has served as chairman of the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill.



Most recently, Professor Kotelchuck was senior advisor on child health policy for HRSA, providing policy advice and evaluation planning for its Healthy Start, S-CHIP, and SPRANS programs. Currently he serves as chairman of the Technical Expert Panel on Evaluation of Healthy Start of the national Maternal and Child Health Bureau. He is also editor-in-chief of the quarterly *Maternal and Child Health Journal*. In December 2000, Dr. Kotelchuck was awarded the first National MCH Epidemiology Award for Advancing Knowledge from the Coalition for Excellence in MCH Epidemiology. He serves on numerous national committees to improve perinatal health services.

ATMCH congratulates Dr. Kotelchuck for his new appointment and wishes him the best.

New Assistant Dean for Doctoral Education

Gene Declercq, PhD, Professor of Maternal and Child Health and current ATMCH President, has been named Assistant Dean for Doctoral Education. Dr. Declercq will oversee the implementation of the new DrPH degree and coordinate doctoral program affairs across all SPH departments.

New Interim Dean at USF

Dr. Stanley N. Graven has been appointed interim dean at the University of South Florida (USF), College of Public Health. Dr. Graven is a nationally eminent developmental pediatrician who was recruited to USF in 1984 as founding chair of the Department of Community and Family Health in the College of Public Health. In 1993, he was appointed head of the Division of Child Development and Neurology in the College of

Medicine's Department of Pediatrics. Prior to joining USF, he held professorships at the University of Wisconsin, University of South Dakota, and University of Missouri. He served as medical director of MCH in the South Dakota Department of Health.

Throughout his career, Dr. Graven has played a major role in the development of newborn intensive care units. He served as the first chair of the American Board of Pediatrics Sub-Board of Neonatal Perinatal Medicine and played a vital role in establishing the National Perinatal Association, serving as its first president. He is best known for leading the development of the regionalized system of perinatal care in Wisconsin.

Since 1994, Dr. Graven has been a member of the ATMCH. ATMCH congratulates Dr. Graven for his new appointment and wishes him the best.

Job Announcements

Chair, Department of Maternal and Child Health University of North Carolina at Chapel Hill

Applications are invited for the position of Chair of the Department of Maternal and Child Health, School of Public Health, University of North Carolina at Chapel Hill. The chair will be appointed to a tenure track faculty position at the full professor level and lead a department that has 20 full-time faculty, 90 graduate students in masters and doctoral programs, and \$7 million dollars in research funding. The department builds on the MCH tradition by relying on a range of academic disciplines committed to improving the health of women, children, and families, both domestically and internationally. The chair, who reports to the dean of the school of public health, is expected to build upon the department's success as an independent academic unit engaged in research, teaching, and practice, and to enhance excellent relationships with research programs on campus and in the surrounding area. Candidates should have a distinguished record of research, teaching, professional and public service, and administration.

Review of applications will begin immediately and continue until the position is filled. For more information, see www.sph.unc.edu/mhch. The University of North Carolina at Chapel Hill is an equal opportunity, ADA employer. Members of minority groups and women are strongly encouraged to apply.

Please submit applications to Diane Rogers, Department of Maternal and Child Health, School of Public Health, University of North Carolina at Chapel Hill, CB# 7445, Rosenau Hall, Chapel Hill, NC 27599-7445.

Senior Academic Researcher at UIC

Howard Brown Health Center (HBHC) and the School of Public Health at the University of Illinois at Chicago (UIC) together seek a Senior Academic Researcher with academic background and major research interests in the area of women's health, particularly in lesbian and bisexual women's health. The Department of Research of HBHC, one of the nation's leading LGBT Community Health Centers, offers the unique opportunity to conduct community-based research with lesbian and bisexual women and other sexual minority populations supported by a trained research staff and extensive infrastructure. The Department is the prime contractor of several current longitudinal research projects funded by CDC and NIH.

Position includes a non-tenure track appointment in the appropriate division of the UIC School of Public Health. Appropriate academic/experience backgrounds include, but are not limited to, psychology, sociology, epidemiology, anthropology, nursing, and medicine. Candidates must have demonstrated strong research skills and the ability to successfully compete for NIH, CDC, and privately funded research grants. The successful candidate will be expected to take a leadership role in recruiting behavioral scientists to collaborate with HBHC's research priorities and to work with the research department team in expanding LGBT research opportunities. The position requires a Doctoral degree and demonstrated track record of research funding and peer-reviewed publication. Experience working with or in community-based organizations preferred.

For fullest consideration, applications must be received by May 15, 2003 or until position is filled. Send a letter of interest, curriculum vitae, and list of references to:
Human Resources
Howard Brown Health Center
4025 N. Sheridan Road
Chicago IL 60613
773-388-8887 (fax)
jobs@howardbrown.org

HBHC is an Equal Opportunity Employer. UIC is an Affirmative Action/Equal Opportunity Employer.

Spring ATMCH Meeting

The Spring ATMCH meeting will be held on Sunday, March 9, 2003 in conjunction with the annual AMCHP meeting. The ATMCH Student Research Symposium and the ATMCH Business Meeting will be held in **Salon A**.

Crystal Gateway Marriott
1700 Jefferson Davis Highway
Arlington, VA 22202

For hotel reservations at the Crystal Gateway Marriott, please call 1-703-920-3230 or 1-888-236-2427. For more information about the AMCHP meeting, visit www.amchp.org.

ATMCH Executive Committee Meeting

Time: 10:00 am – 12:30 pm

ATMCH Student Research Symposium

Time: 1:00 am – 2:00 pm

ATMCH Business Meeting

Time: 2:15 pm – 5:15 pm

The agenda for the Business meeting will be sent out to the ATMCH listserv soon.

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.

Please pay your membership dues for the 2002-2003 fiscal year, if you have not yet done so. Please note that only members in good standing will receive all ATMCH announcements.

Let us know how we're doing! We always appreciate hearing from our members. If you have any questions about the newsletter or upcoming ATMCH meetings, please contact Kalpana Ramiah at kramiah@asph.org.

The *ATMCH Newsletter* is produced by Kalpana Ramiah with the submissions from ATMCH members.

You may reach us at:

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