



PULSE

A MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

ACA/Health Reform March/April 2012

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From the CEO

Happy Anniversary...?

By Michael R. Fraser, PhD, CAE



This March, we recognized the second anniversary of the landmark *Patient Protection and Affordable Care Act* (ACA). I must admit we do so with both excitement and trepidation: everything related to the ACA is a political hot potato – controversial and potentially divisive. As a nonpartisan organization, AMCHP represents members and state programs with varying attitudes towards the ACA and its implementation and we strive to respect both sides in the debate, pro and con. In this issue of *Pulse*, we present the impact of the ACA on maternal and child health (MCH) programs from an objective perspective recognizing that 26 of our 59 state and territorial members work in states where their attorneys general are suing the federal government to block the ACA. Like many of our members, we also have to walk a fine line between optimism and caution regarding a piece of legislation that clearly has huge benefits for the most vulnerable of our citizens, but also huge changes to state Medicaid, MCH and other health programs.

I suppose the easy way out would have been to ignore the topic completely but you know how I feel about taking the easy way out. Indeed, we ignore the implementation of the ACA at our peril: regardless of your opinions toward it, or your states', it is the law of the land with important implications for state maternal and child health programs and the work of our partners. For that reason alone, it is important that we spend some time thinking about what we have learned over the past two years from the debate around the ACA and all that means for MCH leaders nationwide.

From the CEO CONT.

The ACA has truly become a flashpoint for more than just attitudes toward health care. A recent Kaiser Family Foundation poll (Feb/Mar 2012) found that of the 40 percent of Americans surveyed with an unfavorable view of the ACA, 38 percent said their unfavorable view is more about a “general feelings about the direction the country is going and what’s going on in Washington right now.” Only 27 percent of those who have an unfavorable view of the ACA said that their opinion was based on what they knew about the health reform law. Thirty-two percent of those with an unfavorable view said that their unfavorable opinion was based on both their opinions about the law and their general feeling about the direction the country is going and what’s going on in Washington, DC. Hence, at least within the general public, among those with an unfavorable opinion of the law, much of that is due to an unfavorable opinion about Washington, DC in general – interesting.

The fate of the ACA is currently in the hands of the Supreme Court, which began hearing oral arguments in the suit. Will we be celebrating the third anniversary of the ACA next year, or going back to the health reform drawing board once again? We should know soon. In the meantime, AMCHP will continue to provide updates to members on this important topic and share information and analysis about how the ACA can be used to address state MCH needs and priorities.

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Feature

IOM Committee on Preventive Services for Women Works to Increase the Well-Being of U.S. Women

By Magda G. Peck, ScD
*Founding Dean and Professor,
 Joseph J. Zilber School of
 Public Health, University of
 Wisconsin – Milwaukee*



The escalating, contentious national discourse pitting the promotion of women’s health and well-being against claims by some of threats to religious liberty has its immediate origins in the work of the 2010-2011 The Institute of Medicine (IOM) Committee on Preventive Services for Women. As a member of the committee, I am pleased to share with you some of the background of this debate.

IOM is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to help those in government and the private sector make informed health decisions by providing evidence upon which they can rely. The U.S. Department of Health and Human Services (HHS) requested that the IOM provide recommendations for implementing the Women’s Health Amendment (in Section 2713) of the ACA.

This part of the law requires that health insurance plans provide benefits, and prohibit the imposition of cost-sharing requirements, for prevention services. The compendium of preventive services to be covered with no additional out-of-pocket costs is to be based on clinical guidelines produced by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices and the American Academy of Pediatrics (Bright Futures for Children). A comprehensive list of preventive services is available at www.healthcare.gov.

The ACA also requires that all private health plans cover a newly identified set of women’s preventive services with no cost sharing. Why focus on possible gaps for women? Women have longer life expectancies, a greater burden of chronic diseases and disability, reproductive and gender-specific conditions, and may have different treatment responses than men.

Feature CONT.

IOM Committee

In Fall 2010, IOM assembled an expert committee to identify critical gaps in preventive services for women, as well as recommend measures that will further ensure women's health and well-being. Over a six-month period, the Preventive Services for Women Committee distilled and deliberated the evidence and shaped a series of recommendations that were presented to HHS leaders in July 2012 in the report, *Clinical Preventive Services for Women: Closing the Gaps*. "The inclusion of evidence-based screenings, counseling and procedures that address women's greater need for services over the course of a women's lifetime may have a profound impact for individuals and the nation as a whole," stated the report.

The committee defined preventive health services as measures – including medications, procedures, devices, tests, education and counseling – shown to improve well-being, and/or decrease the likelihood or delay the onset of a targeted disease or condition. The committee's charge was limited to the study of girls and women age 10-65 years, and services in clinical settings.

The eight new preventive health services for women that the committee recommended be added to the services that health plans cover at no cost to patients under the ACA are:

- Screening for gestational diabetes
- Human papillomavirus (HPV) testing as part of cervical cancer screening for women over 30
- Counseling on sexually transmitted infections
- Counseling and screening for HIV
- Contraceptive methods and counseling to prevent unintended pregnancies
- Lactation counseling and equipment to promote breast-feeding
- Screening and counseling to detect and prevent interpersonal and domestic violence
- Yearly well-woman preventive care visits to obtain recommended preventive services

On Aug. 1, HHS accepted the committee recommendations in full and ruled that that new private health plans must cover the guidelines on women's preventive services in play starting on or after Aug. 1, 2012. HHS also proposed an interim rule for religious exemption for certain group health plans. The question of individual and institutional religious 'freedoms' and the overarching legality of the ACA

are being challenged, in the court of public opinion and the Supreme Court. Should the ACA prevail, including its additional preventive services for women, in a few months there will be a remarkable opportunity to ensure coverage of the fullest array of evidence-based services they may need for many more women in the United States. The establishment of covered 'well-women visits,' for women at every age and stage, can literally open doors to prevention services in unprecedented ways.

Beyond sharing an indefatigable optimism that science will prevail over ideology, I encourage my MCH colleagues to speak truth to power as champions of every woman's health and well-being.

This information adapted from the IOM *Clinical Preventive Services for Women: Closing the Gaps* report website: www.iom.edu/Reports/2011/Clinical-Preventive-services-for-Women-Closing-the-Gaps.aspx

Feature

TACC Established to Support MIECHV Home Visitation Programs

By Erin Bonzon, MSPH/MSW
Associate Director, Women's & Infant Health, AMCHP

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Technical Assistance Coordinating Center (TACC) provides support to state and territory grantees in implementing MIECHV-funded home visitation programs. The TACC brings extensive experience and a wealth of expertise in achieving high quality program implementation, creating integrated service systems and improving program outcomes. Supportive services include facilitating connections with technical experts, offering opportunities for shared learning and identifying best practices. Services are provided in multiple formats, including webinars, phone calls, e-mail, an interactive website portal, as well as with in-person opportunities for regional meetings and individual site visits.



Feature CONT.

MIECHV TACC Established

Leadership for the TACC is provided by Zero to Three, a national, nonprofit organization that informs, trains, and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers. AMCHP partners with Zero to Three and the TACC to provide technical assistance, promote the integration of home visiting within a statewide early childhood system, strengthen capacity at the state and local levels, facilitate peer-to-peer learning, and identify and disseminate best practices and lessons learned. AMCHP has developed a Home Visiting Technical Assistance Needs Report, which describes the most common technical assistance needs shared by states and territories and includes recommendations on technical assistance delivery for the identified needs. AMCHP will also play a leading role in translation and dissemination of best practices and lessons learned. AMCHP continues to work with the TACC to provide universal and targeted technical assistance to states, to help strengthen state infrastructure to support the delivery of evidence-based home visiting programs, and collect and disseminate state best practices in home visiting.

To learn more about the MIECHV TACC, contact [Erin Bonzon](#).

Feature

PREP Aims to Prevent Teen Pregnancy and STIs

By Sharron Corle, MS
Associate Director, Adolescent Health, AMCHP

Maritza Valenzuela, MPH, CHES
Program Manager, Adolescent Health, AMCHP

As part of the Affordable Care Act, Congress authorized the Personal Responsibility Education Program (PREP), which is administered by the Administration on Children, Youth, and Families (ACYF). The program provides \$55 million annually in formula grants to states and territories for evidence-based



Feature CONT.

PREP Aims to Prevent

programs that educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), and other adulthood preparation topics, such as parent-child communication, financial literacy and healthy relationships. Since 2010, 45 states, as well as Washington, DC, Puerto Rico, the Virgin Islands and the Federated States of Micronesia, have applied for PREP funds.

For more information on adulthood topics included in evidence-based teen pregnancy prevention programs, see [this document](#) from the National Campaign to Prevent Teen and Unplanned Pregnancy.

State Profiles

States are using the PREP funds in a variety of ways. Below are some state-level examples.

Utah

The Utah PREP program is managed by the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health, Maternal and Infant Health Program. The Utah MCH program subcontracted PREP funds to local organizations through a competitive grant process. Six organizations were funded – four community-based organizations and two local public health departments. Program efforts target youth between the ages of 14-19 years, with a specific focus on youth in the Utah Juvenile Justice System; youth of Hispanic origin and/or non-white race; current teen moms; and youth residing in areas with birth rates higher than the Utah state rate. The funded organizations are all implementing one of the following evidence-based programs: All4You!, Be Proud! Be Responsible! Be Protective!, ¡Cuídate! or Teen Health Project. In addition to implementing one of the above mentioned programs, Utah PREP partners are required to cover the following three adulthood preparation subjects: healthy relationships, educational and career success, and healthy life skills.

Pennsylvania

The Pennsylvania Department of Health is utilizing the PREP funds to develop a statewide project that will serve adolescents in one of the following: licensed psychiatric residential treatment facilities, licensed residential substance abuse treatment programs, residential programs serving delinquent youth (this includes residential programs serving delinquent youth licensed by the Department of Public Welfare Office

Feature CONT.

PREP Aims to Prevent

of Children, Youth and Families (OCYF), OCYF Youth Development Centers and OCYF Youth Forestry Camps), licensed partial hospitalization or outpatient drug and alcohol facilities, and licensed partial hospitalization or outpatient mental health facilities. Fifteen PREP implementation sites have been selected and will provide education on abstinence, contraception and at least three adulthood preparation subjects: healthy relationships, adolescent development and healthy life skills by implementing one of two curricula: Rikers Health Advocacy Program or Street Smart. Funds will also be used to provide PREP implementation sites with training on lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency. PREP program effectiveness will be evaluated by an independent contractor.

For more information on what states are doing with PREP funds, [click here](#).

Feature

The AMCHP National Center for Health Reform Implementation: Important Resources and a Voice for MCH Populations

By Karen VanLandeghem, MPH
Senior Advisor, National Center for Health Reform Implementation, AMCHP



Passage of the Affordable Care Act marked a critical point for our nation's women, children, including children with special health care needs, and their families in terms of the law's coverage expansions, preventive service requirements, insurance reforms, prevention investments, and focus on quality improvement. Closely following passage of the law, AMCHP created the National Center for Health Reform Implementation to provide resources on the ACA and health systems reform, generally, to AMCHP members and partners. The center also plays a critical role in helping to ensure that the unique needs of maternal and child health populations are considered as ACA provisions are implemented.

Feature CONT.

AMCHP National Center

Generally, the work of the center has been focused in four key areas: 1) coverage expansions including preventive services, 2) health insurance and system reforms (e.g., health home), 3) prevention investments (e.g., Maternal, Infant and Early Childhood Home Visiting program), and 4) quality improvement. In just a little over two years, AMCHP has accomplished much, including:

- Producing several fact sheets on a range of ACA topics including [MCH-related provisions in the ACA](#), [medical home](#), and [Health Insurance Exchanges](#)
- Tracking and providing formal comment to federal rules and draft guidance, such as the Essential Health Benefits Package
- Administering technical assistance to states and other groups on opportunities within the ACA to strengthen state efforts in areas such as the medical home (listen to the national webinar, Children and the Medicaid Health Home State Plan Option (Section 2703) of the Affordable Care Act (ACA) [here](#))
- Developing resources on the need for integrating public and private systems for MCH populations through a [national webinar](#) and a newly released issue brief, [New Opportunities for Integrating and Improving Health Care for Women, Children and Their Families](#)
- Providing technical assistance to selected states on the opportunities presented by the ACA and health systems reform generally to strengthen preconception health activities and improve birth outcomes, through a grant from the W.K. Kellogg Foundation

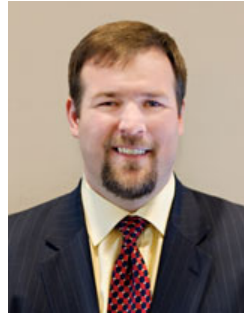
Implementation of the ACA at the federal and state level has taken many turns since its passage in 2010 (see related article, View from Washington). AMCHP will continue to provide leadership on the ACA issues pertinent for MCH populations and AMCHP members through the center and across the organization. New funding from the W.K. Kellogg Foundation is enabling AMCHP to enhance its work on promoting healthy births particularly in the area of reducing the rate of preterm inductions and unnecessary C-sections. Projects are in the pipeline for additional resources on medical home and preconception health, and potentially new activities in the area of standards for systems of care for children and youth with special health care needs. For more information about the work of the center, please contact [Carolyn McCoy](#), Senior Policy Manager.

Feature

CMS Launches Strong Start Initiative to Improving Maternal and Infant Health

By Brent Ewig, MHS

Director, Public Policy & Government Affairs, AMCHP



The Centers for Medicare & Medicaid Services (CMS) Innovation Center was created by the Affordable Care Act to “test new innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care.” According to CMS, the Innovation Center is committed to transforming the Medicare, Medicaid and the Children’s Health Insurance Program (CHIP) to deliver better care for beneficiaries, better health for populations and slower growth in expenditures through improvement for beneficiaries.

As one of the first efforts of this new center, on Feb. 8, HHS announced the Strong Start initiative to reduce preterm births and improve outcomes for newborns and pregnant women. This initiative brings together the activities of CMS, the Health Resources and Services Administration (HRSA), the Administration on Children and Families (ACF), Centers for Disease Control and Prevention (CDC), and the National Institute of Health (NIH).

Strong Start consists of two components:

1. A test of a nationwide public-private partnership and awareness campaign to spread the adoption of best practices that can reduce the rate of early elective deliveries prior to 39 weeks for all populations
2. An initiative to reduce the rate of preterm births for women who are at risk for preterm birth and covered by Medicaid through testing-enhanced prenatal care models

To help achieve these aims, HHS will employ three specific strategies:

1. Implementing a quality improvement platform through Partnership for Patients to share best practices, provide technical assistance to hospitals in implementing and adapting the practices, and report data
2. Creating support for change with a broad-based campaign to engage providers, patients and the public, working with organizations such as the March of Dimes and the American College of Obstetricians and Gynecologists
3. Supporting efforts to collect performance data, measure success, promote transparency and continuously improvement

The Strong Start grant funding opportunity is a four-year initiative to test and evaluate the effect enhanced prenatal care has on decreasing prematurity. This initiative will test three evidence-based approaches to the delivery of enhanced prenatal care and better understand how behavioral and psychosocial factors may contribute to poor birth outcomes. The goal of the initiative is to determine if these approaches to care can impact the rate of preterm births, improve the health outcomes of pregnant women and newborns, and decrease the total cost of medical care for mothers and their infants.

The Innovation Center will offer grant funding to test three approaches:

1. Group prenatal care that incorporates peer-to-peer interaction in a facilitated setting for health assessment, education and psychosocial support
2. Comprehensive prenatal care facilitated by teams of health professionals, including peer counselors and

AMCHP Tracks Status of Key MCH Provisions of the ACA

Confused about where things stand with some of the specific MCH-related provisions of the Affordable Care Act? Curious if federal regulations on a certain issue have been finalized or if funding opportunities have materialized? Look no further than the AMCHP **Summary of Key Maternal and Child Health Related Highlights with Updates on Status of Implementation** available [here!](#)

Feature CONT.

CMS Launches Strong Start

doulas – services include collaborative practice, intensive case management, counseling and psychosocial support

3. Enhanced prenatal care, including psychosocial support, education and health promotion in addition to traditional prenatal care – services provided will expand access to care, improve care coordination and provide a broader array of health services

The Innovation Center, in partnership with HRSA and ACF will also evaluate a fourth approach to preventing preterm births, [the enhanced prenatal care through home visiting](#), as part of the Maternal, Infant, and Early Childhood Home Visiting program, building on the program and evaluation already started for that program.

CMS will provide technical assistance, analytic support and coordination to help awardees launch their interventions to reduce premature births. CMS will award, through a competitive process, a set of renewable one-year cooperative agreements to eligible applicants. Strong Start will operate for three years and there will be up to an additional one year beyond the last birth for data collection and submission. Up to \$43 million will be available for this initiative. The number of awards will depend on the number of women that applicants can enroll. The Innovation Center intends to fund the cost of additional enhanced prenatal services for approximately 30,000 pregnant Medicaid beneficiaries in each of the three options, or care for approximately 90,000 women in total over three years. Awards are expected to be made in September 2012. Additional information is available [here](#).

Feature

Prevention and Public Health Fund: A Constant Target

By Carolyn Mullen, MS
Associate Director, Government Affairs, AMCHP

The *Patient Protection and Affordable Care Act (ACA)* provided a historic opportunity to invest in prevention and public health through the creation of a Prevention and Public Health Fund



Feature CONT.

Prevention & Public Health Fund

(Fund). The Fund provides mandatory funding for programs authorized by the *Public Health Service Act* for prevention, wellness, and public health activities to reduce and combat preventable injury and disease.

Unfortunately, this investment continues to be under attack by both the administration and Congress. The very nature of this fund and its association with the ACA make it a favorite target for some members of Congress.

Significantly, in February, Congress approved legislation to extend the Social Security payroll tax cut, unemployment insurance and Medicare physician rate provisions. In order to pay for a portion of this package, Congress slashed \$6 billion from the Fund, to be spread over 10 years.

Additionally, the administration offered cutting the Fund to achieve some budget savings in President Obama's fiscal year 2013 budget proposal. With this in mind, the future of the Fund is in peril. Every public health official, academic and advocate should care a great deal about the future of the Prevention and Public Health Fund because not only will it be used to fund innovative approaches to public health but, due to tight budget caps, the Fund is currently being used to back fill cuts to the Centers for Disease Control and Prevention and other agencies.

AMCHP continues to work with a broad coalition comprised of 700 supporters to meet with members of Congress about the Fund, as well as write and sign on to letters urging Congress and the administration to oppose any effort to reduce, eliminate or divert funding from this important investment. In February, our efforts were recognized by the Labor, Health and Human Services Appropriations Subcommittee chairman, Tom Harkin (D-IA), during a statement on the floor of the Senate when he mentioned AMCHP as one of the supporters of the Prevention and Public Health Fund.

In sum, the new sustained mandatory funding stream afforded via the Fund will ensure timely intervention boosting federal and state capacity today, and will result in better health and cost savings in both the short and long term. However, the fight to save the Fund and educate policymakers continues. This is why two years after ACA was signed into law, AMCHP looks forward to working with you and our many partners to ensure Congress sustains support for the Fund in the near future and beyond.

A View from Washington

By Brent Ewig, MHS

*Director, Public Policy &
Government Affairs, AMCHP*

This issue goes to press just as the Supreme Court begins deliberations on the constitutionality of the Affordable Care Act. As for insight into how the court will decide, I am once again resorting to quoting the great Yogi Berra who said, “Predictions are hard – especially when they are about the future.” So I will avoid the guessing game about how they will rule on the two central issues – the individual mandate and the Medicaid expansion – and, like you, join the waiting game for the expected June decision.

What we can share is some conventional wisdom on the various scenarios in play and what they might mean for MCH populations.

Under the first scenario, the court could find that the individual mandate exceeded Congress’s constitutional authority and throw out the whole law. Under this development, the expected coverage expansion for 32 million Americans evaporates, as well as other provisions including the Public Health and Prevention Fund, the Maternal, Infant, and Early Childhood Home Visiting Program, and the range of insurance reforms, such as the ban on preexisting condition exclusions and limits on annual and lifetime limits.

Also under this scenario, state Title V MCH programs would find themselves continuing to operate in the environment much as it is now, marked by fragmented systems struggling to serve tens of millions of uninsured women and children, with inadequate focus on supporting integrated systems and under-investment in prevention and primary care.

In the second scenario, the court could conceivably throw out one of the central tenets of the law (either the individual mandate or the Medicaid expansion) but find that the law is severable, meaning that the other portions of the law would be preserved. Under such a scenario, it is conceivable that the individual mandate could be struck down, which presumably would also invalidate the concept of the exchanges and thereby likely preclude coverage for the estimated 16 million Americans expected to gain insurance through this mechanism. The other possibility is for the court to invalidate the Medicaid expansion, which in this case would preclude coverage for the expected 16

million poor Americans who stand to gain that coverage under the ACA. In this scenario, it is presumed that most, but perhaps not all, of the law’s other provisions would remain intact.

In the third scenario, the court could decline to issue a definitive ruling at this time, based on a technical glitch that prevents the court from deciding on tax-related issues until such time as an individual actually pays the tax. Under this scenario, because no individual is currently subject to the penalty for declining to meet the individual mandate, the challenge would have to be put on hold and revisited probably sometime in 2015. In this case, the uncertainty surrounding state planning would assuredly continue.

Finally, there is a fourth scenario in which the court completely upholds the law, and the ACA becomes what is known as “settled law.” A graphic representation of these scenarios, produced by the Kaiser Family Foundation, is available [here](#).

Whatever they decide, it is expected that the Supreme Court disposition of the case should provide some certainty to the future direction of health reform in the United States. It will be critical to see what the justices say and what that means for MCH populations – but perhaps equally important will be to see what the voters say in November and if Congress will continue to try to defund portions of the law. Stay tuned for more on both!

Mar. 23, 2012 marked the two-year anniversary of passage of the *Patient Protection and Affordable Care Act*. On this occasion, the U.S. Department of Health and Human Services launched a new initiative, called MyCare, to highlight stories and “educate Americans about new programs, benefits, and rights under the health care law.” More information and initial stories shared via MyCare are available [here](#).

Who's New

NEW MCH STAFF

MCH DIRECTOR

VIRGIN ISLANDS

Arlene Smith-Lockridge, MD

Title V Director

U.S. Virgin Islands Department of Health

CYSHCN DIRECTOR

MINNESOTA

Barb Dalbec, RN, PHN

Section Manager, Children and Youth with

Special Health Needs

Minnesota Department of Health

AMCHP WELCOMES NEW STAFF

Carolyn McCoy, MPH

Carolyn McCoy joins AMCHP as Senior Policy Manager, working primarily on the AMCHP National Center for Health Reform Implementation and related work through the W.K. Kellogg Foundation grant. Previously, she worked for NACCHO and the Pan



American Health Organization/World Health Organization, as well as the political polling firm Greenberg Quinlan Rosner Research. She also completed internships with both the Venice Family Clinic and the office of U.S. Sen. Diane Feinstein (D-CA). Carolyn received her undergraduate degree in political science, international relations and American government from the University of California, Los Angeles. She also earned her MPH with a concentration in maternal and child health from UCLA and is certified in public health informatics.

Honors and Accolades

Congratulations to the **Oregon Assuring Better Child Health and Development (ABCD) III core team**, who recently received the Administrator's Excellence Award from the state Medicaid Director for their cross-agency efforts to improve systems of care and access to quality care for vulnerable children. The team, representing Medicaid, Public Health, Education, Addictions and Mental Health, and the Oregon Pediatric Improvement Partnership at Oregon Health Sciences University, is collaborating to better the lives of children by incorporating lessons from ABCD III into statewide initiatives such as implementation of medical homes, care coordination organizations, and alignment of early child education with health and community services.

The **Washington State Department of Health Children with Special Health Care Needs (CSHCN) Program** will be the 2012 recipient of the annual Duncan Award. The award is historically given to an individual who has made a significant and long-term commitment to the well-being of children with disabilities in Washington. This year, the award acknowledges the TEAM effort between the CSHCN program staff, both past and present, as well as their contractors and partners. Funds that come with the award will go toward scholarships for families, youth and health profession students who want to attend the Duncan Seminar at Seattle Children's Hospital. Congratulations and keep up the great work!

Have you connected with AMCHP through social media? Here's your chance to like us, follow us, be part of the AMCHP group and check out our videos on YouTube!!



Get Involved

MCHB Webinar on CAAI Evaluation Results

April is Autism Awareness Month. Join MCHB webinar on Apr. 16 from 1-2:30 p.m. EST to learn some evaluation results from their Combating Autism Act Initiative (CAAI). The webinar, hosted by the MCHB Autism team with speakers from MCHB and Insight Policy Research, is geared toward CAAI grantees but all are welcome. To register for the webinar, [click here](#).

Women's and Infant Health Info Series Webinar

AMCHP and the CDC will host a national webinar, "Using Evidence to Inform Preconception Health Initiatives" on Apr. 26 from 2-3 p.m. EST. This webinar includes an introduction to the *Guide to Community Preventive Services* (the Community Guide) as an option for designing evidence-informed strategies and highlights examples of how data and evidence have informed state-level strategies to address preconception health issues. In addition, this webinar will be accompanied by the release of the AMCHP Issue Brief: *Using the Community Guide to Improve Preconception Health Efforts*. To register for the webinar, [click here](#).

AAP and MCHB Launch Time Out for Genetics Webinar Series

The Genetics in Primary Care Institute, a cooperative agreement between the American Academy of Pediatrics (AAP) and the Maternal and Child Health Bureau (MCHB), is now offering *Time Out for Genetics*, an educational webinar series. Each month – from April through December – a webinar will be presented by recognized experts with the overarching goal of educating participants about the value of incorporating genetic medicine into primary care. The webinars target a wide audience, including pediatricians, family physicians, nurse practitioners, and other stakeholders. The upcoming webinars are: Building an Accurate Family History, Constructing a Pedigree – An Overview for Primary Care (Apr. 26 from 12-12:30 p.m. CST) and Ordering the Right Tests – Genetics in Primary Care (May 31 from 12-12:30 p.m. CST). For more information on the *Time Out for Genetics* webinar series, or to register for a webinar, [click here](#).

RWJF: Changes in Health Care Financing and Organization Call for Proposals

RWJF Changes in Health Care Financing and Organization (HCFO) grants support research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include: examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services. For more information, [click here](#).

CDC/Emory University to Offer Epidemiology in Action Course

CDC and Rollins School of Public Health at Emory University will cosponsor the course, *Epidemiology in Action*, Jun. 11-22, at Emory University in Atlanta, GA. This course is designed for state and local public health professionals. The course emphasizes practical application of epidemiology to public health problems and consists of lectures, workshops, classroom exercises (including actual epidemiologic problems) and roundtable discussions. Topics scheduled for presentation include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, and Epi Info training, along with discussions of selected prevalent diseases. For more information, [click here](#).

Save the Date! UIC MCH Retreat – Leading in Challenges Times: Innovations & Inspiration

The retreat this year will focus on *Leading in Challenging Times*, however, this concept will be talked about ways that you may not expect. Participants will share personal stories of their journey and work with women, men, children and families. AMCHP CEO Dr. Michael Fraser will lead this process. The retreat also will explore and practice various leadership concepts, including challenging the assumption that these are indeed challenging times. The leadership training will be facilitated by Dr. Stephen Bogdewic, PhD, Executive Associate Dean for Faculty Affairs & Professional Development at the Indiana University School of Medicine. The retreat will be held Jul. 22-24 at the Hyatt Lodge in Oak Brook, IL. For more information, visit their [website](#).

Resources

[American Academy of Pediatrics \(AAP\): State Advocacy](#)

– This AAP website provides state-level information on the Affordable Care Act, access to care, childhood immunizations, medical liability reform and more.

[Association of State and Territorial Health Officials](#)

[\(ASTHO\): Health Reform](#) – The ASTHO Health Reform Action Team helps members and affiliate organizations respond to the public health provisions of the Patient Protection and Affordable Care Act (ACA). This website provides information on ACA analyses, funding, timelines and more.

[Catalyst Center: Health Care Reform](#) – This website provides resources the Catalyst Center has developed to help stakeholders navigate the details of this complex legislation to better understand just what health care reform and the ACA may mean for CYSHCN and their families.

[Center for Medicaid and CHIP Services](#) – The Center for Medicaid and CHIP Services (CMCS) is one of six centers within the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. CMCS serves as the focal point for all national program policies and operations related to Medicaid and the Children's Health Insurance Program (CHIP). This website provides information on federal policy guidance, Medicaid and CHIP program information, state resources and more.

[CityMatCH](#) – CityMatCH is the national organization of urban MCH leaders, and works to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities

[The Community Guide](#) – The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community.

[U.S. Department of Health and Human Services – Health Reform Information](#) – HealthCare.gov is a federal government website managed by the U.S. Department of Health & Human Services. The website provides

information including insurance options, comparing care providers, the health care law, and prevention and wellness.

[First Focus](#) – First Focus is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions.

[Georgetown University Health Policy Institute, Center for Children and Families](#) – The Center for Children and Families (CCF) is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. The website provides information about health reform, CHIP, Medicaid and more.

[Health Resources and Services Administration, Maternal and Child Health Bureau](#) – The Maternal and Child Health Bureau (MCHB) provides leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health population which includes all of the nation's women, infants, children, adolescents and their families, including fathers and children with special health care needs.

[The Henry J. Kaiser Family Foundation: Health Reform Source](#) – The Kaiser Family Foundation is a nonprofit, private operating foundation focusing on the major health care issues facing the United States, as well as the U.S. role in global health policy. The Kaiser Family Foundation Health Reform Source provides up-to-date information on health reform, research and analysis, public opinion, establishing health insurance exchanges, Medicaid outreach and more.

[Institute of Medicine](#) – The Institute of Medicine (IOM) is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.

- [Health Literacy Implications for Health Care Reform – Workshop Summary \[July 2011\]](#) – This publication summarizes findings from the IOM Roundtable on Health Literacy workshop that explored opportunities to advance health literacy in association with the implementation of health care reform.

Resources CONT.

[Maternal and Child Health Bureau: EPSDT and Title V Collaboration to Improve Child Health](#) – The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services. This website provides information about how EPSDT works with public health, families, managed care organizations, pediatricians and other health providers.

[National Academy of State Health Policy \(NASHP\)](#) – NASHP is an independent academy of state health policymakers dedicated to helping states achieve excellence in health policy and practice. The NASHP website provides information on ACA implementation and state health reform, coverage and access, Medicaid and CHIP, and more.

- [Public Insurance Programs and Children with Special Health Care Needs. A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program \[February 2012\]](#) – This tutorial on the basics of Medicaid and CHIP is a collaboration of NASHP and the Catalyst Center: Improving Financing of Care for Children and Youth with Special Health Care Needs.

[National Center for Health Reform Implementation](#) – The AMCHP National Center for Health Reform Implementation provides assistance to state MCH programs and their key partners (e.g., state Medicaid and CHIP programs, community health centers, local health departments, providers) to optimize the opportunities presented by health reform for women, children including children with special health care needs (CSHCN), and their families. Through online resources, technical assistance and consultation with AMCHP members, the National Center and Policy Team staff are happy to provide you with the resources you need to understand the impact of the ACA and implement key MCH provisions as required.

- [The Patient Protection and Affordable Care Act: Summary of Key Maternal and Child Health Related Highlights with Updates on Status of Implementation \[January 2012\]](#) – This AMCHP Fact Sheet summarizes the implementation of key maternal and child health provisions of the ACA.

- [Optimizing Health Reform to Integrate Service Delivery Systems for Women, Children and their families: Webinar \[October 2011\]](#) – On Oct. 12, 2011, AMCHP hosted a webinar in partnership and supported by the Commonwealth Fund entitled *Optimizing Health Reform to Integrate Service Delivery Systems for Women, Children and their Families*. This webinar highlighted the efforts of state Title V maternal and child health programs and their partners to integrate health care service delivery systems. An archive of the webinar and a copy of the slides are now available on the AMCHP website.



April is Autism Awareness Month! AMCHP is collecting emerging, promising and best practices related to autism!

Does your program address a best practice related to autism spectrum disorders (e.g. awareness and outreach, screening, care coordination, transition)? If so, consider sharing your program through [Innovation Station](#), AMCHP's searchable database of emerging, promising and best practices in maternal and child health. Through this opportunity, you can:

- Share successes with your peers
- Enhance the MCH field
- Contribute to program replication
- Get expert feedback from the Review Panel
- Receive national recognition

The online submission process is simple and applications are accepted on a rolling basis. For more information, contact [Kate Howe](#) at (202) 266-3056 or visit amchp.org/bestpractices.

You can also [click here](#) to refer an innovative MCH program that we should know about!

Data and Trends

Understanding the Impact of the Affordable Care Act So Far

54 million additional Americans are receiving preventive services coverage without cost sharing under the Affordable Care Act¹

14.1 million are children ages 0-17, but how many children is that really?

Assuming an average school bus can hold 54 children, that comes out to **more than 259,000 school buses of children** who have received preventive services coverage.

20.4 million are women ages 18-64, but how many women is that really?

Assuming that the Rose Bowl in California can hold 92,542 people, that comes out to **more than 220 Rose Bowls of women** who have received preventive services coverage.

At least 600,000 young adults up to age 26 have stayed on or joined their parent's insurance since the ACA went into effect², which comes out to **more than 1,056 Boeing 747 airplanes of young adults** with insurance coverage.

Sources: ¹HHS Office of the Assistant Secretary for Planning and Evaluation Issue Brief Feb. 15, 2012

²The Commonwealth Fund Publication Realizing Health Reform's Potential: How the Affordable Care Act Is Helping Young Adults Stay Covered, May 2011

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Calendar

MCH Events

[Autism Awareness Month](#)

April 2012

[2012 National Health Promotion Summit](#)

April 10-11

Washington, DC

Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).

Calendar CONT.

[Society for Healthcare Epidemiology of America Spring Conference 2012](#)

Apr. 13-16

Jacksonville, FL

[Safe States Alliance 2012 Joint Annual Meeting](#)

May 1-4

Atlanta, GA

[ACOG 60th Annual Clinical Meeting](#)

May 5-9

San Diego, CA

[Head Start's 11th National Research Conference](#)

June 18-20

Washington, DC

[25th Anniversary Meeting of the Society for Pediatric and Perinatal Epidemiologic Research](#)

Jun. 25-27

Minneapolis, MN

[APHA Mid-Year Meeting](#)

Jun. 26-28

Charlotte, NC

[NACCHO Annual Conference](#)

Jul. 11-13

Los Angeles, CA

[2012 International Conference on Stillbirth, SIDS and Infant Survival](#)

Oct. 5-7

Baltimore, MD

[AAP National Conference and Exhibition](#)

Oct. 20-23

New Orleans, LA

[APHA 140th Annual Meeting and Exposition](#)

Oct. 27-31

San Francisco, CA

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