

GIH BULLETIN

Helping grantmakers

improve the health of all people



JANUARY 26, 2009

2009 GIH ANNUAL MEETING: EXPANDED PROGRAMMING AND OPPORTUNITIES TO LEARN AND NETWORK

Seeing the Future with 20/20 Vision will feature more breakout sessions, site visits, and networking opportunities than ever before. By holding steady on registration rates and offering cheaper hotel room rates, the annual meeting embodies the philosophy of doing more with less.

This year's annual meeting includes *three days* of breakout sessions that cover important issues of interest to health philanthropy: working through tough economic times, environmental health, workforce issues, oral health, obesity, emerging health technologies, social determinants of health, and much more. *Affinity group sessions* will discuss major trends and topics outside the traditional health arena that influence people's health and give examples of how health funders can collaborate with other fields to improve health outcomes.

Six site visits – the most ever offered at a GIH annual meeting – on Thursday and Friday afternoons will give conference attendees the opportunity to experience firsthand the different health, community, and environmental challenges facing New Orleans communities. This year's line-up includes:

- *Chef Menteur Landfill: Rallying an Underserved Community to Protect Health and the Environment* (Thursday)
- *Community Health Clinics of New Orleans* (Thursday)
- *Walkers and Talkers: Reaching Out to Neighbors in Need* (Thursday)
- *Lower 9th Ward: Successful Sustainable Rebuilding in the Wake of Katrina* (Friday)
- *The Shirley Landry Benson PACE Center* (Friday)
- *UNITY of Greater New Orleans: Combining Care with Shelter for the Homeless* (Friday)

Issue Network meetings, another addition to the GIH annual meeting, give attendees the chance to collaborate and strategize with grantmakers who are actively working on selected issues, including children's coverage, healthy eating/active living, and mental health. These interactive working meetings are designed for funders who are ready to roll up their sleeves and dive into in-depth discussions and potential collaborations.

Seeing the Future with 20/20 Vision will take place on March 18-20 in New Orleans, Louisiana. Hotel accommodations are available at the Sheraton New Orleans, which offers affordable room rates to annual meeting participants. Reserve on-line at www.gih.org or by phone at 800.325.3535 by **Tuesday, February 17** to take advantage of these special rates.

Register for *Seeing the Future with 20/20 Vision* at www.gih.org by February 17 to avoid late fees.

GIHNEWS

TAKE PART IN THE ANNUAL MEETING MARKETPLACE

Participate in the annual meeting Marketplace – a great opportunity to showcase your organization's work at the nation's largest gathering of health grantmakers. Groups attending the meeting are invited to display up to four items. Participation forms must be received by February 17. For more information, contact gih09@vrsevents.com.

SIGN UP FOR AN ANNUAL MEETING PRECONFERENCE SESSION

Don't forget to register for a preconference session at the GIH annual meeting.

- ▶ **“Climate Change: Can Health Funders Make a Difference?”** will review the health effects of climate change and explore how health grantmakers can address health equity and disparity issues related to global warming.
- ▶ **“Ins and Outs of Partnering with Government”** will examine partnerships between public agencies and the private sector and discuss strategies foundations can use to build such relationships in the current economic climate.

The sessions take place Wednesday, March 18. Register early; space is limited.

NEW GRANTS & PROGRAMS

- **Connecticut Health Foundation** (New Britain) approved grants totaling \$1 million to state-based organizations whose work addresses the foundation's priorities of improving children's mental health and oral health services and decreasing racial and ethnic health disparities. **Connecticut Peer Review Organization, Inc.** (Rocky Hill) was awarded a two-year, \$592,000 grant to implement a project designed to increase quality improvement knowledge and systems and to improve the cultural competence of 12 primary care physician practices that serve large minority populations. **Integrated Refugee & Immigrant Services** (New Haven) received a \$50,000 grant to expand its health and wellness program to reduce racial and ethnic health inequities faced by refugees and immigrants. **Central Area Health Education Centers, Inc.** (Hartford) received a \$25,000 grant to explore an innovative alternative education program, the **Foreign-born Health Professional Bridge Program**. The focus of the program is to address health disparities and limited English proficiency in immigrant populations whose primary language is Spanish. **Advocacy for Patients with Chronic Illness, Inc.** (Farmington) received a \$10,000 grant to support advocacy on behalf of the chronically ill. Also included in the \$1 million total were 18 **Connecticut Health Foundation Health Leadership Fellows** (statewide) for stipends totaling \$27,000 to support professional development with an additional \$250 being awarded to each fellow's employer. The program is designed to foster local community leadership toward decreasing health disparities. Contact: Maryland Grier, 860.224.2200, ext. 32, maryland@cthealth.org.
- **The Health Trust** (Campbell, CA) announced intended funding of small grants and awards to Silicon Valley high schools to support student-driven, campus-based projects that promote a healthier school community. The trust will provide three types of funding:

 - Student Project Mini Grants** of up to \$500, which will support student-driven educational, community service, or advocacy activities to promote a healthier school community; **Healthy School Awards** for \$2,500, \$1,500, and \$1,000, which will be given to three area high schools that have demonstrated a commitment to a healthy school environment; and **Student Wellness Champion Awards** of \$500, which will be given to the first 20 high schools that submit a nomination packet for the Healthy School Awards. More information is available at www.healthtrust.org/YEAH. Contact: Rachel Poplack, 408.961.9897, rachelp@healthtrust.org.
 - **Healthcare Georgia Foundation, Inc.** (Atlanta) awarded more than \$1.7 million to organizations dedicated to serving as the health safety net for underserved populations, improving the quality of health care delivery among rural providers, and advocating on behalf of all Georgians for better health and health care. Among the grantees are: **Emory Global Health Institute** (Atlanta, GA) – \$250,000 to provide support for **Emory Travel and Tropical Medicine Clinic** (Atlanta, GA) to implement a comprehensive infectious disease treatment program for immigrant and refugee communities in metropolitan Atlanta; **Georgians for a Healthy Future** (Atlanta, GA) – \$250,000 to establish a consumer health advocacy organization and build support for policies that will lead to better health and health care for all Georgians; **Chatham County Board of Health - Chatham County Safety Net Planning Council, Inc.** (Savannah, GA) – \$200,000 to support the development of a coordinated, seamless communitywide system to provide access to specialty medical care for primary care providers and their respective uninsured patients in Chatham County; **Kingdom Care, Inc.** (Waycross, GA) – \$100,000 to establish a free clinic to expand primary care and dental services to low-income, uninsured, and underinsured residents of Brantley, Charlton, Clinch, Pierce, and Ware counties; and **North Georgia College & State University** (Dahlonega) – \$100,000 to expand health services for the **Appalachian Nurse Practitioner Clinic** and to purchase an electronic health record system. Contact: Toni Almasy, 404.688.9005, toni@getavatar.com.
- **Robert Wood Johnson Foundation** (Princeton, NJ) announced intended funding for projects under **Healthy Eating Research**, an initiative of the foundation's **Childhood Obesity** program. The initiative supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among low-income and racial/ethnic populations at highest risk for obesity. Funding of approximately \$2.4 million will support projects focusing on four topic areas: food pricing and economic approaches, food and beverage marketing, improving access to healthy foods in low-income communities, and evaluations of promising food-related policy and environmental strategies in settings where children and their families make food choices. As much as \$300,000 in additional funding will support early-career investigators from historically disadvantaged and underrepresented communities who have completed a doctorate or terminal degree and are in the early stages of an independent research career. For more information, visit www.healthyeatingresearch.org.
- **Kaiser Permanente** (Oakland, CA) announced funding of \$750,000, to be distributed over three years, to **Institute for Healthcare Improvement (IHI)** (Cambridge, MA). Funding will sponsor the **IHI Open School for Health Professions**, an initiative of IHI that was established in September 2008. The school has welcomed 9,500 registered students from 25 states in the United States and from nine countries worldwide, including India, Scotland, England, and Sweden. Many of these students participate in the school's free virtual training and coursework in quality improvement and patient safety. Through the school's international network of campus and health system chapters, students connect with other students and world-renowned faculty – both in person and on-line. Students

interact through learning portals across the Web, interface with faculty as necessary, and engage in problem solving through real-life health care scenarios. Contact: Lorna Fernandes, 510.271.5624, lorna.d.fernandes@kp.org.

- **The Otho S.A. Sprague Memorial Institute** (Chicago, IL) awarded approximately \$4.5 million in grants to support programs in the areas of obesity prevention, hunger and nutrition, and oral health, as well as other innovative initiatives. Among the grantees are: **Illinois Chapter of the American Academy of Pediatrics** (Chicago) – \$485,594 over two years to test new clinical approaches to the diagnosis and treatment of obesity; **American Red Cross of Greater Chicago** (IL) – \$200,000 over two years to develop an on-line system of enhancements for the **Patient Connection Program**, which links hospitalized victims during large-scale emergencies with their families and loved ones; **Advocate Charitable Foundation** (Oak Brook, IL) – \$175,000 to pay a challenge grant that helped raise more than \$350,000 to purchase a new mobile dental van serving school children and the elderly in Chicago; **Greater Chicago Food Depository** (IL) – \$97,936 to support **Nourish for Knowledge**, a program that provides weekly take home food bags for Chicago public school children in Humboldt Park. Contact: James Alexander, 847.475.0034.

SURVEYS, STUDIES & PUBLICATIONS

- **California HealthCare Foundation** (Oakland) published findings from a survey that examined dental health through several measures, such as income, insurance status, and ethnicity. *Drilling Down: Access, Affordability, and Consumer Perceptions in Adult Dental Health*, which outlines the survey results, states that affordability of care was the most frequently listed barrier to accessing dental health care. Results also revealed that individuals with public insurance are more likely to postpone care than individuals with private coverage. Further, 39 percent of

California's adults do not have dental insurance, and 60 percent of adults enrolled in Medi-Cal are not aware that they have coverage for dental health. The survey was conducted by Harris Policy Research and analyzed by the University of California – Los Angeles Center for Health Policy Research. The complete report is available on the "Publications" section of the foundation's Web site, www.chfc.org. Contact: Steven Birenbaum, 510.587.3157, sbirenbaum@chfc.org.

AWARDS

- **The Baxter International Foundation** (Deerfield, IL), **Cardinal Health Foundation** (Dublin, OH), and **American Hospital Association** (Chicago, IL) announced that **St. Mary's Health System** in Lewiston, Maine, is the winner of the prestigious **2008 Foster G. McGaw Prize for Excellence in Community Service**. St. Mary's Health System was selected for its broad-based efforts to improve the lives of the most vulnerable members of its community. St. Mary's is part of Covenant Health Systems based in Lexington, Massachusetts, and provides health care services in central and western Maine. Operating in a federally designated medically underserved area, St. Mary's Health System includes a 233-bed acute care hospital, a rehabilitative care facility, a 128-apartment independent living facility for low-income elderly and disabled community members, residential treatment homes for children and adolescents, and a school for children with emotional disabilities. Each year, this \$100,000 prize is presented to a health care organization that provides innovative programs that significantly improve the health and well-being of its community. Three Foster G. McGaw Prize finalists were also recognized with \$10,000 in honor of their significant accomplishments in community service. The finalists are: **Bon Secours Baltimore Health System** (MD) for ensuring access to and delivery of quality health care, life skills education, and affordable housing in one of the poorest areas of Baltimore; **Denver**

Health (CO) for innovative programs to provide its community's most vulnerable populations – including low-income children, newborns, and the uninsured – with high quality health care; and **ThedaCare** (Appleton, WI) for establishing a number of collaborative programs that provide both rural farm families and urban underserved populations with improved access to quality health care and for developing health education and prevention programs targeting teens and physically inactive adults and children. Contact: Elaine Salewske, Baxter International Inc., 847.948.3297.

- **Blue Cross and Blue Shield of Minnesota Foundation** (Eagan) awarded its third annual **Upstream Health Leadership Award** to **David Wallinga, M.D.** Dr. Wallinga directs the **Food and Health** program at the Institute for Agriculture and Trade Policy in Minneapolis. He was honored for his exemplary leadership in working toward science-based public policies that better protect children from environmental pollutants, especially those that enter the food chain. Dr. Wallinga recently authored a column that appears on the foundation's Web site entitled *Tackling the Toxic Table in a Global Economy: Ten Steps We Can All Take*. The article outlines ways to improve health – from buying pesticide-free produce to avoiding plastic bottles and food packaging – and speaks to farmers, manufacturers, grocers, and policymakers about ensuring safe and healthy food and consumer products for families, schools, hospitals, and communities. To learn more about the award and program, visit www.bcbsmnfoundation.org.

The Columbia University School of Journalism (New York, NY) announced that *Unnatural Causes: Is Inequality Making Us Sick?* has won an **Alfred I. DuPont-Columbia University Award** for excellence in journalism. The documentary series examines the root causes of the nation's class and racial health disparities. The series, which aired on PBS and was featured at Grantmakers In Health's 2008 annual meeting, investigates the impact of the social conditions in which a

person is born, lives, and works on shaping health and longevity. It also challenges many fundamental beliefs about what makes Americans healthy or sick and suggests new remedies for the nation, which ranks 29th in the world in life expectancy and 30th in infant mortality. For more information on the documentary, visit www.unnaturalcauses.org. Contact: Andrea Des Marais, 415.284.7800, ext. 306, adm@newsreel.org.

OTHER NEWS

- **The Rhode Island Foundation** (Providence) announced that primary care will be the grantmaking focus for the **Fund for a Healthy Rhode Island**, the \$20 million endowment established at the close of 2007 as part of a settlement between Blue Cross Blue Shield of Rhode Island and the U.S. Attorney for Rhode Island, and received by the foundation in February 2008. The foundation expects to distribute grants from the fund by the second quarter of 2009. The Fund for a Healthy Rhode Island will direct resources toward building a model primary care system through grants for innovations in direct services,

access to affordable medications, and public awareness programs and through grants for loan forgiveness. Contact: Jean Cohoon, 401.274.4564, jcohoon@rifoundation.org.

PEOPLE

- **MetroWest Community Health Care Foundation** (Framingham, MA) elected **Lily Hsu** to chair its board of trustees. Dr. Hsu is assistant provost for academic affairs at the Massachusetts College of Pharmacy and Health Sciences in Boston. Prior to this position, she was dean for health and human services at Massachusetts Bay Community College. Dr. Hsu has served as a trustee of the foundation since 2001. The foundation also elected **Henry Barr** as vice chairperson, **Joel Barrera** as clerk of the corporation, and **Kevin Foley** as treasurer. New trustees include **Regina Marshall**, attorney and chief of staff in the Office of the Commissioner of the Massachusetts Department of Mental Health, and **Adam Rogers**, vice president and financial advisor at Bernstein Global Wealth Management in Boston. Contact: Martin Cohen, 508.879.7625.

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The GIH Bulletin is published 22 times a year as an educational and information service for health grantmakers. Letters to the editor, press releases, notices of new program initiatives, personnel updates, and other materials should be sent to the GIH offices in Washington or faxed to: Editor, GIH Bulletin, 202.452.8340; E-mail: bulletin@gih.org.

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Establishing Public-Private Partnerships for Maternal AND Child Health

Established in 1935 under Title V of the Social Security Act, the Maternal and Child Health (MCH) Services Block Grant is one of the largest federal block grant programs and a critical source of flexible funding for public health. Commonly referred to as Title V, the MCH block grant is used to support core MCH public health functions in states, assess needs, and identify and address gaps in services. Title V provides a platform for statewide systems of care for *all* mothers and children and includes a special emphasis on children with special health care needs. While Title V represents a relatively small proportion of a state's budget for family health, when used effectively these dollars can have a big impact.

Grantmakers In Health (GIH) recently engaged in dialogues with Rosalyn Bacon, senior director of the Office of Birth Outcomes in the Georgia Department of Human Resources, and Terri Wright, program director for health at the W.K. Kellogg Foundation, to gather their perspectives on the importance and relevance of the MCH block grant to private funders. Bacon has been involved with Georgia's Title V state agency since 1988 and became the state's Title V director in 1998. Prior to joining the Kellogg Foundation, Wright served as the

women's health director for Georgia's Title V program and as Michigan's MCH health director.

TITLE V CONNECTS SERVICES AND CREATES SYSTEMS

Rosalyn Bacon: Title V represents a conglomerate of many programs serving women and children through a cohesive systems-level approach. Program efforts address broad population needs in maternal, child, women's, and adolescent health, as well as specific areas such as nutrition, lead poisoning, injury prevention, and health disparities. The program also provides surveillance data and health indicators, technical assistance to service providers, partnerships with various entities, and information dissemination.

In general, Title V is administered through health departments at both the state and local levels. The program defines itself through its "MCH pyramid," where infrastructure serves as the base from which all other services originate. MCH needs and priorities are primarily identified through comprehensive five-year assessments that pinpoint evolving priorities.

Title V can serve as the glue for systems because funding is not necessarily restricted to specific programs and there is some flexibility in addressing current and emerging needs within communities. This is a very "agile" grant that is instrumental, with the new economic downturn, in connecting and helping families obtain services and supports.

OPPORTUNITIES FOR FOUNDATIONS

Terri Wright: In the 1990s and periodically thereafter, Kellogg sought opportunities to engage with Title V related to our MCH work, mostly centered on improving access to prenatal care services. We found that many of our grantees in this area were also recipients of Title V funding. Recently we have not been as active in reaching out to the state Title V agency because our work in the past decade has been more in the policy arena.

Working with Title V in some capacity is important if MCH is a foundation priority or focused body of work or if a foundation wants to engage in efforts to benefit vulnerable populations. Connecting with the Title V agency can help leverage funding and other resources and increase funders' understanding of state and local MCH priorities and programs. Most funders actively seek to collaborate with others, and it can be strategic to collaborate with Title V, which can allow funders to complement and add value to what the agency is already doing.



Source: U.S. Department of Health and Human Services 2008b

The Association for Maternal and Child Health Programs is calling for \$850 million in Title V funding for fiscal year 2009. Funding has decreased by about 9 percent since peaking in fiscal year 2002 at \$731 million.

Ms. Bacon: In Georgia, funders can access information using an on-line system that identifies county- or city-level data useful for developing programs or providing funding to organizations. Grantmakers can also work at the state level to use research to inform and guide policy developments and revisions. For expertise on issues affecting women and children, Title V is a key entity that should be present for discussions and decisionmaking processes.

At the practice level, Title V can provide examples of evidence-based MCH programs and help develop specific requirements for documenting outcomes. Title V collects and reports on key performance measure data every year that pinpoint MCH priorities and issues. Title V also works with the National Institutes of Health and the National Center for Health Statistics to analyze additional data relevant to women and children. This information, collected every five years from each state, can be a goldmine of information that health funders can use to understand and document the unique needs of MCH populations in their states.

TITLE V IS FLEXIBLE, BUT NOT WITHOUT LIMITATIONS

Ms. Bacon: One of the biggest challenges is that Title V is a program that operates out of state governments, which generally move slowly. The program also may be hampered by bureaucracy or have limitations in hiring staff and getting work done in a timely manner. However, institutional knowledge, skill sets, and long-term accomplishments of the agency can be an incentive for cross-sectoral collaboration with funders.

Ms. Wright: Funders should keep in mind that a lot of Title V funding is already earmarked for various preset categorical allocations. These constraints may require creativity in developing workable solutions conducive to both the governmental sector and philanthropy.

Funders should also brave the “language” used by many governmental entities. Part of the challenge is the written language used for their rules and regulations. This language often appears complex, confusing, and overwhelming to someone unfamiliar with governmental lingo. However, funders should not allow this to become a deterrent to engage the public sector.

PHILANTHROPIC INVOLVEMENT STRENGTHENS TITLE V

Ms. Bacon: Foundations can often get more immediate attention and secure buy-in from key policymakers and decisionmakers than their government counterparts. Having some influence with higher-level individuals and key power brokers allows foundations to move processes more quickly than governmental agencies. Funders should (and often do) come in at the highest levels to get initiatives and processes going. Funders can also serve as conveners to bring together the right entities to get work done, build partnerships, and promote awareness and advocacy of key MCH issues.

EMERGING MCH PRIORITIES

Ms. Bacon: Work around improving health literacy is very important. Ongoing issues exist where families may interact with the health care system but not really understand the information and instructions given to them.

Mental health issues in young children are also finally starting to gain attention. For instance, Georgia has a relatively strong mental health system for children aged 0-5. However, major gaps and deficiencies exist during middle childhood (ages 6-9). Funders could be instrumental in exploring critical protective factors that need to be in place for this group. Opportunities also exist to work on provider capacity issues or improving reimbursement rates.

There also needs to be more focus on health disparities from a national perspective. When you look at tackling disparities affecting certain MCH populations, Title V is a good ally in understanding and reaching these groups. Disparities and the confounder of poverty also contribute to many poor health outcomes. However, all roads lead back to poverty. It is time to really assess and engage in meaningful action to lift people out of poverty.

Ms. Wright: Any funder working on child health issues should explore opportunities to engage with Title V. In the future, Kellogg will be working on infant mortality and improving birth outcomes, and we will explore synergistic opportunities with Title V.

Governmental entities often want to work with and learn from funders. It is important to consider how these types of partnerships can enhance the reach and impact of philanthropic dollars. As funders, we know that we cannot solve all problems. Therefore, what’s not to love about building partnerships to better serve people through our various missions and vision statements?

TITLE V RESOURCES

Association of Maternal and Child Health Program’s “Best Practices in Maternal and Child Health”:
<http://www.amchp.org/AboutAMCHP/BestPractices/Documents/Best%20Practice%20Posters.pdf>

Association of Maternal and Child Health Program MCH Data Resource Portal: <http://www.amchp.org/MCH-Topics/A-G/DataandAssessment/Pages/AMCHPMCHDataResourcePortal.aspx>

State Title V Profiles:
<http://www.amchp.org/Advocacy/LegislationPolicy/Pages/StateProfiles.aspx>

SOURCES

U.S. Department of Health and Human Services, *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements, 2nd Ed* (Washington, DC: 2008a).