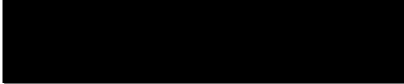
Labor Health and Human Services, Education, and Related Agencies
Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:
Michael Fraser, PhD CAE Chief Executive Officer



1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

Association of Maternal and Child Health Programs

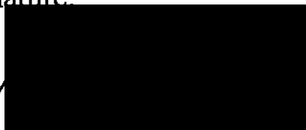
2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

   (Yes) No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

   Please see attached document.

Signature:



Date: 3-21-12

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS Public Witness Testimony Grant Disclosure Form

Association of Maternal and Child Health Programs
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2009

Federal Granting Agency and Program Title Department of Health and Human Services / Health Resources and Services	CFDA	2009 Expenditure
Administration:		
Partnership for State Title V MCH Leadership Community Cooperative Agreement	93.110	$ 1,389,590
Adolescent Health/School-Based Health	93.110	111,512
Partnership for State Leadership Cooperative Agreement Total CFDA 93.110	93.110	237,549
		1,738,651
Department of Health and Human Services / Centers for Disease Control and Prevention:		
Category 2: Capacity Building Assistance for State Health Agencies	93.938	437,537
Maternal, Infant & Reproductive Health: National/State Coalition Capacity	93.946	582,577
Strengthen & Improve the Nation's Public Health Capacity Through Nat'l, Non-Profit, Pro	93.283	54,904 $
TOTAL EXPENDITURES OF FEDERAL AWARDS		2,813,669

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2010

Federal Granting Agency and Program Title	CFDA Number	2010 Expenditures
Department of Health and Human Services / Health Resources and Services Administration:		
Partnership for State Title V MCH Leadership Community Cooperative Agreement	93.110	$ 1,423,973
Adolescent Health/School-Based Health	93.110	136,341
Partnership for State Leadership Cooperative Agreement	93.110	234,577
Total CFDA 93.110		1,794,891
Department of Health and Human Services / Centers for Disease Control and Prevention:		
Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity	93.283	81,679
AMCHP 2010 Annual Conference: The Road to 2010	93.283	20,000
Total CFDA 93.283		101,679
Category 2: Capacity Building Assistance for State Health Agencies	93.938	297,907
Maternal, Infant & Reproductive Health: National/State Coalition Capacity	93.946	531,103
TOTAL EXPENDITURES OF FEDERAL AWARDS		**$ 2,427,673**

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2011

Federal Granting Agency and Program Title Number	CFDA	2011 Expenditure
Department of Health and Human Services / Health Resources and Services Administration:		
Partnership for State Title V MCH Leadership Community Cooperative Agreement	93.110	$ 1,321,451
Adolescent Health/School-Based Health	93.110	168,781
Partnership for State Leadership Cooperative Agreement	93.110	285,115
Total CFDA 93.110		1,775,347
Department of Health and Human Services / Centers for Disease Control and Prevention:		
Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity	93.283	420,399
AMCHP 2010 Annual Conference: The Road to 2010 Total CFDA 93.283	93.283	10,000
		430,399
Category 2: Capacity Building Assistance for State Health Agencies	93.938	270,753
Maternal, Infant & Reproductive Health: National/State Coalition Capacity	93.946	54,586
Maternal and Child Health Epidemiology National and State Coalition Capacity Building to Improve Outcomes	93.946	527,489
Total CFDA 93.946		582,075
Strengthen and Improve the Nation's Public Health Capacity through National, Non-Profit, Professional Public Health Organizations to Increase Health Protection and Health Equity	93.524	100,000
TOTAL EXPENDITURES OF FEDERAL AWARDS		**$ 3,158,574**

Association of Maternal and Child Health Programs
Schedule of Expenditure of Federal Awards from 10/1/11 to 2/29/12

CDC - DASH (1U58DP003226)NEW 41	100,465.02	
CDC - Dash (U58DP000387) #41	-	
CDC ANN CONF 2010 #46	10,000.00	
CDC-Birth D (1U38HM000523) #25	183,464.08	
CDC-Birth D (5U38HM000523) #26	39,150.14	
CDC-DRH (1U58DP002752) #21	279,519.02	
Subtotal		612,598.26
HRSA MCHB - (U01MC00001) #10	632,770.59	
HRSA MCHB - (U01MC11069A) #15	3,749.22	
HRSA MCHB - (U01MC11069B) #17	91,160.60	
HRSA MCHB - (U45MC06854) #11	57,761.24	
Subtotal		785,441.65
Total 10/1/11 : 2/29/12		**1,398,039.91**

Michael Fraser, PhD CAE, Chief Executive Officer
Association of Maternal and Child Health Programs, Public Witness Testimony
House Labor, Health and Human Services and Education Appropriations Subcommittee
March 29, 2012

On behalf of the Association of Maternal and Child Health Programs (AMCHP), I am pleased to submit testimony describing AMCHP's request for **$645 million in funding for fiscal year 2013 for the Title V Maternal and Child Health (MCH) Services Block Grant.** This funding request is level with fiscal year 2012 and represents an $85 million decrease from its highest level of $730 million in fiscal year 2003. While this request does not address all of the needs of pregnant women, children and children with special health care needs, we recognize that in the current budget climate a request for increased funding would come at the detriment of other public health programs designed to promote optimal health for the very populations our programs serve. Additionally, we are gravely concerned about the proposed cuts to the Centers for Disease Control and Prevention (CDC). We urge you to recognize the value of health in improving the lives of American families. Further cuts to any programs that promote and protect the health of all Americans may seem penny wise but are definitely pound foolish.

In 2010 the Title V MCH Services Block Grant provided support and services to 41 million American women, infants and children, including children with special health care needs. It has been proven a cost effective, accountable, and flexible funding source used to address the most critical, pressing and unique MCH needs of each state. States and jurisdictions use the Title V MCH Services Block Grant to design and implement a wide range of maternal and child health programs that meet national and state needs. Although specific initiatives may vary among the states and jurisdictions, all of them work with local, state, and national partners to accomplish the following:

- Reduce infant mortality and incidence of disabling conditions among children

- Increase the number of children appropriately immunized against disease
- Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services
- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs.

In addition to providing services to over 40 million Americans, Title V MCH Services Block Grant programs save federal and state governments' money by ensuring that people receive preventive services to avoid more costly chronic conditions later in life. Below are some examples of the cost effectiveness of maternal and child health interventions and the role of the Title V MCH Block Grant.

- **Comprehensive prenatal care is associated with reduced incidence of low birth weight and infant mortality.** State MCH programs link uninsured women to available prenatal services, and coordinate closely with state Medicaid programs to improve outreach and enrollment services to eligible women. Preconception health is a focus of many state MCH programs that work to improve women's health prior to pregnancy in order to improve pregnancy related outcomes.
- **Total medical costs are lower for exclusively breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions and hospitalizations.** State MCH programs promote breastfeeding by developing educational materials for new mothers on breastfeeding practices and providing information on breastfeeding to all residents of their states through websites, toll free telephone lines and coordinating with other local and state programs.
- **Studies demonstrate that every $1 spent on smoking cessation counseling for pregnant women saves $3 in neonatal intensive care costs.** State MCH programs fund state-wide

smoking cessation or “quit lines” for pregnant women and provide education within their state about the dangers of smoking during pregnancy, helping moms and moms-to-be quit smoking and reducing their risk of premature birth.

- **Every $1 spent on preconception care programs for women with diabetes can reduce health costs by up to $5.19 by preventing costly complications in both mothers and babies. Investing $10 per person per year in community based disease prevention could save more than $16 billion annually within five years.** State MCH and Chronic Disease programs work together at the state and community levels to educate women, children and families about the importance of physical activity, nutrition and obesity prevention throughout the lifespan.
- **Early detection of genetic and metabolic conditions can lead to reductions in death and disability as well as saved costs.** For example, phenylketonuria (PKU) a rare metabolic disorder affects approximately one of every 15,000 infants born in the US. Studies have found that PKU screening and treatment represent a net direct costs savings. State MCH programs are responsible for assuring that newborn screening systems are in place statewide and that clinicians are alerted when follow up is required.
- **Early detection of physical and intellectual disabilities results in more efficient and effective treatment and support for children with special health care needs.** High-quality programs for children at risk produce strong economic returns ranging from about $4 per dollar invested to over $10 per dollar invested. State MCH programs administer the state and territorial Early Childhood Comprehensive Systems Initiative to support state and community efforts to strengthen, improve and integrate early childhood service systems.

- **The injuries incurred by children and adolescents in one year create total lifetime economic costs estimated at more than $50 billion in medical expenses and lost productivity.** State MCH programs examine data and translate it into information and policy to positively impact the incidence of infant mortality and other factors that may contribute to child deaths. State MCH programs invest in injury prevention programs, including state and local initiatives to promote the proper use of child safety seats and helmets. Additionally state MCH programs promote safe sleeping practices to prevent Sudden Infant Death Syndrome (SIDS).
- **The total cost of adolescent health risk behaviors is estimated to be $435.4 billion per year. Risky behaviors have impact on the health and well being of adolescents included smoking, binge drinking, substance abuse, suicide attempts and high risk sexual behavior.** State MCH programs and their partners address access to health care, violence, mental health and substance use, reproductive health and prevention of chronic disease during adulthood. State MCH programs often support state adolescent health coordinators who work to improve the health of adolescents within their states and territories.

I know that some Members of Congress contend that savings in such as these will not be realized in the near future and therefore won't result in immediate savings in these tight fiscal times. But today we can highlight a real-time example of how the Title V MCH Services Block Grant has played a role in helping save millions in annual health care costs. In Ohio, Title V played a lead role in providing funding for the Ohio Perinatal Quality Collaborative (OPQC). The OPQC is charged with reducing preterm births and improving outcomes of preterm newborns. Using the Institute for Healthcare Improvement Breakthrough Series, OPQC worked with 20 maternity hospitals (47% of all births in the state) through a collaborative focused on several obstetric

improvement projects. OPQC reports that as a result of their efforts over 9,000 births are full term and that approximately 250 NICU admissions have been avoided. OPQC estimates approximately **$10 million in annual health care cost savings**. Other states have similar initiatives and we are tracking their successes.

The Title V MCH Services block grant is the foundation upon which state and territorial maternal and child health programs are built. Without a federal investment the aforementioned savings will not be realized and our nation's ability to address the most pressing needs of these vulnerable populations will not be possible. The Title V MCH Service Block Grant supports a system which treats a whole person, not by their specific disease and I therefore strongly urge you to sustain this investment at $645 million in fiscal year 2013.

In addition to the Title V MCH block grant AMCHP is extremely concerned about current proposals to cut funding from other core programs designed to assure the health of our nation's families. We strongly urge you to sustain funding for the Centers for Control and Prevention (CDC). It is short sighted and counterproductive to further cut discretionary funding for prevention in the interest of deficit reduction. CDC programs should be protected from further cuts that will have profound consequences on our capacity to address the needs of the most vulnerable.

Michael R. Fraser, PhD, CAE
Chief Executive Officer

Association of Maternal and Child Health Programs (AMCHP)
Washington, DC

Michael Fraser, PhD has over 15 years of public health agency and national association experience supporting and serving federal, state, and local public health agencies. Dr. Fraser is currently the Chief Executive Officer of the Association of Maternal and Child Health Programs in Washington, DC. Dr. Fraser has been CEO of AMCHP since August, 2007. In 2009 he received a "Young and Aspiring CEO" award from *Association Trends* magazine and in 2010 he earned his Certified Association Executive (CAE) credential. During his tenure, AMCHP has been nationally recognized for its work in supporting state maternal and child health programs, most recently by receiving the Maternal and Child Health Bureau's Director's Award in October 2010 and the American Public Health Association's MCH Section "Outstanding Leadership and Advocacy" award in November 2010.

Prior to joining AMCHP, Dr. Fraser was the Deputy Executive Director of the National Association of County and City Health Officials (NACCHO) from 2002 to 2007. Prior to that he was a Regional Program Manager with the Centers for Disease Control and Prevention (CDC) from 2001 to 2002, and a Senior Staff Fellow at the Health Resources and Services Administration (HRSA) from 2000 to 2001. Prior to HRSA he was a Senior Research Analyst and Program Manager with NACCHO from 1998 to 2000 and a Research Scientist with Aspen Systems Corporation from 1997 to 1998. Dr. Fraser received his doctorate in sociology from the University of Massachusetts at Amherst in May 1997 and his M.A. in sociology in 1994. Dr. Fraser received his B.A. in sociology from Oberlin College in 1991.

In 2002 Dr. Fraser received a Distinguished Service Award from Secretary of Health and Human Services Tommy Thompson for exemplary teamwork, productivity, organization and scientific excellence demonstrated during the public health emergency response to the World Trade Center and Pentagon terrorist attacks and the anthrax investigation. That same year he also received a Certificate of Appreciation from the CDC Office of the Director for participation in the response to the anthrax events of 2001. In 2001 Dr. Fraser received a Certificate of Appreciation from the HRSA Bureau of Primary Health Care.

Dr. Fraser has published several research articles and professional publications and is on the adjunct faculty at the University of Maryland's University College. He is an avid student of leadership and believes a good leader is always trying to catch up with his followers. When not at AMCHP he is usually cooking, singing, doing yard work or reading something about leadership, management, or organizational development.

Research articles and professional publications include: “Are We Ready Yet?” a commentary in *Journal of Public Health Management and Practice,* 2007, 13(1): 3-6; “Public Health Ready Prepares Agencies for Emergency Responses” in *Northwest Public Health* (20)2:16-17 with Sherrie McDonald; “Commentary: The Local Public Health Agency Workforce: Research Needs and Practice Realities” in *Journal of Public Health Management and Practice* 9(6):489-495; “Workforce Development at the Local Level: The NACCHO Perspective” in *Journal of Public Health Management and Practice* 9(6):440-442 with the NACCHO Workforce and Leadership Development Advisory Committee; “Local and State Collaboration for Effective Preparedness Planning” in *Journal of Public Health Management and Practice* 9(5):344-351 with Zarnaaz Bashir, Vincent Lafronza, Carol Brown and James Cope; “Commentary: The Local Public Health Agency Workforce – Research Needs and Practice Realities” in *Journal of Public Health Management and Practice;,* “Local Public Health Agency Preparedness” in *Journal of Public Health Management and Practice;,* “Hepatitis C Prevention Programs: Assessment of Local Health Department Capacity” with Joanna Buffington, Leigh Lipson and Michael Meit, *Journal of Public Health Management and Practice,* March, 2002, 8(2):46-49; “Bioterrorism Preparedness and Local Public Health Agencies: Building Response Capacity” in *Public Health Reports*, July/August, 2000, 115(4):326-330; “Local Health Departments and GIS: The Perspective of the National Association of County and City Health Officials” in *Journal of Public Health Management and Practice* June, 1999, 5(4):33-41; “Race and Gender Discourse Strategies: Creating Solidarity and Framing the Civil Rights Movement” with Dr. Gerald M. Platt in *Social Problems,* April 1998*,* 45(2):1-19; and “Patches of Grief and Rage: Visitor Responses to the NAMES Project AIDS Memorial Quilt” with Dr. Jacqueline Lewis. *Qualitative Sociology*, Fall, 1996, 19(4):433-451.