

ADMINISTRATION FOR
CHILDREN & FAMILIES

AAHMI MISSION

The mission of the African American Healthy Marriage Initiative (AAHMI) is to promote and strengthen the institution of healthy marriage in the African American community.

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AAHMI NEWSLETTER

Get Prepared Now for Tax Season—Tax Credits 101!

Many Americans never take advantage of the various tax credits, thinking that they are just for low-income taxpayers. Wrong! So that you don't miss out during the 2010 tax season, here is a quick tutorial on the common tax credits—**Earned Income Tax Credit (EITC), Child Tax Credit (CTC), Making Work Pay Tax Credit, Child and Dependent Care Credit and the American Opportunity Tax Credit.**

EITC. To qualify for this tax credit, you must:

- Have a social security number
- Have earned income and adjusted gross income of less than \$43,352 with three or more qualifying children; \$40,363 with two qualifying children; \$35,535 with one qualifying child and \$13,460 with no qualifying children. Add \$5,010 to each category if you are married and filing jointly. For tax year 2010, the **maximum credit** will be **\$5,666, \$5,036, \$3,050 and \$457** respectively.

CTC. You can claim this credit with either a social security or individual taxpayer identification number (ITIN). If you earned **at least \$3,000** in tax year 2010, you can reduce your federal income tax by **up to \$1,000** per qualifying child (under 17). You can take the **Additional Child Tax Credit** if the credit amount is more than the taxes owed. You will receive a refundable credit for all or some of the child tax credit.

Making Work Pay Tax Credit. You can claim this credit if you had earned income in 2009 or 2010. Single filers may be entitled to a **maximum credit of \$400** while married filers may be entitled to a **maximum credit of \$800**. The restrictions are that you cannot have been claimed as a dependent on anyone else's tax return and persons with an ITIN are not eligible to claim the tax credit.

Child and Dependent Care Credit. In order to claim this credit, you must have paid for child or dependent care so that you or your spouse could work or look for work, and you have a qualifying child under 13 or a disabled individual who you can claim as a dependent. The credit is **up to \$2,100** for two or more qualifying children/dependent and **up to \$1,050** for one qualifying child/dependent.

American Opportunity Credit. This new credit is the modified and expanded "Hope Credit" for tax years 2009—2010. It is available to individuals with incomes under \$80,000 or to married couples filing jointly with incomes under \$160,000. You can now claim the credit for four years (rather than two years) of post-secondary education. The **maximum annual credit per student is \$2,500**, an increase of \$700 from previous years.

State Tax Credits. Several states offer tax credits as well. For example, New York, North Carolina and Oklahoma offer **state child tax credit**. Delaware, South Carolina, Illinois, Indiana, Iowa, Kansas, Louisiana, Main, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Vermont, Virginia and Wisconsin have **state EITC**. Twenty-nine states have state child and dependent care credits.

Did you know that there is free tax assistance for low-to-moderate income (\$49,000 and below) wage earners? Volunteer Income Tax Assistance (VITA) sites are staffed by IRS certified volunteer tax preparers for your tax preparation needs. Locate the nearest **VITA site** by calling **(800) 906-9887**. There are also several **tax counseling for the elderly (TCE) sites**. Seniors over 60 with low-to-moderate income qualify for the IRS-sponsored assistance. For locations call **(888) 227-7669**.

Look for additional tax tips and information in upcoming issues of the AAHMI Newsletter!

“Children with fathers who are involved in their schools are:

- more likely to get mostly A’s
- less likely to repeat a grade
- less likely to be expelled (this includes kids in two-parent families as well as those where the non-residential father was involved)”

**Father Presence/
Father Involvement**

**Focus on Fathers:
Fall = Fun Time to be a Dad! By: Karen Elliott**

Fall is here with cooler temperatures and lots of fun activities that a father can do with his children. Most of these activities are inexpensive too. What a deal!! Fun, fall and family!!!!

Just a few ideas for outings with your children:

- Walk in the park collecting leaves, acorns and cattails to make a special display for home.
- Rake leaves and jump in the piles.
- Make a wreath from leaves, acorns and pinecones collected in your yard or a park.
- Help an older neighbor put away patio furniture for the winter.
- Go to a cider mill to watch apple cider being made followed by eating fresh, hot homemade apple donuts and drinking warm cider.
- Pick out a pumpkin at a pumpkin patch and take home to decorate.
- Pick apples (or buy them at a neighborhood market) and make caramel apples.
- For older children take a bike ride with a picnic lunch.
- Play a neighborhood game of football followed by a neighborhood picnic.

The most important act a parent can do is spend quality time with your children. The activity can be free or can cost money as long as the activity is done together with the time devoted to the child(ren).

Make fall a fun time to be a dad!!

**LISTEN TO AND PARTICIPATE ON THE
ACF REGION III FATHERHOOD CONFERENCE CALL SERIES
1st Thursday of each month—10:00am—11:00am EST, October—May
Call-In # : (888) 790-4859
Pass Code: “FATHERHOOD”**

Spotlight on Health: Sickle Cell Disease By: Barbara Andrews

In November 1910, the *Archives of Internal Medicine* published a report describing the experience of a twenty-two year old Grenadian dental student who while studying in Chicago sought medical attention. The case, which was detailed in an article titled “Peculiar Elongated and Sickle-Shaped Red Blood Corpuscles in a Case of Severe Anemia,” marked an historic discovery—an unusually shaped red blood cell—and the recognition of Sickle Cell Disease (SCD).

It is estimated that between 70,000 and 100,000 persons in the United States and millions of people worldwide are affected by SCD. It is an inherited disease that is particularly common among those whose ancestors came from sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere, Saudi Arabia, India and certain Mediterranean countries. In the US, it is estimated that the disease occurs in about 1 out of every 500 African American births and about 1 out of every 36,000 Hispanic American births.

Sickle Cell Disease (SCD), also known as “sickle cell anemia” and “Hemoglobin S disease,” is an inherited red blood cell disorder. It is one of many different forms of anemia, a condition in which you don’t have enough healthy red blood cells to carry adequate oxygen throughout your body. In SCD, the body produces red blood cells that are “C” or crescent-shaped, like a farm tool called a sickle. Sickle cells contain abnormal hemoglobin, which causes the sickle shape. Sickle cells die early, which causes a continual shortage of red blood cells. Healthy red blood cells are disc-shaped and contain hemoglobin which is rich in iron and carries oxygen throughout the body. While healthy red blood cells move easily through blood vessels, sickle-shaped cells are hard and sticky

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Spotlight on Region III: Leadership Summit on Family Financial Stability

By: Darlene Tart

The Administration for Children and Families (ACF), Region III hosted The Leadership Summit on Family Financial Stability Summit on September 29th and 30th at the Loews Philadelphia Hotel. The Summit is the first step in ACF Region III's Financial Stability for Families with Young Children Project (FSFYC), which is part of ACF's overall ASSET Initiative. This project focuses on families with young children because early childhood is a particularly critical developmental window and family financial stability is an important ingredient in helping families establish the foundation for children's future success. The overall goals of the project and summit are to:

- Foster collaboration between the early learning and asset building communities;
- Make asset building tools and strategies accessible to families; and,
- Raise awareness about the importance of asset development for families with young children

Leaders from the early childhood community, asset building community and from the Administration for Children and Families represented a diverse group of stakeholders including representatives from Community Action Agencies, Head Start organizations, asset building coalitions, United Way, and other regional, state, and local officials. Though some participants were experienced in providing asset building services to families with young children, others attended to learn about how to incorporate services and partner effectively.

The Summit featured a host of exciting speakers, including ACF leaders, national and local experts in asset building and even an IDA participant. Audience members had the opportunity during each speaker presentation to ask questions and discuss the topic. The Summit also allowed time for small and large group discussions led by the Summit facilitator, Julie Jakopic.

To generate support and emphasize the importance of the initiative, the Region III Summit featured ACF's top leaders David Hansell, Acting Assistant Secretary for The Administration for Children and Families, Diane Dawson, Director – Office of Regional Operations, and Joan Lombardi, Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development. Mr. Hansell emphasized the need to embed this notion of asset building into all of the participants' work and to make use of the wonderful opportunity the summit is providing to establish a plan in the childhood communities to incorporate financial literacy moving forward. Ms. Dawson cited the importance of asset building for young children and stressed that the initiative is a cross programmatic effort. Finally Ms. Jakopic, who was introduced by the other speakers as "a leader in the early childhood world for the last few decades," grounded the importance of this work with some sobering statistics – including the fact that 1 in 5 children grow up in poverty stricken households. Additionally, 10% of children have more than three risk factors, while an additional 33% have one or two. These risk factors include living in poverty, having two parents with less than a high school education, having parents who do not speak English well or at all and growing up in a household where there is no paid employment. Joan went on to emphasize that a preschool program for low income children cannot solve these problems alone, but that a more comprehensive approach is necessary to change these children's trajectory.

The Summit ended with each of the six states in Region III (Pennsylvania, Delaware, DC, Maryland, Virginia, West Virginia) meeting in small groups to discuss their state's action plan. Each group was instructed to complete a list of goals and assign responsibilities and timelines to achieve them, as well as to identify support needed from ACF. Goals included the development of toolkits and assertive and extensive outreach. ACF was asked to provide a letter of support for state participation and to help identify additional resources for building state coalitions.

Region III is excited about taking this initiative to new heights. We look forward to working with our partners to make this happen!

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Youth Insights!: HIV and AIDS Among African American Youth

According to the Centers for Disease Control, African American youth continue to be one of the groups most severely affected by HIV infection in the United States; black youth represent half of all new HIV infections among young people aged 13 to 29. These numbers clearly indicate the urgency to reach this generation with effective HIV prevention programs and messages. If we do not, we will lose these youth to this potentially deadly but preventable disease!

Be smart about HIV. Spread this message to youth in your community about reducing the risk of infection:

- **Get the Facts**—Arm them with basic information. What are the risk factors? How is HIV spread? How can you protect yourself?
- **Get Control**—Abstain from sex. If you are sexually active, use a condom every time you have anal, vaginal or oral sex.
- **Get Tested**—Knowing your HIV status is a critical step toward stopping HIV transmission.
- **Get Talking**—Talking openly about HIV can reduce the stigma that keeps too many from seeking testing.

Visit www.actagainstaids.org for more information about HIV and what you can do to educate others!

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and do not easily move. When sickle cells get stuck in the blood vessels and clog the flow of blood, a person can experience severe pain, sometimes referred to as “sickle cell crisis,” and other serious problems such as infection and stroke.

Early diagnosis of sickle cell disease is extremely important. SCD is most often identified at birth during newborn screening tests at the hospital. SCD can also be diagnosed before birth. Children who have SCD need prompt and proper treatment. Although there is no widely available cure for SCD, bone marrow/stem cell transplants may offer a cure in a small number of cases. There are also treatments available for the symptoms and complications of SCD. With good health care and a healthy lifestyle, many people who have sickle cell disease can have reasonably good health much of the time. Today, people with SCD are living longer than in the past.

The Sickle Cell Trait (SCT) occurs in about 1 in 12 African Americans. SCT is not a disease. It means that a person has inherited the sickle cell gene from one parent. Approximately 3 million people living in the United States have the SCT and many don't know it. In order to have sickle cell disease, you must receive two sickle cell genes, one from each parent. The best way to find out if SCD runs in a person's family is to consult a genetic counselor, a professional with experience in the area of genetic blood disorders. A simple blood test is used to determine the presence of either the sickle cell trait or sickle cell disease.

The Centers for Disease Control and Prevention considers SCD a major public health concern. For more information, visit the Web sites maintained by the Centers for Disease Control and Prevention (www.cdc.gov/sicklecell), the National Library of Medicine (www.nlm.nih.gov/medlineplus), the National Heart Lung and Blood Institute (www.nhlbi.nih.gov) and the Sickle Cell Disease Association of America (www.sicklecelldisease.org).

All Around ACF: Diann Dawson to Receive TRIUMPH AWARD



On Thursday, December 9th, 2010 *Today's Child Communications* and the **National Black Family Promotions Coalition** will present **Diann Dawson**, ACF Director of Regional Operations and African American Healthy Marriage Initiative lead and co-founder with the 2010 *Today's Child Champion* “**Triumph Award**.”

Today's Child Communications' Sixth Semi-Annual America's Fit for Life and Family Wellness Conference and Today's Child Champion "Triumph Award" Luncheon will be held on Wednesday, December 8th and Thursday, December 9th at the Hotel Pennsylvania in Manhattan. *The Awards Luncheon* will take place on December 9th 1:00pm-3:00pm. The conference and awards' luncheon will focus on honoring those who enhance the lives of families through their work and personal dedication.

This year's honorees also include: Terrie M. Williams, Dr. Adelaide Sanford, Marc H. Morial, George Fraser, David C. Banks, Dr. Winston Price, Al Sharpton, Kenneth Braswell, Dr. Ronald Mincy, Senator Kristen Gilibrand, Shelia Evans-Tranumn, Justine Simmons and husband Reverend Run Simmons. Register online today at www.Todays-Child.com.

UPCOMING CONFERENCE!

The Importance of Integrating Screening for Sickle Cell Disease and Thalassemia into Pre-Conception Health Care

Commemorating the 100th Anniversary of the Seminal Publication and Recognition of Sickle Cell Disease

Friday, December 10, 2010

26 Federal Plaza, New York, NY

Register at: www.CDNetwork.org/Preconception

Registration is free, but space is limited. CEUs available. For more information, call 212-264-2560.

Sponsored by: The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Region II