Presentation for the MCHB Interdisciplinary Leadership Meetings March, 2007

Health Resources And Services Administration
Maternal And Child Health Bureau

Peter C. Van Dyck, MD, MPH
Provide National Leadership for Maternal and Child Health by creating a shared vision and goals for MCH, informing the public about MCH needs and issues, modeling new approaches to strengthen MCH, forging strong collaborative partnerships, and fostering a respectful environment that supports creativity, action, and accountability for MCH issues.
MCHB Strategic Plan Goals

- Eliminate health disparities in health status outcomes, through the removal of economic, social and cultural barriers to receiving comprehensive timely and appropriate health care
MCHB Strategic Plan Goals

- To assure the highest quality of care through the development of practice guidance, data monitoring, and evaluation tools; the utilization of evidence-based research; and the availability of a well-trained, culturally diverse workforce
MCHB Strategic Plan Goals

- To facilitate access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care
The Workforce workgroup addressed the challenge of ensuring an accessible, high quality, culturally competent workforce in sufficient numbers and with the requisite skills.
Recommendations:

- to assure an accessible, high quality current and future MCH workforce with sufficient numbers and skills.

- To prepare the current and future MCH trainees with the knowledge and skills that will serve the needs of children and families of the Nation.

- To have adequate numbers of current and future MCH faculty to prepare the future MCH workforce.
The Information/Communication workgroup addressed the challenge of ensuring that the lessons we have learned are effectively disseminated and that we maximize the use of technology to further our programs’ goals.
• The Evidence-Based Decision-Making workgroup addressed the challenge of continuing to apply good science in measuring our performance, in changing the way we do business and in training new staff to use evidence-based knowledge.
The Engaging Diverse Partners workgroup addressed the challenge of effectively engaging diverse communities and families to address health disparities.
BUDGET 2008
Whenever the total appropriation exceeds $600 million;
- 12.75% of the amount is used to fund the Community Integrated Service System (CISS) set-aside program
- Remainder is allocated as 85% to States and 15% retained by the Secretary for SPRANS projects
<table>
<thead>
<tr>
<th></th>
<th>FY2005</th>
<th>2006</th>
<th>2007</th>
<th>2008(PB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCHBG</td>
<td>723.9</td>
<td>692.5</td>
<td>693.0</td>
<td>693.0</td>
</tr>
<tr>
<td>State</td>
<td>591.0</td>
<td>566.1</td>
<td>566.5</td>
<td>578.9</td>
</tr>
<tr>
<td>SPRANS</td>
<td>102.7</td>
<td>99.9</td>
<td>99.9</td>
<td>102.2</td>
</tr>
<tr>
<td>CISS</td>
<td>14.6</td>
<td>10.6</td>
<td>10.6</td>
<td>11.9</td>
</tr>
<tr>
<td>Earmark</td>
<td>15.5</td>
<td>15.9</td>
<td>16.0</td>
<td>--------</td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY2005</strong></td>
</tr>
<tr>
<td>Healthy Start</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>EMSC</td>
</tr>
<tr>
<td>TBI</td>
</tr>
<tr>
<td>Sickle Cell</td>
</tr>
<tr>
<td>Family to Family</td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding
<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008(PB)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPRANS Earmarks</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td>$4.96</td>
<td>$4.80</td>
<td>$4.80</td>
<td>$0.0</td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>$3.97</td>
<td>$3.84</td>
<td>$3.84</td>
<td>$0.0</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>$2.98</td>
<td>$2.88</td>
<td>$2.88</td>
<td>$0.0</td>
</tr>
<tr>
<td>Genetics</td>
<td>$1.98</td>
<td>$1.92</td>
<td>$1.92</td>
<td>$0.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$1.59</td>
<td>$1.54</td>
<td>$1.54</td>
<td>$0.0</td>
</tr>
<tr>
<td>Fetal Alcohol</td>
<td></td>
<td>$0.99</td>
<td>$0.99</td>
<td>$0.0</td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding.
CORE PUBLIC DELIVERED BY MCH AGENCIES

DIRECT HEALTH CARE SERVICES (GAP FILLING)
Examples:
- Basic Health Services and Health Services for CSHCN

ENABLING SERVICES
Examples:
- Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, Coordination with Medicaid, WIC and Education

POPULATION-BASED SERVICES
Examples:
- Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Counseling, Oral Health, Injury Prevention, Nutrition and Outreach/Public Education

INFRASTRUCTURE BUILDING SERVICES
Examples:

MARCH 2007

HEALTH SERVICES 2001-SPRANS

$500 --1%

$0--0%

$10,500--27%

$27,756--72%

NOW-BG

$2,247,000--57%

$809,000--21%

$460,000--12%

$413,000--10%
MCH Bureau Performance Measurement System

MCHB Needs Assessment: Health Status Indicators

MCHB Priorities and Goals

MCHB Program and Resource Allocation

MCHB Performance Measures

MCHB Outcome Measures

I. Decrease Disparities
- State/National Indicators
- Healthy People 2010
- Legislative Priorities
- Partnerships Input

II. Increase Quality
- Direct Health
- Enabling Services
- Population Based

III. Improve Infrastructure
- Infrastructure Services

INDICATORS

STATE BLOCK GRANT
- Sprans
- Healthy Start
- Emergency Services for Children
- Traumatic Brain Injury

PERINATAL MORTALITY
- Infant Mortality
- Neonatal Mortality
- Postneonatal Mortality
- Child Mortality
- Infant Death Disparity

Healthy Resources & Services Administration (HRSA)
Discretionary Grants--Levels of Performance Data

- Standardized family of 30-35 national performance measures
- Set of standardized forms similar to those in the block grant
- Minimal data set for each Division beyond that in performance measures
- Selected grantee performance measures from large grantee programs
- Other—administrative or leadership data
- Standardized application and guidance
CHILDREN’S SURVEY
National Survey of Children’s Health

- Designed to produce reliable State and National data for HP 2010, Title V needs assessment, and for Title V program planning and assessment
- To provide a new data resource for researchers, advocacy groups, and others

MARCH 2007
NSCH Survey Domains

Child Characteristics

Family Level Influences

Neighborhood and Community Influences

Child Outcomes
National Survey of Children’s Health

- Prevalence of obesity across States
- Prevalence of Breastfeeding
- Prevalence of asthma by State
- Children’s access to medical home
- Children with a personal doctor
- Children with child care
- Parents’ health practices related to child health status
- Parents’ reading to children
- Children in stressful family situations
- How safe are neighborhoods and schools
What is the Data Resource Center?

A website that delivers:

- **Hands-on, user-friendly access** to national, state and regional data from the 2001 NS-CSHCN and the 2003 National Survey of Children’s Health (NS-CH)

- **Technical assistance** by email/telephone and online materials, such as examples of data use by states and links to related websites

- **Education** -- thru e-updates, e-facts & in-person, telephone, and online workshops
What other features are available?

- **Download** cleaned, labeled state-specific national survey datasets with pre-constructed indicators and additional variables (SAS & SPSS)

- **Sign up** for regular e-updates and “e-facts”

- **Find out** about and access the latest publications, reports & abstracts using the national survey data
Data Search
“RECIPE”

STEP 1
SELECT
- GEOGRAPHIC AREA
- TOPIC to search

STEP 2
SELECT
- QUESTION
  within topic area

STEP 3
COMPARE
SUBGROUPS
  to view question results by
  age, gender, race, type of special
  need, etc.

OPTIONAL
COMPARE
results with other
STATES

OPTIONAL
COMPARE
results with other
STATES

MARCH 2007
MCH Timeline: History, Legacy and Resources for Education and Practice

Welcome to the MCH Timeline which traces the history of maternal and child health in the U.S., provides in-depth modules on topics such as MCH 101, MCH Systems of Care, Infant Mortality and MCH Performance and Accountability, and allows you to search for topical areas of interest to you.
Why Develop an MCH Timeline?

- Wisdom of the past helps us make better decisions today

- MCH History provides us with:
  - A common frame of reference
  - A shared identity
  - A source of inspiration
Historical Pinpoints from 1798-present

Clicking on a pinpoint displays images, facts, history, and links about that event
1874: Society for the Prevention of Cruelty to Children established

Background

The first organized attempts to protect abused children arose from the humane work being done for animals. The American Society for the Prevention of Cruelty to Animals was established in 1866 by Henry Bergh. In 1874, a woman came to Mr. Bergh seeking help for a brutally abused foster child, Mary Ellen Wilson. Since there was no agency to protect children, the Society for the Prevention of Cruelty to Animals was the only agency to take responsibility for helping the child. Stemming from this episode, the Society for the Prevention of Cruelty to Children was founded.

Impact

With the inception of the Society for the Prevention of Cruelty to Children, the protection of children became a more widely publicized issue and thus a growing concern for state and local governments.

Related Links

http://www.fortunecity.com/meltingpot/macau/1192/id49.htm
On May 17, 1954 the Supreme Court announced its decision that "Segregation of white and Negro children in the public schools of a State solely on the basis of race, pursuant to state laws permitting or requiring such segregation, is inherently unfair and contrary to the Constitution of the United States."
Narratives provide a thorough overview of the topic, including historical perspectives, current issues and rich reading and web resources

- MCH Public Health 101
- MCH Systems of Care
- MCH Performance and Accountability
- Infant Mortality
MCH Public Health 101

In the timeline above you will find events along the timeline that relate specifically to Public Health 101. Click on any event to learn more about the specifics of that event. To return to this MCH Public Health 101 introduction page click the "MCH Public Health 101" link just below the timeline interface on the left hand side. Below are chapter headings for the MCH Public Health 101 narrative that provides an overview of this topic. Click on a specific chapter, or view the chapters in order by starting with the "Introduction" chapter.

- Introduction
- A Brief History of MCH in the United States
- The Title V Maternal and Child Health (MCH) Program Today
- The Maternal and Child Health Bureau (MCHB)
- Requirements of the MCH (Title V) Block Grant
- A National System to Monitor the Health of MCH Populations
- The MCH Pyramid
- MCHB Strategic Plan
- Selected Readings and Web Resources
Systems of Care

In the timeline above you will find events along the timeline that relate specifically to Systems of Care. Click on any event to learn more about the specifics of that event. To return to this Systems of Care introduction page click the "Systems of Care" link just below the timeline interface on the left hand side. Below are chapter headings for the Systems of Care narrative that provides an overview of this topic. Click on a specific chapter, or view the chapters in order by starting with the "Systems of Care: Concepts, Components & MCH Examples" chapter.

- Systems of Care: Concepts, Components & MCH Examples
- Community Health Centers
- Family Planning
- Health Care Financing
- Nutrition
- Welfare
- Head Start
- IDEA
Performance and Accountability

In the timeline above you will find events along the timeline that relate specifically to Performance and Accountability. Click on any event to learn more about the specifics of that event. To return to this Performance and Accountability introduction page click the "Performance and Accountability" link just below the timeline interface on the left hand side. Below are chapter headings for the Performance and Accountability narrative that provides an overview of this topic. Click on a specific chapter, or view the chapters in order by starting with the "Introduction to MCH Performance and Accountability" chapter.

- Introduction to MCH Performance and Accountability
- To Whom and For What is MCH Public Health Accountable?
- History of Public and Private Sector MCH Performance and Accountability Efforts
- Public Health Accountability Efforts: Moving from Needs to Outcomes to Systems
- Private Sector Accountability and Performance: Quality, Efficiency and Cost
- Federal Government Performance and Accountability Efforts
- Medicaid and State Children’s Health Insurance Program (SCHIP) Accountability
- Maternal and Child Health Bureau Performance and Accountability
- Current Issues
- Conclusion
- Suggested Reading and Web Resources
How Can I Use this Site?

- Orientation for new faculty
- Orientation for new trainees
- Preparation for Speaking to Community Groups
- Personal Rejuvenation and Inspiration
MCH Timeline-Planned Features

- Links to Interviews of MCH Leaders
- Links to Historical documents from the MCH Library
- New In depth Modules—Genetics
Maternal and Child Health Bureau

Research to Policy and Practice Forum: Periodontal Health and Birth Outcomes

Washington, DC
December 11-12, 2006

Highlights of a Meeting of Maternal, Child, and Oral Health Experts

Peter van Dyck, MD, MPH
Associate Administrator
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

Planned by MCHB in collaboration with:

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Office of Women’s Health, Health Resources and Services Administration
- National Institute of Dental and Craniofacial Research, NIH
- National Institute of Child Health and Human Development, NIH
- NIH’s Office of Research on Women’s Health
- Office of the Surgeon General
Meeting Objectives

- Review evidence-based research relevant to the relationship between periodontal disease in pregnant women and birth outcomes

- Review current policies, programs, and practices within the public and private sectors to address the oral health needs of pregnant women and improve birth outcomes

- Offer public and private health leaders the opportunity to dialogue about future directions in research, policy, program and practice related to women’s periodontal health and birth outcomes
AGENDA

- Overview of Background Papers
  - Review of Scientific Evidence Related to Periodontal Health and Birth Outcomes
  - Policies, Programs and Practices Addressing the Oral Health Needs of Pregnant Women

- New Findings from Federally-Funded Clinical Research

- Workgroup Discussions and Reports
  - Future Directions in Policy/Programs (2 workgroups)
  - Future Directions in Research (1 workgroup)
Good oral health is important across the lifespan. Pregnancy is an opportune time to promote oral health and healthy behaviors, including education about the prevention of dental caries.

There is growing evidence of an association between periodontal disease and increased risk of several adverse birth outcomes, especially in economically disadvantaged populations.

More studies are needed to examine possible associations between periodontal disease and birth outcomes.

Scaling and root planning are safe for pregnant women with periodontal disease.
Future Directions

- Creation of a research agenda that supports multiple strategies to improve the oral health of pregnant women
- Development and dissemination of practice guidelines for providing oral health care to pregnant women
- Increased investment in oral health promotion and prevention
- Implementation of strategies that increase access to oral health care
Forum Summary and Materials

National Maternal and Child Oral Health Resource Center Web Site

http://www.mchoralhealth.org/Materials/Multiples/PerioForum/
High above the hushed crowd, Peter tried to remain focused. Still he couldn't shake one nagging thought: He was an old dog and this was a new trick.
Peter C. van Dyck, M.D., M.P.H.

HRSA/MCHB
http://mchb.hrsa.gov/