MCHB/EPI Atlanta GA Conference

December 10 - 14, 2005

Welcome Address

JANET COLLINS: Well good morning everybody and welcome to Atlanta. If you travel as much as I do you may wake up here and wonder if you're in California or Florida because our weather is just bizarre for December, but try to get outside and enjoy it. You're probably packed completely inappropriately for December in Atlanta. But it reminds me--I'm a Californian so I'm just delighting in our current weather and enjoying every bit of it and I hope you do as well.

Thank you and welcome in joining our 13th Annual Maternal and Child Health Epidemiology Conference. And the title of the conference, Making Methods and Practice Matter for Women, Children and Families I think is just the right title and really reflects many of the sessions that you'll be participating in over the next couple of days. Really looking at ways that our science, our knowledge can be translated and put into practice and really make a difference, move the dial on the health of families, women and children.

Well I have a few minutes to just give a welcome from CDC and I won't even attempt to go over all that's changing at CDC, but I do remember addressing you last year and talking a bit about the CDC goals process, so I want to just bring you up to date briefly on that. And then I'd like to turn to a little bit more of a

focus on our center for a few minutes and sort of putting the context of the work that you do within our Center for Chronic Disease Prevention and Health Promotion at CDC.

To date the goals process has produced some initial draft documents that are available for review. And I know many of the partner organizations that have joined us in putting on this conference have access to those documents and are in the process of reviewing them and we look forward to your input. I think the most--perhaps the most important pieces of the 14 draft goal plans at this point are really those that focus on the lifespan approach to looking at public health issues. And so there is a draft goal plan, for example, on infants, on children, sort of middle childhood, on adolescents, adults and older adults. And clearly your work really spans that entire array of lifespan issues and we'd very much like to bring, you know, an MCH examination of what we have put forth here and really get your input as it's revised into a final form.

But you know I sort of think the goals process at CDC reflects a bit about how you approach your work and have historically from a more holistic and population based approach of looking at the challenges, the strengths, the barriers and the promoting factors for good health in a more coordinated and holistic approach. And so these goal plans are really--we think of them in a sense as sort of a horizontal slice of what we do at CDC so that in any given lifespan area we're

looking at issues of immunization and preparedness and chronic disease risk and MCH health issues sort of across the board for any given life domain.

That's not quite, as you know, how we're organized at CDC and so we continue to have our organizational features be in more vertical pieces. For example, in my center we have divisions of cancer control, of diabetes control, of heart and stroke, but we also have some very cross cutting divisions and the Division of Reproductive Health reflects one of those as does the Division of Adolescent and School Health and the Division of Adult and Community Health. All three of those divisions in my center have always had a very cross cutting approach looking at the settings in which we can reach school age children, the settings in which we can reach mothers and infants and the settings in which we can reach adults especially through community based interventions. So that's the status of the goals process. It's made some progress but it certainly is still under development and we're certainly interested in your reactions to where we are in that regard.

In my own center we're turning 20 years old in January and so we're sort of looking at ourselves and assessing where we've been and what we've accomplished and what the future holds for us. And as part of that we've set four strategic priorities that I will briefly review with you. And I think you'll find them extraordinarily consistent with the themes of this conference and the work in particular of the Division of Reproductive Health. That division indeed is twice as

old as the center is so it has a very lengthy history and joined our center so we're sort of the new guys on the block.

The strategic priorities that we have set I think really reflect the values of our center and the directions for the future and I'll just review briefly with you what those are. I participated in the AMCHP board meeting just two days ago and was absolutely struck by the consistency between the AMCHP's current strategic planning efforts and the values and priorities set forth in that document and our own work. And these were done relatively independently but I think ended up at very similar places.

The first strategic priority then for the Chronic Disease and Health Promotion Center is a focus to really focus and enhance our investments in the area of well-being. And by that I mean looking at those areas that we can invest in that are more upstream in nature and that really focus on a healthy early start and doing all that we can to promote positive health rather than trying to repair disease conditions later in the life span. So, you know, we are the agency that is the agency for prevention in the country and yet when you look at our investments we feel that we really need to invest more upstream early on and in support of well-being and health.

And the one arena that I just would like to highlight within DRH as regards this whole focus on well-being is the whole area of youth development. And I noticed

some of the posters are focusing on this reflecting the work that you're doing in cities and states around the country. And we just had a day, well last week, DRH held an expert panel with folks from all over the country who are really experts on youth development and I think we're going to be really taking a much--a closer look at what we're able to do in this arena in terms of investing in the research that needs to be done as well as the program development, really looking at how we can assist young people in achieving developmental goals, in feeling connected to their communities, their neighborhoods, schools and families, in having a positive identity and a feeling of self-confidence and ability to achieve and really looking at youth development as a way to underpin and prepare young people to have optimal health and optimal performance, thereby avoiding a number of risky behaviors. So certainly looking to invest and do additional work in that arena.

The second value area is the area of health equity and really issues of elimination of disparities underpins all of the work that we do in the center across the board. In particular, I know this conference and your work is extremely focused on very intractable issues of disparity in terms of mother and infant health. For example, African American women are three to four times more likely to die in childbirth than white women. And while we have 12% of all infants born pre-term for African American infants, the rate is 50% higher contributing in large part to why we see black infant mortality rates being double those of white infants.

So these are first and foremost on our agenda in terms of our research and in terms of our program and practice is to eliminate disparity gaps. And we have some really nice experience and evidence that in fact that is fully achievable and I reference the REACH program, Racial and Ethnic Approaches to Community Health, where we've shown that with decided, clear focus and investment at a community level and with a clear goal of elimination of disparities indeed that can be achieved. Now it becomes far more difficult when we don't fully understand all of the reasons for the disparities that we see and that's certainly the case in this arena. So we have more research to do as well.

The third value area is one that I'm particularly focused on and that is research translating, taking the existing science base and turning it into practice. And I think this really reflects the meaning of the title of this conference, Making Methods and Practice Matter for Women, Children and Families. And the way we make it matter is to take the research base that exists and that we're contributing to but really turn it in to practice based tools that make it easy for practitioners not to read 300 research articles and discern what all of that means but to bring that together into guidelines and then to turn those guidelines into tools, into programs, into model policy work that folks in the field in communities can take and use and activate.

Certainly DRH is doing considerable work in this area of research translation, especially in the arena of teen pregnancy prevention where they have underway the 16-state teen pregnancy coalitions with--working with four Title X regional training centers and three national organizations all coming together to really build the capacity of youth serving agencies to know how do I select an effective program, you know, what is the best practice approaches and how at a local level do I evaluate and monitor what I'm doing to ensure that I'm having the impact that's intended.

Our fourth value and final value area is the whole area of policy promotion. And again, I guess I would put this under the category of making it matter as your conference title states. And I think the whole arena of policy promotion has just shown us to be an area that produces major, major public health impact, whether it's in tobacco, in lead, in fluoridation, in tobacco control, policy promotion has the type of scope and impact that we really need in public health. And certainly we're--DRH is activating and you together with us are activating the whole policy arena. In particular I'm thinking about the PRAMS data and the way that it is used to really promote state and local legislation issues.

Alaska used the PRAMS data, for example, to support legislation supporting women for breastfeeding in public and after that law was changed, Alaska has found an average increase of 12% in the number of women breastfeeding. Maryland used PRAMS data to inform their state legislators about post partum

depression and as a result of that data and this is really data sort of driving action new legislation was enabled to mandate that we provide mothers in Maryland with the education they need before they leave the hospital about post partum depression. Oklahoma, for example, used PRAMS data to create the PRAMS-Gram which is a report on infant sleep positions. And the report was sent to a wide audience in terms--including health agencies, law enforcement agencies and legislators. So just examples of the way that we can take the data that we're all working so hard to make sure is valid and of high quality and really put it into practice and really make a difference in the lives of women, children and families.

Now, just two comments on two sort of method areas that support these four value strategic priority areas and that's just a brief comment that we're particularly focused on workforce development and we're particularly focused on partnering neither without the trained and effective workforce in the arena of MCH and without the full partnership represented at this conference we're not going to be able to achieve those strategic priorities. And I hope this conference reflects a sort of training and experience that we're committed to in terms of workforce development. DRH and CDC also supports a number of training opportunities, for example through the Council of State and Territorial Epidemiologists we currently have eight interns assigned to MCH EPI programs. Through the directors of health promotion and education and its internship program for students and minorities serving institutions, DRH supports eight placements of students around the country.

At this conference, as an example, 75 scholarships were provided to enable the attendance of students and state staff. So these sorts of workforce efforts are on the top burner for us but we think we need to invest even more attention and resources to the area of workforce development. And then, of course, partnerships and Juan mentioned all the key partnerships that make this conference possible but really reflect the underlying partnerships that make our work possible. HRSA's Maternal and Child Health Bureau, the Association of Maternal and Child Health Program, CityMatCH, the Council of State and Territorial Epidemiologists, the March of Dimes to just name a few. These partners really represent thousands of people working in public and nonprofit sectors that are dedicated to the critical needs that we see in maternal and child health.

And so to just end my welcoming comments, I want to acknowledge Dr. Greg Alexander's work which will reflect the first plenary here and express my condolences to Donna Peterson and her family and all the friends and family. This was Greg's second family here in the audience and we're so proud to be able to host this upcoming plenary to really celebrate Greg's life, to celebrate his work and, you know, his commitment really exemplifies all that we're talking about in terms of mentoring and support of the next generation of MCH professionals. And so we're just very, very touched to be able to host the upcoming plenary. Thank you so much. Enjoy the conference. Enjoy the

sunshine. Enjoy the holiday shopping across the street. I feel like I'm the Chamber of Commerce up here, but do get out and enjoy our lovely city and welcome to you all.