

MCH EPI Conference

Welcome Address

December 8 – 11, 2008

MICHAEL D. KOGAN: Well, good morning. I'm pleased to be here. I'm substituting for Dr. Peter van Dyke who would have loved to be here. Unfortunately, he had to cancel at the last minute and asked me to take his place. As you know, as Wanda mentioned, Dr. van Dyke has been a strong supporter of this meeting in this area for many years. And so, in the welcome today, first thing I want to mention is how honored and pleased we are with our partnership in CDC with all the activities we do. We try to co-sponsor with them on almost all the activities we do in MCH Epidemiology.

Now, because those of you who work in the States often have to respond to performance measures from the Maternal and Child Health Bureau, I put together some performance measures on how the field is doing. And so, I just want to go through these for a little bit as part of the welcome. Here are things we look at: the number of registrants to this conference from 2000 has grown from 400 to over 500 in 2007; the number of presentations, trainings, and meetings at the MCH EPI Conference has also grown.

Originally, the conference was just two days. It's expanded to two and half days, because there was so much information and look at the increase in meetings if you look at your book. In the last couple of years we've added a session on

student mentoring, which will be tonight. We've added a session on -- new this year -- on state MCH epidemiologists and they're newly formed organization. Now, personally, I think we're going a bit too far if you look at the program for Thursday night where there's a meeting of left-handed MCH epidemiologists who want a chocolate cake for their birthday and live in states that begin with vowels. In addition, the number of CDC, HRSA, MCH EPI assignees has grown from one in 1987 to 12 starting on January 1.

CSTE does periodic studies on investments in epidemiology and different fields. What they found was MCH EPI had the second greatest increase in state-based epidemiologists from 2000 to 2007 -- or 2006. The number increased from 106 to 171. The percent of states able to provide substantial-to-full capacity in MCH EPI increased from 35 percent to 52 percent and that's all due to your good work.

In addition, through our joint trainings, we've trained over 350 people in that time in epidemiologic methods through our joint course in MCH EPI and justice and advertisement, in case you haven't taken the class yet, next year's class will be in Tampa, Florida, May 17 to 21. In addition, 400 to 600 people have received the AMCHP trainings in the two days before this conference.

Sam talked about peer review publications as one measure of performance and one thing to look at. Well, in that time, the number of submissions to maternal and child health journal has more than doubled from 74 to 200. The number of

articles in eight U.S. public health journals mentions pre-term, it's increased from 46 to 80. For low birth weight, it's increased from 94 to 125. And best of all, you know we've been meeting here in Atlanta the last few years, well, there are plans to move the meeting out of Atlanta next year. And this photo was actually taken as the committee voted on it last year. As you can see, the vote was unanimous.

And yet, despite a whole raft of looking at performance measures that are positive, there are areas we have to look at differently. The MCH Block Grant has changed from 709 million down to 693 million. It's now at its level from 1993.

Starting with the birth of Julius Caesar in 100 B.C., there's been a sharp increase in cesarean sections. And actually, the main increase has come surprisingly from 1996 to 2006. There's been a 50 percent increase in C-sections performed. As you all know, there's been an increase in pre-term births -- an increase of about 20 percent since 1990, same with low birth rate. Childhood obesity has gone up. In addition, if you looked at the paper this morning, and not just the sport as I did, you would notice there was an article on page three talking about how public health is going to be affected by the economic crisis. It mentioned already 11 state health departments have had public health cutbacks already. So, we're entering into a tough era. And so, what we have done, we have done well. Some things maybe are out of our control like C-sections or possibly pre-term birth.

There are other things we can do.

I'm going to talk for about two more minutes about some data initiatives that we've had. This year, we released data on the National Survey of Children with Special Healthcare Needs and, as you know, it's the second one in tracks; it's the second ever national survey on kids with special healthcare needs and it looks at areas like functional limitations, health care access, and burden and impact on the family. And it gives this information you can look across -- It gives you not just national estimates, but states estimates. Here you see the wide range on the prevalence of Children with Special Healthcare Needs across the state. It's a way to look at our whole system and families experiences for providing care. Yes, we'd like a comprehensive system, but as this line points out there are holes in the system.

Parents of Children with Special Healthcare Needs who had autism spectrum disorder, about 60 percent had to cut back or stop work compared to only 18 percent of other families who have children with special healthcare needs. As I mentioned, there was a second one so it allows us to compare. Here you see a phenomenal shift, just in between those two surveys in the percent of Children with Special Healthcare Needs who are covered by public insurance -- a 33 percent increase in just four or five years.

We conducted the National Survey of Children's Health in 2007 and it's the second one. Probably most of you are familiar with it and I'm not going to go through the list of topic areas but, as you can see, we look at both positive and

not so positive outcomes. We wanted to get a picture of the child's environment, about the children across the country. This data is scheduled to be released in February or March of 2009 and if you just want to do a quick query for any of the data sets, you can go to www.childhealthdata.org.

And finally, we're going to be going into a field with the Third National Survey of Children with Special Healthcare Needs. And again, I want to -- let me also mention here -- we do this in partnership with the National Center for Health Statistics. None of this could be done without their good work. And finally, to leave you on a positive note, the Title V Block Grant Five-Year Needs Assessment is coming up in July 2010. And as you know, it's not just something you think about just before the assessment is due. It's an ongoing process that helps you to evaluate what your priority areas, what are the needs for improvement. I just want to mention the new guides to the Block Grant will be issued this spring and there will be technical assistance on capacity assessment for state MCH and Children with Special Healthcare Needs Directors right at the end of the AMCHP meeting.

So, once again, I welcome you to the conference. I'm delighted you can make it.

Thanks very much.