

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

MCHB Divisions and Offices

MICHAEL KOGAN: Well, good afternoon. I'm glad to be here. Thank you so much for coming. Well, those lights are awfully bright, I can't really see much out there. Are any of my enemies out there? If you are, could you raise your hand really high? So a couple. Okay. I can live with that.

I'm going to begin by asking you a question. Am I forwarding this or you? Next. Okay. Here's the first question for you. Why is it important that you use MCH data to guide your programs? Any thoughts on that? Raise your hand. Any ideas? Well, let me look. Here are some people who used MCH data to help guide their MCH programs. Here's someone who didn't. Now, can you notice any differences? What do you think?

Now, here's what we're going to do today. I'm going to describe each of the focus areas of our office and I'm going to provide descriptions of each project and we'll see--it's up to Ann if there's time, we can do the last part.

Now, in this talk, I'm going to focus on the first area, second, fourth and fifth. The first area is building and enhancing human resource capacity in MCH Epi. The

second is building up data systems at different levels. The fourth is collecting and analyzing data related to our strategic planning goals. And the last is coordinating our program accountability and evaluation and policy analysis.

Here's the staff who work in our office. Here are their pictures. Are you writing down their names or do you have the slides? Okay. Here are their pictures. As you can see, they generally look like happy people. Here's people we brought in for a specific task this year. You get 10 points if you can guess every one of those people in the pictures. Does everybody--does anybody know who all those people are? Nobody. Okay. The people on the lower left are the people who were convicted in the Enron investigation. They help with our budgeting.

So, in the first area, building and enhancing human resource capacity in MCH Epidemiology. We have a number of programs here and I'm going to talk about them for a minute or two because they affect you, people, in the States. And the first, we offer a series of web-based MCH Data Speaks providing skills training and they can be on a number of programs such as providing information or recent findings from our latest national surveys, in the evaluation of other programs, and MCH programs on breastfeeding, prenatal depression. We have a very long list and you can go to their archives. And the people who are doing the filming today are the people who do our Data Speaks.

Secondly, we support MCH doctoral students. We have programs with nine schools of public health and we fund students particularly who deal--those who work with state health departments and they're--with their dissertation to get their data there because we want to try and foster links between academia and state health departments. We also support the program--we worked with CDC on the state-based MCH Epidemiologist program. We currently have senior level epidemiologist in about 15 states. We co-sponsor the MCH Epidemiologist, Epidemiology Conference every December. And with CDC, we also sponsored two-day training before the conference. There--we--there's about 40 people. We do it through AMCHP and this--it's on a different topic every year, whether it's how to link data sets, how to use medicate data. This year, it's on how to do trend analysis in large and small areas.

If you're also interested in getting a master's level student for an internship program in your state, we have the Graduate Student Intern Program. It's a 12-week program. We also provide support to states. A lot of the time states may have the data but may not have the time to analyze the data. We have a program that if somebody in your state--in your MCH department or your Epi department is interested in publishing something in a scientific journal, just contact us. And with the data, we will help you write the paper, you would still be the first author because we want to get more of what you do in the public domain in scientific literature.

And finally, we offer annual course every year, a five-day hands on course in MCH EPI training, again, with CDC and this year's course, next year's course will be in Chicago in May. Now, our next focus area is building and enhancing data systems of the national state and local levels. Cute kid, isn't it?

Okay. Your new leaders, this is the 21st century. This is basic information about children's health. So, let me ask you some questions. How many of you know about how many kids and what percent of kids are reported to have asthma in your state? Raise your hands. Nobody, huh?

UNKOWN SPEAKER: (Inaudible).

MICHAEL KOGAN, PH.D.: Pardon?

UNKOWN SPEAKER: There were a couple of them.

MICHAEL KOGAN, PH.D.: Oh, about two people? Okay? Do you know about how many kids have periods without health insurance in the course of a year in your state? Particularly relevant question now that they're with the issues of SCHIP going on. How many people know what percent of kids appears without health insurance? One person? About what percent of kids have physical and emotional problems among children? What percent have unmet needs for treatment in your state? How many people know that? Amazing, huh? How do

you know if you have a problem if you don't know how many kids have the problem or where it's located?

Let me ask you an easier question. How many homeruns did Carl Yastrzemski hit when he won the Triple Crown 1967? Anybody know the answer? Anybody want to guess? Raise your hand if you want to guess. There's prizes.

UNKOWN SPEAKER: Seventy-seven.

MICHAEL KOGAN, PH.D.: Pardon?

UNKOWN SPEAKER: Seventy-seven.

MICHAEL KOGAN, PH.D.: No. Any other guesses? It was lower?

UNKOWN SPEAKER: Fifty-six.

MICHAEL KOGAN, PH.D.: Are we going To go down by ones?

UNKOWN SPEAKER: Fifty-four.

MICHAEL KOGAN, PH.D.: No. Okay. Last guess.

UNKOWN SPEAKER: Forty-nine.

UNKOWN SPEAKER: Forty-two.

MICHAEL KOGAN, PH.D.: How many?

UNKOWN SPEAKER: (Inaudible).

MICHAEL KOGAN, PH.D.: No. It was--oh, I see my time is up. No. It's forty-four. Okay. Let me give you one that you can get. Anybody know the answer to this?

UNKOWN SPEAKER: White.

MICHAEL KOGAN, PH.D.: White. Who said white? Raise your hand if you said white.

UNKOWN SPEAKER: Will you give us a prize?

MICHAEL KOGAN, PH.D.: You really get a prize. Raise your hand.

UNKOWN SPEAKER: It really looks great. I mean--

UNKOWN SPEAKER: Is it a trip to Paris?

MICHAEL KOGAN, PH.D.: Is it what?

UNKOWN SPEAKER: (Inaudible).

MICHAEL KOGAN, PH.D.: No. It's not a trip to Paris. That's for paying attention.
But I'll bring you a prize when I leave.

UNKOWN SPEAKER: All right.

MICHAEL KOGAN, PH.D.: Okay. I promise.

UNKOWN SPEAKER: We have witnesses.

MICHAEL KOGAN, PH.D.: Okay. Well, isn't it amazing that at the beginning of the 21st century, in most states, we didn't know basic information about children's health? Incredible, isn't it? The richest country in the world, we didn't know that. We embarked on the program with the first survey in 2001, with a survey, a different survey every two years to obtain that information at the state level, the first children survey ever do that in this country. It was a part--again, we fund it, we design the surveys, and we have partnerships with CDC, they collect the data.

Now, for the national survey of children's health, that's a survey on the general health of children. It gathers information on physical health, mental health, emotional health of kids. We did this survey in 2003, 2004, and again, we did this year in 2007. It was 2,000 children per state. It's to help you obtain information on your performance measures, and help you guide your programs. It's not moving.

The survey we did in 2001, and again, in 2005 and 2006, was a survey of 40,000 kids with special healthcare needs. Again, first survey to do it where we could get state level estimates, there were about 750 to 1,000 kids per state. And we got that--this survey--these surveys focused on information on the healthcare experiences and the needs of children--special healthcare needs in their families. And in 2005 and 2006, we also collected information on different subjects that we did in 2001. Many would say, but this time, we also have data on chronic conditions of children and functional limitations of children. That data is probably going to be released to you at the end of November or early December of this year. There you go.

We're also concerned about how to use data efficiently. We have programs on how to integrate data you already have, and to integrate your child information systems. We funded a series of grants over the years, how to strengthen systems, how to integrate systems. Now, we have programs on how to evaluate systems. Doesn't it make sense. Now, I see that you have the slides. There's a

very important website here. This is www.childhelpdata.org. We have a program jointly with the division of Child Adolescent, Family Health and division of children's special healthcare needs to fund the web-based resource center. You can go to this website and get instant information about your state from any of our surveys. You don't have to have a background statistics. You don't have to know squat about data. You can go in and type out percent of my kids--percent of kids in my states with such and such a condition. And it will provide the information to you instantly.

We have other data collection and analysis activities. Let me just focus on ones that are relevant to people on state level. Every year, we produce a document called Child Health USA. It's the latest extant information on children's health in the country. We bring a number of different sources in and put it into a small booklet that people find useful about the city and state level. We do the same for Women's Health USA, and we do that jointly with the Office of Women's Health. In addition from our surveys, we produce chart books with national and state data on children's health, oral health, obesity, physical activity, and world children's health. We've also produced chart books in adolescent health, children with special healthcare needs. We had a special issue of the Maternal Child Health Journal devoted exclusively to state level analysis from the children's special healthcare needs survey. We also had a special issue of pediatrics with results from the national survey of children's health which contains both national and state level information. All of these chart books, all of these special issues are

available to you. They should be on a table available somewhere during the conference. In addition, we also publish in scientific journals.

Now, the last focus area we have is planning policy and evaluation. And here, what's relevant to people at the state level is we service the policy lead for Medicaid and state children's health insurance program, and MCH financing issues. What's relevant to you is each year, we do about five workshops bringing together leaders in the state for EPSDT training, and how to get people more involved in that activity. We also have an 800 number on Insure Kids Now! The website for that, which is again particularly relevant with the SCHIP debate going on, is www.insurekidsnow.gov.

In addition, you're all--you may all be familiar with the state performance grant system, the Title V System.

We also have a discretionary grant performance measures, too, where our grantees have to respond to performance measures. The data for that is expected to--some of it is expected to be public in spring, early 2008.

Another resource that I think would be useful to you is the MCH library. And that's www.mchlibrary.info that has easy access to all of our publications, a lot of our documents, um, articles in the field.

And finally, we do evaluation of a number of programs, traumatic brain injury. We're working with--we've been working with Healthy Start, and we have to do performance reporting, too, for the government as we monitor the effectiveness of our programs.

And finally, we're available to do technical assistance. All you have to do is call. We're happy to help you with any questions involving data or statistics or epidemiology. My number is at the end here, and there I am.

So, thank you very much for your time. I appreciate it.