

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

MCHB Divisions and Offices

ANN DRUM: Thank you, Bonnie. And last but not least will be the Division of Healthy Start and Perinatal Services, which is led by Maribeth Badura.

Maribeth is a nurse and has worked both nationally and internally, is well-known as an expert in perinatal services, infant mortality and women's health. And Maribeth is probably one of the most popular leaders in MCH. She is well-known for her gentle, steadfast, modest leadership. And everybody loves Maribeth. So, Maribeth Badura.

MARIBETH BADURA: Thank you, Ann.

ANN DRUM: You're welcome.

MARIBETH BADURA: As Ann said, I'm director of the Division of Healthy Start, Perinatal and Women's Health. And I'm here to tell you what's happening in our division. Hopefully, I'll get these slides right.

Our target audience is women across the life span. Though we do have a particular emphasis of women on reproductive age and their infants--oops, okay. Here we go.

Our program activities are very definitely involved in the decision making of the actual grants that we administer in our other activities: women, families and their communities. That's a thread that runs through all of our programs.

We take a life span approach, as many of you are doing, and we focus on risk reduction prevention, infrastructure and systems building. And we have a special emphasis on elimination of health disparities, common themes you're going to see through all of the bureau's activities.

I'm just going to highlight some of our most recent activities in the fiscal year 2006 and 2007. We have had a series of grants over the past seven or eight years that are focused on interconceptional care, the time between pregnancies for women. And we actually look at that as a 24-month period. This is a sort of a component that is very linked to the preconceptional care activities that the department is now emerging into. We actually started this activity, though, in 2000, and we had awarded a series of 35 grants during that period. We're taking the lessons learned from that interconceptional grants, synthesizing them and publishing a publication that we expect to be available by December of this year. And we'll make sure that everyone of you got a copy of it.

We've also had a focus on risk reduction grants, fetal alcohol, alcohol abuse, substance abuse, domestic violence, family violence, obesity in women, perinatal depression, and again, a series of, perhaps, 55 grants in that area since 2000. And we are going to be focusing on pulling the lessons learned from those grants and, again, sharing them with you. We expect that this publication probably won't be available until October of next year. But we're very excited about both of those publications.

And then, something you'll hear later about, if you're going to be going to one of our breakouts on breastfeeding. And that's--we've developed an employer tool kit for worksite Lactation Support programs. This will be a major campaign. It will be a campaign that will involve both our Healthy Start communities, but we also will be working with state breastfeeding coalitions. And over a series of three to four years, we'll be working with about 18 to 24 states in this area. So stay tuned for more announcements in this area. We expect that the publications and--this is going to be a wonderful resource kit. It will be available to you by December of this year. They're going through final clearance as we speak.

We've also have some grants that are working on key areas. Key area, of course, is child obesity, and we know that one of the areas that influences child obesity is healthy weight for the woman. We focused on this particular area for about--well, it's about four years now. We have a series of 17 grants that we've

awarded in this area. And we expect that we will be having a new competition in this area this fiscal year. We expect that the announcement will be out on the street within the next month. It's in final clearance as we speak right now.

This particular cycle will build on the work of the Institute of Medicine on their guidelines and their work on prenatal weight gain, and we'll focus on the perinatal period; from the time of pregnancy to the first year after delivery. This is a very competitive grant cycle. The last time we offered this, we had close to 260 applications. And many of the states actually were successful applicants in this. So we encourage you to look for this application and to apply.

We also--because of our work in fetal alcohol, do have an earmark that is doing training activities in the variety of states on fetal alcohol spectrum disorder.

We have--in the infrastructure building area, we've got a series of grants that are coming to an end on an integrated Women's Health State Infrastructure Systems Building grant. The activities of these grants will be part also of our risk reduction synthesis. We have some Women's Behavioral Health Systems Building's grants. They are also coming into their last year. These were in Oregon and in Maine.

We have responsibility for the National Fetal Infant Mortality Review Resource Center, which just had a national conference this summer that many of you

participated in. And we also have responsibility for the National Healthy Start Leadership Training Center.

We--because of our work in perinatal depression since 2000, we've also been the recipient of a perinatal depression earmark, and we awarded, in 2004, 2005, and 2006, a number of grants to states to work on perinatal depression.

The 2006 appropriation focused on more than just women, though. It actually moved into the area of prevention and early intervention for maternal and infant mental health. And the six states that received that award are Iowa, Illinois, Kentucky, Louisiana, Massachusetts and Pennsylvania. And they'll be going into the second year of their award.

As part of our activity in perinatal depression, we released a publication. I think all of you received copies of this. We've distributed nationally about 300,000 copies already, and there are more available. But it's a resource guide for perinatal depression for women, their families, and communities. And the biggest message in the book and its resounding theme throughout is to tell women that they are not alone and that help is near. And that's the focus of the entire campaign.

Our other focus, as I said, is health disparities. And this particular slide shows you where we are nationally, where we want to be, and where we're not going to

be by 2010, which is a target goal of having the national rate of 4.5. You can see we're not going to make that for most of our ethnic and racial groups.

We are working with the Office of Minority Health and the secretary, and this is a new publication they've just released. It's called the "Healthy Baby Begins with You." And here's the cover shot of it. Again, these publications are readily available from our HRSA information, clearinghouse, as well as from the departmental clearinghouse.

And our final program that deals with health disparities is our Healthy Start Program. Its goals are to improve healthcare access and outcomes for populations deemed high-risk and promote healthy behaviors and--the program originated with some input, in 1991, from the Department of Defense. And so, it's to combat the causes of infant mortality. You can see their influencing factor on that. The authorizing legislation is under the public health service act. And currently, there are two bills in congress, one in the House and one in the Senate, to reauthorize the program.

Here are the sites. I know you can't really see all the sites on here. But if I would put up a slide showing you where we are not meeting our 2010 objectives and how--what states are having the highest problems of infant mortality, it would very much parallel where the Healthy Start Programs are.

These are our cycle for Healthy Start. These are discretionary grant programs. They are competitive. We have 92 communities in our general disparity. Basically, projects that apply here must have an infant mortality rate one and a half times the national average, so that the national average--our baseline for upcoming competition will be 2002 to 2004. So programs--communities that are eligible would have to have an infant mortality rate of 10.35. We have a cycle that is ending in 2008, as you can see here. We have a major cycle ending in 2009, the 74 grantees, and a smaller cycle in 2010.

We also have a focus along the border area for our native Alaskan and native Hawaiian communities. We have seven grants in this particular area. Two of the grants are ending in 2008. Three will be ending in 2009. And two will be ending in 2011. On the 2008 cycle, Dr. van Dyck will show you as he goes through his slides.

The Senate has given us the same amount of money as we've had in previous year. The Senate has also included preference language, which means after an application goes through the objective review, those grantees who were offered the preference move to the top of the funding list. The preference language in the Senate has been one that's been there for several years and it awards preference to current grantees. However, the House has very different language. They have increased the appropriation by about \$20 million. And those \$20 million are to go to new communities.

So, we expect that there will be a compromise between the House and the Senate on it. We anticipate that we actually will be awarding funds for new communities in this upcoming cycle. And we expect that the announcement for this competition will be out on the street. In the next two weeks, it will be available to you on grants.gov, which is where all of our discretionary grant application announcements are posted. You can go there now and sign up for any--for the Healthy Start grant announcement so it'll come to you, or any of the other programs in any of our bureau divisions that are competitive, and they'll send you an announcement then when that particular application guidance is released. We will be having--if the guidance is released in the next two weeks, we will be having a technical systems webcast that will be on the MCHCOM.com series on October 25th. So stay tuned to that. We'll send an announcement to all the states when the guidance is released, but--this is an opportunity for many states to look at what communities in their areas might be eligible and bring in some additional resources to deal with the issue of infant mortality.

Real briefly, the Healthy Start grants are required to have a series of core services, outreach, case management, health education, screening for depression, and to follow the mother and infant for the period of time of delivery to two years after delivery. And projects actually don't--if there has been a fetal demise or an infant demise, the project still can continue to follow the woman for two years after delivery. It's a unique element in our grants. The grants—the

inter--continuity care also requires that the mother and the infant both have access to Medical Home, both have an ongoing source of primary care. Through systems building activities, we require consumer and a consortium of key stakeholders involved in policy formation and implementation. We want each of the projects to do quality improvement on something that's wrong in their local system. We require--even eligibility that they have a plan or already collaborating with their Title V Program. And we also require that they have a plan for sustainability.

The division is also involved in a number of National Leadership Activities. Bonnie mentioned to you the secretary's Advisory Committee on Genetic and Heritable Diseases. We've got responsibility in our division for the Advisory Committee on Infant Mortality at the secretarial level. We're involved with the Federal Interagency Committee on Safe Motherhood and, of course, with the panel on preconceptional care and the steering committee on preconceptional care. I hope I'm going to see many of you at the Second National Summit on Preconceptional Care in Oakland in the end of October.

We also administer the National Hispanic Prenatal hotline in addition to the hotline that you and your states offer, and that's tied into our national hotline on prenatal care. This particular hotline is in Spanish, and the women who call the hotline will actually be referred to local physicians in their community that are either bilingual or offer bilingual services. It's a great resource also in helping

women locate where can other services--if they—that are--offer Spanish-speaking services.

We worked with the Interagency Coordinating Committee on Fetal Alcohol, the National Folic Acid Campaign, Smoke-Free Families. And as part of the Bright Future initiative, which you'll hear about later, we actually are focusing on the area of perinatal wellness adaptation and emotional wellness. And as a compliment to our perinatal depression book, hope to have published within the next year, a book called "Tender Loving Care for Mommies," really focusing on the woman during the perinatal period. Our goal as a division: Healthy women, healthy infants, healthy families leading to a healthy community and a healthy nation. And here's my contact information. Thank you.