

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

MCHB Divisions and Offices (continued)

CHRIS DEGRAW: Good afternoon. It's great to be here. Through some quirk of scheduling, this conference always falls on the same weekend as I have a Cub Scout camp out. So, I had a chance to barely get home and wash off the wood smoke and s'more remains and get over here, and I'm glad to be here. I'm with the Division of Research, Training and Education, and we have a lot of information, as all the various divisions and components of MCHP have, to share with you, and so, the slides are jam-packed with information. We know you can't absorb it all, but it is on the handouts, though I noticed the handouts, some of them are kind of dark and it doesn't all convey. But we love to talk to you. We hope that our programs are as responsive as they can be to your needs at the states. And so, if you have any questions at all, be sure and follow up with us. I'm going to start out by trying to provide the big picture. I think that will help you sort of see where our division fits within the Federal bureaucracy. At the top, of course, is the president. Beneath the president is the secretary of Health and Human Services. The next level down is the HRSA administrator, followed by the associate HRSA administrator for Maternal and Child Health, Dr. van Dyck, who, hopefully, you'll know or you'll meet in a few moments. And finally, four

heartbeats away from the White House, MCHP's Division of Research, Training and Education, which has the, rather, unfortunate acronym of DRTE. Our division is led by Dr. Ann Drum, who you've met as the coordinator of the previous panel. She's a dentist. We have a very interdisciplinary group of folks working in our division, and we'd like to practice what we preach. I'm a pediatrician. Ann's a dentist. We have a social worker, a couple of nurses, nutritionists, public health professionals, just lost a lawyer recently, so we try to span the gamut. That's it. We have four main programmatic components within the division. The first is the MCH Training Program, the MCH Research Program, the Healthy Tomorrows Partnership for Children Program, and the Bright Futures Initiative, and I'm gonna tell you a little bit about each of these.

Laura Kavanagh is the chief of the training branch. And Laura, I saw here earlier, if you're here, you want to stand up. She might've stepped out. The MCH training branch seeks to train the next generation of leaders who will provide or assure the provision of quality services for the MCH population. I know for some of you, retirement seems like a long way off, but it eventually will come, and we want to make sure that the next generation of MCH leaders is well-trained and has the tools and skills to accomplish the great things that we all want to accomplish.

Quality services for mothers, children and adolescents require professionals who are attuned to the special needs of children, adolescents and children with special healthcare needs, who are trained to provide or assure the provision of

interdisciplinary, family-centered, and culturally appropriate services, and focus on improving the health of the entire population. The MCH Training Program is the largest of the Special Projects of Regional and National Significance, or SPRANS, programs of MCH grants in terms of our dollar amounts in our training budget. The annual budget is 37 million. With that 37 million, we support 133 active projects at 79 universities in 38 states and the District of Columbia, and this is the map that shows where those programs are located, and most of your states will have at least one, if not more, MCH Training Programs. We really encourage you to take advantage of the training programs in your states as valuable resources, and we urge our training programs to take advantage of you folks and your staffs as valuable resources for training the next generation of leaders.

The MCH Training Program supports training programs in three different categories. There are 10--three different major categories. There are 10 categories of long-term training, which include training in Adolescent Health, Communication Disorders, Developmental Behavioral Pediatrics, the leadership education in Neural Developmental Disabilities, MCH Nursing, MCH Nutrition, Pediatric Dentistry, the Pediatric Pulmonary Centers, MCH and Schools of Public Health, and MCH Social Work.

We also support six categories of continuing education, which include Continuing Education Grants, Distance Learning Grants, a Certificate in MCH Public Health

for working MCH professionals, collaborative office rounds, which supports the training of pediatricians and mental health professionals working together at the community level, and the MCH Institute, which many of you may or have already availed yourself of or will in coming years, which provides training for our state leaders.

A new program, the MCH Pipeline Program, seeks to ensure that there are sufficient numbers of underrepresented minorities entering into the MCH professions. That famous public health professional, Vince Lombardi, once said, "that leaders aren't born, they are made, and they are made, just like anything else, through hard work, and that's the price we'll have to pay to achieve that goal or any goal." Well, our MCH training staff really takes that quote to heart and have used that as the springboard for a major effort to develop MCH Leadership Competencies. Over the past, I think it's almost two years now, the MCH training staff, along with many of our training program grantees, along with many of you folks, and other experts in the field, have been meeting and working hard to develop 12 MCH Leadership Competencies to really define what is the core of information and knowledge and skills that MCH leaders will need to have, and develop programs that will meet those needs.

Oh, let me get those to you. There's a Web site on MCH Leadership Competencies that you can explore to get more information, and it's on your handout sheets, the link. These competencies are already being used in a

number of venues. Our own MCH Training Programs are using the competencies to set training objectives and to help define the leadership portfolios that they're requiring of their students. MCH professionals are using the leadership competencies for orientation, for developing continuing education plans, and for job descriptions. At HRSA, we're using them for evaluating leadership and quality of training. And AMCHP, the association of all you folks and the state directors, is using the MCH Leadership Competencies in their workforce assessment efforts, in their Pacific Asian Leadership Development Initiative, for the MCH Adolescent Health Leadership Development Initiative, and for their mentoring program for new MCH directors, such as yourselves.

Again, we love to talk with you about our programs. We want to provide you with as much information as you can about the--as we can about the training programs, so you'll understand how valuable they can be for you. And there's a Web link to the MCH training Web site, which is an excellent Web site that Laura and her staff have developed over the last several years, and it's a great resource for you.

Moving on to the MCH Research Program that's headed by Dr. Stella Yu, who's the director of the research branch, it was established in 1963 through an amendment of the Title V legislation, and the purpose is to support applied research relating to maternal and child health services that has the potential to improve health services and the delivery of care for MCH populations. We are

not the biggest research program on the block among the Federal research agencies. We're certainly not NIH or even the Agency for Healthcare Policy and Research in terms of our budget, but much of the seminal research that has moved the field to MCH forward over the last 40 years has been funded through the MCH Research Program, I'm very proud of that. Our program profile, we have a budget of approximately \$8.5 annually. We receive and review almost 120 new applications. The number of currently active projects in the MCH research portfolio is usually--is between 40 and 50 at one time, and a large number of peer reviewed publications have resulted from the research conducted under this program. Our research program is divided in into sort of three categories. The largest of these is what's known as the R40 program. It's a program of applied extramural investigator-initiated research. It's multidisciplinary in orientation. We use an objective review process to review the applications. The--individual projects are funded at up to \$300,000 a year for up to three years duration. We also have a new category and a new emphasis on the evaluation of secondary data analysis studies, and these are smaller, time-limited studies of \$100,000 a year support for one year.

The priorities of the MCH Research Program are based on four strategic research issues that were developed based on input from the field, from people such as you, folks, the MCH state directors, from academics, and from folks in the community who are really putting this information to work. It's--the research priorities are closely tied to MCHB strategic plan. They focus on MCH public

health services and systems questions that may not be addressed by other Federal research programs.

Over the last few years, we really tried to help define our research programs and to figure out what is the niche that the MCH Research Program can fill that other programs, such as NIH, don't have the same emphasis on. The four strategic research issues for the current period up through 2009 include public health service systems and infrastructures to eliminate health disparities, services and systems to assure quality of care for MCH populations, and promoting the healthy development of MCH populations.

The types of research that we fund are several health services research. Our program has funded behavioral and psychosocial research, medical and clinical-based research, epidemiological research, and as I mentioned before, the new focus on analysis of secondary data sets.

We also fund the infrastructure of several national research networks in the maternal and child health area. We think this is a strategic use of our funds that many of the questions, especially the systems questions in maternal and child health, have to be addressed through research that looks across the entire country. And we've done this through three research networks that we support, the PECARN, which is the Pediatric Emergency Care Applied Research Network, which is a very exciting research network that a lot of good things are coming out

of, the Pediatric Research in Office Settings Network, or PROS, which is done in conjunction with the American Academy of Pediatrics, and the MCH Research Network on Pregnancy-Related Care, which is funded through the ACOG organization.

The Healthy Tomorrows Partnership for Children Program is a fun program and a very interesting program because it's one of a limited number of bureau programs that funds projects directly at the community level. It's a collaborative grant program in partnership with the American Academy of Pediatrics, and the purpose is to engage communities to work to improve children's health through prevention and better access to healthcare. I'm acting director of that program at the moment, and I'm assisted by several staff members, Denise Sofka, Manaeve (inaudible) and Imelda Rocha. That's Imelda there and there's Manaeve.

The Healthy Tomorrows grants are relatively small grants. The projects are funded for five years at \$50,000 for a year. And they require a non-Federal match in the second through fifth years, and we found this to be a very effective way to promote long-term sustainability of these programs. Two evaluations have looked at sustainability and found over 70 percent of the Healthy Tomorrows grants are still active after the period of Federal funding has ended. These projects usually target low-income populations and address access to healthcare services, community-based healthcare, preventive healthcare and service coordination. Again, as I mentioned before, this is a cooperative program with the American

Academy of Pediatrics. They help us administer this program, and the staff--the Healthy Tomorrows staff at the Academy provides technical assistance to Healthy Tomorrows applicants and to our grantees. They coordinate site visits in the second year of each of these projects, and we encourage you all very strongly, the MCH directors and--where applicable at the state--Children with Special Healthcare Needs directors to participate in these site visits, along with the academy, and we can get funding to go out, we like to go on them, too. They are great learning experiences for us and for you folks and also for promoting the linkages between these community-based projects and the state maternal and child health programs.

There's a Web site that the AP maintains for Healthy Tomorrows, and the address--the Web link is there. It will provide you with the program overview and more detail. You can click on the map on the Web site to find descriptions of all the Healthy Tomorrows projects that have been funded in your state. It also offers grant cycle information and information on national evaluation of Healthy Tomorrows and other evaluation resources, especially evaluation tools that can be used for community level projects.

I'm not gonna read all these, but Healthy Tomorrows projects have had areas of focus that really span maternal and child health. The key to Healthy Tomorrows is that these are problems or areas that need attention that have been identified

at the community level. The community folks figure out where the needs are and apply for the funding from us. We don't try to dictate what they're going to do.

The final program that I want to talk about today is one that's near and dear to my heart because I worked on it, is the Bright Futures Initiative. Bright Futures is MCHB's longstanding initiative to improve the quality of health promotion and preventive services for infants, children and adolescents, and to respond to their current and emerging health needs.

Bright Futures has been around since 1990, and the goals that were promulgated in the 1990 for Bright Futures are just as applicable today, and we currently use those same goals. First, to promote the desired social, developmental and health outcomes of infants, children and adolescents, to enhance healthcare professionals' knowledge, skills and practice of developmentally appropriate healthcare in the context of family and community, to increase family knowledge, skills and participation and health promotion and prevention activities, and to foster partnerships between families, health professionals, public health and communities to promote the health of children.

Over the years, Bright Futures Initiative has produced a number of materials and tools that help clinicians and public health folks and families and communities address prevention and health promotion needs of infants, children and adolescents. The centerpiece of the initiative has been the Bright Futures

guidelines for health supervision of infants, children and adolescents. It was first published in 1994. A revision was published around 2000, and it continues to really be the centerpiece of the initiative.

Again, Bright Futures, since 2002, has been implemented in conjunction with our partners at the American Academy of Pediatrics. They maintain the Bright Futures Web site, which is www.BrightFutures.aap.org, and is the official Bright Futures Web site. They are developing new tools for Bright Futures implementation. There's a real--been a real focus on quality improvement for health promotion and preventive services and provider practices and new opportunities for using Bright Futures in the training of MCH and healthcare professionals.

Though many people think of Bright Futures as a clinical initiative, amazingly enough, the early adopters of Bright Futures have been people such as yourselves, the state and community public health folks who have seen Bright Futures as a means to an end of improving their health promotion efforts.

We did an evaluation a couple of years ago, and as part of that evaluation, case studies in six states who are doing some really exciting, interesting things of taking Bright Futures concepts and tools and the Bright Futures guidelines and really using them to address needs at--public health--child health needs at the state and community level. And I encourage you to go to the Web site and look

up some of these publications and get some ideas where you can--might want to pursue in your own states.

As part of that evaluation, one of the things that came out of it was a how-to guide for states and communities, which is a beginning, it's not the ultimate tool, but we hope it's a beginning tool to help you folks use Bright Futures.

And the Bright Futures guidelines, as I've mentioned, is really been the centerpiece, the linchpin of the Bright Futures initiative over the years. First published in 1994, we are at a real bellwether time in the initiative. And this month, in October, 2007, will be the publication of the new third edition of the Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. We're very excited about this. Instead of being a mere revision, it was a ground up revisiting of the Bright Futures guidelines. It's a major effort to really decide what are the kinds of health supervision guidelines are needed in 2007 and into the early years of the 21st century.

This is the first complete revision of the--since the original 1994 version. For the first time, Bright Futures addresses children with special healthcare needs and their health promotions and preventive services needs. It recognizes the children with special healthcare needs, or children first, and have the same health promotions and preventive services needs. And these can sometimes get

overlooked in all the emphasis on their special healthcare needs. So, we really tried to integrate this into this version of Bright Futures.

The new Bright Futures guidelines will be accompanied in a few months by a tool kit for clinical implementation, and we're hoping to develop further tool kits and tools in public health implementation in other areas, and we really are looking for your feedback, so that we can get the ideas and make sure that these tools fit the needs that you have.

For the first time, we've really tried to make the evidence base for the guidelines transparent. As most of you are aware in maternal child health, the research base to back up prevention and health promotion is pretty slim. And we've tried to really show with this edition of the guidelines what is the strength of the research base for the recommendation, what is expert opinion, and we're really gonna use this to help drive the research agenda we hope over next few years to help fill in the gaps.

And speaking of gaps, this is--for this, first time, these new guidelines are going to be adapted--adopted by the American Academy of Pediatrics, as the official health promotion, well-child care, clinical guidelines for the American Academy of Pediatrics, and will replace their guidelines for clinical preventive services. And they also have incorporated the American Medical Associations Guidelines for

Adolescent Preventive Services, or GAPS, which some of you are familiar with. So, we think this will help clear the air.

There were a number of at least three sets of similar, but somewhat different, guidelines over the last 15 years out there, including Bright Futures and GAPS and the AAP guidelines. And now, we have one set of guidelines that will make your job easier in incorporating these guidelines into the work and programs that you do.

Again, at DRTE, we love to talk about our programs. We strive to make our programs responsive to the needs of you folks at the state level. And our staff, we have a great staff. And we hope that you'll contact us. There's one contact number, and whoever answers the phone will make sure you get to the right person. So, thank you very much for the opportunity to talk with you.