HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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MCHB Leadership, Legacy and Vision

PETER C. VAN DYCK: Thank you, Cassie, Donna, Dr. Duke, and all of you. It's really wonderful to be here among, oops, I almost said of old friends, wonderful to be here among friends and MCH leaders. It's really an honor to stand here and share with you some thoughts and ideas, and have the opportunity during the meeting to continue that sharing. I would like to recognize a few people in the audience, the MCH group, from the bureau who are so dedicated and wonderful to work with. Can those folks just stand please for a second? Are you listening? When they want something they're not that slow to respond, I can assure you.

The theme of the meeting, "Building Blocks for Promising Practices," one of the great building blocks for a promising practice is, I think, our data. Data certainly forms one of those important blocks. And I'm going to talk about data this morning very briefly and quickly. And I'm going to talk about the Healthy People 2010 Review that the Department of Health and Human Services has at the secretarial level every year, and it's Chapter 16 of Healthy People 2010. We share the responsibility for that chapter with CDC. The review is to see how we are doing in meeting the objectives in that chapter. And Chapter 16 is all related to maternal and child health. So, being a building block, I thought it was a

wonderful opportunity. It's fresh information. It was presented to the department just in the last two or three weeks. And it does form an important foundation, Healthy People 2010 goals, for GPRA, which we all are familiar with, for our performance measurement system, for our guidance, for guidance to other agencies as well as HRSA. And so I thought we should all start in the same place when we talk about data.

Overview, approximately six million pregnancies each year. U.S. infant mortality internationally, United States is ranked 29th. Birth defects affect one in 33 U.S. births annually. The C section rate, preliminarily, and I'm sure that's going to hold, is the highest ever in recorded history. And breastfeeding saves on healthcare cost, reduced sick care visits, prescriptions, and hospitalizations.

There are many subsections, this is about a third of them, objectives in that Chapter 16. These are the ones I'm going to highlight very quickly this morning. We have met or exceeded two targets: infants put to sleep on their backs and autism spectrum disorder, the timing of recognition of autism. We are improving but have not met recommendations for infant mortality, SIDS, prenatal care, neural tube defects, folic acid consumption and breastfeeding. We're getting worse, actually, in maternal mortality, C-section, and I'll show you charts on this, low birth weight and preterm births.

And there was a new objective added in the last rounds, service systems for special health care needs. And there are no trend data, but there will be within a month and I'll explain that in just a second.

So, I'm going to through in order those slides. Sudden infant death, the top bar, Healthy People 2000 target for babies put to sleep on their backs. The red line, you can clearly see improvement, but a flattening of the percent of babies put to sleep on their backs. The long solid line, the lower one, is the anticipated target for SIDS deaths. And you can see SIDS deaths coming down but has flattening in the last few years--last two or three years. We have met our target for infants put to sleep on their back but there's more work to do, as you can clearly see. We can't rest.

The age which infants are recognized with autism for the first time, the target is 66 months, and the red bar at the top is 62 months. So, we have met the target for early recognition for autism according to Healthy People 2010. However, we shouldn't remain complacent. You can see in racial groups that Hispanics, we have not met the target and there needs to be some work. In the little white graph, you can see that we are improving, though.

In those areas where we've not met a target but we are improving, infant mortality is one of those. And clearly, there's a decrease. Entirely, you know the story on infant mortality. You know that there is a disparity between Black,

American Indian and White infant mortality. You know that the overall infant mortality is going down somewhat. And if you look at the little white box here, you can see how it's come down, and actually, there's been a narrowing between the Black and White rate, very minimal narrowing. But we shouldn't be complacent here. Let me read you the infant death numbers for the last six years: 7, 6:9, 6:8, 7, 6:8, 6:8. So, while we can suggest there's an improvement, it's relatively flattened in the last two or three years.

Five leading causes of infant death, as you can see: congenital anomalies, short gestation or a low birth weight, SIDS, complications of pregnancy and unintentional injuries. But look at another way and a re-analysis in the little white box, 37 percent of infant deaths are due to preterm related causes of death. And as you, I think heard in the beginning, preterm related births are increasing.

Beginning care in the first trimester of pregnancy, another objective where there's been improvement. You can see the bar at the top, 84 percent. The target is 90 percent. Two years ago we were at 83 percent. So, we can claim an improvement from 83 to 84 percent, but we've got a little ways to go. And again, you can see the differential in by age on the greenish bars and the differential by race in the pastel colored bars. And you might go to the bottom and look at the differential among people of different education. And again, with the little white box, showing the rise in prenatal care.

Recommended daily intake of folic acid, neural tube defects and other success or relative success story while the target for the daily recommended intake of folic acid has not been reached, the number or percent of women receiving the 400 micrograms. It has increased from the green to the purple bars, from the baseline data, in 1994 to 2003, 2004. And there's been a concomitant decrease in spinal bifida and other neural tube defects.

Breastfeeding, another area of improvement. Blue, light green to dark green, 2000, 2002, 2004. Have you ever breastfed? It has increased somewhat, almost reaching the target. Are you still breastfeeding at six months? Improvement over the last six years. Not reaching the target, but improvement. And, are you still breastfeeding at 12 months? Again, a slight improvement, but not yet reaching the target. And not on the slide, are you feeding at discharge? We've increased from 72 to 74 percent of all women. Are you still breastfeeding at six months? Thirty-one to 42 percent. Just to bring numbers to the bars. At 12 months, 18 to 21 percent. And exclusive breastfeeding at six months, only 10 percent several years ago has risen to 11 percent so that is the exclusive breastfeeding, 11 percent. Not reaching the target and really quite low.

Now – so, those are areas or objectives from which we've reached the target and the objectives from which there's improvement. Although overall improvement is not the whole story, there's differentials in race, education and age.

These are those that we're getting worse. Maternal mortality. Maternal mortality, as you can see, overall is 13.1 for 100,000 live births. Several years ago, and actually, in 2001, it was 9.9. So, it has risen significantly from 9.1 to 13.1. You can see the target line. We've exceeded the target line by over 100 percent. Look at the differential between Black and totals or Black and others. Look at the differential for women over 35 and women of other ages. We need to renew or at least renew research and study on maternal mortality.

C section. This is first C section births among low risk pregnancies. It's increased from 19 to 25 percent. Clearly, going opposite of the target. We think it's going to reach 31 or 32 percent this year, of all births, first births being C section. And if you look at repeat Caesarian section births with repeat Caesarian sections, almost the rigor now, after a first Caesarian section with the first Caesarian section rate rising so rapidly, it doesn't take a genius to understand what's going to happen with repeat C section births. And it's increasing significantly from 75 to 90 percent. And that is going to continue to rise.

Low birth weight babies, another area that's getting worse. And again, we all know the story, the top line in the little white inset, you can clearly see that increase. We have increased from 7.6 to 8.1 percent in the last five years. And again, you can see the racial differential. You have the slides so you can peruse them a little longer. I'm just trying to give an overview here.

And for preterm births, the same. Preterm births have risen from 11.8 to 12.5 percent. The dark green section on these bars is less than 32 weeks, the 32 to 36 weeks is light green. You can see the differential in race, and I've talked about the increase, from 11.8 to 12.5 percent.

And then for children with special healthcare needs who have a comprehensive care system. This data came from our children with special healthcare needs survey in 2001. The baseline is 35 percent. The target is 100 percent. Boy, did we ever set a high target for ourselves there? Preliminary data is available within the next month from the new children with special healthcare needs survey and so we'll be able to be publishing a second data point for this objective and we think it's going to be significantly better. This is one--among all of these, you're all responsible for.

So, in summary, there've been improvements in infant mortality but the improvements have stalled in preterm births and low birth weights have increased. C sections have continued decrease and maternal mortality has not improved. In fact, it's advanced significantly. Racial and ethnic disparities persist. Breastfeeding rates have improved. And there have been improvements in rates of sudden infant death and neural tube defects that have corresponded with public health interventions, laying babies on their back and folic acid, so, some successes in the MCH arena.

Well, this was my attempt to try to offer the first building block for improvement in MCH. And this has been a partnership. This is a partnership with you as states and the federal government, with us with cities, with us with our grantees, and it's been a wonderful partnership over the years. None of us can do it alone.

Now, you know, David Letterman talked about partners once on his program. And he said, "Everybody's always complaining about New Yorkers. They just can't get along. They can't partner together." He said, "You know, that's just not true. The other morning or the other afternoon, on the way to work, I saw a couple, complete strangers sharing a cab. One was taking the engine, the other taking the radio."

James Baldwin said, "For nothing is fixed, forever and forever and forever, it is not fixed; the earth is always shifting, the light is always changing, the sea does not cease to grind down rock. Generations do not cease to be born, and we are responsible to them because we are the only witnesses they have. The sea rises, the light falls or the light fails, lovers cling to each other, and children cling to us. The moment we cease to hold to each other, the sea engulfs us and the light goes out." Have a greet meeting, folks. It was fun to share with you a few thoughts.

I have the honor this morning of introducing Elizabeth Duke, who was named the Administrator for HRSA on March 6, 2002 after serving as acting Administrator

for the previous year. HRSA, as you know, is one of 11 operating divisions of the Department of Health and Human Services. The agency spends at least $7 billion a year, very wisely I might add, to expand access to quality health care for all Americans. It offers an array of grants to state and local governments, community-based care providers and health professions training programs. These HRSA-supported grantees provide direct health care services to over 20 million people each year. Dr. Duke has also worked inside HRSA to make the agency more cohesive. She's created a single agency-wide process for handling grant application and awards. And she has streamlined the way HRSA communicates with the public and congress.

One of Dr. Duke's pet programs, I would call it, and certainly one that has benefitted the agency, is the creation of the HRSA Scholars Program in 2001, to attract talented new employees to support the agency's mission of expanding access to quality health care for all Americans. There are over 250 graduates of this program at the present time, within the agency having in their first year in the agency, rotated among all of the bureaus so they know the agency and then choosing one where to work. It's been a very interesting and successful program.

Dr. Duke has more than 12 years of experience, as both acting assistant secretary and principal deputy in HHS' Office of the Assistant Secretary for Management and Budget. That includes the department's Chief Financial Officer, Management Control Officer and Chief Information Officer. Most of you know Dr.

Duke as an energetic and dedicated leader in improving health care for the nation’s vulnerable folks including, I might add, women, children and families. Join me in welcoming Betty Duke this morning.