

Federal/State Maternal and Child Health Partnership

Title V 2010 Needs Assessment

Technical Assistance Meeting

MCH Needs Assessment:

Concepts to Catalyst – Capacity to Competency

2009 Maternal and Child Health Bureau (MCHB) Update

Division of State and Community Health (DSCH)

February 25-26, 2009

MARIBETH BADURA: Thank you. And I'm a little shorter, so I'm not going to stand on my tippy toes. So, you just have to see perhaps the roof of my head. And I want to tell you what's happening in our division which has responsibility for prenatal and women's health program activity as well as the Healthy Start Program. And I will let you know there's a little gremlin in the slides. I keep changing this and every time I open the slide, the top header seems to get large again. I haven't figured out what the gremlin is, but it must be getting ready for St. Patrick's Day, what can I say.

But our target audience is women across the life span with a particular interest in women of reproductive age and their infants. All of our grant activities and our activities in the division really focus on four things—risk reduction, infrastructure building, family and consumer involvement and disparities. And you see that as I go through the programs that we are responsible for.

This is just a slide in terms of the ratio on ethnic disparities and infant mortality.

Because our biggest program in the division is of course to Healthy Start Program. And this program was just re-authorized last year. And I've highlighted in the yellow the difference in the language from previous authorization to currently. We've added in the factors that contribute to infant mortality, low birth weight. Obviously, one of the major contributing factors along with pre-term birth.

We continue and feel very strongly that our projects must have a really strong relationship with the Title V program in their state. And we're very firm in that. It's one of the areas we evaluate the projects on every year. So we encourage you to reach out to them. We must also require to have a community consortium which includes consumers of the project services on their consortium and then other critical linkages including the local Title V programs, public health departments, community and migrant health centers.

The two criteria that were added this year in the new authorization is the extent to which the applicants for the grants facilitate a community-based approach to delivery of services and a comprehensive approach to women's health care to improve parent outcome, sort of moving into law our emphasis and preconception and our conception care.

These are the grant cycles. The grant cycle is changing with the current applications. We previously funded our grants for four years. We will be moving to a five-year cycle. So we have two areas that we fund in—one are what we call general disparities but it's disparities in prenatal health. And then we have certain projects that are in along the border in Alaskan and Native Hawaiian communities.

So, for this year, starting 2009, we have 77 grantees that will be competing. Seventy-four in the general disparities and three in the border area. We also had the grants that are starting in 2010, have actually February 1st start date. And that means that they're going to be getting their applications in to us probably no later than the end of September, beginning of October. The grants that were funded in 2008 are still on the four-year cycle, so they have--they'll be submitting in 2012 for their five-year cycle.

The reason I'm emphasizing this is, I know that you're working on your needs assessment. For every one of the competitive applications, our grantees have had to do a Needs Assessment of their community. That's really powerful data that you can ask them to share with you if they haven't shared with you already. And I'll remind them when we meet with them on Monday that they are to share that with you. Those are some of the highest risk communities in any of your states. They've already got community needs assessments that they either completed last year, just completed right now, or will be completing by August or September of the upcoming year. So that's really rich, powerful data for you to use. And we're very glad now that our biggest (inaudible) of grants will always be competing one year before the state Title V Block

Grant. So that data will always be available to you. It's a good synergy that we like to build on.

We also have a range of (inaudible) funded grants that we have responsibility for. And we've been working on the area of healthy weight and women for about the past five or six years. And we focused most recently, in our competition two years ago, unhealthy weight and mental health and we award grants to states in Connecticut, Illinois and Ohio. We found from our first set of healthy weight projects that there was a strong link with depression and obesity. And so that's the reason for that focus.

We have also supported the Institute of Medicine and, as many of you know, is working on revising the guidelines for weight gain during pregnancy. And we know that one of the hardest periods for women to lose weight is after delivery. So, we start a cycle of grants that focus on healthy weight during pregnancy and postpartum when you're up to delivery. We funded two last year and we plan on adding an additional five states this coming August. We're going down the reg order list from the competition from last year.

We have also, as Peter mentioned, the community-based doula program. This is first-time mothers, urban and rural areas to support community-based doulas. We're training the indigenous community health workers to mentor pregnant women not just during the labor period, your traditional doula, but also during pregnancy, birth and at least 12 weeks after delivery. We received \$1.4 million for this last year. We funded a community-based Doula Leadership Training Institute. It's located in Illinois Health

Connect One. And we funded three urban sites--Atlanta, Georgia, Chicago, Illinois and St. Louis, Missouri.

The St. Louis project is actually a substance abuse center. So, that's a very unique population there, and then three rural projects--the Mille Lacs Band of Ojibwe, Onamia--and I know I slaughtered the name of the town—Minnesota, Tewa Women from New Mexico, Migrant Health from Texas. And these particular grants are focusing on the rural ones, really concentrating on breastfeeding.

We also funded the first-time motherhood, new parent initiative and these were grants that went to states or their designees. And their purpose was to develop, implement and evaluate novel social marketing approaches that increase awareness of existing preconception or conception health, prenatal care and parenting, address the relationship between such services and a healthy birth, and the healthy first year alive, and include women who are from populations disproportionately affected by adverse pregnancy outcomes as well as their providers. And this was an effort that really cross three of our divisions and trying to put these together for the bureau.

We received 4.8 million for this activity. And in 2009, we funded Arizona, California, Connecticut, Florida, Massachusetts, North Carolina, Nebraska, Nevada, Oregon, Pennsylvania, Utah and Wisconsin. We're able to squeeze our little dollars for Maine, but they will be fully funded in 2010. So that's the difference in the states.

And then our other major activity that we're working on that I think you're going to be very interested in is we've operated for the past 10 years a variety of risk reduction programs usually through grants, but we've also had some technical assistance contract. And we've been working very hard to pull the best lessons learned from those projects. Many of you contributed on the conference calls, if you had one of these grants, to the material that will be coming out. We (inaudible) from the progress reports and working with the grantees what were the most important lessons that they learned that they'd want to share to others who are implementing activities in this area. And the areas included alcohol screening, domestic and family violence, women's wellness grants, behavioral risk assessment grants, and we also included in this group a series of pilot areas that we operated in Healthy Start from 2001 to 2005 on screening for depression.

We are very active also in another activity and that's what we call Business Case for Breastfeeding, work-based lactation support. We've trained at the United States Breastfeeding Coalition and we're doing training in a variety of states across the country. The applicants for the training activities are breastfeeding coalitions within your state. So, we've trained Alabama and you can see the list here.

In 2009, we've got an interesting addition to the group. We're going to be training in Arizona and this is going to include the Navajo Nation as part of this particular training. It trains people on how to use the breastfeeding tool kit, how to go about in their

communities to encourage employers to support women who are breastfeeding in their community. And it really uses very much of a business case approach.

There are some materials we are currently translating into Spanish. There are some consumer materials in the package and some fact sheets that we're going to be translating into Spanish that we're working on as we speak and we're not translating the whole kit into Spanish. And if you want a copy of the kit, please just let us know and we'll send you one if you have not received one already.

This is our depression book which Peter spoke about earlier. It's now available in Spanish. And we've actually gone to a second set of printing and we're being told that that printing is also getting depleted. So, it's a very popular book. It's also available for download at the Web address there if you want to print out your own copies or use material from it.

I did want to point out--there is a question earlier about funding for the mental health area. In the past, we've had funding for depression. The Melanie Blocker-Stokes bill which deals with perinatal depression did not die at the end of the last session of Congress. It has already been re-introduced and has about 35 sponsors to it, so much approved version of the bill. And so we do hope that we'll see continued activity in this area in the future.

And then taking it to a positive side, our Bright Futures for Women's Health and Wellness--and Sabrina will go on to more detail on that--we focused on maternal adoption and women's wellness. And we produced a book that we will be publishing, actually we hope to have copies next week and you'll all get one. It's a booklet for moms called "Taking Care of Mom: Nurturing Self As Well As Babies." because we heard from a lot of new mothers, all the focus is on the infant. Someone needs to focus on me, and we know that's important for people with baby blues and depression and they are just struggling with adaptation.

This particular booklet also has a provider card, some quick questions that providers can use to check on the status of a woman and it has a community level poster. We try to do, in the Bright Futures, three different activities, someone for the client, someone for the provider and someone for the community. This is also being translated into Spanish. We're just completing the focus groups on that and we're working on the Spanish translation. It's going to take a little bit more modification because some of the concepts didn't translate well. When we do our Spanish translations we try to make sure that we cover a broad range of Hispanic-speaking communities so that we're not just talking to one particular part of the country, so to speak.

Here in the East Coast, we have a number of--this area, for example, we have number of people that move from the Central and South America. Out on the West Coast, there's a number of Mexicans. So we try to cover all of those and some of the concepts

didn't translate well from English to Spanish. So this is going to take a little revision before it comes out. I would imagine we'll have it out next year for you.

And then these are just some of the leadership activities that the division is involved in. We're very involved in the area of preconception health. We support the National Hispanic Prenatal Hotline. We're working very much with Tonya Lee and the Office of Minority Health on the National Partnership for Action. Many of the role-out sites have been Healthy Start communities. We also sponsored ACOG, The National Fetal and Infant of Mortality Review Center, work on fetal alcohol syndrome, as we do have a grant that works with states in that area--folic acids, smoke free families. And then as many of you know it's the anniversary of the Maternity Center Association of America now called Childbirth Connection. And they will be having a national summit on April 3rd to transform maternity care, so focusing on that area also.

And this is a familiar slide to many of few who've been here before, but we believe that we have healthy women. We're going to have healthy families, healthy communities and a healthy nation. And that's our commitment. Thank you.