

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)

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SABRINA MATOFF-STEPP: While we're doing this, I'll just start talking a little bit – sorry about that. Okay. So, it is great to be here. Good morning. I'm Sabrina Matoff-Stepp. I'm the director of the HRSA Office of Women's Health. And it's great to see that women's health got early in this line up of the talking about the divisions and offices. For those of you who come to this meeting before, I'm usually last. And so, maybe this is a little change of where women's health is in priorities. I'd like to think that it's the MCH - that one. That one, yes. Yes, that's it. So, it's really good to see us up here. Again, I know I'm right here before the break. So, I know everyone wants to get out to the break, so I will talk quickly. Usually, also we have Michael - Dr. Michael Kogan who gives all the good jokes. I don't really have the good jokes here but, again, I hope I'll be entertaining enough.

So, just a little bit about the HRSA Office of Women's Health. As John said, I think it's really important – oops, how do we do this? Go back here - to talk a little bit about the

uniqueness of the HRSA Office of Women's Health. We are, as John said, the HRSA Office of Women's Health were not just the MCH Office of Women's Health. Our home base is within the bureau and we enjoy a lot of support from Dr. van Dyck and we really appreciate all of his support for the last nine years now. We've been administratively in the bureau for the last nine years. The office was created in 1996. At that time we were in the office of the administrator and then we got moved. And why did we get moved? We got moved because the office is not legislatively mandated. There is only one office in all of HHS that is legislatively mandated in office of women's health and that is the NIH Office of Research on Women's Health. The rest of the agencies that have an office of women's health, there's about six of us, we are all – exist at the pleasure of the agency. We can be moved. We can be changed. But we have been very fortunate to be in the bureau and to, really, I think, expanded our reach and to work collaboratively with a lot of HRSA as well as within the bureau.

So, as you can see on this slide, this is what we do, this is our mission. We're working within the agency. We're also working outside of the agency to support women's health across the lifespan, to provide that national leadership, and to focus on reducing sex in gender-based disparities. These are some of the functions. Again, I won't read them all. You can certainly see them in your handouts. Some of the unique things we do, again, is we do collaborate quite a bit. You're going to see a slide next that shows the entire office, is an office right now of three. So we couldn't exist unless we collaborated. There's just no way. We do a lot of work around health promotion and disease prevention. You'll see that shown in some of the examples of our work. We focus a lot

of working with our sister agencies and the other HHS agencies. We focus a lot on educational efforts as well.

Keep hitting that button. One of the unique features in, kind of, you can see us. Again, one of the, sort of, unique parts of the office of women's health too is we do not have a grant program at this time. We could, potentially, if we had additional resources but we don't at this time. So what we do primarily is we work across the agency and we work with all of you to – on different types of projects, and again, I'll show you some of those, to hopefully strengthen, expand focus on women's health across the lifespan. So that's a unique part of the office. Again, just to, sort of, get your thoughts around that. This is the entire office right now. So you can see I'm in the middle there. On the left is Lieutenant Commander Marissa Rice. She's my one FTE. And then the young woman sitting down, that is Darcy Eswine, she's a HRSA scholar. She is in that very popular scholar program that has individuals who rotate through the different parts of the agency, get different experiences, and after a year they get to be placed in a particular fulltime position. We're very hopeful that we'll get some permanent HRSA scholars in the bureau at the end of the year. It's to be determined but, again, we're a very small office and I think I – perhaps were doing awful lot for being pretty small.

These are some examples of the types of things we do. Some of these things you probably heard about, some of them maybe new. We coordinate women's health week for the agency. This is coming up the week after Mother's Day. Hopefully all of you are thinking about that. This is a national effort to focus on women's health, and so you'll be

hearing more about that. Last year, the department put out a women's health reference book. This is kind of like a tabletop book called "The Healthy Woman." It is available online. Copies just flew out. Hopefully, some of you did get them. It is being sold through Amazon now, but it is online so you can download it as well, the day book. Everyone knows about the women's health calendars that come out of the department every year. Every year we help distribute those. One of the unique projects that I'm working on right now that you'll be hearing more about throughout this year is a women's health summit in July. That's going to be focusing on women's health beyond 2010. There'll be an action agenda that comes out of that. Again, these are some of the other things we do. Everything, from working with the HIV-AIDS bureau around some of their women's health needs for women living with HIV and AIDS. We partnered with Dr. David Heppel's office division earlier this year on getting up on the oral health resource center, a new portal around domestic violence and oral health, the connection there.

We're working right now with Dr. Bonnie Strickland on a very interesting project looking at youth with special healthcare needs as they transition to adult care. What are some of the sex and gender differences? What are some of the issues that they face as they transition to adult care? Really interesting project that we're really happy to be working with Bonnie on. Here's a little teaser for you. One of the things we're working on right now with Cassie's office is a performance measure, the development of a national performance measure around women's health. We're in the process of planning a consultative meeting for the fall, so you'll be hearing more about that. And we do a number of webcast and podcast that you can access off of our Web site. An upcoming

podcast that we're going to be doing and we'll certainly let you all know about is one that's going to focus on the caregiver for children with special healthcare needs and with a special focus on autism. So that's going to be coming up in early April

Keep hitting that. The data book, hopefully you've all become familiar with the data book. There's copies out on the resource table. We do this now. We've been doing this now for about the last six, seven years. We work on this with Dr. Michael Kogan as well as with Maribeth. This is that great, small, concise resource book that has up to about 28, 30 national health level indicators on different topics related to women's health where you can see the disparities between men, women, age differences, as well as race and ethnic differences. It's a great tool to use when you're working on your data.

Our 2009 data book is in the works. We have a really exciting new section that we're planning this year on border health, as well as we're going to have a page this year that's very timely, looking at women's health for women vets. So, we try to make it interesting and new every year. So that will be coming out later this year.

I'm going to run through now a number of slides about the Bright Futures for Women's Health and Wellness Initiative. Again, Maribeth started to talk about this and I'll just keep it going. This is an initiative that we started in 2001. It's the primary, largest project we worked on in the office of women's health, I'd say. And this is our preventive health initiative where we're focusing on integrating prevention into healthcare, particularly focusing on the consumer, the provider and the community. We really want to get that

women talking with her provider, integrating with her community, feeling empowered to take charge of her health with support. So this initiative really has grown in the last couple of years through a number of different tools. Again, our goals, we really work on that lifespan wellness perspective. This is not about disease. This is about wellness, so we have that niche here. We really appreciate the funding from the bureau. The last eight years, this has all have been fairly costly, but I think it's got a lot of payout, a lot of benefit. We've worked certainly across the bureau with developing this. We've had a steering committee. And again, we're focusing on the lifespan.

Here are some new things going on with Bright Futures right now. We have taken all of the Bright Futures tools and made them 508 or HTML online. So, as we continue to deplete our print copies, everything is going to be available online. So we just put up new Spanish versions of our physical activity and healthy eating tools yesterday, so moving right along with that. Maribeth talked just briefly about the maternal wellness tools. We have done some evaluation of the physical activity and healthy eating tools. We're doing a new evaluation of our emotional wellness tools, and we're also doing some translation into Spanish of those emotional wellness tools. So we're continuing to build upon the work we've done. Again, three domains that we have in Bright Futures, you see there. I'm going to go quickly through the next couple of slides. Again, you have all of these in your handouts.

Essentially, there are three target audiences that we focus on the Bright Futures: the consumer, the provider and the community, and we have different tools for each of

those audiences across the three domains. Tools for consumers essentially are booklets. They're written out of sixth grade reading level. There are very positive empowering messages. We're, again, trying to encourage women to be involved with their health here. So, again, you can see here a number of different tools: trying to engage women with their providers, setting goals, getting resources, making – taking steps to increase their physical activity and healthy eating. We have a unique set of Bright Futures tools that we adapted with support from the Office of Rural Health Policy at HRSA focusing on rural women. These women are certainly no different than any other women. The only thing we really wanted to focus on here was some of those geographic barriers that they may face because they're living in more isolated communities. So we took our core materials and adapted them to give them more targeted messages, more ideas that they could use living in rural communities. And so we have these also available. The tools for clinicians really engage - try to get the clinicians think about how they can empower their patients. They play a key role so we've certainly developed administrators handbooks, we've developed counseling tip cheats, et cetera, on how to get the providers involved in this idea. We've had a community tool kit as well. It's all about bringing the community in.

The emotional wellness tools, this is the second domain that we took on in Bright Futures. This is a unique domain in that it's not maybe what you think. Emotional wellness in our operationalization is not mental health in the sense of disease focus. Emotional wellness is much more about the positive elements of value, self-esteem, connection, being a part of work or school or activities that are important to you, and

there really is a literature base that's growing about this. And we certainly took advantage of trying to get a handle on that as we were developing these tools. Again, we have the three target audiences in the tools. They're gender specific, they're wellness-focused, and they really address these very unique constructs. So, not to say that we don't need to focus on the depression aspects or the mental health – more disease-focused, but we really wanted to capitalize on the emotional wellness side of things in these tools. They have been extremely popular. We can't seem to keep them in stock. It seems to - we hit a nerve there. That's kind of the - you can see the cover there of the women's guide. It's bright. It's encouraging. Again, some of the constructs we're trying to address, again, trying to get the clinicians involved. And we developed a very unique provider's guide around trying to educate providers about what this is, why is it important to talk to your patients around emotional wellness, what's the connection between physical and emotional health, some (inaudible) there. Again, a community piece - trying to get community involvement in this idea.

Maribeth talked about the maternal wellness tools. I've seen proofs, print proofs of them. They're beautiful. You'll love them when they come out, very, very good. Positive messages about supporting women who have just given birth or thinking about getting pregnant. What are some of those emotional support needs they have as they're going through that stage?

I'm going to talk really briefly about the evaluation we just completed. We were able to do a small evaluation looking at what was the impact of these tools, of the physical

activity and healthy eating tools in actual sites, and we were able to access input from about 275 women, a few healthcare providers, not as many as we'd like, and that's an interesting challenge - how do you get healthcare providers to follow up -and site administrators as well. I have a whole report on this. It's - if anyone is really interested in this, I can certainly share more with you, but I think some of the take-home points that we really were excited to see was that using these kinds of tools in patient-provider encounters can be very helpful to get women to start thinking about, talking about developing goals around physical activity and healthy eating. Interestingly, we did some analysis where there was no difference in the receptivity between African American and Caucasian women and - among these tools, and Bright Future really isn't targeted to one race or ethnic group. We're really inclusive, so it was nice to see that we were reaching out to more than just one group. Interestingly also, we found that those women who self-reported they were overweight were very receptive with these tools. And again, these are very positive tools. We don't stigmatize, make anyone feel bad that they maybe a little overweight or anything. And so, we're really pleased to say that those women were really open to thinking about making some changes. Notwithstanding again, it's really hard to talk about preventive health in healthcare settings, and we ran into this and we know it's a challenge and we're going to start to deal with this.

We're also, as I said, undertaking an evaluation with our emotional wellness tools. That's just getting started and we're going to be looking at a number of different sites there. And with both these evaluations, we are in the process of writing up some – we

will write up one for this and we're in the process of writing up an actual Paraview manuscript to get out into the literature.

Just one more slide. Actually, after this, we're almost done. This is just my plug again about how, particularly for Bright Futures, these are materials that are copyright free, they are free. We never charge for them. They're available to you. They're available to you both online, they're available to the HRSA Information Center, and then they are also available to you if you are looking for materials at your site where you don't want to recreate the wheel but you want to put your logo on them, you want to put your stamp of - the name of your agency or whatever. These are copyright free. They were developed in the public domain. We're continually looking for partners who want to work with us on more distribution, more promotion of these materials. So, anyone's interested in that, we'd really love to talk with you more about that. Again, we're really pushing the HTML versions. Everyone is logged in on computers these days, and so it's an easy way to get these materials. We're always talking about trying to adapt these tools more, so if you have ideas about ways we can adapt to more audiences. We've done some Spanish, we've done rural, we're always interested in reaching out to women with disabilities, so that's another sort of group we, hopefully in the future, like to reach out to, as well as looking at how Bright Futures can be used in more group settings. These have been used primarily in one-on-one encounters, but we'd really like to see how Bright Futures might work in more group settings. And so if anyone is interested in that maybe there's some discussions we can have.

So here's the last slide. Hopefully, I wasn't too long. Again, how to get access to any of the Bright Futures tools: through the information center, through the MCH library at Georgetown, you can also access them there. That's the HRSA Office of Women's Health contact information, and we're really glad to be included always in this meeting and to provide you with these updates. So, thank you very much.