Federal/State Maternal and Child Health Partnership

Technical Assistance Meeting

MCH Needs Assessment:

Concepts to Catalyst – Capacity to Competency

February 25-26, 2009

CHRIS DEGRAW: Hi, good morning. I'm glad to have an opportunity to talk with you about the programs and staff of our Division of Research Training and Education at MCHB. I know we're heading fast into the lunch hour so I'll-I might be flying over some of this a bit, but we're glad to have the opportunity. The Division of Research Training and Education is ably led by Mr. Jon Nelson who's sitting to my left and who you've all met. Jon has served as acting director of the division for the past eight months in addition to his many others duties within the bureau and HRSA.

When we talk about the Division of Research Training and Education, we always like start off with sort of the context or the big picture of where we fit in things and where we do our work. There, at the center of the universe, you'll see the Parklawn Building. And for those of you who haven't had the opportunity to visit and see where all this happens that you've been hearing about today, the Parklawn Building in Rockville, Maryland is this roughly upside down E-shaped building. And it's the home of HRSA in general and MCHB in particular. And at the end of the long arm of the E, the Division of Research Training and Education.

Our division has four programmatic areas, the MCH Training Program, the MCH Research Program, the Healthy Tomorrows Partnership for Children Program, and the Bright Futures Initiative. Our two major areas, the MCH Training Program and the MCH Research Program, if you recall your MCH pyramid, you'll note that education and research are at the base of the pyramid. And we really hope that the work we do in these areas provides a firm foundation to support the work that you folks do out in the states.

I'll start off by talking about the MCH Research Program which is led by Dr. Stella Yu. It was established in 1963 through amendments to
Title V, particularly to support applied research relating to maternal and child health services that has the potential to improve health services and delivery of care for MCH populations. And below that, if you want to find out more, there's an excellent website that talks about all the programs in particular and I'll mention a few. The MCH Research Program has a budget. It's basically, the basic research program has a budget of about $8 million annually, though we have a new infusion of funding last year with the Combating Autism funds which I'll mention in a minute. We get about 60 to 70 new applications annually that are reviewed by an objective review panel. The application deadline is usually in the summer. The number of currently active projects in our portfolio is between 60 and 70 at any time. And we're very proud to say that there are very large numbers of peer reviewed publications that have resulted from this program. And

even prouder to say that we hope that the research that derives from the MCH Research Program has been beneficial to you in the field.

The basic MCH Research Program is known as the R40 program. It's applied research, as I mentioned before, it's extramural. We don't sit there doing it ourselves in our offices, but rather support research grants in the field. It's investigator initiated, so it covers a wide range of research topics. It's multidisciplinary in orientation. The basic MCH research grants are up to $300,000 for up to three years of funding. And a new emphasis on secondary data analysis studies which are $100,000 for a single year of funding.

We have tried, over the past few years, to really think about and try to define what's our unique niche within the bigger program that provide funding for research in child health. One, it provides support for public health service systems and infrastructures, to eliminate health disparities, to support research on services and systems, to ensure quality of care for MCH populations, and for promoting the healthy development of MCH populations.

The types of research funded is really all over the place in terms of the types of research, health services research, behavioral, psychosocial research, medical and clinical, epidemiological and, as I mentioned earlier, secondary data analysis. In addition to discrete research projects, we found that a good way of using our limited research funding is to support the infrastructure of research

networks that can conduct research more efficiently and effectively than a single site might be able to do in certain circumstances. So, we have research networks on Pediatric Emergency Care, the PECAR network. The Pediatric Research in Office Settings network or PROS, which you may have heard about. It's been around for a long time and is administered through the American Academy of Pediatrics. The MCH research network on pregnancy-related care administered through ACOG. And two new autism intervention research networks that I'll mention again in a few moments--the one on the behavioral aspects of autism and autism interventions, and one on the physical health and physical co-morbidities of autism and developmental disabilities.

The training branch is led by Laura Kavanagh. There she goes. And Laura is here today, if you want to stand up Laura, so if people have questions or want to talk about training over the course of the day, Laura will be here. The purpose of the MCH Training Program is to train the next generation of leaders who will provide or assure the provision of quality services for the MCH population. And the quality services for mothers, children and adolescents require professionals, as you all know, who are tuned to the special needs of children, adolescents and children with special health care needs trained to provide or assure the provision of interdisciplinary, family-centered, and culturally-competent services and focus on improving the health of the entire population.

The MCH Training Program supports 10 categories of graduate training, or long-term training, or pre-service types of training. These are in the areas of Leadership Education and Adolescent Health, Communication Disorders, Developmental Behavioral Pediatrics, Leadership Education and Neurodevelopmental Disabilities, or the LEND program, MCH Nursing, MCH Nutrition, Pediatric Dentistry, the Pediatric Pulmonary Centers, Schools of Public Health, the MCH Departments and Schools of Public Health, and MCH Social Work.

We also support six categories of continuing education. And this include distance learning, the Certificate in MCH Public Health, collaborative office grounds which bring together pediatricians of the community with mental health providers. The Knowledge to Practice, the MCH Institute which I would imagine many of you have attended and the MCH Pipeline. How many people have participated in one of the MCH continuing education programs such as the Certificate or the Institute? Quite a few and hopefully more of you will who haven't had the opportunity yet.

The annual budget for the training program is around $41 million. It's by far the largest program in our division, and one of the largest in the bureau. We support 126 active projects at 73 universities in 39 states in the District of Columbia. You will see by looking at the distribution on the map, our training programs are widely distributed not in all the states, and we would hope that we will have

training programs that will cover all the states. And if there's not one your state, that you'll take advantage of training programs and collaboration with training programs in other nearby states.

We've decided, as a bureau, to focus our limited training dollars on leadership, as I mentioned earlier. Unlike other parts of HRSA, specifically the Bureau of Health Professions which provides grants to increase the numbers of health professionals, we are trying to improve the leadership skills of the MCH workforce, feeling that we'll get more bang for the buck for that. And as this quote from Vince Lombardi that were included, "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." And that's certainly true for MCH leaders as well.

The MCH branch along with our training programs and others like you in the field have spent a lot of time over the past several years defining what MCH leadership competencies are, so that we know what to look for and what our training program should be striving for. And I'm not going to go through all this today, but they are in your notes. And there's very excellent website which takes a look at MCH leadership and MCH training context, and the website address is there for you to follow up on if you'd like.

The MCH leadership competencies are being used in MCH training programs by MCH professionals, by our own agency in evaluating leadership and quality training by AMCHP and workforce assessments and, hopefully, by all of you in your staff development and in trying to figure out where your emphasis lies in your programs. There's an excellent website on the MCH Training Program. It talks about all our training programs in detail. It talks about each of the grantees. We really expect that our training program grantees will collaborate with the State Title V programs. We think that our training programs and our trainees have a lot to offer in terms of expertise, and energy, and resources to you folks as Title V directors. And that you folks, as the State Title V programs, being the leaders in your state and MCH have a lot to offer to our training programs. And we encourage these collaborations. Hopefully, a lot of you have made those connections already. And if you haven't, I urge you to find out more about the training programs in your state or your region that you can collaborate with. And there's the address for the training program.

I'm going to talk just briefly about something which isn't unique to our division, but rather is an interdivisional initiative being implemented at the bureau. It's the Combating Autism Act of 2006 which was funded for the first time last year in FYOA. The goals of the Combating Autism Act are to enable all infants, children, and adolescents who have or are at risk of developing autism spectrum disorders and other developmental disabilities to reach their full potential. There's a lot of pieces to this legislation. The pieces here at HRSA and MCHB are only part of it.

But we have been working together as a team across divisions to implement the Combating Autism Act.

There are a number of different programs that the bureau has developed over the past six to eight months. They are located in particular divisions, but we hope that by working together, there will be an added value that will make these programs work better not just for the bureau but for you folks in the states. And that you'll see a value added.

Our training programs, the LEND, the Leadership Education in Neurodevelopmental Disabilities, and the Developmental Behavioral Pediatrics programs are now funded out of autism line-item money. And, of course, are run out of the Division of Research Training Education. The autism intervention research networks, the two that I mentioned earlier are also from our division.

The Division of Services for Children with Special Health Care Needs, Bonnie's division, administers the state demonstration grants which currently go to six states. And I'm sure she could talk more about those over lunch if you're interested. The state resource center, which will help provide support to these state demonstration grants and other states trying to do things in autism is administered through the Division of State and Community Health, Cassie and Michelle's division. And there will be a national evaluation of the Combating Autism Act program which is administered out of Bonnie's division, but is really a

cooperative effort of all of us at the bureau. It's a really exciting time to work together. And we hope that you'll see the benefits of that over the coming years.

One of the programs that I work on is the Healthy Tomorrows Partnership for Children Program that I work on with my colleagues Denise Sofka, Imelda Rocha, and Madhavi Reddy. It's a collaborative grant program in collaboration with the American Academy of Pediatrics. The purpose of which is to engage communities to work to improve children's health through prevention and better access to health care. It funds projects for five years at $50,000 a year. There's a required non-federal match in years two through five which fosters long-term sustainability and leveraging of community resources. We have nearly an 80 percent sustainability rate after these programs are finished with their five years of federal funding. The projects usually target low income populations and address prevention, access to health care services, community based health care, and service coordination.

We do this in partnership with the American Academy of Pediatrics, which provides technical assistance to applicants and grantees. The AAP has teams that conduct site visits, usually with an MCH project officer in year two of each of the projects. The states or MCH officers are encouraged to participate and usually do and these site visits. There are great opportunities for you to see community level program going on in your state and for the states to make linkages with you folks.

We do encourage our Healthy Tomorrows grantees to link with the state Title V program. You'll probably see requests from applications for a letter of recommendation, a letter of support. But we hope it goes beyond that. That they and you folks can really enter into a good collaboration. There's a great website at the AAP that shows the various Healthy Tomorrows grants, both are grantees in the past. And the current ones, you can go there, click on your state and get all the information you need. And the Healthy Tomorrows projects are, within the prevention and access to care realm, are really all over the map in terms of topics, because there are things that communities have decided that they need to work on.

The Bright Futures initiative is another one of our division programs that I work on. It is MCHB's long standing 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.

I hope most of you are familiar with Bright Futures. The first Bright Futures guidelines for health supervision of infants, children, and adolescents was published in 1994. We now have an all new revised version from the ground up that came out in the end of 2007. It's the first complete revision. It includes, for the first time, children with special health care needs and their health promotion and prevention needs woven into the fabric of the book. It will be accompanied

by a tool kit for clinical implementation. We have really tried this time to have a transparency of the evidence base. We all know there's a serious lack of research that's been done on clinical preventive services for children, but where it's there, we really tried to make sure the users know what it is and the degree of it. Probably the most important things that, for the first time, there's a single set of health promotion and prevention guidelines available for infants, children, and adolescents. It replaces the AAP's guidelines for well-child care and also the American Medical Association's GAPS or Guidelines for Adolescent Preventive Services. So, I think that's probably the thing that's going to help most of you in your endeavors is the fact there's a single standard of Well-Child Care Preventive Services and Health Promotion for this population.

We think that Bright Futures will be a great resource for you folks and all that you do, whether it's your monitoring the quality and improving quality of clinical care, whether it's working on population-based health promotion and prevention program, whether it's working with families, the Bright Futures can be a great resource and provide a common language for all of us who are working for programs for the child population.

The goals of the Bright Futures is as to promote the desired social, developmental, health outcomes of infants, children, and adolescents; to enhance health care professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community;

to increase family knowledge skills and participation in health promoting and prevention activities; and to foster partnerships between families, health professionals, public health and communities to promote the health of children.

There has been a lot of exciting things going on in the states with regard to Bright Futures. We did some case studies a few years ago that are available on the Web. There's still a lot to be done. Like I said, I think Bright Futures can very supportive of the work you do and could be a good tool for you. There were several workshops at AMCHP this year that-related to Bright Futures. A very good one on Sunday about using Bright Futures as the standard of care to help implement EPSTT services in the states. And I hope you learn more about that. I know that Virginia, I don't whether Cathy Bodkin is still here. But Cathy Bodkin from the Virginia Department of Health is doing really exciting things in the educational website for parents of young children using Bright Futures. And the website at the American Academy of Pediatrics will give you all the information you need to know as well as the full text of the guidelines and supportive materials.

So, again, this has just been a quick introduction. All of us love to talk about our programs. We have great array of programs and even greater staff at the Division of Research Training and Education. I hope you all look us up. And this is quite (inaudible) in just a bit. And you'll follow up on all your questions later. Thank you.