

**Federal/State Maternal and Child Health Partnership**

**Technical Assistance Meeting**

**MCH Needs Assessment:**

**Concepts to Catalyst – Capacity to Competency**

February 25-26, 2009

MICHAEL KOGAN: Well good morning everybody. You may remember that earlier Sabrina Matoff talked about how excited she was that she got to go second at [inaudible] for her standing here at MCHB. On the other hand, I got a call last week and asked if I could go last. Now, not only that but look at your programs, everybody have the agenda? Okay, now go to page two. You see all the presenters are presenting in the Thurgood Marshall Room which is here. Now, turn the page to page three. I don't know about you, but I've studied politics under the Soviet Union and I take neither of these to be a good sign. So, I'm going to talk about my office of Data and Program Development. And this is our *raison d'être*. For those of you who know French, you know that means intimate relations between three people. And so we have four areas that we focus on. Let me just take a second with this slide because I think it's the most important one. Our first area is building data capacity at the national, state and local levels. Now, in the year 2001, at the beginning of the 21st century in the greatest country in the world, the most powerful country, we didn't have information on children's health soon after birth until they became adults. Isn't that incredible? If you want to design programs, if you want to know what was effective, there was no data.

So due to the visions of many people in this room, we started a number of projects. And we had to build data capacity. Is that enough? No. We also had to strengthen both the present workforce and work on strengthening the skills of the future workforce. Different methods are constantly evolving. People in state health departments need to keep up. People who are coming into state and local health departments need to keep up, whether it's knowing what multilevel modeling is, or knowing what small area analysis, or knowing what geographic information systems analysis is. Is it enough to train the workforce? No, of course not. No, we're moving more, and you heard about this from Peter. When you talk about the stimulus package, it's not enough to have data. It's not enough to train the workforce. You have to get, we have to get the information out. We have to get our story out. We have to strengthen the evidence base. You talked about comparative effectiveness. We have to find out what works. We all have limited dollars and we have to use -- this is a way to help us use them most wisely. And finally to close the loop, our last area is working on program accountability and policy analysis and evaluation. That's a lot to take care of. And so, we have an incredibly competent staff. We have Dr. Mary Kay Kenny and Dr. Gopal Singh, almost-doctor Reem Ghandour in a few more months, Steph Toomer, Jamie Resnick and Lisa Wright Solomon. Now, it's a lot to do for a relatively small staff, so we call on other people as consultants. We've contacted Dr. Stephen Hawking to help us with issues of science. As you know, we deal with social disparities too, so we've gotten some help there. Obviously, we work on medical issues, and then we've also worked on -- as you can tell our favorite meetings are in global

health. So, you have these slides and this is right before lunch, so I'm only gonna touch on the things that I think are relevant to you. In the first point, let me first begin by asking some questions of you. In the interest of time, I'm only going to take one answer. And if you get it right, I have a prize for you. It's a noted aphrodisiac, Dove bars. Okay, who can tell me, what percent of children with special health care needs in your state have unmet needs for health care services? Raise your hand if you think you know. Cathy. No. I don't even have to look. I'll take one more guess. New Hampshire?

UNKNOWN SPEAKER: He's cheating.

MICHAEL KOGAN, Ph.D.: You're close enough. After presentation come up and get your candy. Okay, next chance. What percent of children have parents without health insurance over the course of the year in your state? Any guesses? Toughie isn't it? Who said that?

UNKNOWN SPEAKER: Iowa.

MICHAEL KOGAN: Iowa 12.3. Now I comes before K, right? Close enough, it's 11.6. Come up afterwards for your prize. These are hard, aren't they? And these are things you have to deal with. What percent of kids have a medical home in your state? Anybody know?

UNKNOWN SPEAKER: Fifty seven percent.

MICHAEL KOGAN: Okay, I'll give you the candy, okay. It's amazing what some people do for an aphrodisiac. Okay, last chance. All right, these were hard, I'll give you an easy one. Okay, who knows? Anybody want to guess? What? Somebody said green? No. Let me tell you, I coach baseball for many years, for both of my kids. And when they were small, the way to pick out the catcher was to ask each kid this question. And the kid that got it wrong, you pick them as the catcher. And it works every time. In data capacity, I refer to these surveys for the data. And I talked about what we started in 2001. You have the chart books or should have the chart books and number data from 2003. The data for 2007 will be made public probably late April or early May. There will be a chart book out, we hope around the same time. And we will be doing a data speak around the same time. We want to get this information out to you. The chart book has not only the national data, but state level estimates, and that's something we didn't have in the federal government. Most surveys at the federal government level didn't have information at the state level. A lot of times we heard that's great for the country, but my state is different. Well, we tried to listen to that. These are huge surveys, 100,000 kids. We have completed two national surveys of children with special health care needs. There was almost no data on this population. This population accounts for almost half the medical care expenditures in this country, and we knew almost nothing about them. So, the first survey was dedicated to this group in 2001, second one in 2005-2006. And let me say, that

we worked closely with David on the national survey of children's health and with Bonnie's group on the national survey of children with special health care needs. And these surveys have almost 40,000 kids and the 2009 survey is going out into the field in April.

Now, what can you get by comparing them? Well, you may know this anecdotally. You may know this from having heard it. One thing you can do, now that we have two years of survey data, is look at this. Take a good look at this. You may have seen this in your work at the state level. The percent of kids with special health care needs increased by 33 percent who are getting public insurance just from 2001 to 2005-2006. That's an incredible shift, an incredible burden. As I mentioned, you get state level data. You see that looking at the prevalence of children with special health care needs across states runs almost a twofold difference between the highest and the lowest. Peter talked a lot about in the stimulus package there is funds for health information technology. Well, we have, as well as Bonnie's division for a number of years, have been focusing on this under the supposition that if you can integrate child health information systems, you can create efficiencies in the health care system. And not only that, you can provide better care for our children. So, we've had ongoing projects in this area. Now, our next area -- I'm just going to touch on a few things here. Now, the first point, the MCH epidemiology training class is a five-day hands-on class in midlevel, advanced epi methods. The next class will be in Tampa, Florida, May 17th to 21st. We will be sending out information for people to apply to class. We

take 40 students every year and the announcement will be going out the next week or two. I already mentioned that the next data speak will be on the new findings from the national survey of children's health. We cosponsored the MCH EPI Conference. And again, to help people keep up, to keep their skills sharp, we have been sponsoring trainings through MICHEP, sometimes with the division of state and community health and with CDC, on a variety of topics before the MCH EPI Conference, whether it's how to link Medicaid data, how to write scientific papers. This year, it was a special focus, as many of you know, on needs assessment training. Now, this should actually -- the next one should actually go under disseminating information, strengthening the evidence base. We have a program that if you have data or an idea in your state, we will help you write the paper. We want to get information out into the literature, so -- to strengthen the evidence base. So if you have something you want to work on whether it's analysis or writing of the paper, just drop me a line. And we also work at the local level with CityMatCH.

Now, in terms of the future workforce skills, we put masters level students in state and local health departments over summer. We support doctoral students, particularly those who work with state or local areas. Why? Because we want to strengthen the links between academia and state and local health departments. And we also cosponsor fellowships and MCH EPI. A third point, now I want you to pay attention to this. It may be one of the most valuable things you get out of all these valuable points that others have presented today. And this is a Web site

that we do, that we cosponsor. We think it's important enough that three of us cosponsored, David's division, Bonnie's division, and my office. And it's [www.childhealthdata.org](http://www.childhealthdata.org). You don't have to have an analytic background to go to this Web site and get instant data about your state. I encourage each of you to at least take a few minutes, if you haven't already, to go to this Web site. In addition to disseminating information, we produce Child Health USA, Women's Health USA with our office at Women's Health and division of perinatal systems in Women's Health, or whatever it's called. We produce chart books on children's health and a number of topics, as you can see there. In the interest of time, I'll just keep going. We also work on the maternal and child health chapter on Healthy people 2010. How of you are familiar with the MCH Library, raise your hand? A lot of you, good. How many of you get the MCH Alert? Great. How many of you don't? It didn't matter because I don't have my glasses on, I can't really see. But, it seemed like a number of you didn't get it. This comes out every week and it will tell you if you want to be linked in to what are the latest findings in maternal and child health, this is a great way to link you into it. So, if you want more information, again, drop me a line.

Not only do we want to disseminate information, we want to strengthen the evidence base in MCH. To that regard, we have used the surveys, not just to put out chart books but to put out more detailed analysis. We put out special issues of the maternal and child health journal, special issue of pediatrics on results from the national survey of children's health. And we're working on a special

issue of pediatrics on the results from the national survey of children with special health care needs. I don't have time to list all the scientific publications that we have. We do have a list of them if you're interested. Again, we also try to focus on research that's relevant to you. I mean, we've had papers recently on looking at breastfeeding rates across the states and whether they're due to differences in demographics or not. So, contact me if you're interested. And finally, we coordinate MCH work on program accountability, policy analysis and evaluation. We've talked about the discretionary performance measures, strategic planning. We help coordinate that and performance reporting, Michelle has talked about that. We are also the contact for policy analysis on Medicaid, SCHIP and MCH financing issues. We have workshops on EPSDT. We also run the Insure Kids Now hotline. And we work on evaluation activities. We assist all the divisions and offices with data collection strategies and necessary approvals. Finally, we provide technical assistance to anybody who is interested in finding out more about data or evaluation. So, after all that, after all I talked about. Why should you give a flying fig about maternal and child health to guide your day, to guide your programs? Should you care about it? Well, I can talk about it all day. But let me give you some anecdotal evidence. This photo was taken recently among MCH leaders who gathered and talked, and actually used MCH data. And there you have an MCH director who did not. So, you decide whether there's a difference or not. I'm the last speaker, let's go to lunch.