



MCHB Partnership Meeting October, 2009

US Department of Health and Human Services
Health Resources And Services Administration
Maternal And Child Health Bureau

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MCH BUREAU

STRATEGIC PLANNING



Strategic Plan Components

- **Part I: Overview of Maternal and Child Health Bureau** – Mission Statement, History and Focus, MCH Partners, and Organizational Structure.
- **Part II: The Plan** – Goals, Key Strategies, Performance Measures and Annual Priorities.
- **Part III: Conceptual Framework for the Plan** – The MCHB Vision, MCHB Guiding Principles, MCH Health Services Pyramid, and Key Documents/Linkages.
- **Part IV: The Planning Cycle** – Needs Assessment; Development of Goals, Key Strategies and Annual Priorities; Program and Resource Allocation; and Performance Measures and Evaluation.



MCHB Strategic Plan Goals

- Goal 1: Provide National Leadership for Maternal and Child Health
- Goal 2: Promote an Environment that Supports Maternal and Child Health
- Goal 3: Eliminate Health Barriers and Disparities
- Goal 4: Improve the Health Infrastructure and Systems of Care
- Goal 5: Assure Quality of Care



Goal 1 – Provide National Leadership for MCH

■ Key Strategies

- Create a shared vision and goals for MCH.
- Strengthen the MCH knowledge base and support scholarship within the MCH community.
- Forge strong, collaborative, sustainable MCH partnerships both within and beyond the health sector.
- Promote family leadership in MCH service delivery, evaluation and program/policy development.
- Provide both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide.



Goal 2 – Promote an Environment That Supports MCH

■ **Key Strategies**

- Using the best available evidence, develop and promote guidelines and practices to assure social, emotional and physical environment that supports the health and well-being of the MCH population.
- Work with States and communities to plan and implement policies and programs to improve the social, emotional and physical environment.



Goal 3 – Eliminate Health Barriers and Disparities

■ **Key Strategies**

- Develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population.
- Train an MCH workforce that is culturally competent and reflects an increasingly diverse population.



Goal 4 – Improve the Health Infrastructure and Systems of Care

■ Key Strategies

- Build analytic capacity for assessment, planning, and evaluation.
- Using the best available evidence, develop and promote guidelines and practices that improve services and systems of care.
- Assist States and communities to plan and develop comprehensive, integrated health service systems.
- Work with States and communities to assure that services and systems of care reach targeted populations.
- Work with States and communities to address selected issues within targeted populations.

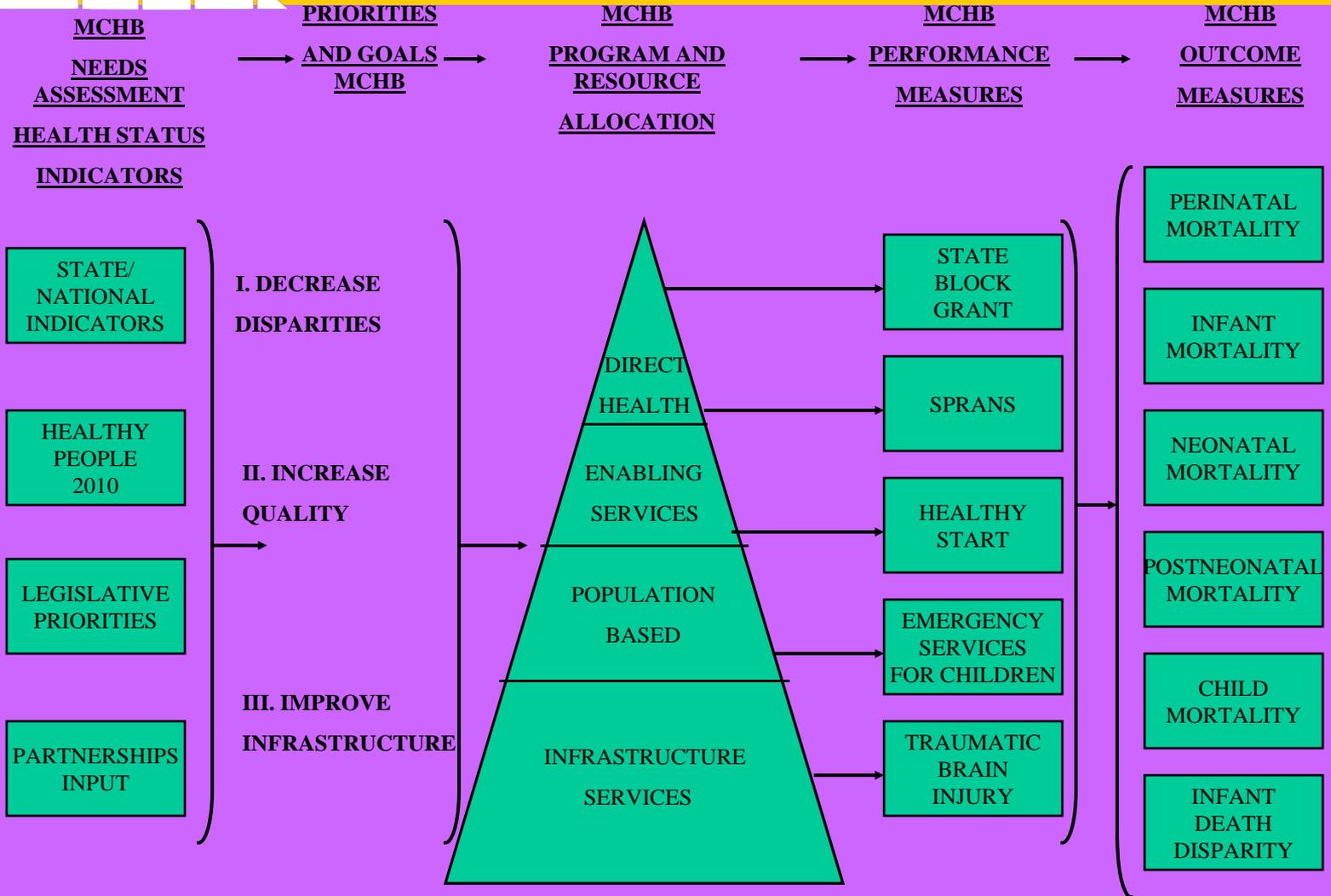


Goal 5 – Assure Quality of Care

■ **Key Strategies**

- Build analytic capacity to assess and assure quality of care.
- Develop and promote health services and systems designed to improve quality of care.
- Develop and promote health services and systems that assure appropriate follow-up services.

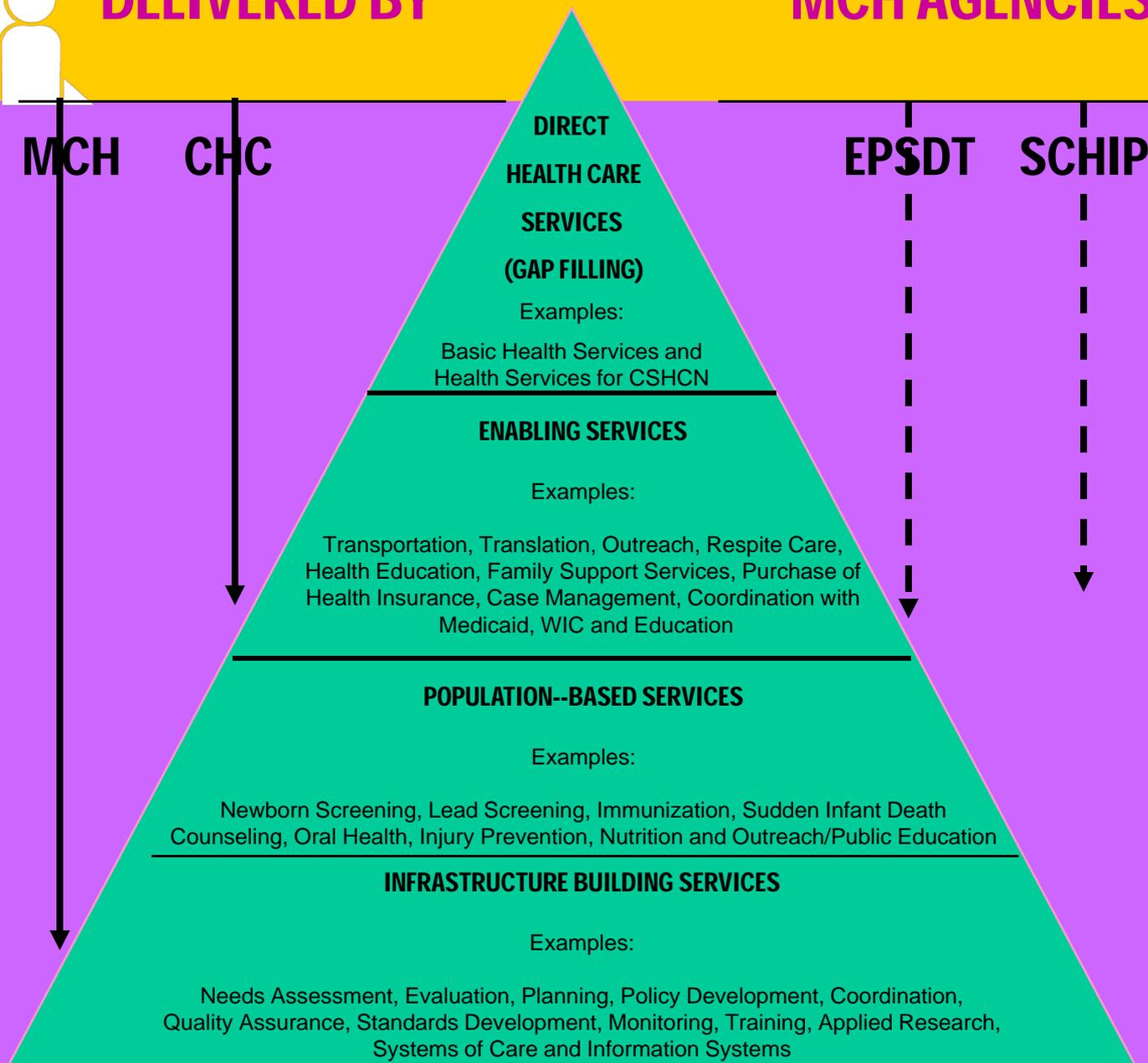
MCH Bureau Performance Measurement System





CORE PUBLIC DELIVERED BY

HEALTH SERVICES MCH AGENCIES

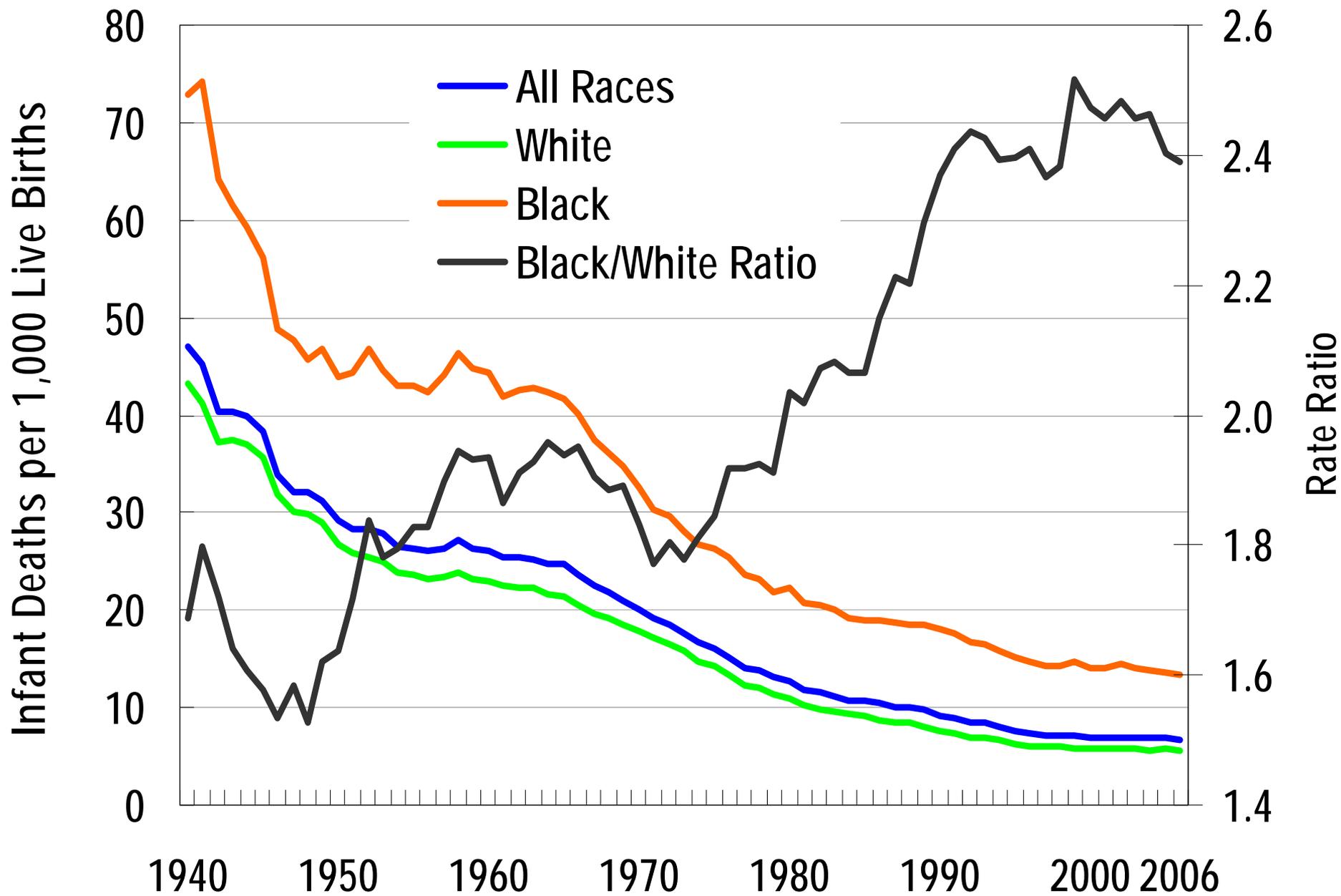




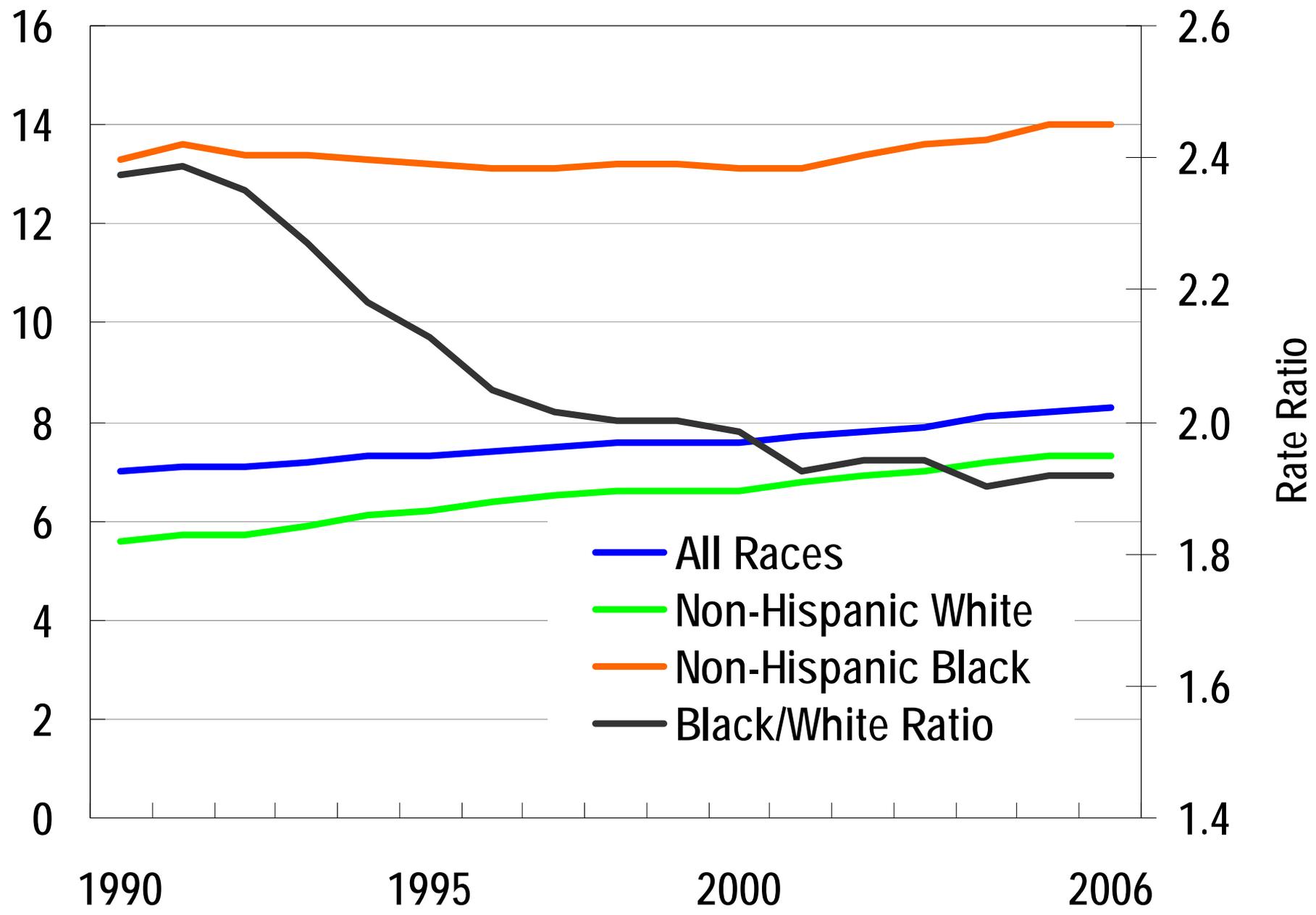
Selected Accomplishments

■ Accomplishments

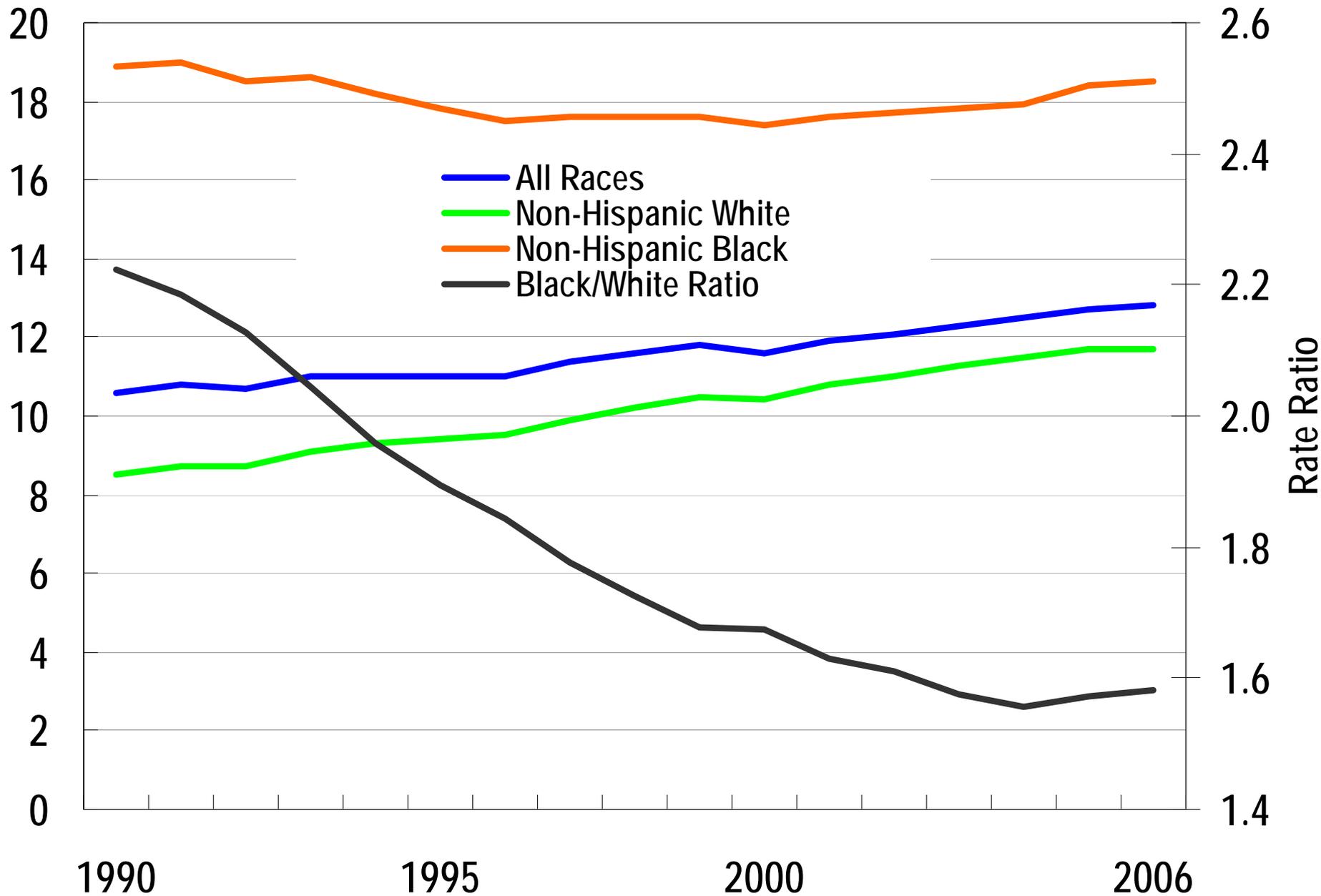
U.S. Infant Mortality Rates by Race, 1940-2006



Low Birthweight (%) by Race, United States, 1990-2006



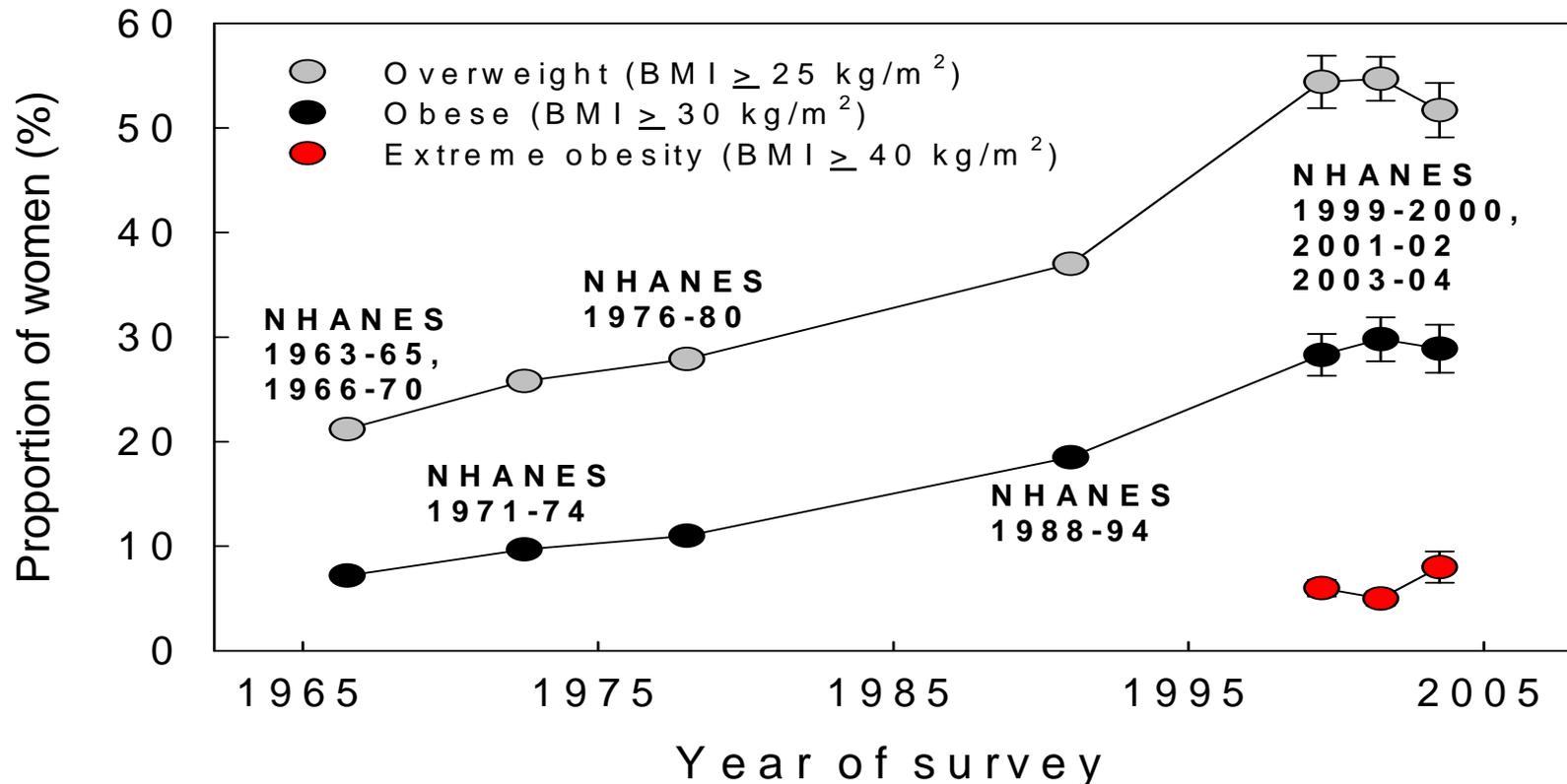
Preterm Birth (%) by Race, United States, 1990-2006





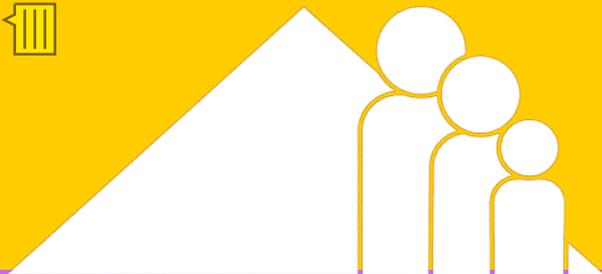
Committee to Reexamine IOM Pregnancy Weight Guidelines

Prevalence of overweight, obesity and
extreme obesity among women 20-39* y old:
US, 1963-2004

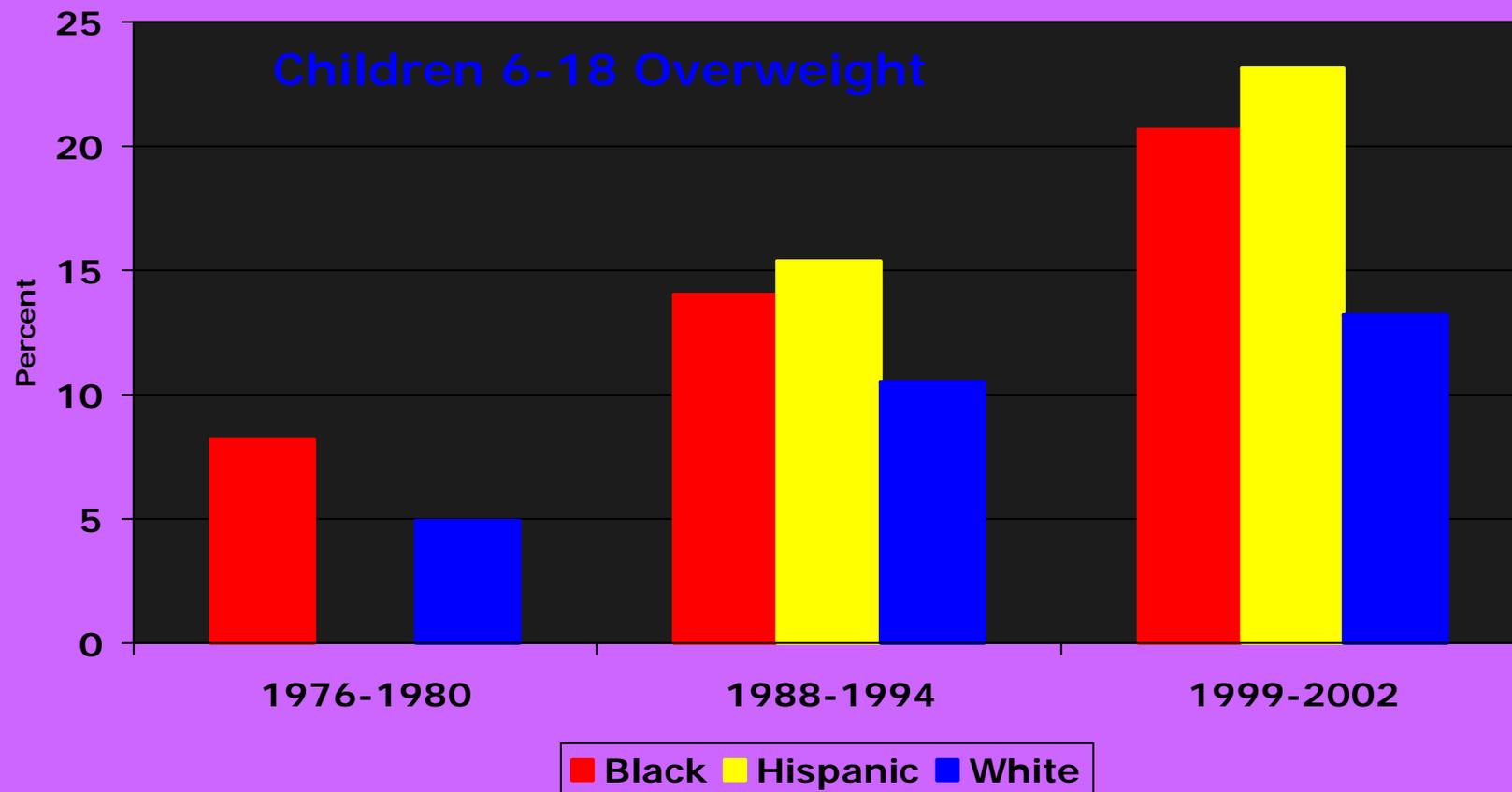


From: *Health, United States, 2005* and Ogden CL, et al. *JAMA* 2006;295:1549.

*Ages 20-35 through NHANES 1988-94

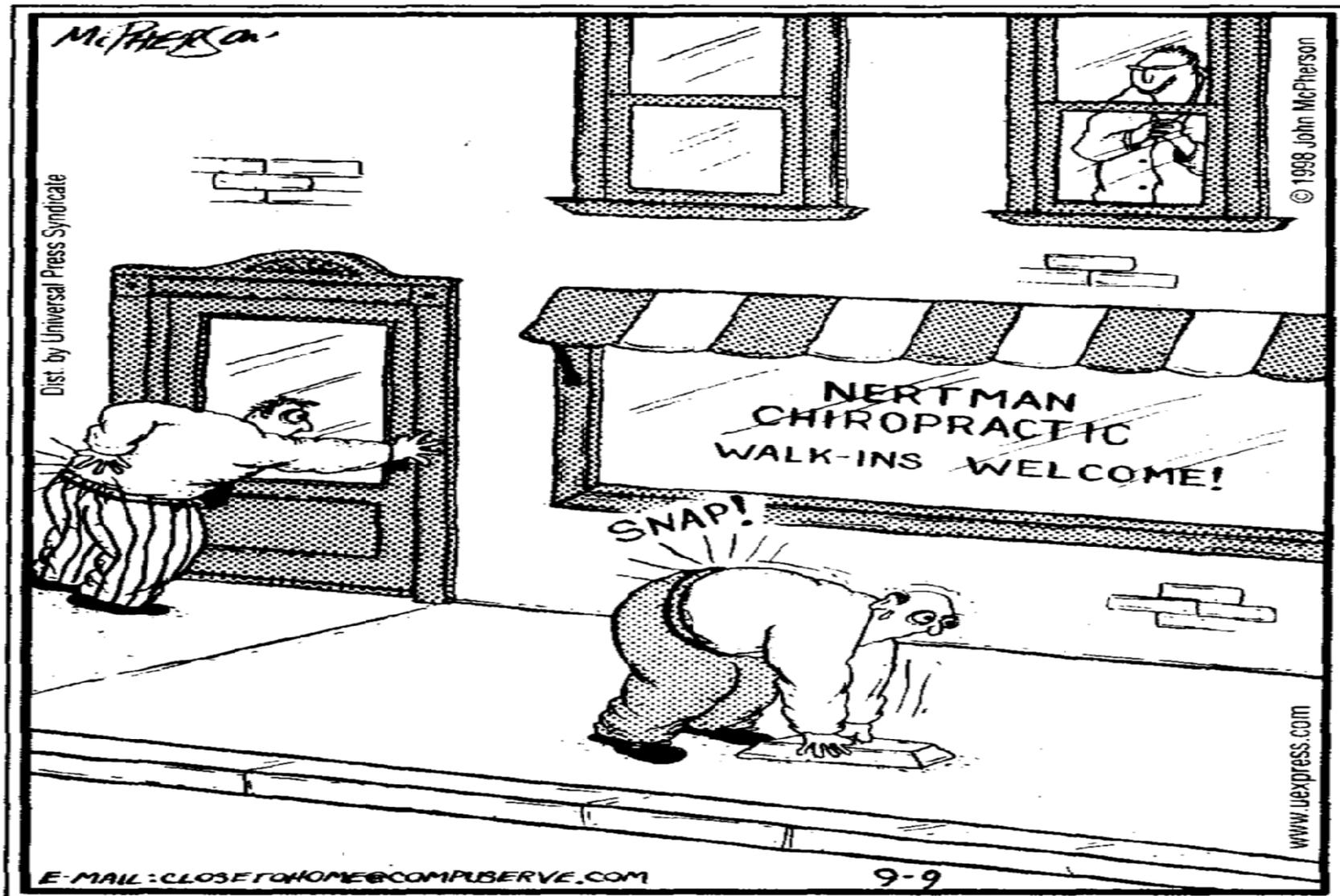


Epidemic of Childhood Overweight & Obesity



Source: National Center for Health Statistics, National Health and Nutrition Examination Survey

Note: Estimate not available for 1976-1980 for Hispanic; overweight defined as BMI at or above the 95th percentile of the CDC BMI-for-age growth charts



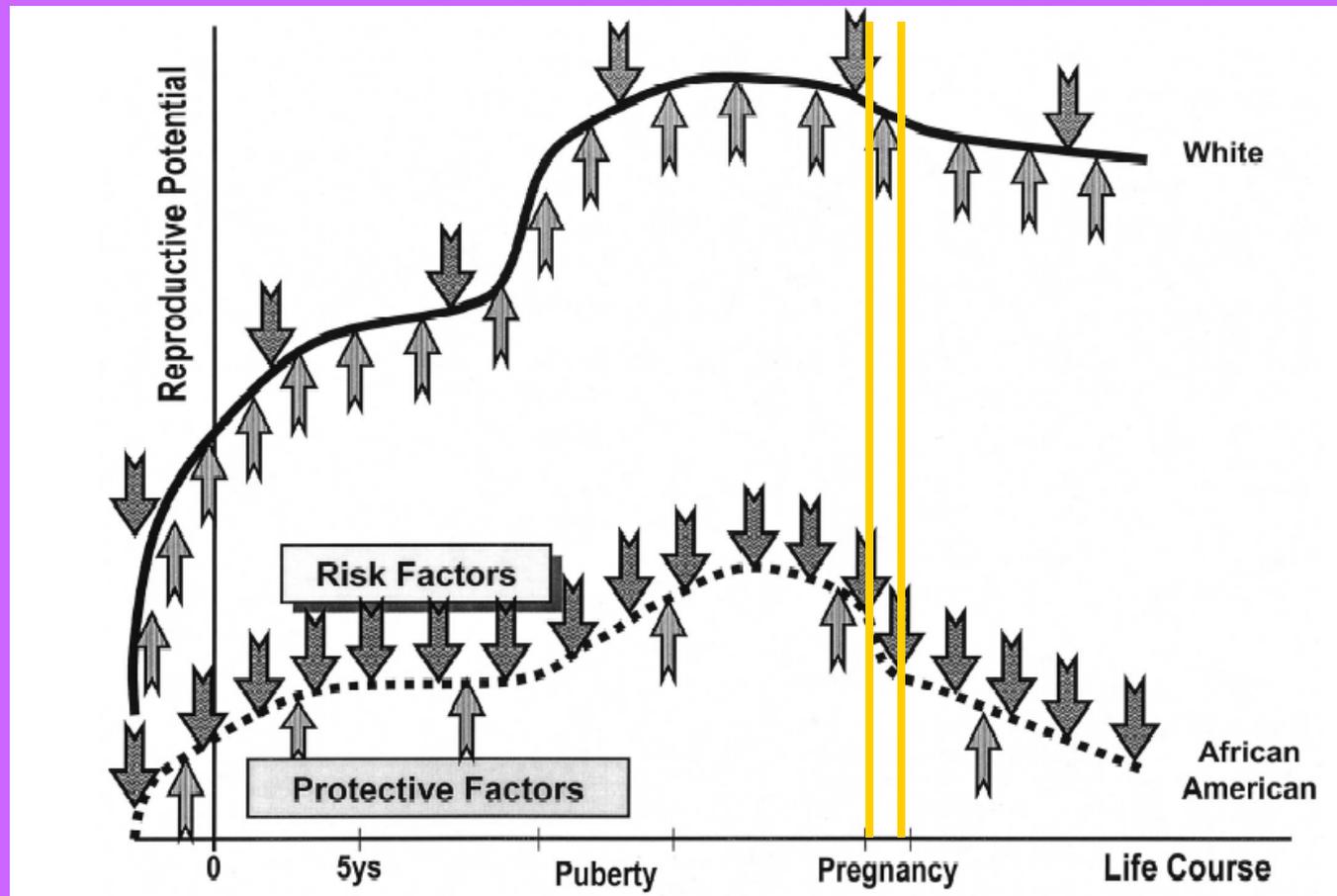
Having shrewdly cemented a solid-gold bar to the sidewalk in front of his office, Dr. Nertman immediately experienced a 70 percent increase in business.



Improving MCH: *A Life-Course Perspective*

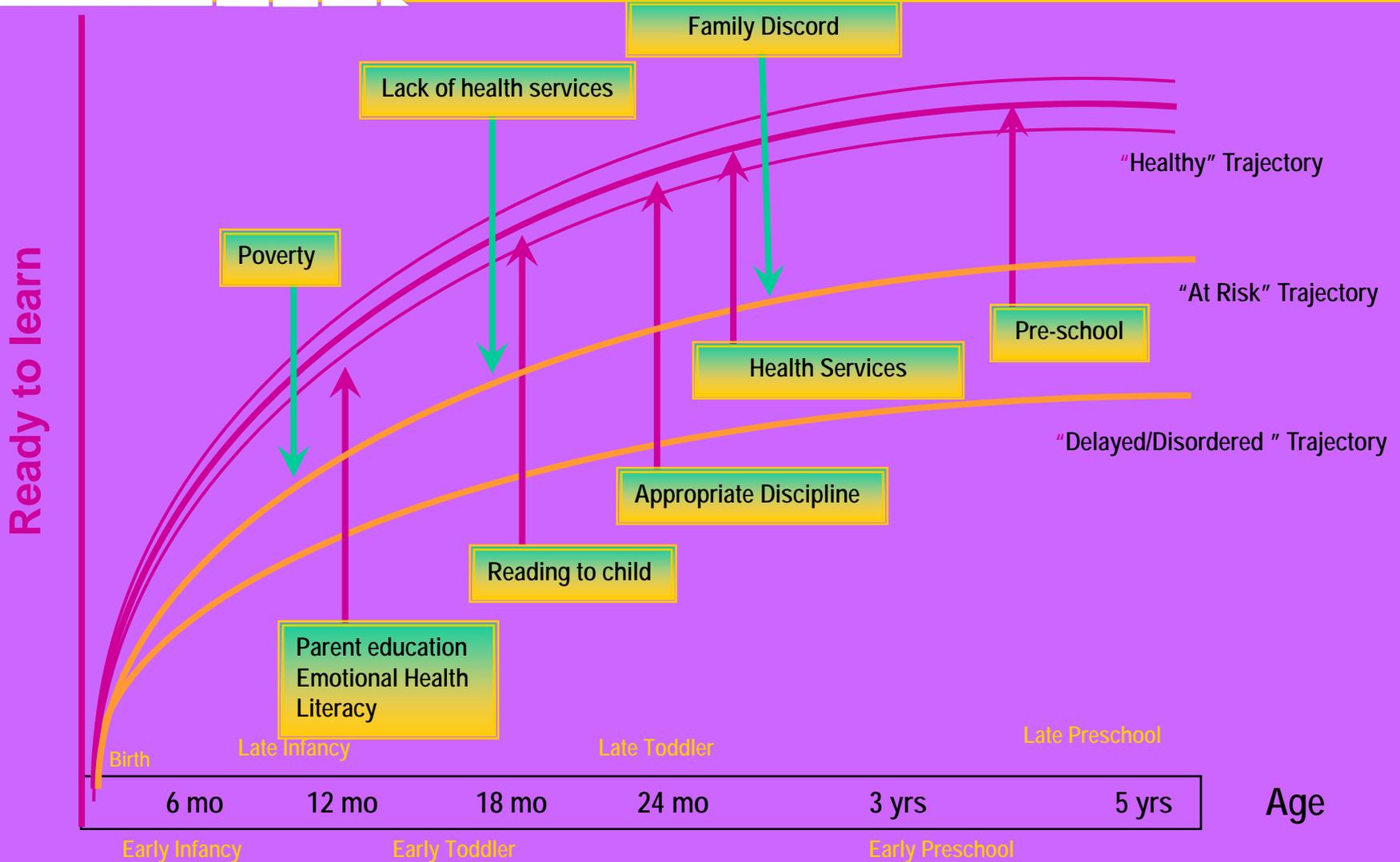
The life-course perspective suggests a need for an expanded approach to improve perinatal health, one that emphasizes not only risk reduction during pregnancy, but also health promotion and optimization before and between pregnancies and, indeed, across the life course. The approach needs to be both clinical and population-based, addressing individual factors as well as social determinants of perinatal health.

Life Course Perspective



Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J.* 2003; 7: 13-30.

Strategies to Improve Health Development Trajectories

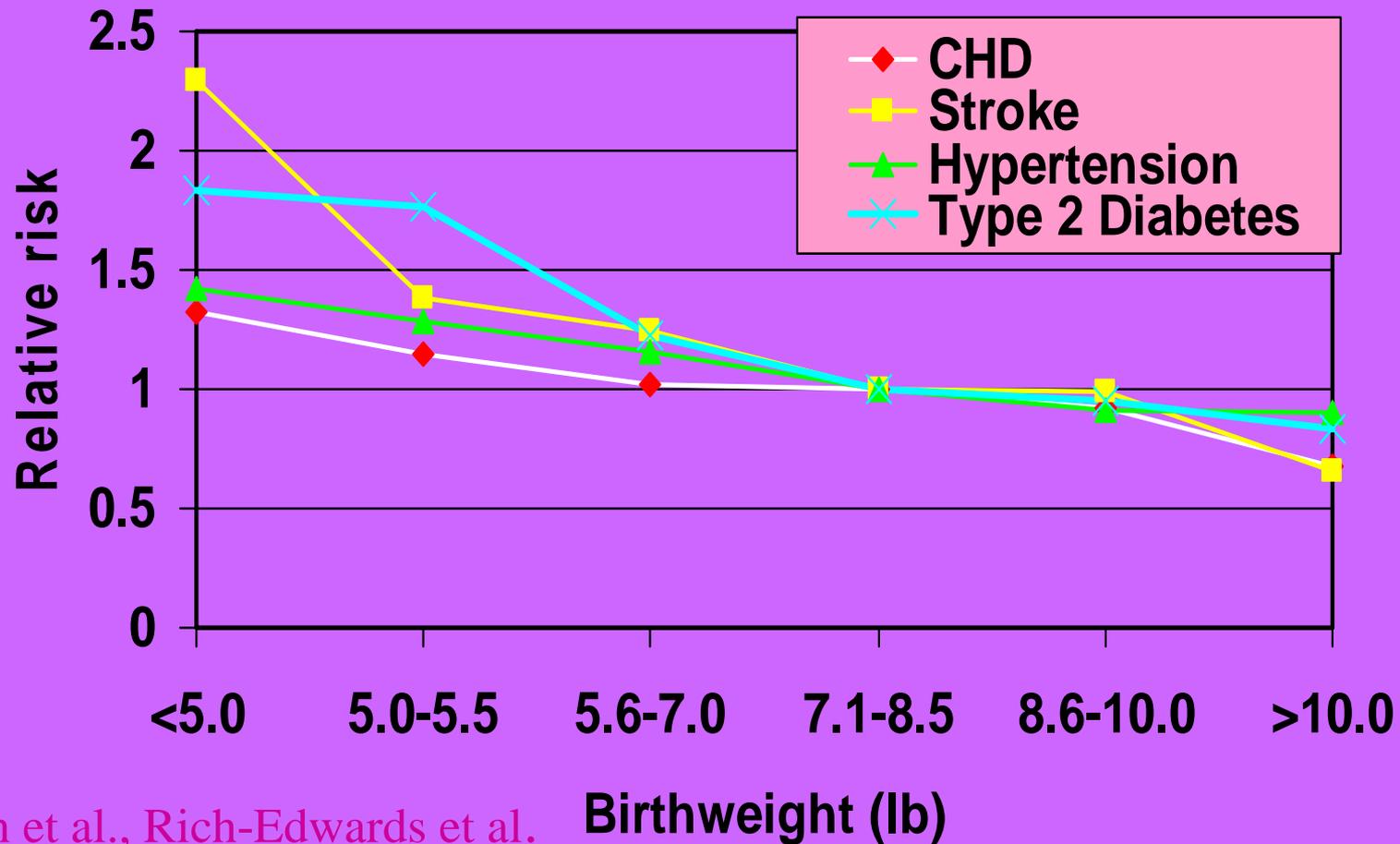




Cumulative, Programming and Pathway Mechanisms Influence LCHD

- Three basic mechanisms influence LCHD
 - **Cumulative** - additive effect of multiple risks and protective factors, weathering
 - **Programming** - time specific influence of stimulus or insult during a critical or sensitive period on selection, adaptation, compensatory processes
 - **Pathways**-chains of (eco-culturally constructed) linked exposures that create a constrained conduit of gene-environment transactions

Birthweight and CVD Outcomes Nurses' Health Study

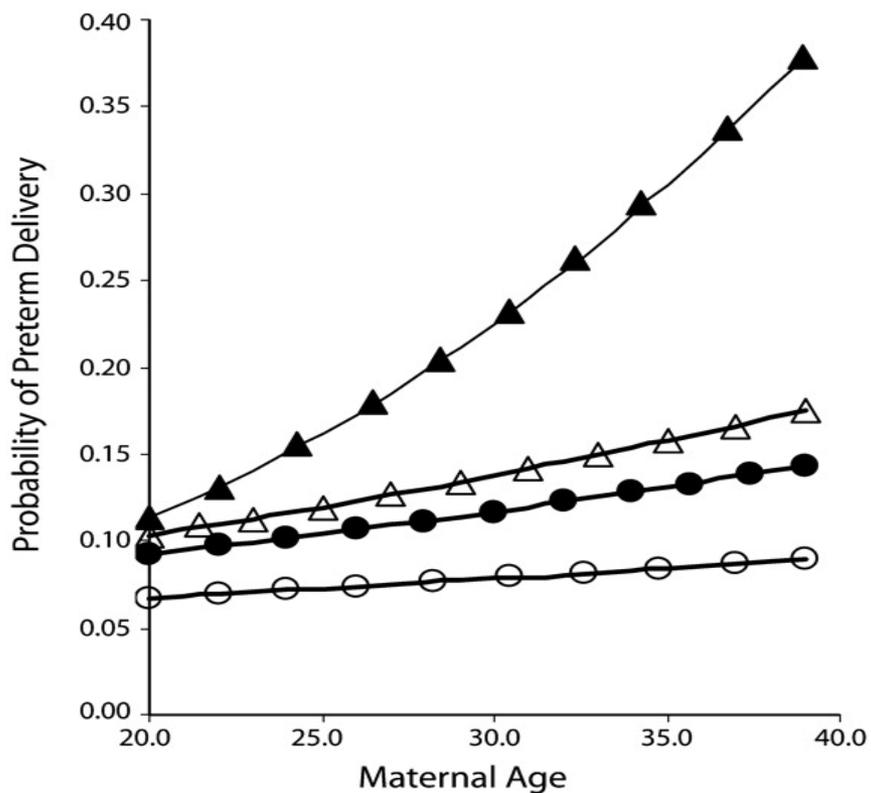


Curhan et al., Rich-Edwards et al.

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FIGURE 1 Estimated probability of preterm delivery by maternal age, race, and smoking status for (a) primiparous women and (b) multiparous women: 8 US geographic areas, 1995-2001

a



b

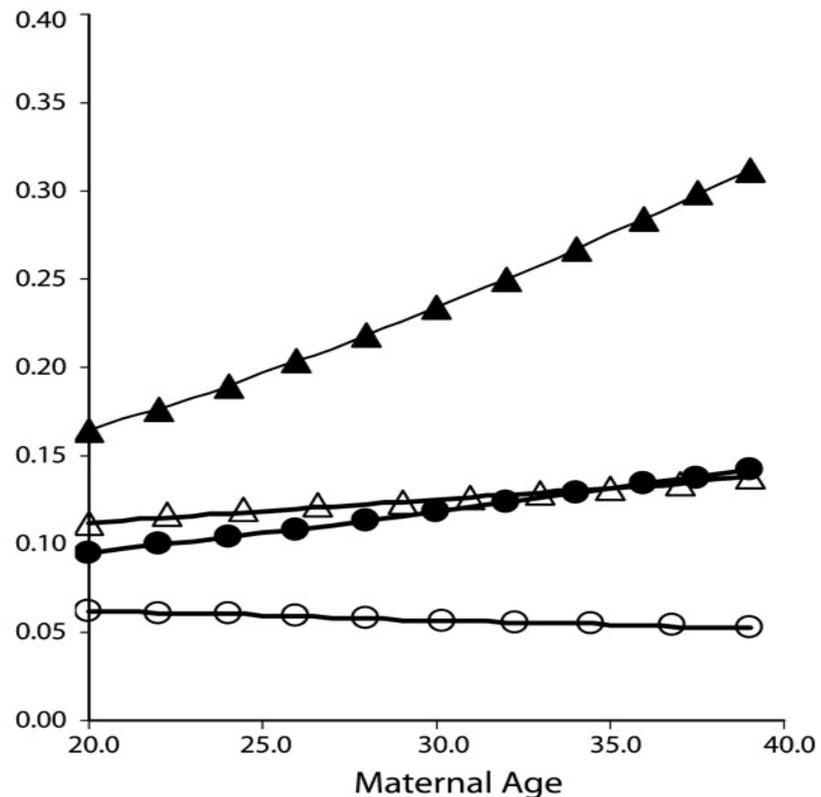
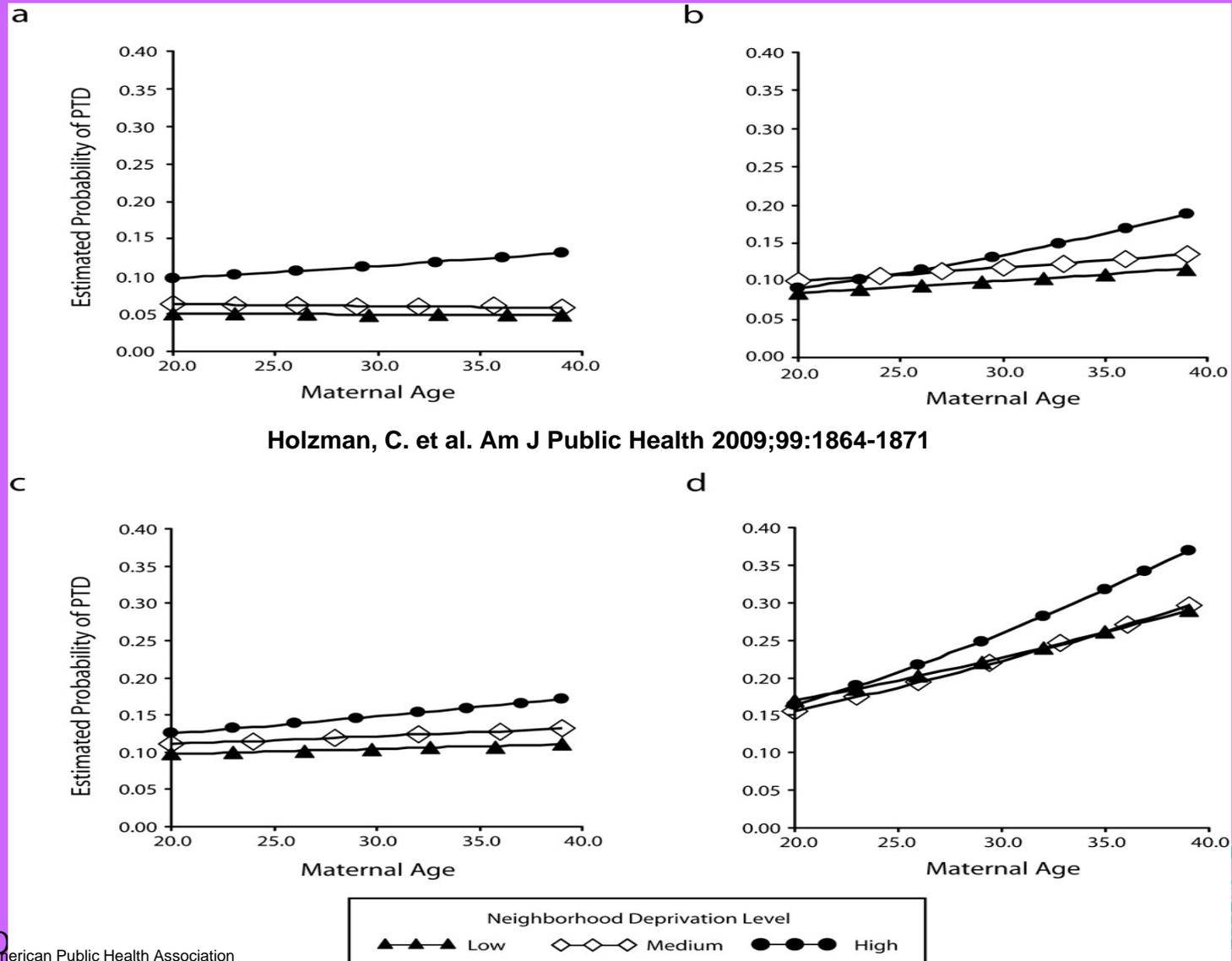


FIGURE 2 Estimated probability of preterm delivery by maternal age, stratified by level of neighborhood deprivation (low, medium, and high), for (a) multiparous White nonsmokers, (b) multiparous White smokers, (c) multiparous Black nonsmokers, and (d) multiparous Black smokers: 8 US geographic areas, 1995-2001

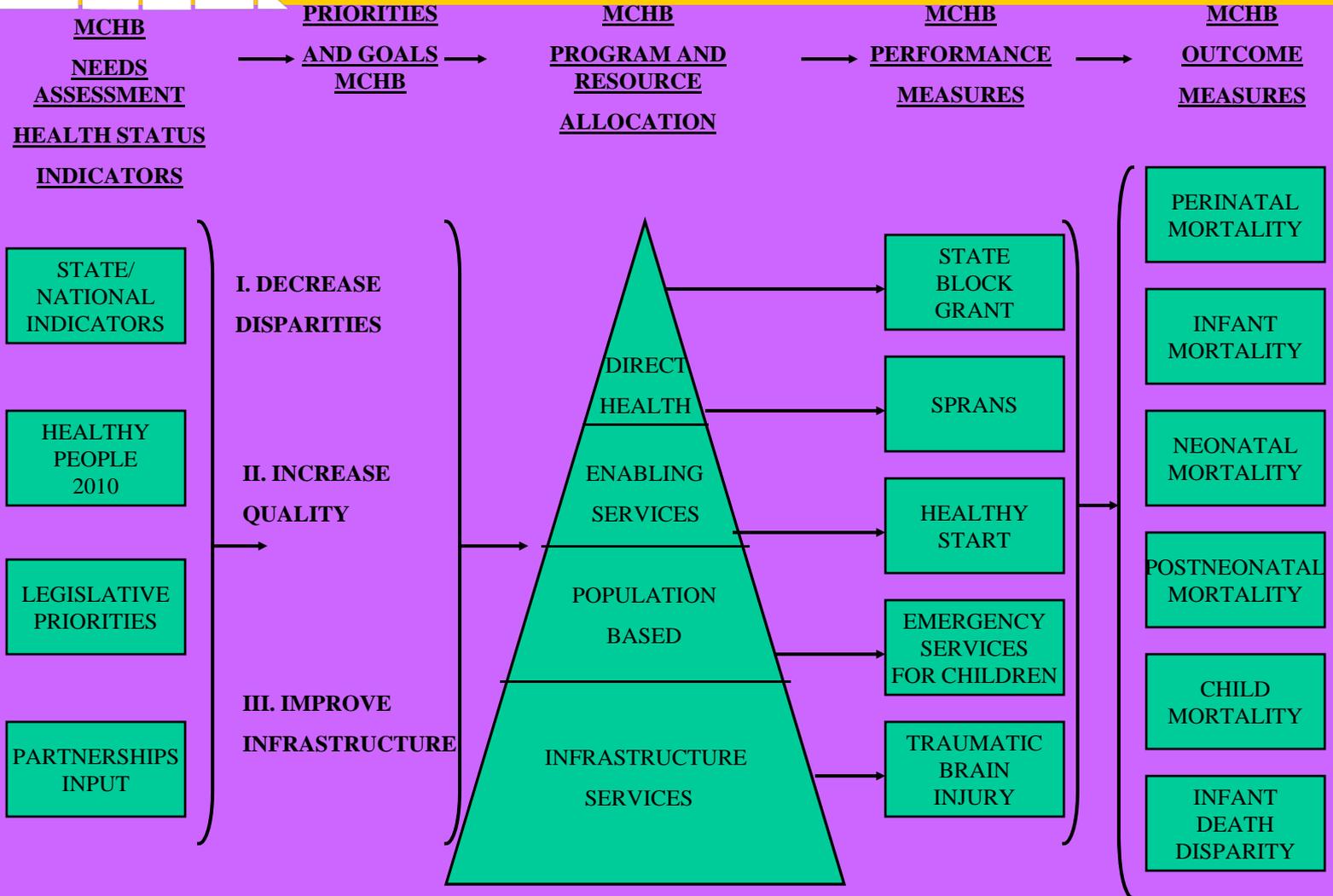


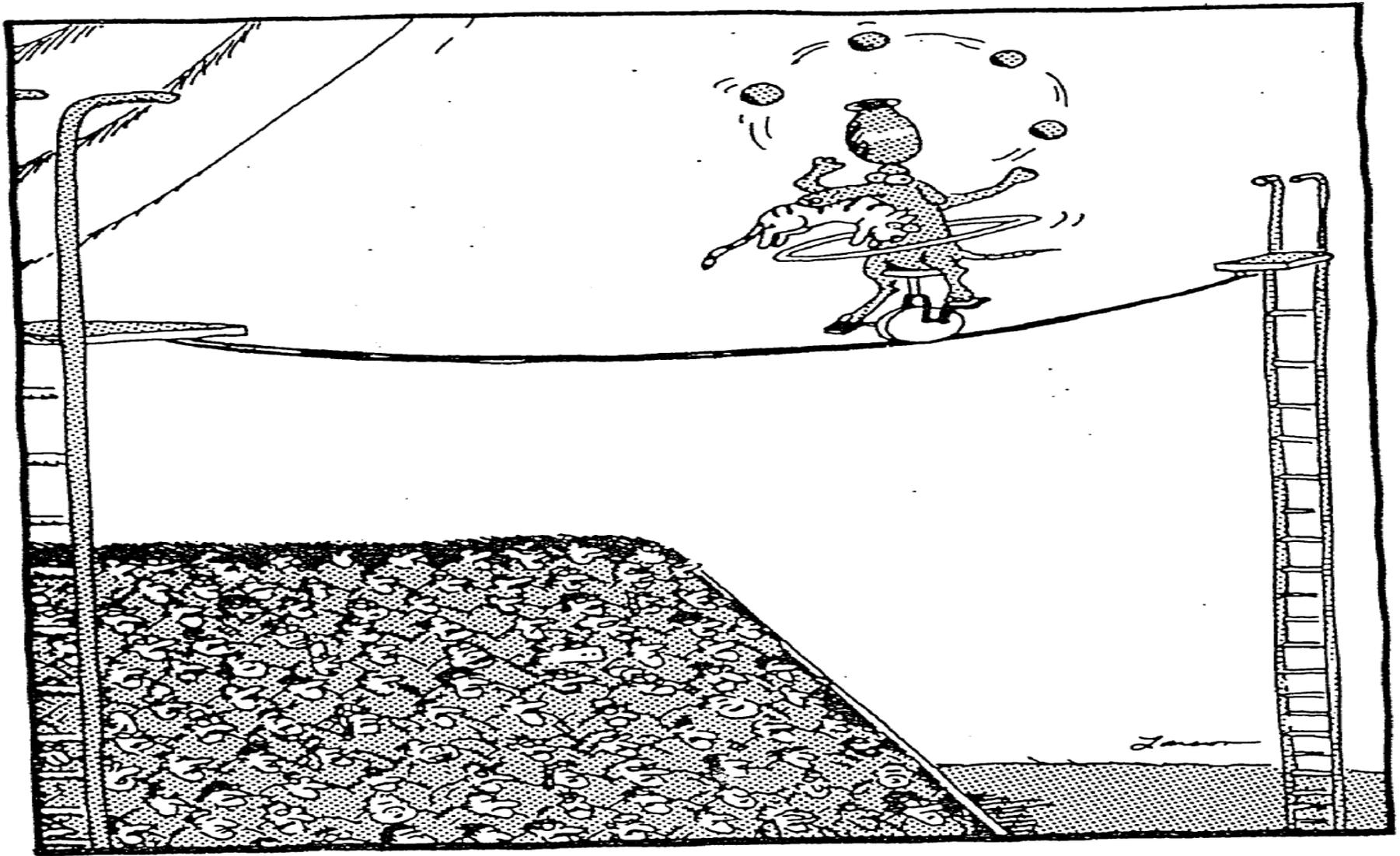


Key concepts of the MCH Life- course Model

- Today's experiences and exposures determine tomorrow's health
- Health trajectories are particularly affected during critical or sensitive periods
- The broader environment – biologic, physical, and social – strongly affects the capacity to be healthy
- Inequality in health reflects more than genetics and personal choice.

MCH Bureau Performance Measurement System





High above the hushed crowd, Peter tried to remain focused. Still he couldn't shake one nagging thought: He was an old dog and this was a new trick.



Contact

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