



Presentation For SACIM July, 2004

Health Resources And Services Administration
Maternal And Child Health Bureau

Peter C. van Dyck, M.D., M.P.H.



MCH BUREAU

LAW

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





The MCH Block Grant (Title V) States' Program 501(a)(1)(a-d)

- “Title V authorizes appropriations to states to improve the health of **all** mothers and children”
- “To provide and assure mothers and children... Access to quality maternal and child health services”
- “To reduce infant mortality...preventable diseases and handicapping conditions among children...increase number of...Immunized children...”

The MCH Block Grant (Title V) States' Program 501(a)(1)(a-d)

- “To increase low income children receiving health assessments and...diagnosis and treatment services”
- “Promote health...by providing prenatal, delivery, and postpartum care...”
- “Promote health of children by providing preventive and primary care services...”



The MCH Block Grant (Title V) States' Program 501(a)(1)(a-d)

- “To provide rehabilitation services for blind and disabled individuals under 16 receiving benefits under Title XVI, to the extent...it is not provided under Title XIX”
- “To provide and promote family-centered, community-based, coordinated care...for children with special health care needs...and facilitate... community based systems of services for such children and their families”



MCH BUREAU

LEADERSHIP

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





MCHB Strategic Plan Goals

- Provide National Leadership for Maternal and Child Health by creating a shared vision and goals for MCH, informing the public about MCH needs and issues, modeling new approaches to strengthen MCH, forging strong collaborative partnerships, and fostering a respectful environment that supports creativity, action, and accountability for MCH issues.



MCHB Strategic Plan Goals

- Eliminate health disparities in health status outcomes, through the removal of economic, social and cultural barriers to receiving comprehensive timely and appropriate health care



MCHB Strategic Plan Goals

- To assure the highest quality of care through the development of practice guidance, data monitoring, and evaluation tools; the utilization of evidence-based research; and the availability of a well-trained, culturally diverse workforce



MCHB Strategic Plan Goals

- To facilitate access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care

The MCH Budget for 2003 and 2004(millions)

	FY2003	FY2004(PB)
■ MCH Block Grant ¹	\$730.0.....	\$750.8
■ State Block Grant.....	\$599.0.....	\$622.4
■ SPRANS(General).....	\$105.7.....	\$109.1
■ CISS.....	\$ 15.9.....	\$ 19.3
■ SPRANS(Earmark).....	\$ 9.4.....	\$ 0.0



The MCH Budget for 2003 and 2004(millions)

	FY2003	FY2004(PB)
■ Healthy Start.....	\$ 98.3.....	\$ 98.7
■ Hearing Screening.....	\$ 9.9.....	\$ 0.0
■ EMSC.....	\$ 19.4.....	\$ 18.9
■ Poison Control Center.....	\$ 22.4.....	\$ 21.2
■ Trauma/EMS.....	\$ 3.5	\$ 0.0
■ AbEd Community.....	\$ 54.6.....	\$ 73.0
■ AbEd State.....	\$ 50.0.....	\$ 50.0
■ Bioterrorism.....	\$ 514.6.....	\$ 518.1
■ Traumatic Brain(TBI)*.....	\$ 9.4.....	\$ 7.5

CORE PUBLIC DELIVERED BY

HEALTH SERVICES MCH AGENCIES



MCH

CHC

EPSDT

SCHIP

DIRECT HEALTH CARE SERVICES (GAP FILLING)

Examples:
Basic Health Services and Health Services for CSHCN

ENABLING SERVICES

Examples:
Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, Coordination with Medicaid, WIC and Education

POPULATION--BASED SERVICES

Examples:
Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Counseling, Oral Health, Injury Prevention, Nutrition and Outreach/Public Education

INFRASTRUCTURE BUILDING SERVICES

Examples:
Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care and Information Systems

Health Resources and Services Administration
Maternal and Child Health Bureau

JULY 2004



MCH BUREAU

EARLY CHILDHOOD

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





Research On Brain Development During Early Childhood

- The human brain achieves approximately 85% of its adult size by age 2-1/2 years and 90% of total growth by the age of 3 years.
- Early childhood represents the period where young children attain developmental milestones that include emotional regulation and attachment, language development and motor skills.



Research On Brain Development During Early Childhood

- All of these milestones can be delayed when developing young children experience environmental stressors and other negative risk factors that influence the brain and compromise their physical, social-emotional, and cognitive growth and development.



What Children Need To Be Healthy And Ready To Learn At School Entry

- Nurturing relationships,
- Safe environments
- Developmentally appropriate experiences
- Quality support services
- Health insurance coverage
- A medical home

“From Neurons to Neighborhoods: The Science of Early Child Development”
Shonkoff, Jack P.; Phillips, Deborah, National Academy of Sciences



Critical Components In Early Childhood Systems Development

- Access to medical homes
- Address the needs of children at risk for the development of mental health problems
- Early care and education services for children from birth through five years of age
- Parent education services
- Family support services



Gaps Remain

Access to Medical Homes:


- 9 million US children don't have health insurance.
- 5.8 million of these children are eligible for either CHIP or Medicaid.
- need for enhanced health professionals knowledge and skills in addressing developmental, behavioral and psychosocial problems.



Gaps Remain

Mental Health and Social-Emotional Development

- Maternal depression goes unrecognized for its potentially negative impact on a child's development.
- Many communities have gaps in service delivery pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems.
- Some child care providers are expelling children from preschool placements due to the provider's inability to deal with psycho-social issues.



MCHB State Early Childhood Comprehensive Systems Grants (Seccs)

Purpose:

To support States to plan, develop and ultimately implement collaborations and partnerships that support families and communities in their development of children that are healthy and ready to learn at school entry.



MCHB State Early Childhood Comprehensive System Grants (Seccs)

Anticipated Outcomes:

- Strong state MCH leadership and participation in early childhood systems development
- A completed needs assessment for early childhood intervention
- A completed plan for action based on the needs assessment
- Developing strategic partnerships among critical state stakeholders



Grant Cycle

- Two year planning grants at \$100,000
- Optional 3rd year at \$100,000
- Third year implementation grants up to \$140,000 if benchmarks met
- Third year special projects grants up to \$180,000
- Now entering the third year



MCH BUREAU

BULLYING

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004

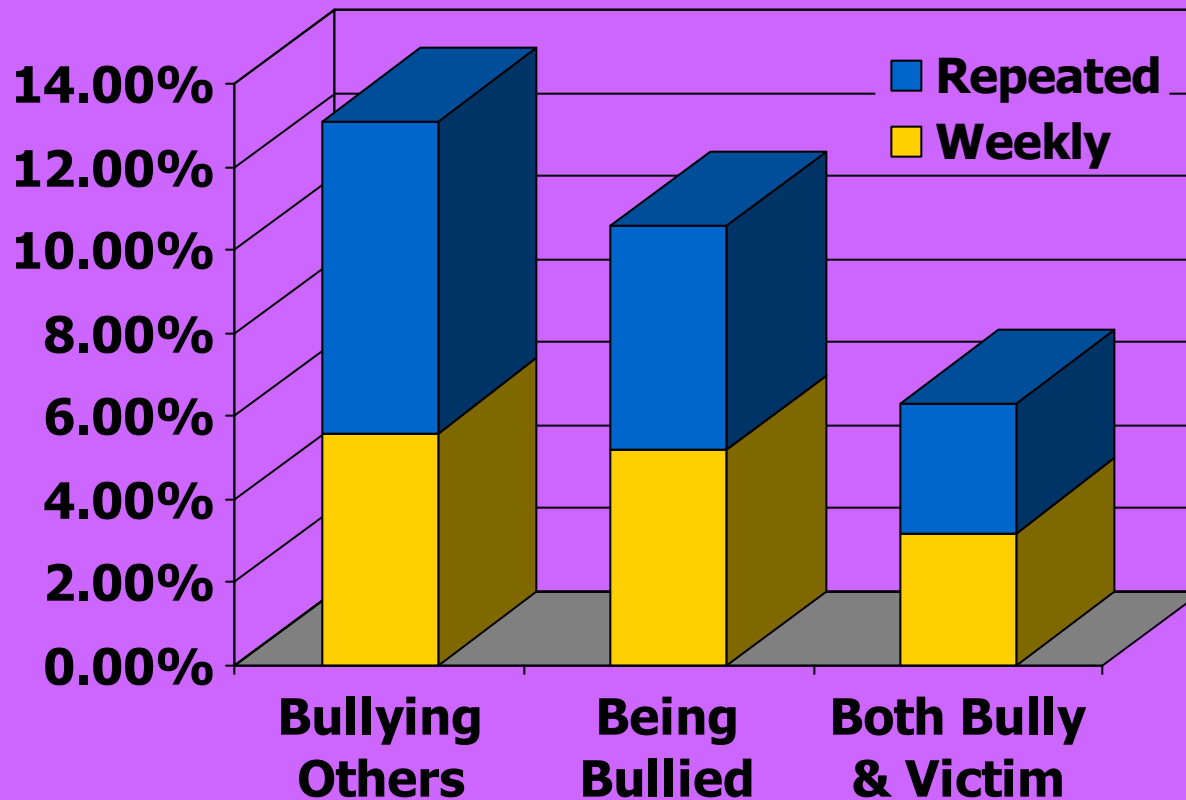




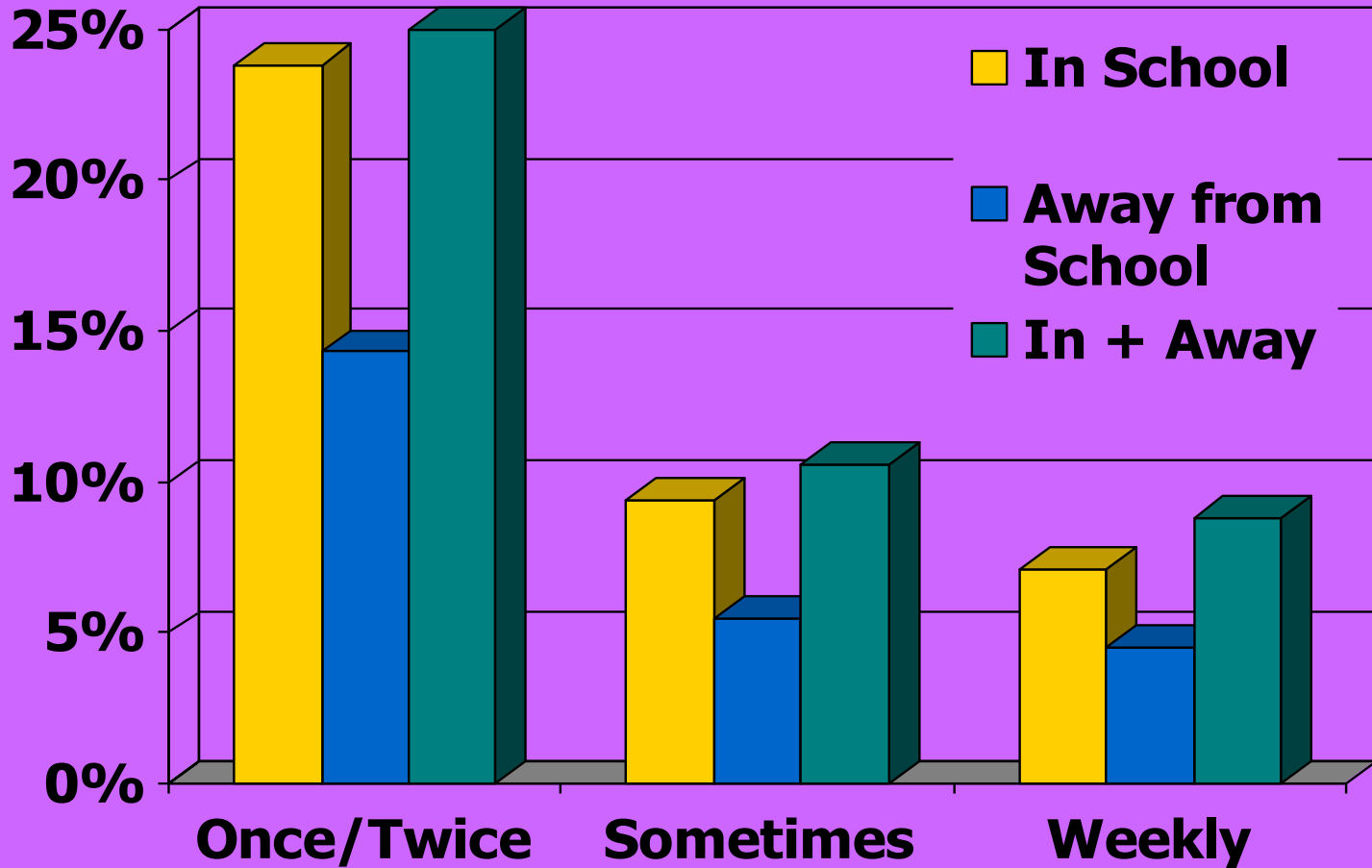
Bullying definition

- We say a student is **BEING BULLIED** when another student, or a group of students say or do nasty and unpleasant things to him or her.
- It is also **BULLYING** when a student is teased repeatedly in a way he or she doesn't like.
- But it is **NOT BULLYING** when two students of about the same strength quarrel or fight.

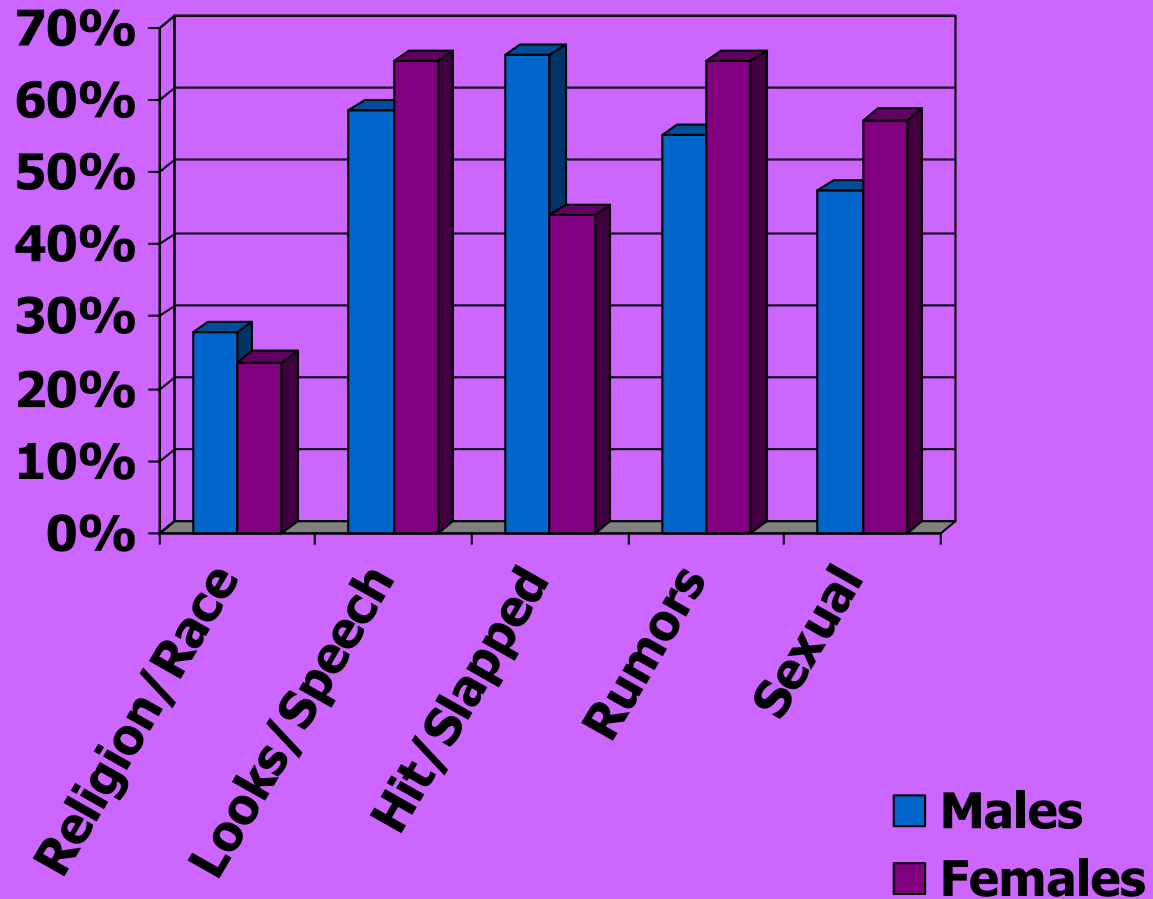
Overall frequency of bullying



Bullying others: prevalence in and away from school



Ways of being bullied reported by victims





Bullying– How Serious Is It?

■ Prevalence

- More than 3.5 million U.S. children reported bullying other children either moderately or frequently.
- 3.2 million U.S. children reported being bullied by others at the same frequencies.

■ Consequences

- Physical, emotional, and psychosomatic injury.
- Antisocial/delinquent behaviors (e.g. vandalism, truancy, drug use).
- Alcohol consumption, smoking.

■ JAMA April 2001



Bullying- What Are We Doing?

- Youth Campaign on Bullying Prevention
 - MCHB/Widmeyer Communications
 - Target audience: tweens, teens, parents, schools and communities
 - Federal and Non-Federal Partners



MCH BUREAU

BRIGHT FUTURES

Health Resources and Services Administration

Maternal and Child Health Bureau

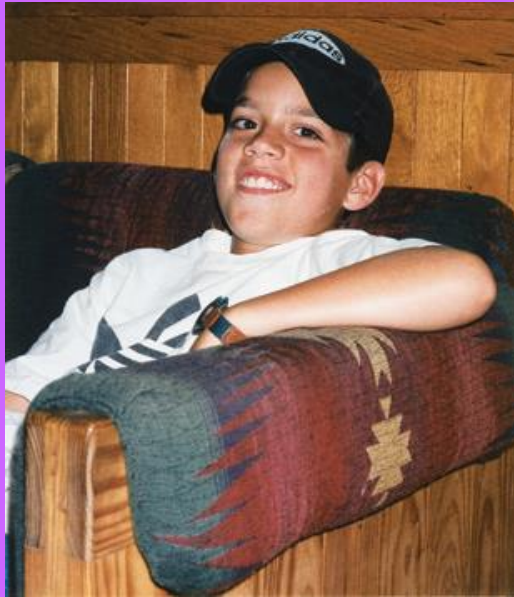
JULY 2004





What Is Bright Futures?

- Bright Futures is
 - A vision
 - A philosophy
 - A set of expert guidelines
 - A practical developmental approach to providing health supervision





Bright Futures Goals

- Increase family knowledge, skills, and participation in health-promoting and disease prevention activities
- Enhance health professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community



Bright Futures Organizations


- American Academy of Pediatrics
- American Academy of Pediatric Dentistry
- American Dietetic Association
- American Medical Association
- National Association of Pediatric Nurse Associates and Practitioners
- American Academy of Physician Assistants
- American School Health Association
- American Public Health Association

Bright Futures Multidisciplinary



- Health professionals
- Families
- Child care professionals
- Social service professionals
- Schools
- Local and state government
- Community groups
- Business/industry
- Faith communities
- Payers





Bright Futures Implementation

- Building Bright Futures--1995
- Incorporated into EPSDT guidelines, SCHIP, Head Start, and WIC programs
- Used to revise standards of practice
- Used to promote program development
- Used as a training tool for health professionals and health departments

Bright Futures Materials

The collage features several key materials:

- Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Second Edition:** The main cover with a rainbow and sun.
- Bright Futures in Practice - NUTRITION:** A guide featuring illustrations of various fruits and vegetables.
- Bright Futures in Practice - ORAL HEALTH:** A guide featuring an illustration of a family.
- Bright Futures Notes...:** A page with the title in large letters and a small article titled "Building Bright Futures: Changes and Challenges" by Judy S. Palfrey, M.D.
- Anticipatory Guidance Cards:** A card with a blue background and a child's silhouette, stating "Many families want to talk about..."
- Other materials:** Smaller versions of the main guidelines, a "What's New" section, and a "Counter Forms for Health Professionals" cover.

Health Resources and Services Administration
Maternal and Child Health Bureau

JULY 2004



MCH BUREAU

NEWBORN SCREENING

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





MCHB's Vision for Newborn Screening

- Systems approach with defined public health roles at state and national level
- Presence of Quality assurance
- Public–private partnerships for assurance of systems approach and comprehensive, efficient care and management
- Equity for families



Resource Center

National Newborn Screening and Genetics
Resource Center

<http://genes-r-us@uthscsa.edu>

Serves as a focal point for national newborn screening and genetics activities, and provides related resources to benefit consumers, health professionals, the public health community, and government officials.



Newborn Screening Program Goals

1. Support a framework for effective partnerships between parents and professionals and among professions, agencies, and officials at the Federal, State, and community levels and between the public and private sector.
 - Promote the linkage of NBS programs to medical homes and family support networks.
 - Strengthen network of specialty-subspecialty health professionals to provide an adequate system of follow-up, diagnosis, referral, and management.



Newborn Screening Program Goals

2. Strengthen existing public health infrastructure and facilitate integration with the health care delivery system.
 - Support State and Territorial efforts to coordinate activities among different programs and integrate child related public health agency information to allow improved coordination, tracking, assessment, and evaluation.
 - Ensure information among the various groups, including medical homes, is expeditiously and appropriately shared.
 - Assist States in their efforts to monitor and evaluate system performance.



Newborn Screening Program Goals

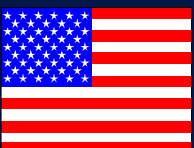
Goal 2 (continued)

- Support pre-screening and screening education and training initiatives.
- Support State implementation of technological innovations.

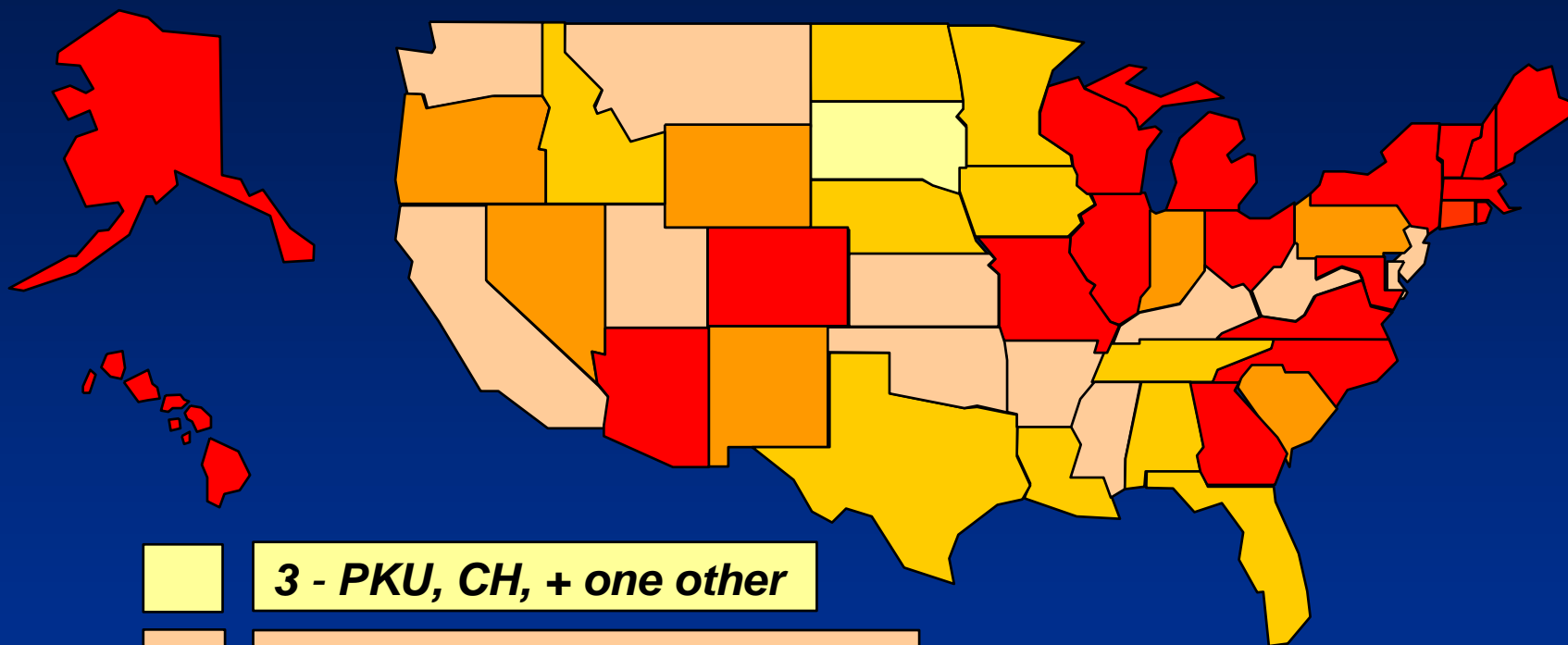


Newborn Screening Program Goals

3. Provide ongoing leadership and support for the development of NBS standards, guidelines, and policies.
 - Engage in a national process to develop nationally recognized NBS standards and policies.
 - Support the development of models, strategies, and materials for implementation of effective NBS systems.



U.S. Newborn Screening, 2001





HRSA Contract With ACMG National Newborn Screening Guidance

Expert panel convened to review available information on newborn screening (NBS) based upon accumulation and analysis of best scientific evidence:

1. To address model policies and procedures and minimum standards for state NBS programs.



HRSA Contract With ACMG National Newborn Screening Guidance

2. To create a model decision matrix for changing newborn screening panels.
3. To develop a uniform panel of conditions for screening.



MCH BUREAU

CSHCN SURVEY

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





The National Survey of Children with Special Health Care Needs

- Screened 196,888 households with children
- Screened 373,055 children for special health care needs
- Completed 38,866 CSHCN interviews



The National Survey of Children with Special Health Care Needs

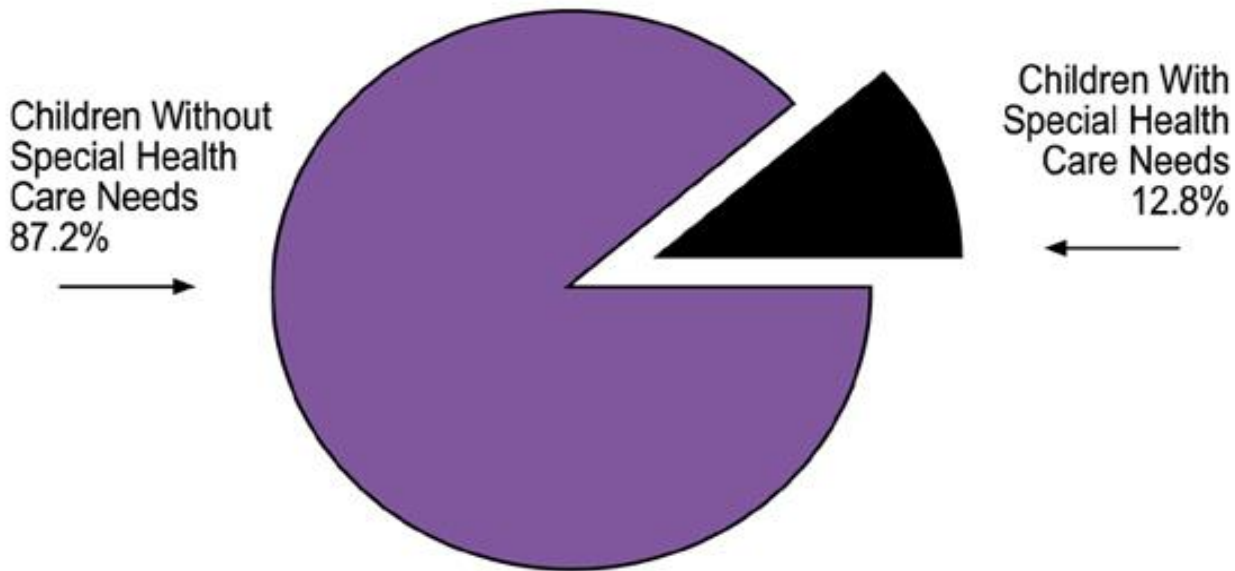
Children with special health care needs (CSHCN) are defined by the Department of Health and Human Services as

“...those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”¹

The National Survey of Children with Special Health Care Needs



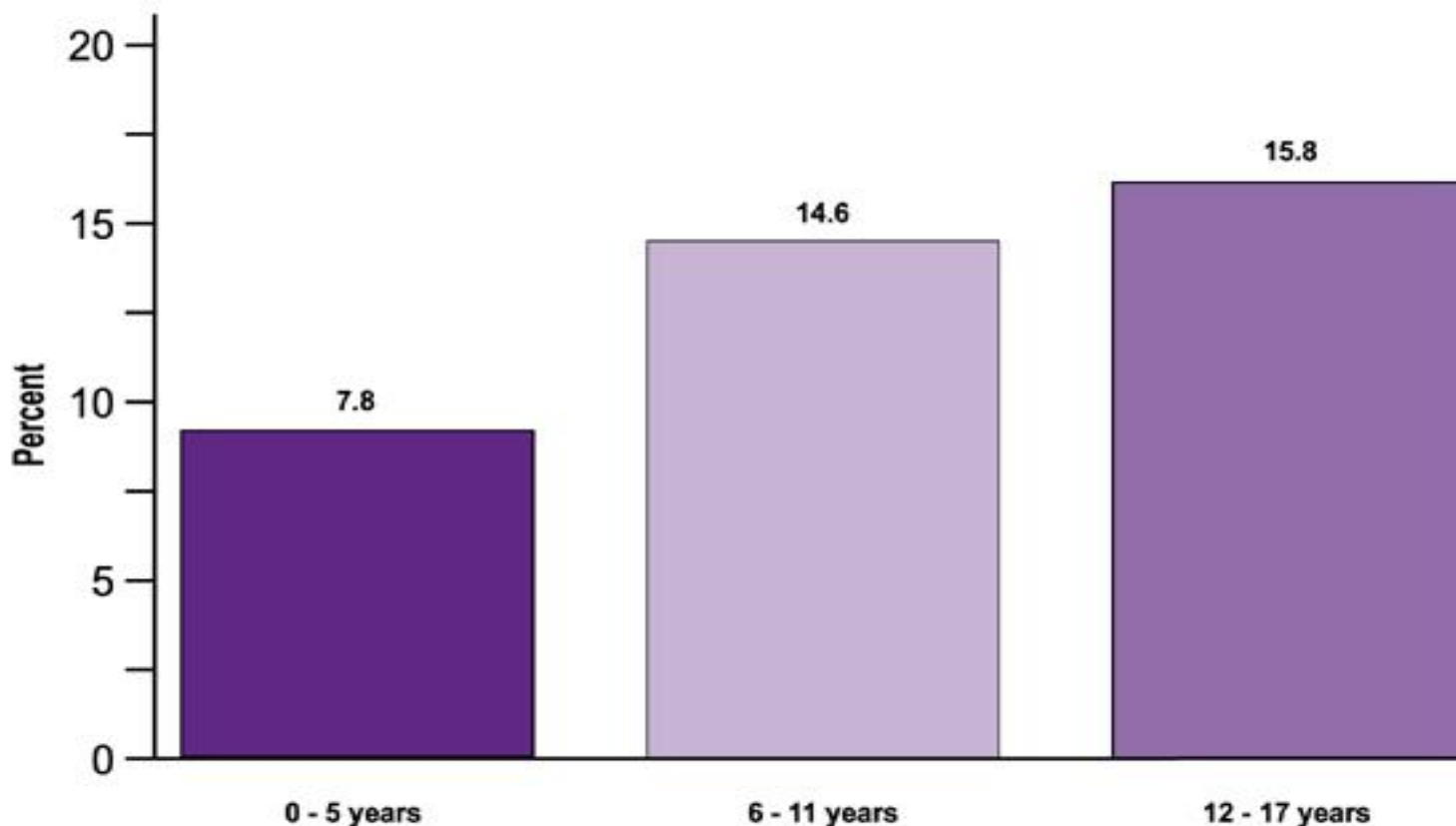
Prevalence of Children with Special Health Care Needs: Persons





The National Survey of Children with Special Health Care Needs

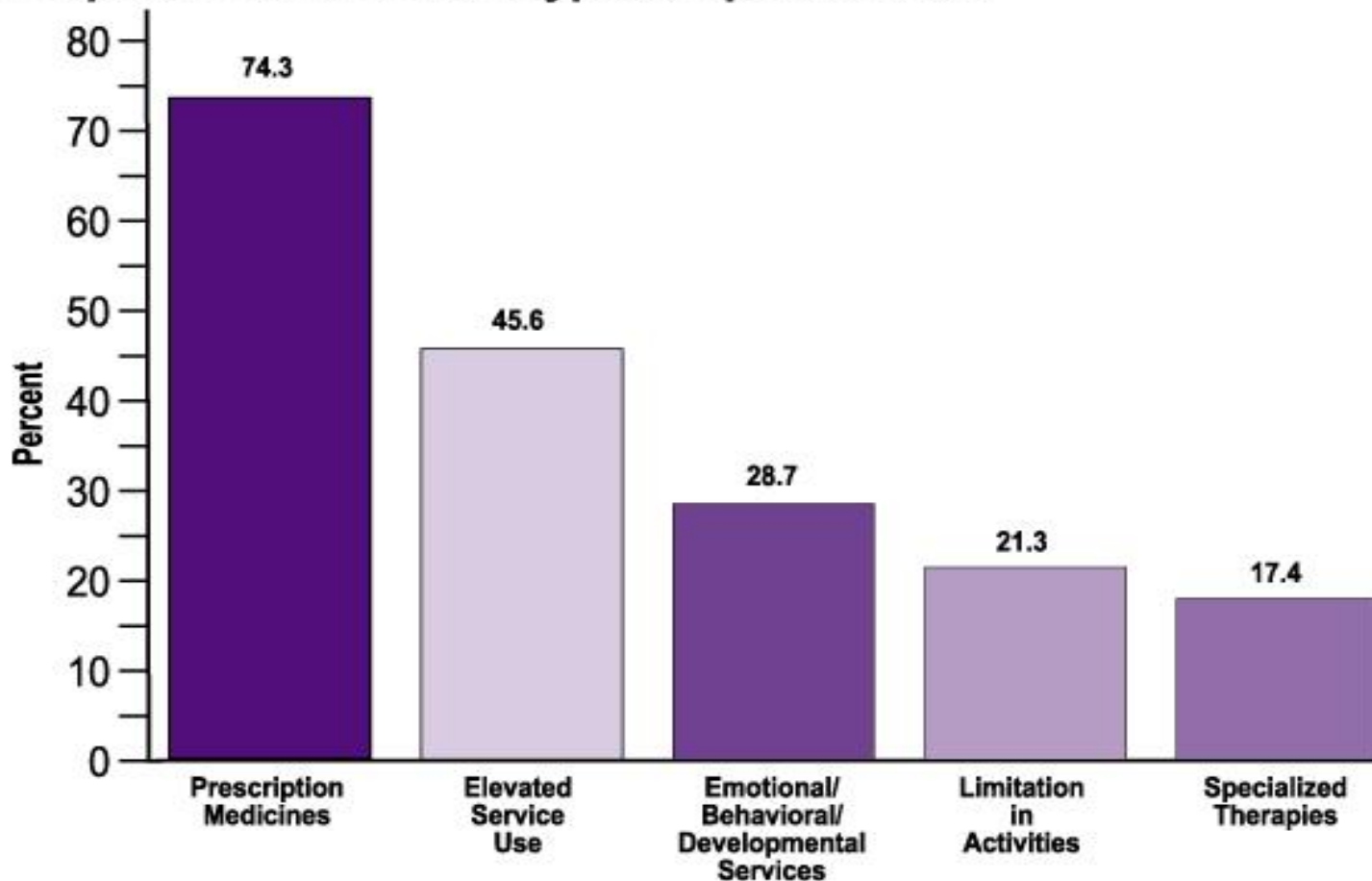
Prevalence of Children with Special Health Care Needs: Age





The National Survey of Children with Special Health Care Needs

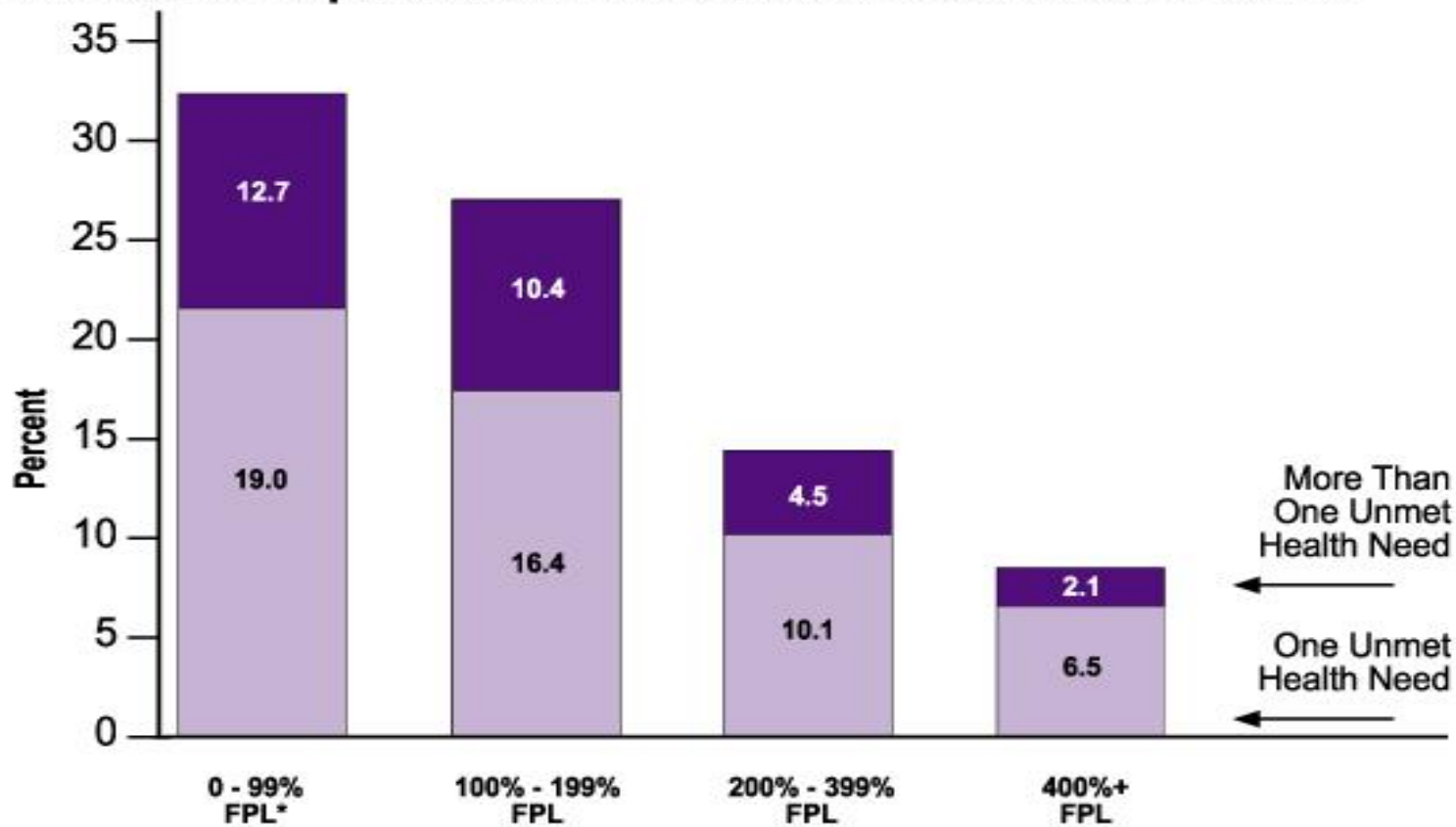
Proportion of CSHCN : Type of Special Need





The National Survey of Children with Special Health Care Needs

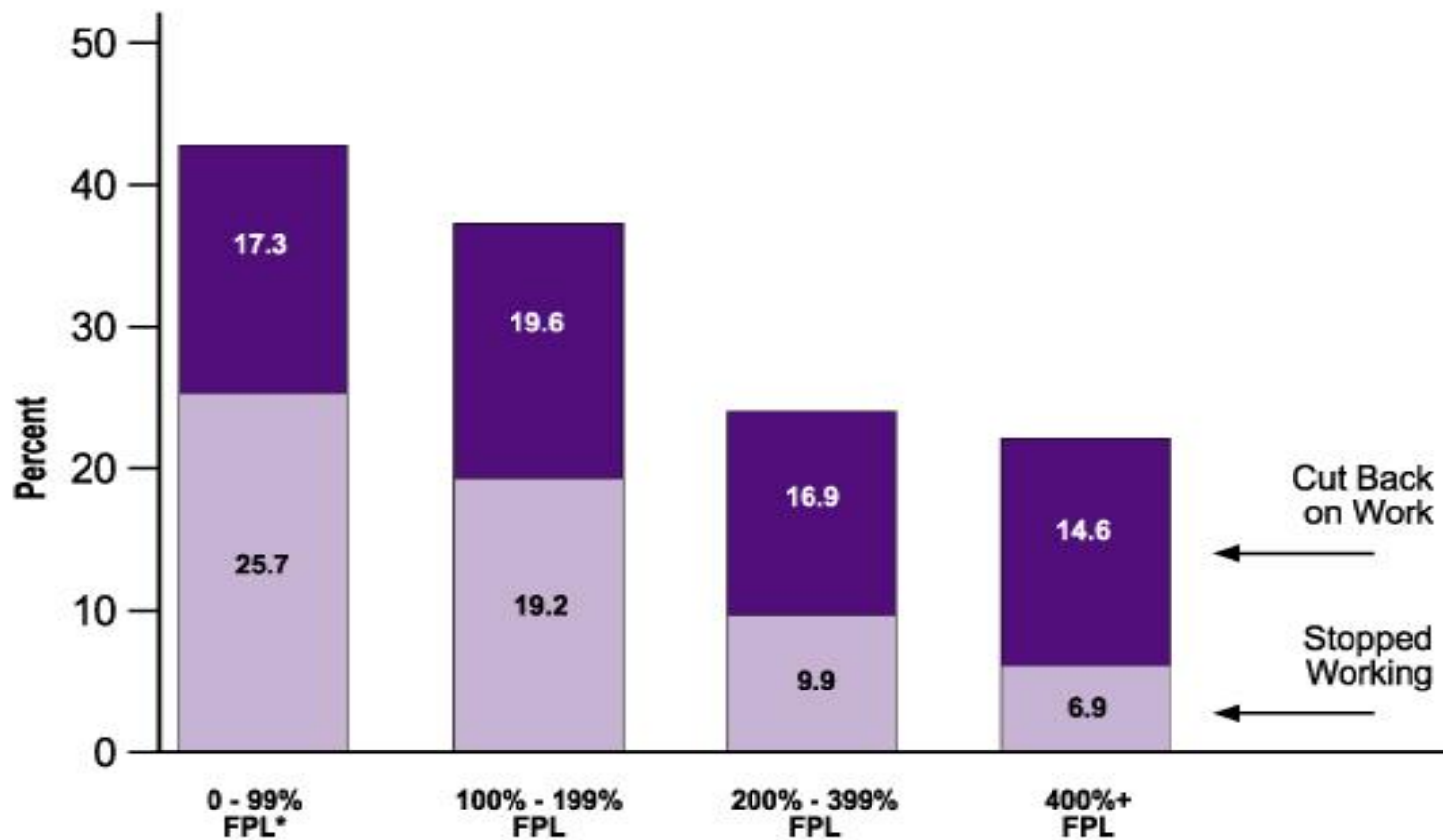
Number of Reported Unmet Health Service Needs: Income





The National Survey of Children with Special Health Care Needs

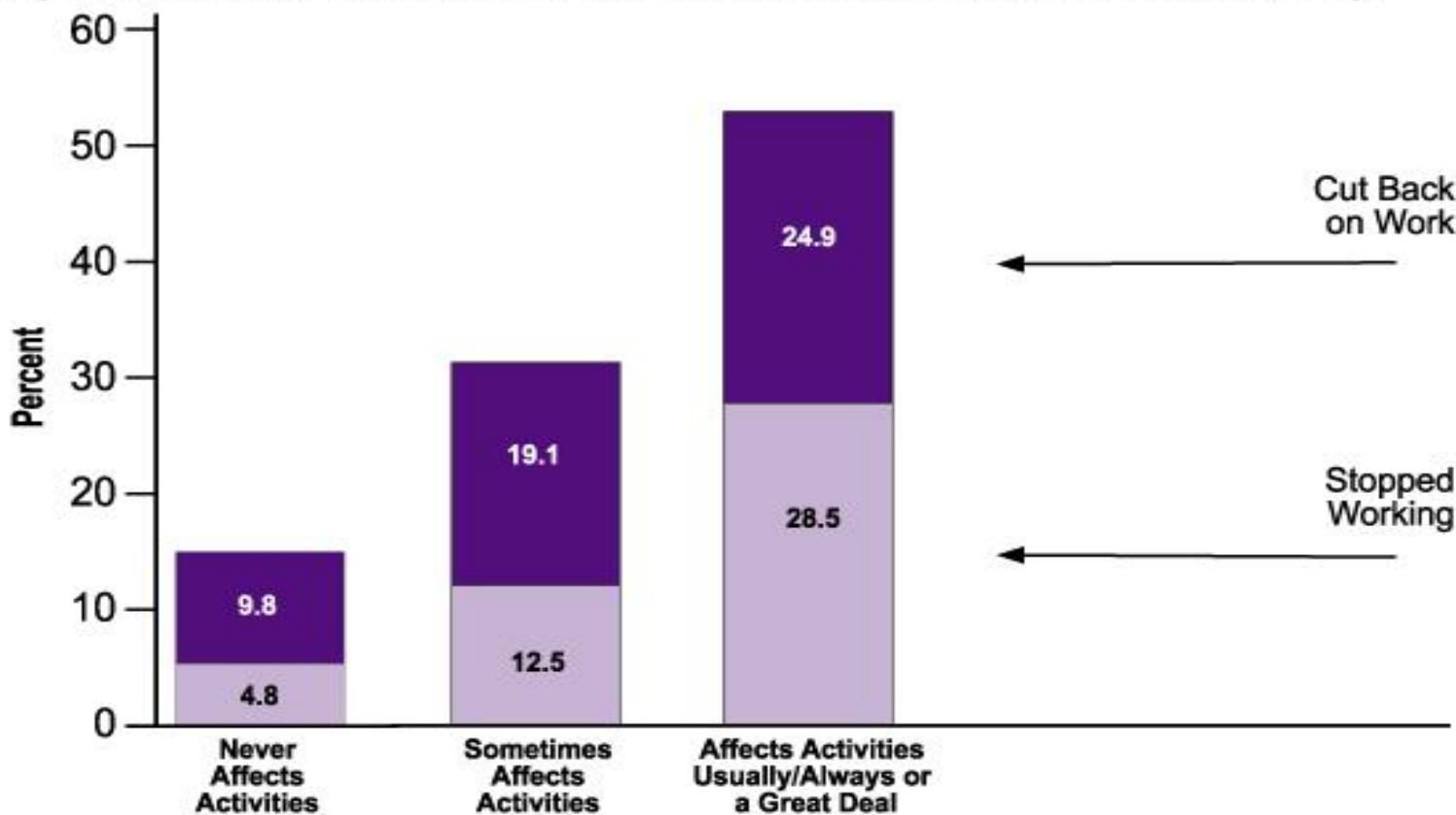
Impact of Child's Condition on Parent's Employment: Income





The National Survey of Children with Special Health Care Needs

Impact of Child's Condition on Parent's Employment by Impact of Child's Condition on Child's Functional Ability





MCH BUREAU

CHILDREN'S SURVEY

Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004





National Survey of Children's Health

- Designed to produce reliable State and National data for HP 2010, Title V needs assessment, and for Title V program planning and assessment
- To provide a new data resource for researchers, advocacy groups, and others



National Survey of Children's Health

- SLAITS mechanism
- 2,000 children in each State-
102,000 nationally
- Data collection from Jan 2003-Apr
2004
- Technical advisory panel
- Field test with 1000 interviews
- Two age groups(0-5 and 6-17)



National Survey of Children's Health

- Demographics
- Physical and mental health status
- Health insurance
- Health care utilization and access
- Medical home
- Family functioning
- Parents' health
- Neighborhood characteristics

National Survey of Children's Health

- Prevalence of obesity across States
- Prevalence of asthma by State
- Children's access to medical home
- Children with a personal doctor
- Children with child care
- Parents' health practices related to child health status
- Parents' reading to children
- Children in stressful family situations
- How safe are neighborhoods and schools



MCH BUREAU

OBESITY

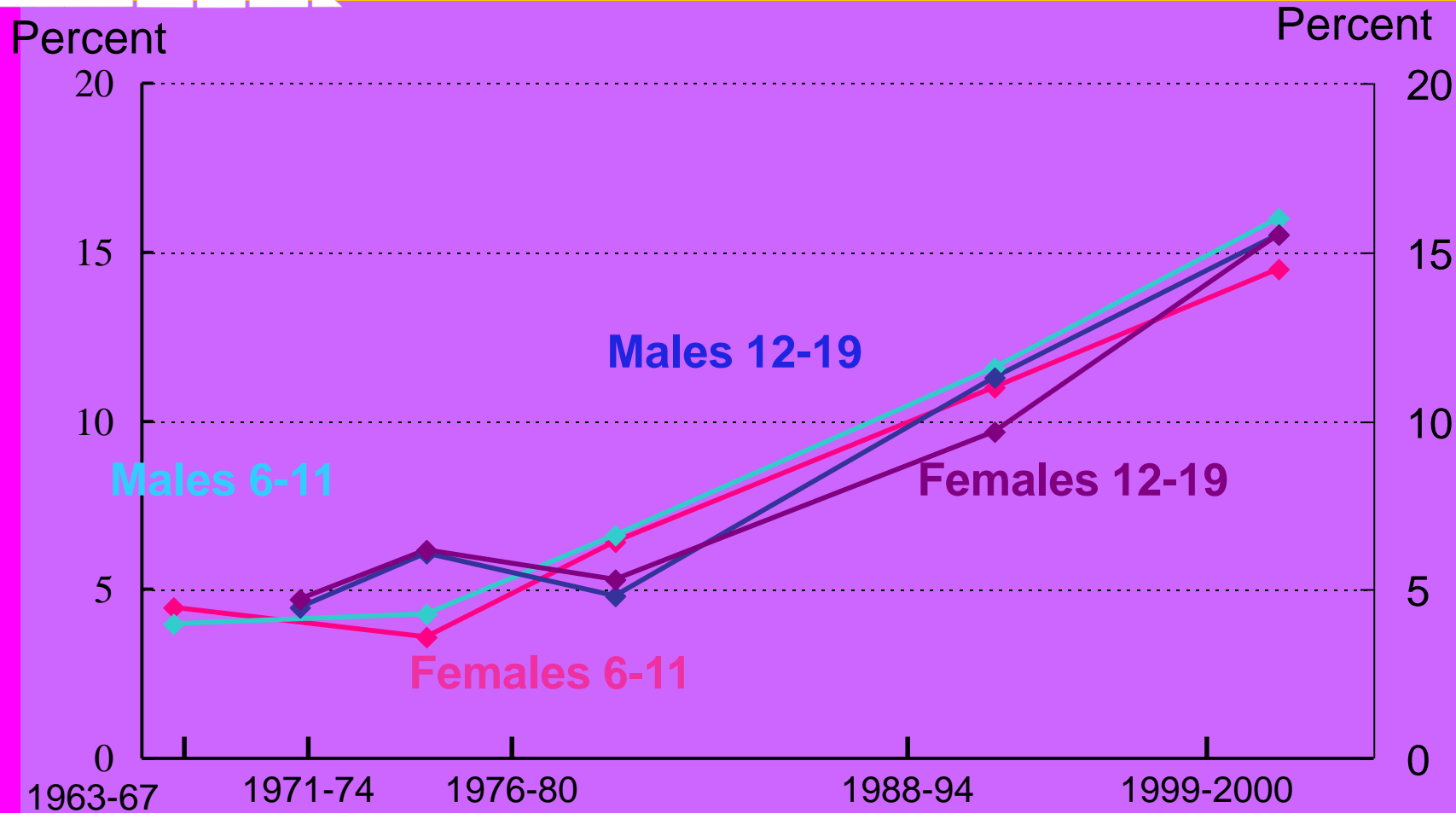
Health Resources and Services Administration

Maternal and Child Health Bureau

JULY 2004



Trends in Child and Adolescent Overweight



Note: Overweight is defined as BMI \geq gender- and weight-specific 95th percentile from the 2000 CDC Growth Charts for the United States.

Source: National Health Examination Surveys II (ages 6-11) and Health and Nutrition Examination Surveys I, II, III and 1999-2000, NCHS, CDC

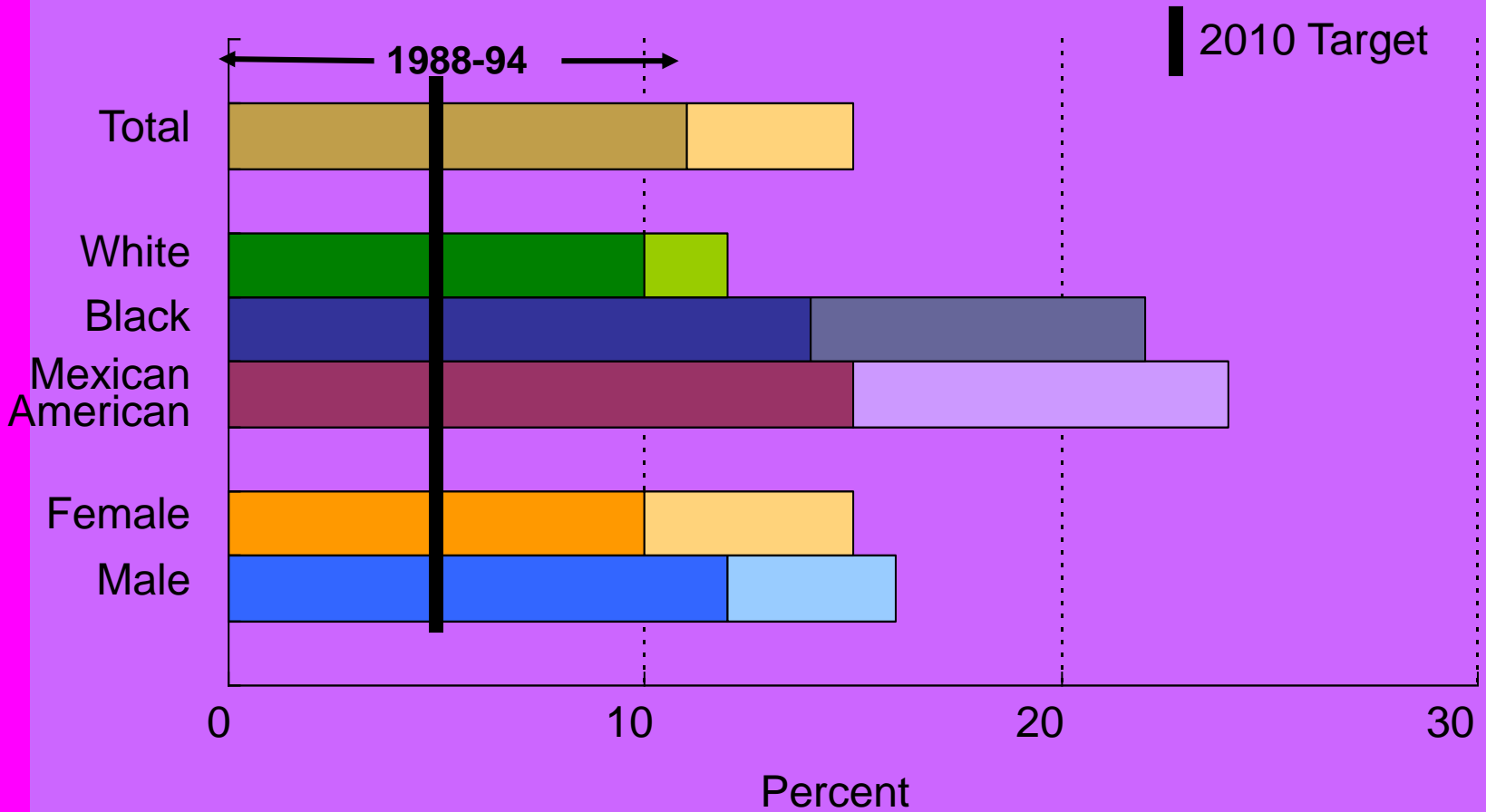
Health Resources and Services Administration
Maternal and Child Health Bureau

JULY 2004



Obj. 19-2

Child and Adolescent Overweight by Race: 1988-94 to 1999-2000



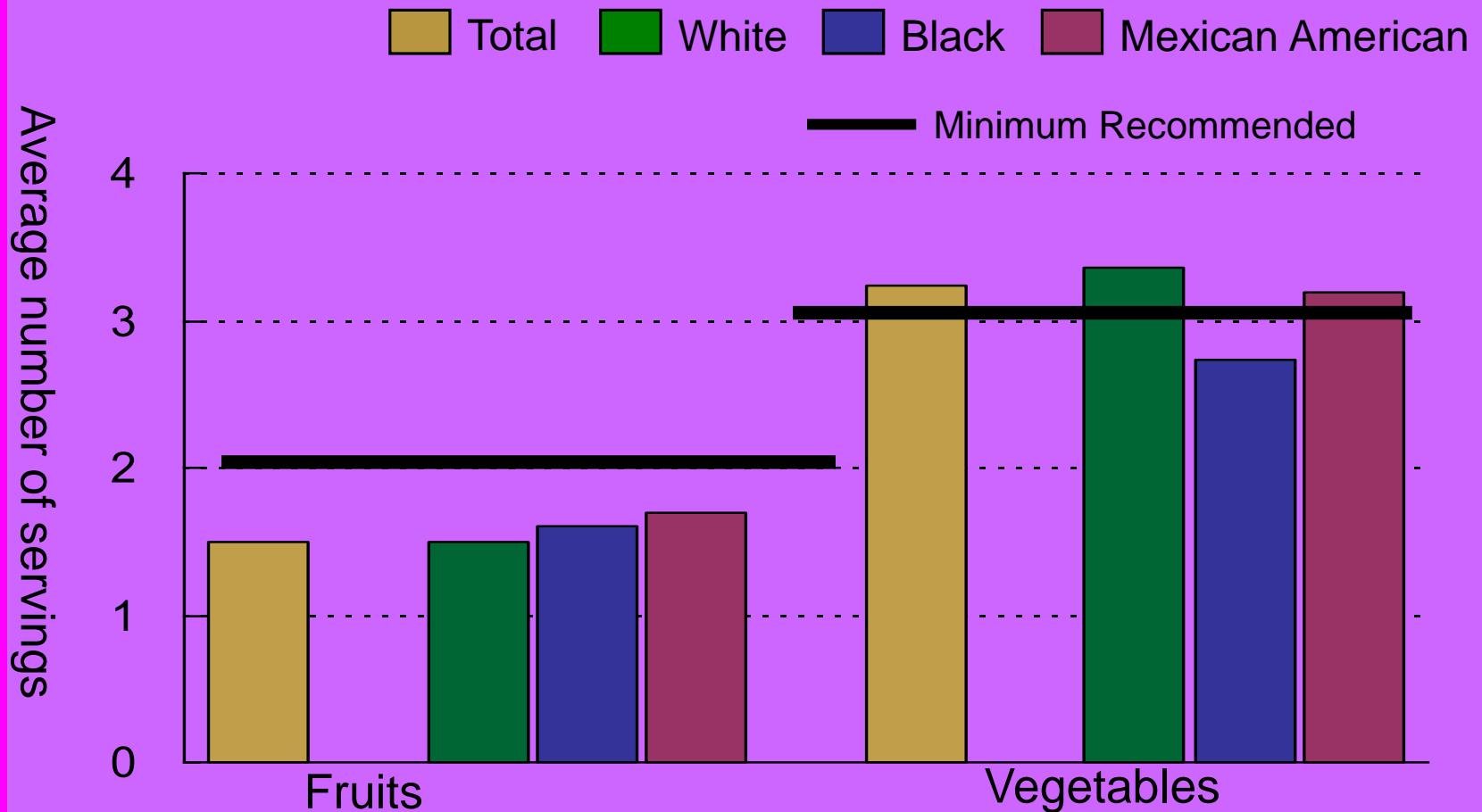
Health Resources and Services Administration
 Maternal and Child Health Bureau

Note: Overweight is defined for ages 6-19 years as BMI \geq gender- and weight-specific 95th percentile from the 2000 CDC Growth Charts for the United States Black and White children and adolescents of Hispanic origin. Persons of Mexican-American origin may be any race.

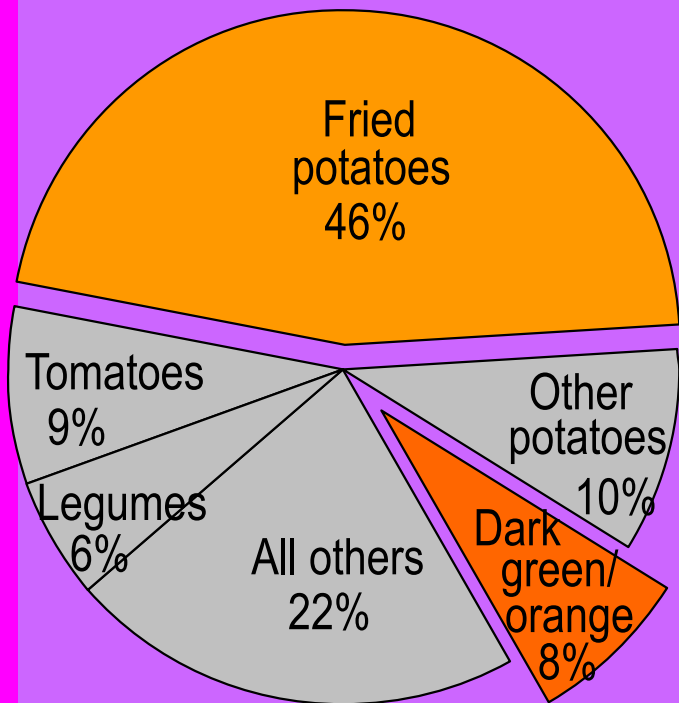
Source: National Health and Nutrition Examination Survey, NCHS CDC



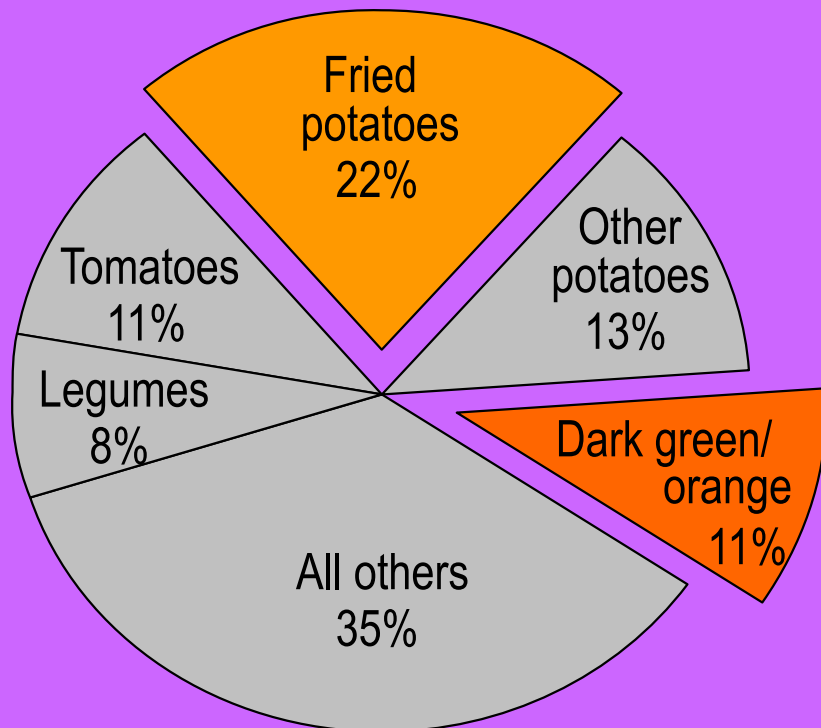
Fruits and Vegetables: Average Number of Daily Servings by Race: 1999-2000



Proportion of Vegetable Servings 1999-2000



Children 2-19 years



Adults 20 years and over

Target = At least 1/3 dark green/orange



WEB Sites

- Mchdata.net
- Stopbullyingnow.hrsa.gov
- Cshcndata.org
- Brightfutures.aap.org
- Cdc.gov/nchs/slaitis.htm
- Mchb.hrsa.gov



Contact

Peter van Dyck, M.D., M.P.H.

HRSA/MCHB

<http://mchb.hrsa.gov/>

