

9th Annual Governor's Public Health Conference –

"Connecting the Dots for Healthy Kansans"

Growing Human Potential

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- Good morning. My name is Michael Lu. I'm the associate administrator for maternal and child health at the Health Resources and Services Administration, US Department of Health and Human and Services. It is my great honor to welcome you to the 9th Annual Governor's Public Health Conference – Connecting the Dots for Healthy Kansans.
- I'm sorry I can't be with you in person for this meeting, and looking at your program for the next couple days, I'm actually envious that my colleague Dr Hani Atrash, who will be giving the keynote address in a few moments, get to be there with you. You'll get to hear from some of the top experts talking about a number of maternal and child health issues that we care deeply about here at the Bureau, ranging from safe sleep to breastfeeding to developmental screening, early adversity and adverse childhood experiences, and so forth, and you'll be talking about state and local initiatives addressing maternal and child health priorities in Kansas.
- I just want to take a moment to acknowledge the tremendous work in MCH that is taking place in Kansas in the last few years, under the leadership of Governor Brownback, Secretary Moser, and your MCH Director Rachel Berroth, including the Blue Ribbon Panel on Infant Mortality and the Birth Disparities Program, your QI initiative on screening for critical congenital heart disease, your home visiting program, your work around PPOR and FIMR and now the PRAMS pilot, and the work the KDHE

is doing around primary care public health integration. I had the opportunity to meet with your Title V team earlier this year in DC and learned about all the great work that you are doing, and so on behalf of HRSA and the Maternal and Child Health Bureau, I just want to take a moment to thank you for all that you do for children and families in Kansas.

- Let me also take a moment to tell you about some of the things we are working on here at the Bureau.
- In a moment Dr Atrash will talk to you about the work that we are doing around the CoIIN – the Collaborative Improvement and Innovation Network to reduce infant mortality and improve birth outcomes. With support from many of our public and private partners, we launched the CoIIN in 2012 in the thirteen Southern states.
- Dr Atrash will tell you more about what we did. Already in these states we've seen a 25% decline in early elective delivery, which translates into approximately 50,000 early elective deliveries averted, and an 8% decline in smoking during pregnancy, which translates into 8000 fewer pregnant women smoking across the South. Now the CoIIN can't take credit for all of this, but what the CoIIN has done is to accelerate collaborative improvement and innovation across the states using the science of quality improvement and collaborative innovation. Our plan is to bring CoIIN to every region and every state, including Kansas, by the end of this year.

- Also in 2014, we are getting ready to launch on Mother's Day a national campaign to save at least 100,000 women from preventable deaths or severe morbidities due to pregnancy or childbirth in the next 5 years. This campaign will focus on promoting preconception health and healthcare, reducing primary cesarean deliveries, and implementing a maternal safety bundle in every birthing hospital across the U.S. It's time we put the M back in MCH.
- In 2014 we will also continue to build up our home visiting program. Preliminary data from 2013 showed that we are now serving more than 80,000 parents and children in 738 communities in all 50 states, DC, and 5 territories. In addition, the program is also helping states and communities build up their capacity and systems, and raising the bar on quality and accountability. As you all know, home visiting has been shown to improve a whole host of child and family outcomes including positive parenting, child development, and school readiness, and the most recent return on investment study showed that for every dollar invested in home visiting, you get nine dollars and fifty cents in return to society.
- Also in 2014, we are going to launch Adolescent Health 3.0, focused on improving access and quality of primary and preventive services through the adolescent well visit, and supporting expansion of school-based health centers. We also plan to launch a new research network that will accelerate the translation of the new science of the adolescent brain into practice, programs and policies.
- And let me do a special call out to children with special healthcare needs because nothing speaks more clearly about our mission than what we do for children with special healthcare needs. In 2014 we will

continue to improve, innovate, and transform our programs in traumatic brain injury, universal hearing screen, sickle cell 3.0, focused on improving early screening, early diagnosis, and early intervention, access to medical home and community system of care where the family is front and center in driving that care.

- But perhaps the greatest transformation taking place in MCH right now is the transformation of the Title V MCH Services Block Grant, perhaps the greatest transformation of the Title V program since it became a Block Grant in 1981. And because the Block Grant is a federal-state partnership, we've been working with the states and other MCH stakeholders in developing a common vision for the transformation through listening sessions, town halls, , and I've received over 1000 emails in our drop box, which have really helped us sharpen our vision for Block Grant of the Future. I think we are getting close to a common vision for the field,
 - which reaffirms the mission and vision of Title V, and its central role as THE public health system for MCH populations in all 59 states and jurisdictions
 - but which also recognizes the need for change, for transformation. And the triple aims of the transformation are to reduce burden, maintain flexibility and improve accountability.
 - First, reducing burden. We heard loud and clear from the states that the current reporting requirements are too burdensome, and so we set out to reduce their reporting burden by half, by prepopulating state data in the application and annual report wherever we can, by aligning

and streamlining needs assessment, annual report and application, by simplifying, clarifying, and reducing the number of forms the states have to fill out, and by doing away with health systems capacity indicators;

- Second, maintain accountability. We believe very strongly in maintaining state flexibility, recognizing full well that the needs of the children and families in Kansas are in many ways different from those of children and families in Texas or Massachusetts. We'll maintain flexibility through the states' needs assessment process and state-specific performance measures, as well as the structural and process measures that the states will choose for themselves;

- Third, improve accountability. Accountability is about measuring and delivering results. For our purpose improving accountability is about improving our ability to demonstrating the impact, the return on investment for Title V. It's about improving our ability to tell a coherent, compelling story about how Title V is moving the needle in MCH. We will do so primarily by

- Revamping our measurement framework, which has three levels: outcomes measures, performance measures, and structural and process measures. Outcomes measures include those that are legislatively required, such as infant mortality, low birth weight, or prenatal care. Performance measures are those that we are going to hold the states, and ourselves, accountable for moving the needle on by 2020, and we'll be asking the states to pick 8 for a list of 15 national performance measures to help us tell a compelling story about the impact, the return on investment of Title V for the nation. Structural process measures are new and are aligned with our public health framework. As you know, public health is all

about having the right programs, policies, and systems in place for assessment, assurance, and policy development. So the structural/process measures is a way of making sure that these programs, policies and systems are in place in your state if Title V is going to be THE public health systems for MCH populations in the states.

- An example of this is that if our population outcome measure is infant mortality, and our performance measure is breastfeeding as a way to reduce SIDS and SUID, then an example of structural/process measure might be the number or percent of baby-friendly hospitals in the state. We are now in the process of finalizing this measurement framework, and will begin to prepare the OMB package for public comments over the next two months.
- Let me close with this one final thought. The story of Title V cannot be just a story about moving the needle on some performance measures. It's bigger than that. Ultimately the story of Title V is a story about growing human potential.
- Think about it. When we give a child a healthy start, we grow her potential. When we pick up something with newborn screening that completely changes the life course of a child, we grow his potential. When we help a young woman with special needs transition into adulthood so that she can lead productive and independent life, work and do things that would've been thought impossible only a generation ago, when she's able to live life to the fullest and exercise her rights to life, liberty, and the pursuit of happiness, we grow her potential.

- For more than three quarters of a century, Title V has been in the business of growing human potential. That's what we do. That's our story. So today I'm going to put forth a new challenge for the next decade. It's really a challenge for all of us in MCH and not just for Title V, but Title V needs to be front and center in that story.
- Today I'm going to challenge us all to double our GNP in the next decade. Gross national potential. To double our GNP in the next decade we'll need to do three things. We'll need to know how to measure it, not only in economic terms but also in terms of thriving and connecting and everything else that enable our children to reach their full potential. We'll need to know what to do, what programs and policies and systems have to be in place, what investments we need to make as a nation. And we'll need to have the will as a nation to get it done.
- Now I know the naysayers are going to say it can't be done. But just think about all the wasted potentials today, and think how much more we can grow our GNP if we do all the right things.
- Think of that little girl born into the bleakest poverty that the President talked about. Right now she has somewhere between 2-10% chance of graduating from college, and there's something very un-American about that. Think how much more we can grow our GNP if she and kids like her have access to high-quality early childhood programs – home visiting, quality child care, early head start and universal pre-K, the kinds of investments the President and the Senator have proposed.

- And think of the child with developmental delays, and think how much more we can grow our GNP if every child has access to early screening, early diagnosis, and early intervention, family-centered medical home and community system of care.
- And think of all the gaps in our nation still. Maternal mortality gap. Infant mortality gap. Thirty-million words gap. Achievement gap. And think how much more we can grow our GNP just by closing the gaps.
- Growing human potential. That's our story. It's the story of Title V, but it's also the story of America. It's a story I didn't read in a book or learn in a classroom. I saw it, and lived it, like many of you.
- Those of you who know my story know that my parents never went to college. In fact, my mom never went to high school, or junior high. You see. My mom was only 11 when her father died, and so as the oldest girl in the family, she had to drop out of fifth grade to go work in a factory to help support the family.
- My first home was a tiny little apartment on the other side of the tracks in Taipei where our family of six was crammed into. No running water. No flush toilet. Health insurance? We didn't have health insurance because back then there was no such thing as health insurance so when you got sick, and I was sick a lot as a child, you had no idea how much the doctor or the medicine was going to cost. My parents often had to make the hard choice between paying for food and paying for medicine and at one point my mom sold her wedding ring to pay for my medicine.

- So I didn't come from an educated family or a wealthy family. But once we came to America, none of that mattered any more. It didn't matter because the American Dream says that you don't have to be rich to go to the best schools. It didn't matter because the American Dream says that everyone gets a fair shot no matter where you are from or the family you are born into or the color of your skin. And it didn't matter because the American Dream says that if I just work hard enough and try hard enough, I can give my children a better life, the kind of life my mom could've never even dared dream of. And that my two little girls, the granddaughters of a girl who had to drop out of fifth grade to go work in a factory, can now grow up in a nation where they can be anything they want to be, that is a true testament to the enduring strength of the American Dream.
- And if my girls can get that chance, why shouldn't every child born in America get the same chance? If my girls can get a fair shot, why shouldn't every child get a fair shot? This is what we are fighting for, to give every child gets a fair shot at reaching their full potential. The Maternal and Child Health Bureau has been fighting this fight for over a century, dating back to the establishment of the Children's Bureau in 1912. I'm proud, and humbled, to be leading the Bureau in this work now, and I ask you to join me. If you believe that every child deserves a fair shot, if you believe that every child is created equal not only in the eyes of God but also in our own, please join me and let's work to double our GNP in the next decade because growing human potential is what MCH is all about.