HRSA: America’s Health Care Safety Net

We work to:

- Expand access to high-quality, culturally sensitive health care;
- Improve health outcomes among America’s minority communities; and
- Prepare communities to treat victims of a bioterrorist attack.
How HRSA Serves America

- **Bureau of Health Professions** ($738 million in FY 2006): In many areas, health care professionals are in short supply. BHPr helps train physicians, nurses and other providers and places them where they are needed most.

- **HIV/AIDS Bureau** ($2.06 billion): HAB’s 600-plus Ryan White CARE Act grantees provide life-saving medication, health care and support services to almost 600,000 low-income people with HIV/AIDS.

- **Office of Rural Health Policy** ($160 million): ORHP grants and technical assistance help rural health care providers build coordinated systems of care that improve local residents’ access to medical services.
How HRSA Serves America

- **Bureau of Primary Health Care** ($1.81 billion): 3,700 BPHC-supported health centers and clinics deliver preventive and primary health care to some 14 million low-income and uninsured individuals.

- **Healthcare Systems Bureau** ($550 million): HSB oversees the Nation’s transplant systems, helps communities respond to mass casualty events, and compensates families of children harmed by vaccines.

- **Maternal and Child Health Bureau** ($835 million): In partnership with States, MCH programs expand access to health care for more than 32 million women, infants and children.
MCHB Mission
MCHB Mission

“To provide national leadership and to work, in partnership with states, communities, public-private partners, and families to strengthen the MCH infrastructure, assure the availability and use of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety and well-being of the MCH population”
MCHB Population

“The MCH population includes all America’s women, infants, children, adolescents and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN)”
MCHB Strategic Plan Goal

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 Goal

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 Goal

To ensure 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.
Title V Legislation

Title V authorizes appropriations to states to improve the health of all mothers and children by:

- providing and assuring access to quality maternal and child health services
- reducing infant mortality...preventable diseases and handicapping conditions among children...increase number of...immunized children..."
Title V Legislation

- increasing low income children receiving health assessments and...diagnosis and treatment services”
- promoting health...by providing prenatal, delivery, and postpartum care…”
- “Promoting health of children by providing preventive and primary care services…”
Title V Legislation

- 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...
BUDGET 2008
Whenever the total appropriation exceeds $600 million:

- 12.75% of the amount is used to fund the Community Integrated Service System (CISS) set-aside program
- Remainder is allocated as 85% to States and 15% retained by the Secretary for SPRANS projects

<table>
<thead>
<tr>
<th></th>
<th>FY2005</th>
<th>2006</th>
<th>2007</th>
<th>2008(PB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCHBG</td>
<td>$723.9</td>
<td>$692.5</td>
<td>$693.0</td>
<td>$693.0</td>
</tr>
<tr>
<td>State</td>
<td>$591.0</td>
<td>$566.1</td>
<td>$566.5</td>
<td>$578.9</td>
</tr>
<tr>
<td>SPRANS</td>
<td>$102.7</td>
<td>$99.9</td>
<td>$99.9</td>
<td>$102.2</td>
</tr>
<tr>
<td>CISS</td>
<td>$14.6</td>
<td>$10.6</td>
<td>$10.6</td>
<td>$11.9</td>
</tr>
<tr>
<td>Earmark</td>
<td>$15.5</td>
<td>$15.9</td>
<td>$16.0</td>
<td>-----------</td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding

<table>
<thead>
<tr>
<th></th>
<th>FY2005</th>
<th>2006</th>
<th>2007</th>
<th>2008(PB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Start</td>
<td>$102.5</td>
<td>$101.4</td>
<td>$101.5</td>
<td>$100.5</td>
</tr>
<tr>
<td>Hearing</td>
<td>$9.8</td>
<td>$9.8</td>
<td>$9.8</td>
<td>-----</td>
</tr>
<tr>
<td>EMSC</td>
<td>$19.8</td>
<td>$19.8</td>
<td>$19.8</td>
<td>-----</td>
</tr>
<tr>
<td>TBI</td>
<td>$9.3</td>
<td>$8.9</td>
<td>$8.9</td>
<td>-----</td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>$0.2</td>
<td>$2.2</td>
<td>$2.2</td>
<td>$2.2</td>
</tr>
<tr>
<td>Family to Family</td>
<td>$0.0</td>
<td>$3.0</td>
<td>$4.0</td>
<td></td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding

<table>
<thead>
<tr>
<th>Condition</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008(PB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health</td>
<td>$4.96</td>
<td>$4.80</td>
<td>$4.80</td>
<td>$0.0</td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>$3.97</td>
<td>$3.84</td>
<td>$3.84</td>
<td>$0.0</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>$2.98</td>
<td>$2.88</td>
<td>$2.88</td>
<td>$0.0</td>
</tr>
<tr>
<td>Genetics</td>
<td>$1.98</td>
<td>$1.92</td>
<td>$1.92</td>
<td>$0.0</td>
</tr>
<tr>
<td>Mental Health.</td>
<td>$1.59</td>
<td>$1.54</td>
<td>$1.54</td>
<td>$0.0</td>
</tr>
<tr>
<td>Fetal Alcohol</td>
<td>$0.99</td>
<td>$0.99</td>
<td>$0.0</td>
<td></td>
</tr>
</tbody>
</table>

1-numbers may not add due to rounding
Programs
Prevention and Early Detection Programs

- Title V Block Grant to States
- Newborn Metabolic Screening
- Newborn Hearing Screening
- Healthy Start
- Family- to- Family Health Information and Education Centers
- Bright Futures
Title V Block Grant to States
CORE PUBLIC DELIVERED BY

DIRECT HEALTH CARE SERVICES
(GAP FILLING)
Examples:
Basic Health Services and Health Services for CSHCN

ENABLELING 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:

HEALTH SERVICES MCH AGENCIES

EPSDT SCHIP
Numbers Served In MCH Block Grant Program, 1997 And 2005

<table>
<thead>
<tr>
<th>INDIVIDUALS</th>
<th>SERVED 1997</th>
<th>SERVED 2005</th>
<th>% OF ALL SERVED 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREGNANT WOMEN</td>
<td>1,963,797</td>
<td>2,468,776</td>
<td>62%</td>
</tr>
<tr>
<td>INFANTS</td>
<td>2,907,840</td>
<td>3,875,149</td>
<td>97%</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>16,456,435</td>
<td>22,543,966</td>
<td>32%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>875,648</td>
<td>1,370,947</td>
<td>13%</td>
</tr>
<tr>
<td>OTHER</td>
<td>1,810,999</td>
<td>2,855,171</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24,014,719</td>
<td>33,114,009</td>
<td>N/A</td>
</tr>
</tbody>
</table>

SOURCE: TITLE V INFORMATION SYSTEM
Newborn Metabolic Screening
Division of Services for Children with Special Health Care Needs

Facilitate the development of **systems of services** through:

- Partnerships with families and consumers,
- Access to care through the medical home,
- Adequate financing,
- Early and continuous screening,
- Organization of services for easy use,
- Transition to adult health care, work, and independence.
Secretary’s Advisory Committee on Heritable Disorders

1. **Advises on a grant program associated with its legislation:**
   “Provide technical information to the Secretary for the development of policies and priorities for the administration of grants under Section 1109 of the PHS Act”; and

2. **Gives technical advice on heritable disorders:**
   “Provide such recommendations, advice or information as may be necessary to enhance, expand or improve the ability… to reduce the mortality or morbidity in newborns and children from heritable disorders.” and the “appropriate application of universal newborn screening tests, technologies, policies, guidelines and programs for effectively reducing morbidity and mortality in newborns and children having or at risk for heritable disorders.”
Regional Genetic and Newborn Screening Services Collaboratives

A network of regional centers was selected to:

- Bring genetic and NBS services to local communities by sharing expertise and resources
- Facilitate collaboration between public health (NBS), primary care, and sub-specialist providers
- Capitalize on existing interstate NBS laboratory and surveillance program relationships
Regional Genetic and Newborn Screening Services Collaboratives

In 2004 MCHB funded:

- 7 Regional Genetic and Newborn Screening Service Collaboratives (RC)
  - Groups of adjoining states with similar overall birthrates and shared programmatic histories with a Coordinating Center in each RC

- A National Coordinating Center
  - American College of Medical Genetics
Regional Collaboratives

Western States

Heartland

NYMAC Region

Region 4

MSRGCC

SERGG

New England Region

PR/USVI
Regional Genetic and Newborn Screening Services Collaboratives

The Primary Goal

- Ensure that individuals with heritable disorders and their families have access to quality care and appropriate genetic expertise and information in the context of a medical home that provides accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective care, with the following objectives:
  - To strengthen communication and collaboration among public health, families, primary care providers, and genetic medicine and other subspecialty providers
  - To quantitatively and qualitatively evaluate outcomes of projects undertaken to accomplish their goals.
RC Expectations and Accomplishments (2004-2007)

Expectations
To strengthen:
- NB and child screening and follow-up
- Workforce capacity
- Linkages between subspecialty care, Medical Home and tertiary care centers
- Genetic counseling services
- Communication and education to families and health practitioners
RC Expectations and Accomplishments (2004-2007)

Accomplishments

- Regional participation
  - “Buy-in” of all states in RC
  - Representation in national activities and meetings

- Partnerships among States
  - Small projects funded (education, data collection, laboratory performance)
  - Inter-RC data sharing and integration
  - Emergency preparedness planning
  - Other partnerships and projects
Universal Newborn Hearing Screening
HRSA’s Charge

☐ Develop and monitor the efficacy of statewide newborn and infant hearing screening, evaluation and intervention programs

☐ Collect data on screening, evaluation and intervention systems that can be used for applied research, program evaluation and policy
HRSA’s Program

- Physiological hearing screening prior to hospital discharge,
- Linkage to a medical home,
- Audiological diagnosis prior to 3 months,
- Enrollment in early intervention before 6 months,
- Linkage to family-to-family support
Healthy Start
Healthy Start

Goals:

- Improve health care access and outcomes for (high risk) women and infants,
- Promote healthy behaviors and combat the causes of infant mortality
- Target Audience: Women Across the Lifespan, particularly women of reproductive age, and their infants
HEALTHY START

- **Core Services**: Outreach case management, health education, screening for depression, and inter-conceptional continuity of care

- **Core Systems Building**: Consumer and consortium involvement in policy formation and implementation, local health system action plan, collaboration with Title V, and sustainability.
Healthy Start

National Leadership Activities
- Advisory Committee on Infant Mortality
- Federal Interagency Committees on Safe Motherhood
- Select Panel on Pre-conceptional Care
- Steering Committee on Pre-conceptional Care
- National Hispanic Prenatal Hotline
Family to Family Health Information and Education Centers (F2F)
Family-to-Family Health Information/Education Centers

Family Opportunity Act (FOA) of 2005 provides for Centers in each of fifty states and DC.

- Assist families of CSHCN make informed choices about health care to promote good treatment decisions, cost effectiveness and improved health outcomes;
- Provide information regarding the health care needs of and resources available for CSHCN
- Identify successful health delivery models
Family-to-Family Health Information/Education Centers

- Develop a model for collaboration between families of CSHCN and health professionals;
- Provide training and guidance regarding the care of CSHCN;
- Conduct outreach activities to families, health professionals, schools and other appropriate entities; and
- Be staffed by families with expertise in Federal and State public and private health care systems and health providers.
Bright Futures Guidelines
Bright Futures Guidelines

Since 1990: Prevention and health promotion for infants, children, adolescents and their families

- Promote desired social, developmental and health outcomes,
- Enhance health care professionals’ knowledge, skills and practice of developmentally appropriate health care in the context of family and community
- Increase family knowledge, skills and participation in health-promoting and prevention activities
- Foster partnerships between families, health professionals and communities to promote the health of children
WEB Sites

- www.mchb.hrsa.gov
- www.childhealthdata.org
- www.brightfutures.aap.org
- Genes-r-us.uthscsa.edu
- www.infanthearing.org
- www.familyvoices.org
Contact Information

Bonnie Strickland, Ph.D.
Acting Director
Division of Services for Children with Special Health Care Needs (DSCSHN)
301-443-2350
bstrickland@hrsa.gov