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Keynote

Launching MCH: *Opportunities for a New Era*

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Preconception Health: Identifying New Opportunities to Improve Women's and Children's Health

INTRODUCTION

It is always such a delight to return to AMCHP's annual meeting—to see old friends, and to meet the new, emerging leaders in our field! To encourage and inspire one another. To refresh our spirits and renew our commitments. This year's annual meeting is really special, as it comes on the heels of welcoming a new administration to our nation's capital. President Obama's message is one of change and of hope. These are exciting times and we are all blessed to be living and working at this moment in history for our nation and for our world. We have been chosen to be alive at this time! So we stand together, poised for new visions, renewed hopes, dreams and aspirations. All I can say is this: **Let's not blow it!** We will likely never have such an opportunity again in our lifetime. So thank you, AMCHP, for this year's theme: *Launching Maternal & Child Health (MCH): Opportunities for a New Era*.

I'd like to use my time today to plant some seeds of things we (big MCH) should not only think about and dream about—but things we should actually DO!

Let me say up front, I hope this will not disappoint too many of you. This is not going to be a talk about preconception care but more about preconception health, as you will see in a moment. What strikes me as most urgent is this opportunity we now have with the Obama administration and congress to launch a new era for MCH. Programs and projects come and go, but what endures is policy—and policy development work requires leadership.

MCH leadership for the nation is right in this room. We represent our nation's public health leaders in MCH. We come from all sectors of government (federal, state, city, and county); we come from academia, the private sector, business, schools, community-based organizations, primary care, hospitals, medicine, religious organizations and the like. Collectively, we know a lot about MCH. We have power and authority to make things happen. It is time to move knowledge, power and

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authority into actions that will improve the health of the nation. I have identified three policy development opportunities that could make an enormous difference today and well into the future:

1. We need to advocate for a women's health agenda at all levels of government.
2. We need to integrate MCH work across the entire public health spectrum at all levels of government.
3. We need to be at the table in discussions regarding health reform and make clear that reform has to be about health and not just health *care*.

Let me enumerate on each of these three policy development opportunities for MCH in the new era.

POLICY ACTION 1

We are already 10 years into the 21st century—2010 is only one year away. Isn't it time to turn the "M" in MCH upside down to "W"? We must embrace, without reluctance or apology, our responsibility to ensure the health of women over the lifespan. We must once and for all bring an end to the politicizing of the health of women and go beyond looking at women as only vessels for babies. Historically, much of MCH work has been about pregnant women, infants and children. This is important work and it should continue, but preconception health is about women's health. Investing in women's health is vital to our nation's health, to our economy and national security, and to our survival on the planet! It should not be a crime or a war on gender to advocate for it.

Can we please get our acts together for women's health in this country—and by our example, for women's health around the world? A women's health agenda is at the core of improving the health of our nation and yes, of our world. We must promote federally, in every state, in every county, in every city, in every territory, in every tribe, women's health across the lifespan. We must muster the courage to do this now! It is the leadership challenge we have to address in this new era. Investing in women's health is an investment in the health of men, in the health of children, in the health of communities, and let me say it again: in the health of our nation and our world.

Across the world, women are bearing a tremendous weight on their shoulders: raising children (many with special needs), supporting families, and taking care of elderly parents while at the same time dealing with work and careers. In the past 30 years in the U.S., the number of women ages 25-29 who have never had children doubled from 20 percent to over 40 percent. For the first time, the majority of women older than 16 years are in the work force. More than 15 million households are headed by single women, two-thirds of whom also work. Women are the engine that keeps this nation moving forward, so it is in everyone's best interest to keep women healthy at all stages of life. Women are also the decision-makers on all health matters in families. For example, women decide who goes to the doctor for what and when; what food is purchased and how it is prepared; if immunizations are received; and if appointments for preventive care are kept.

There are 151 million women in the United States—slightly less than half the population. When you look at the population of women 15-44 years, it is over 62 million. If you extend the child bearing age to 49 years, it is about 48 percent of the total population of women. One-fifth of women with disabilities are in their reproductive years. All of these facts speak to the need for a policy focus on women of child-bearing age. The child-bearing age group of women in the U.S. is increasingly more diverse and increasingly less healthy. The health profile of minority women of child-bearing age is worse, as there is a disproportionate share of chronic disease in that group: hypertension, heart disease, stroke, cancer, and poor reproductive health. A common risk factor for chronic disease is being overweight or obese. In the U.S. in the past decade, obesity among women increased nearly 50 percent!

Obesity is a risk factor for many chronic diseases and it is the chronic disease burden that is consuming the majority of health care dollars. As MCH leaders, we must convince policy makers that MCH is part of the solution to this ever growing problem. This is the new opportunity that MCH has with health promotion and chronic disease prevention. MCH is more than pregnant women and infant mortality. In fact, MCH works at its best as chronic disease prevention for men, women, children and their communities!

An investment in women's health is an upstream prevention policy action. In the past, the only time our nation has been willing to invest in a woman's health is after she gets pregnant. That is far too late. Looking at demographic data, over the last 30 years the epidemiology of pregnancy in the United States has changed. Women are entering their child-bearing years with more chronic conditions, and they are waiting longer to establish their families. We must maximize every opportunity to optimize a woman's health prior to conception, planned or not. Doing so means promoting women's health over the lifespan and across the entire spectrum of public health programs.

This brings me to my next point:

POLICY ACTION 2

As maternal and child health leaders, we must move outside of our MCH silos and see our colleagues in health promotion and chronic disease prevention as partners in ensuring healthy women first, so that we have healthy mothers and healthy babies.

Birth outcomes cannot just be an MCH issue any longer. To improve our infant mortality rates, all hands have to be on deck across entire health departments. As our budgets shrink, it is time to work smarter. MCH already has a track record of reaching out to family planning, but we must work more closely with our chronic disease and health promotion colleagues and see them as MCH's new best friends! MCH directors, please get to know your state's chronic disease directors. There is value in forging a women's health agenda together and we need each other to be successful in our work. We need them. They need us!

We know now, more than ever, that if we have polices that fail to assure the health of women prior to conception (whether they are planning a pregnancy or not) we pay a huge price. Every woman's life counts from womb to tomb. We need to get it right in the beginning. Getting it right in the beginning is getting it right over the lifespan! African American women of child-bearing age need special attention, which is why media campaigns like *A Healthy Baby Begins with You* are so powerful in the African American community.

Time is of the essence, as there is evidence that today's financial crisis and increasing health costs are impacting women's decisions about health and health care. According to a survey released in December 2008 by the National Women's Health Resource Center, women are failing to seek health care for themselves or their families in an effort to save money. Many women surveyed said their health had gotten worse over the past five years due to two things: weight gain and stress.

Hispanic and African American women have been disproportionately affected by our economic climate. We need to safeguard all health reform policies that impact them, which brings me to my third policy action: health reform.

POLICY ACTION 3

We know many things determine health and the strongest determinant is not medicine. In spite of that knowledge, we spend 97 cents of every dollar on medical care. When it comes to health, everything matters! Education matters, neighborhoods matter, employment matters, race matters, and stress matters. Health is a person's greatest asset.

We must help Obama's health reform teams understand that social policy is health policy. We must ensure that all social and health policies are friendly towards women, especially women of child bearing-age and especially women of color. Since most women are working, let us remember that employers are the policy makers on access to health coverage. The largest employer in most of our states, if not all, is government!

So, let me offer some thoughts about how to make these three policy development opportunities real and comment on what needs to happen next at all levels of government. I recognize that we have an economic crisis at hand, but there are actions we can take using the money we already have.

1. At the federal level, the first thing needed is the creation of a cohesive woman's health agenda with a unified federal strategy addressing the needs of the 21st century woman. It should be based on what we know from existing data sources about women's health and health behaviors. Currently, women's health and consequently women's health policies are fragmented and spread over many places throughout the federal government. From the Department of Health and Human Services: Office of Women's Health, Office of Population Affairs, Centers for Disease Control and Prevention, Food and Drug Administration, National Institute of Health, Substance Abuse and Mental Health Services Administration, Centers for Medicare and Medicaid Services; from the Human Resources and Services Administration: Maternal and Child Health Bureau, Bureau of Primary Health Care, HIV/AIDs, Office of Minority Health.

   Involve the states to figure out the structures needed to support them. The plan should address women holistically and over the lifespan within the socio ecological, determinants of health context—not the medical model. High priority should be given to the 62 million women of child-bearing age and within that group, special attention is needed for minority women, especially African American and Native American women. Additionally, create some national performance measures for women's health in the United States. Looking for a national spokeswoman? Look no further than the White House and First Lady Michelle Obama!

2. At the state level we should mindfully embrace a women's health agenda over the lifespan but focus on women of child-bearing age. Using data bases we already have, we must answers questions such as:

   - Who are the women of child-bearing age in my state?
   - What do I know about them? *Demographic data such as numbers, race/ethnicity, income, work status, and access to preventive services.*
   - What are their health behaviors?
   - What risk or burden of diseases do they carry? *Especially rates of overweight and obesity.*
   - Are there disparities? *Racial/ethnic, geographic, and so on.*
   - How many pregnancies are unintended?
   - What resources do I have to address these issues and can they be better integrated, focused with intent, on women of child bearing age?

What we found in Washington state:

We have 1.3 million women 15-44 years old. Twenty-one percent fall under the federal poverty level; most are working. We discovered a fragmentation of women's health activities across the Department of Health, with more integration needed. We created new workgroups—MCH, health promotion and disease prevention, chronic disease, family planning, tobacco, diabetes, and environmental health. MCH still has the locus of accountability. These workgroups will focus on outcomes rather than programs.

We need to work with policy makers and employers regarding access to preventative services. This starts with low-hanging fruit such as state government itself (65,000 employees, 53 percent of which are female), and the Department of Health (1,800 employees, 65 percent of which are female).

The Governor, a breast cancer survivor herself, helped the Department of Health launch it's Healthy for Life Council in 2006. The March of Dimes was a key partner; the Governor also developed a website and activities around "Washington Wellness Works". One element of this is a focus on prevention, and every employee is encouraged to take a voluntary health risk assessment.

Additionally, Washington state has benefited immensely from all the national preconception health/healthy care summits and we are using the content of that work to encourage changes in the medical community.

What are we learning? This is hard work, and in Washington we have only taken baby steps, but we are very optimistic about the future.

CONCLUSION

Timing is everything, and the time has come for MCH to be leaders for a woman's health agenda. I see the health of women as core to the health of entire communities. By promoting the health of all women of child-bearing age, we will improve the outcomes of a woman who becomes pregnant—whether planned or not—as well as improve the outcome of the health of that child. Remember, you cannot achieve what you can't envision. Let's all envision a new era for MCH, the heart of which are healthy women, healthy families, healthy communities, a healthy nation and a healthy world!

Can we do it? Yes, we can!

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