

Where to Find MCH Resources:
An Introduction (Transcript)

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Responding to ever-changing public health needs means that we all need to know how to find current, reliable data and resources in our roles as MCH professionals. One would think that this is an easy task, but you'll see over the next 15 slides, this is more complicated than one would guess and is only becoming more complex as we have access to more material than ever before.

A recent AMCHP report analyzed data from 190 members, the most recent MCH Block Grant state reports and applications, and key informant interviews representing five regions provides a great place to start when we are talking about the needs of the MCH workforce. This report indicates that the MCH landscape is "a complex and rapidly changing environment for the Title V workforce...that builds on the existing momentum in Title V toward results-based accountability and the simultaneous transition from direct services to population health assurance." So, things are changing.

This is all occurring when programs are facing staffing challenges...and the need for new theories and paradigms Many leaders described the level of health reform knowledge needed to effectively function in the current environment as **daunting.**" We also know that MCH professionals need to expand their programs into arenas outside of health, such as education and housing, requiring access to entire new realms of information...

This report, and others find that "Title V leaders expressed almost universal uncertainty about how to respond in the face of so many simultaneous changes." A single point becomes clear: "the workforce needs practical tools to guide informed and intentional decision-making."

We face information overload on a scale never before experienced. The MCH community still faces the same problem of trying to access the right information at the right time. As professionals, we must now sift through mountains of material to find what is useful, evidence-based, and current. For example, a Google search for "perinatal regionalization" brings up 33,400 hits; the same search in PubMed from the National Library of Medicine (NLM), yields 180 results of scientific, peer-reviewed literature.

Giving a perspective on information overload, which is real, but isn't the worst thing we face. A long-time leader of Family Voices used to explain that when she began researching CYSCHN, the only source of information was in medical libraries and that she often had to sneak into them to find material. We don't have that problem anymore. Quite the opposite.

There is a recent study conducted by the head of AAP's Safe Sleep Task Force who found that when it came to locating accurate information on SIDS and SUID, 60% of the information readily

available online was at least partially inaccurate. And oftentimes, the most inaccurate information appeared highest in search engine results. This is frightening, especially when you understand that over 75% of families turn to the Internet for health information for their children before they consult with a pediatrician or other health care provider.

So here is a sobering realization: the same, unfortunately, is true of public health professionals. Think of how many times you've said, "let's Google this" and then used information from the first or second link that is brought up online.

Now of course, we're not saying that we shouldn't use all the tools at our command. So let's start with some of the most basic expected – and unexpected – sources for information. As a researcher, I've had a long love affair with PubMed; it is always the place to start with. Don't be intimidated when searching. It requires some more effort than a simple Google search, but you will be amazed at what you can find. A great feature that the NLM offers is saved searches that can notify you when new material comes out. At NCEMCH, we have also aggregated a number of these "automated bibliographies" on our website, which I'll be talking about a little bit later. Every time you click on a bibliography link, it returns the most current, peer-reviewed journal articles in the field. One thing about PubMed is that you have to really think through the filters you place on your search. For example, when searching for breastfeeding, you should limit your search to "human" or else you may find research articles on bovine practices.

Similar to this, Google Scholar is a wonderful way to expand your search. And like PubMed, you can automate searches and have them emailed you on a regular basis. This is an amazing feature that can be invaluable in keeping you up-to-date with the literature. Despite the recent overuse of Twitter accounts, never discount this social media platform for keeping your pulse of what organizations are doing right now. We have developed a page on the NCEMCH website that aggregates the tweets of hundreds of local public health agencies in one portal. You can look at that portal to see what local public health departments are disseminating to their constituents. For example, today CT is tweeting about the Norovirus, AZ just tweeted about food safety, and FL is reminding families to practice hashtag "heating safety" and to test their smoke alarms.

Moving on to Wikipedia, I have to say that I have a soft-spot for this non-profit. Yes, there are issues with knowing what content is accurate or not, but studies have shown that approximately 13% of articles contain factual errors. First off, these data are more assuring than our 60% rule of the Internet. Further, a large percentage of the factual errors occur in topic areas that are under discussion by the professional community. When we ran the SUID/SIDS Resource Center at Georgetown, we took it upon ourselves to monitor and contribute to the SIDS page on Wikipedia. And we found that by and large, the content was pretty good. The areas that were "off" from a public health perspective were those areas in which there was a lot of controversy in the field. These are the areas that as an organization, we contributed to make the article better. And the truth of the matter is that that single Wikipedia SIDS page received over 20 times the visitors as every page on our public-health

based resource center website, so families were going there to get information. As a professional, I find myself looking at Wikipedia to get an initial sense of a topic. Then I look at the references to really begin digging in.

And while we're talking social media, we have to talk about Facebook, which I like to think as an arena where we as MCH organizations can be more conversational. Not where I'd go to find information per se, but it's a great way to keep in tune with what key groups are doing in the field.

Okay, time to get "serious" and focus on federal information resources that we should all be aware of, but all too often skim over.

MCHB, through the 15% of the Title V MCH Services Block Grant dedicated to SPRANS grants – the Special Projects of Regional and National Significance, has made a strategic investment in the "services and systems" foundation of the MCH Pyramid. We used to call these activities infrastructure building.

You may forget that there are over 35 topic-based grants funded by MCHB focusing on the specific needs of focused populations. For example, here at Georgetown we operate the NAPPSS (addressing safe sleep and breastfeeding, NPM 5 and 4, respectively) and OHRC (addressing NPM 13). Training and technical assistance centers like these are located across the country and develop culturally and linguistically competent, evidence-based or informed resources that we should all be using. The trick is to know where to find them. MCHB's website provides descriptions and links to these centers; you should keep them in mind. MCHB also strategically invests in specific programs such as Autism, Healthy Start, and Home Visiting; resources from these programs lead the field in materials and activities to address ongoing and emerging needs. There is also a focus on methodologies to achieve MCH goals such as the COLLINS (Collaborative Improvement and Innovation Networks) and a range of workforce development programs, such as the NMCHWDC and our project the MCH Navigator. And of course there is the roughly 85% of the Block Grant that goes to the Federal/State partnership.

Speaking of the states, of course one of our main data sources is the TVIS, which contains a wealth of population-based data. Of course we've all been hearing about MCH 3.0, NPM, ESM, and NOMs. But have you spent time exploring the TVIS website? There is so much good information there, ready for your investigation. I admit that I have a fondness for TVIS; I was a programmer on an early version of the site when I first started in MCH over 20 years ago. Let me tell you, we've come a long way from the days when we had to send floppy discs out to the states and jurisdictions for them to load their annual data on.

Conversely, the DGIS serves as the repository of MCHB's SPRANS data. I am a sucker for Form 42 (I believe) that aggregates the products developed by grantees. This is an excellent source for promising practices.

Of course, there is the National Survey of Children's Health that collects information from a random sample of US households and contains uniform data about the number, age, and gender of children, including the special health care need status of every child and detailed information about a further randomized set of families.

These data inform baseline data for the NPMs and state needs assessments in the MCH Block Grant and help to inform MCH companion objectives of Healthy People 2020 goals.

MCHB's extramural research program is no sloucher either, generating original and secondary research in areas of health disparities, quality of care, and social determinants of health. Many Research Networks develop and aggregate resources that can be tapped to identify where the field is going and give us implementation ideas for our own work.

And finally, we can't ignore data developed by epidemiologists. I have to say, if you don't know an epi person, find one and give them a box of chocolates. They produce the data that we build our programs on... and make it understandable for the rest of us!

Moving away from the federal sources of information, I have to take a minute to sing the praises of our MCH professional membership organizations, of which CityMatCH and AMCHP help to lead the way. We don't have to jump on a soapbox for long to let you know that the resources on their websites are critical to us as MCH professionals as well as their respective newsletters and focus on policy and advocacy. Data we've gathered from the MCH Navigator show that these areas are the least understood of the MCH Leadership Competencies – by a large margin. It's good to know that we have these groups working for us and developing materials that both the field – and those who help guide the nation – can use. Check out their websites, sign up for their newsletters, and of course attend their annual conferences. We have strength in numbers, not only in information.

We want to spend another minute talking about Bright Futures as what I call “the common language of MCH.” Never forget to look to the guidelines developed by AAP and the wealth of provider and family resources that have been developed by partner organizations. There are the main guidelines that cover all of health supervision. Again, here, I like to look at the references. Then there are topical guides on (most recently updated) oral health, nutrition, and several online curricula on mental health. Bright Futures for Families, led by Family Voices, is the leading voice for family materials, as you'd guess. But there are also reports on how states have implemented the Bright Futures materials for the past 25 years.

What Bright Futures shares with many of the great MCH resources is a reliance on evidence-based and informed strategies. We've been hearing a lot about this recently, with a common theme emerging as summarized by Healthy People 2020 that calls for professionals to “strengthen policies and improve practices that are driven by the best available evidence and knowledge.” The Strengthen the Evidence project has been assisting states in choosing their State Evidence-Based Measures and has a series of evidence documents on their website. My center at Georgetown has also developed a series of evidence briefs. And I am excited to announce that we are working with the NMCHWDC, AMCHP, and others to release a series of

competency crosswalks for implementing the NPMs that connect with learning opportunities, additional resources, and the evidence base. Stay tuned on the MCH Navigator website in the spring for these resources. Outside of MCH specifically, but with strong ties to pediatric resources are the HP 2020 Evidence-Based Resource DB (with great search capabilities!), the NACCHO Model Practices DB, and the Promising Practices Network. You don't need to be Sherlock Holmes to find the evidence!

The NCEMCH at GU maintains a knowledge base of resources that we've developed over the past 35 years. On our website, which we'll spend some time going over, you can find Title V Toolkits that include our Community Services Locator to assist you in finding local organizations that have services and resources, and some really cool toolkits on evaluation, infant mortality, and non-English languages and translations.

Our resource guides and briefs contain over 50 of the "hot topics" in MCH and link to highly vetted resources and organizations. If you can think of it, one of our professional guides covers it. We also have a wealth of family and school resource briefs on many of the same topics, but geared to these important audiences.

And finally, the MCH Alert has served as our current awareness mechanism since 1998. Sign up for it to receive quarterly announcements of learning opportunities, resources, and information on health transformation with our partnership with the NMCHWDC.

Over the course of the next three slides, which we'll cover quickly, I want to tell you about three resource aggregators that we've developed to house vast numbers of resources. First is our MCH Data and Statistics Brief, that provides links to annual compilations of data as well as interactive websites where you can directly search data sets. You'll recognize many of these sites, but if you peruse the site, you might learn about some more. The URL for the page is presented here.

The next recourse is our Brief on Databases of MCH Literature and Research. Yup, PubMed is in here, but some are over 30 other sources on focused topic areas from child welfare to violence prevention. We also include search strategies for each database, because there's nothing more frustrating than going to a site and having to figure out by trial-and-error how to use it.

And finally, there is our compilation of MCH Program databases. Again, many of these are topic-specific, and really highlight the federal investment in many areas. Search strategies on these pages also help, since each database has been developed by a different group, and we don't all have the luxury of having a research staff to help us find resources.

Finally, one last resource, and this one I'm sure many of you saw coming. The MCH Navigator is not only our flagship project, but your one-stop shop for online learning and professional development. Here you can access trainings in four different ways, from self-directed searching where you know the exact topic, to our Learning Bundles and Spotlights that pre-digest the best learning opportunities out there on a topic area. Then there is our interactive self-assessment

tool to identify your or your staff's strengths and areas of needed improvement. By using the tool, you receive a personalized learning plan with links to those trainings that will best increase your MCH acumen.

Over the course of the past 18 months, we've also responded to the field in developing 2 programs of spaced microlearning, the 5-Minute MCH from last year and the current Public Health Pronto. These are programs that allow you to learn a lot about MCH and public health competencies in short bursts of time. We know how busy everyone is. Many of the learning opportunities in these programs are shorter than my current presentation to you all.

We also have a wealth of Health Transformation resources that we organize and make available for the NMCHWDC, including the NPM Crosswalks that I talked about earlier.

And on that high note, we've come to the end of this "speed dating" session. I hope you've found an "MCH-Match" with one or maybe even several of the resources I've listed. And my great apologies for not being able to acquaint you all with the full wealth of resources we have at our command. After all, that's what "second dates" are for. I hope you go out and have some fun with these resources. Thank you for your time today.