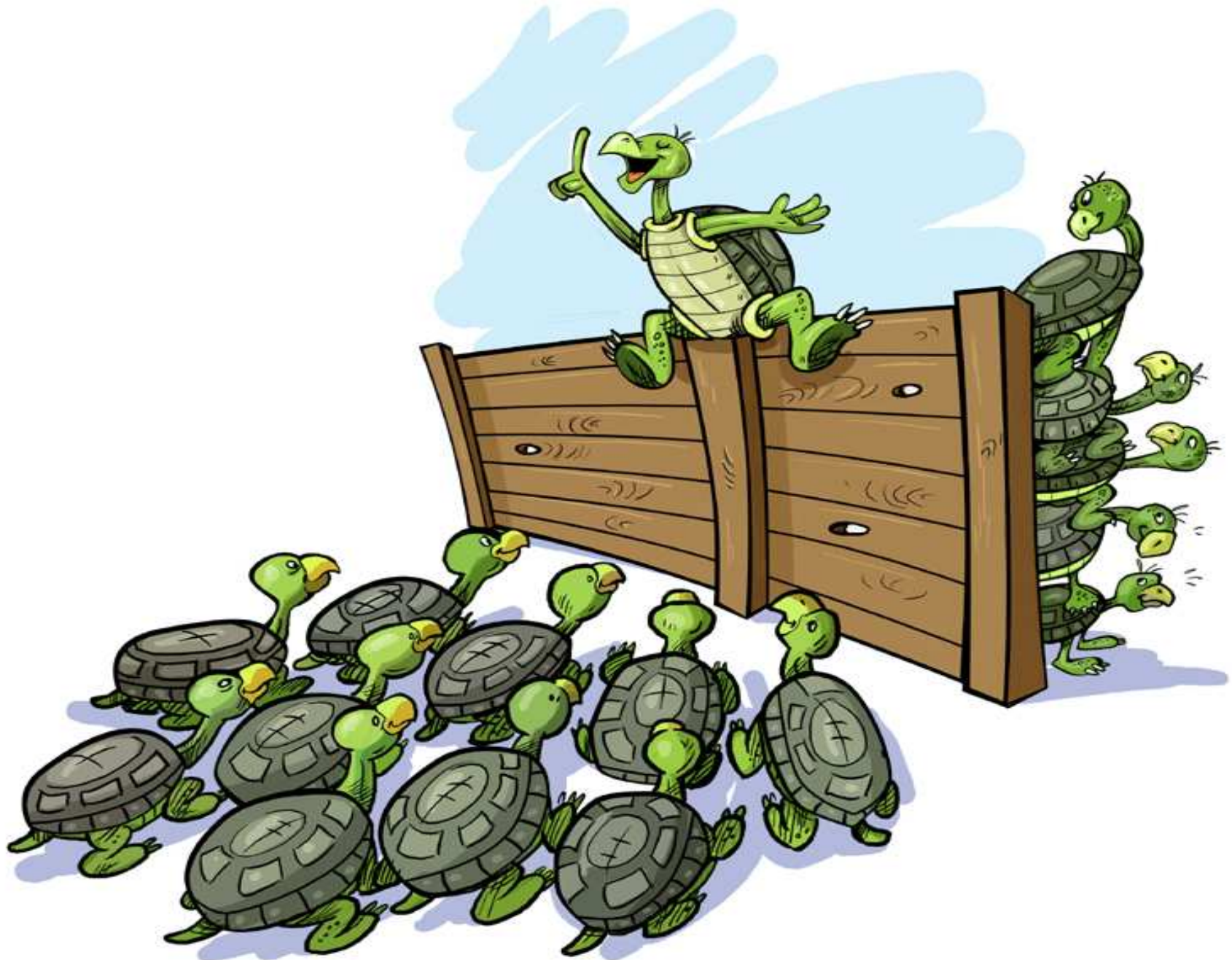


# Growing Up? Parenting Strategies for the MCHSR Field

*Lisa Simpson, MB, BCh, MPH*

*A Health Services Research Agenda:*

*Building Capacity within the Maternal, Child, & Youth Sector*



- Introduction to the CPRC
- What is MCHSR?
- How does one build MCHSR capacity?
- The world according to Lisa
- What is different now than in 1995
- Discussion

# Lisa Simpson, MB, BCh, MPH



- Board certified pediatrician (really!)
- Public health
- Health services research/policy
- State MCH program director
- Federal research program deputy
- Academic and active nationally



- Board certified pediatrician (really!)
- Public health
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- State MCH program director
- Federal research program deputy
- Academic and active nationally
- **Passionate about Kids' Health!**

## Themes

### ✓ Population Child Health

- ✓ Birth outcomes
- ✓ Obesity
- ✓ Injury

### ✓ Health insurance & access

### ✓ Health system performance & quality

## Activities

- Research
  - Quantitative, qualitative, large datasets, surveys
  - Policy analysis
- Translation/Communication
  - Publications/Reports
  - Policy brief series
  - Expanded website
  - Workshops, audiocalls, etc..
- Building the field
  - Training
  - Hosting rotations

CPRC **develops, translates and communicates** evidence to measurably improve **child health and well-being** and the **quality of health care** for children.

Our **partners** include community, local, state and national policy makers, program managers and advocates. We address the **most urgent challenges** facing children and families.

child policy  
RESEARCH CENTER 



**Ambulatory Pediatrics**  
Official Journal of the Academic Pediatric Association

# HEALTH AFFAIRS

*The Policy Journal of the Health Sphere*

# PEDIATRICS®

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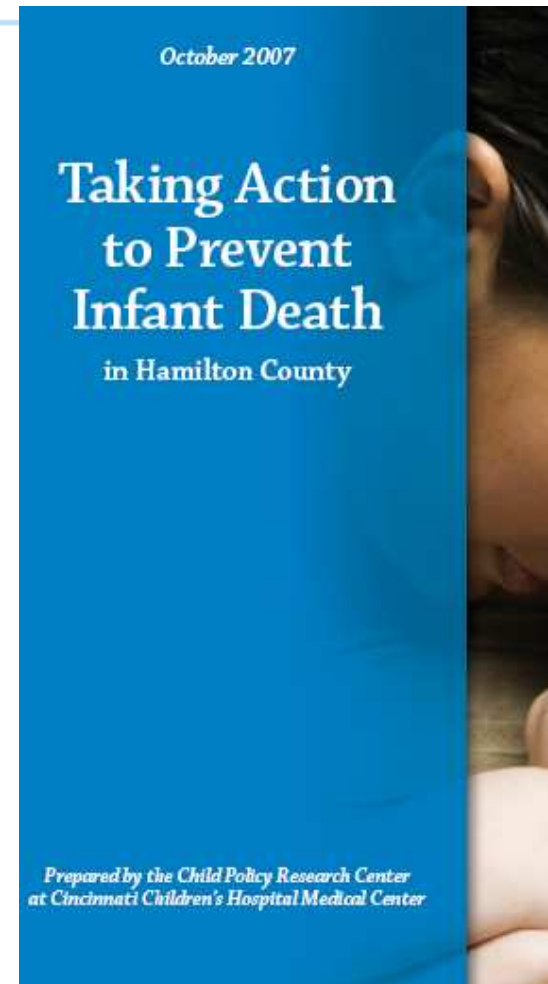
 Cincinnati  
Children's  
change the outcome®



**REAUTHORIZING SCHIP: OPPORTUNITIES FOR  
PROMOTING EFFECTIVE HEALTH COVERAGE AND  
HIGH-QUALITY CARE FOR CHILDREN AND ADOLESCENTS**

Lisa Simpson, Gerry Fairbrother, Stephaine Hale, and Charles Homer

August 2007

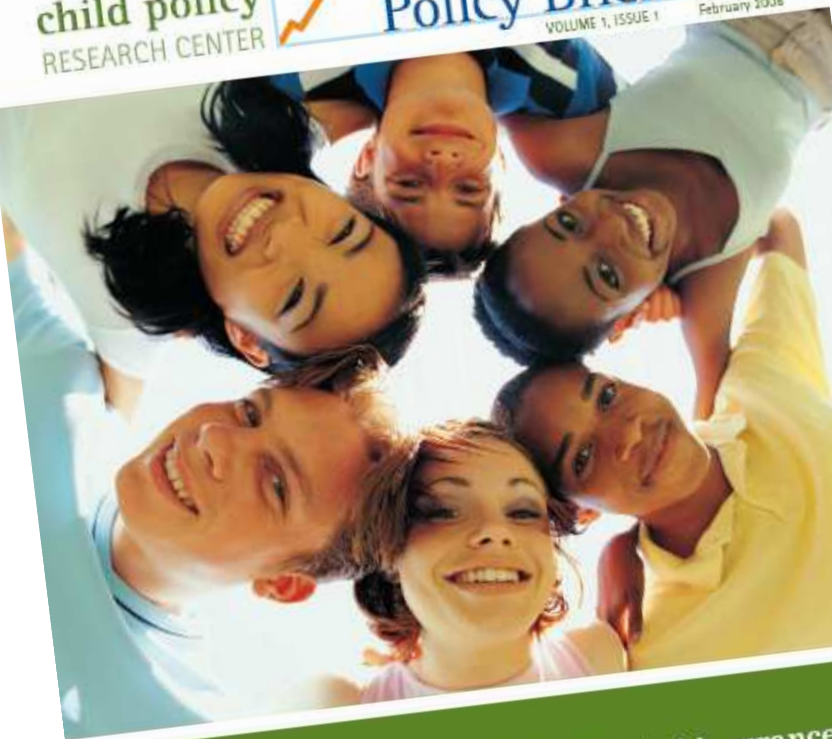




REAUTHOR  
PROMOTED  
HIGH-QUALITY

Lisa Simpson, Co-Author

child policy  Policy Brief  
RESEARCH CENTER VOLUME 1, ISSUE 1 February 2008



October 2007

## Taking Action to Prevent Infant Death

in Hamilton County

*Prepared by the Child Policy Research Center  
at Cincinnati Children's Hospital Medical Center*

IN THIS ISSUE  
What do we know about the effect of insurance  
expansions for children?



IN THIS ISSUE

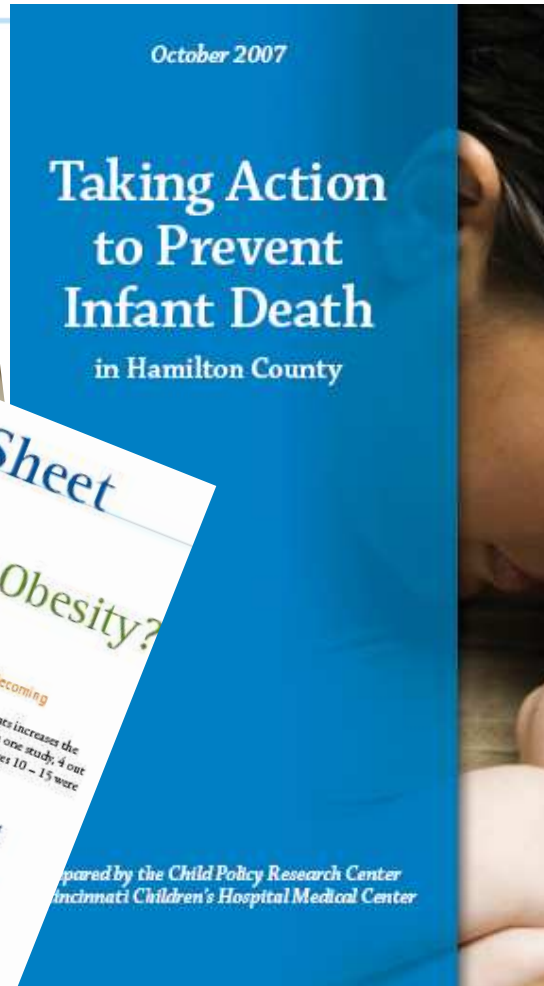
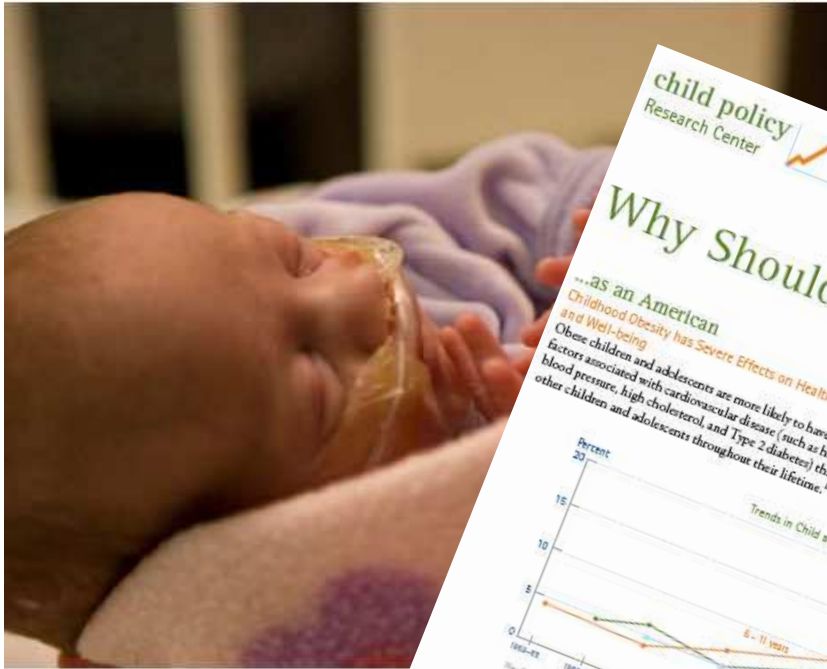
What We Know About the Prevention of Pre-Term Birth



October 2007

## Taking Action to Prevent Infant Death in Hamilton County

Prepared by the Child Policy Research Center at Cincinnati Children's Hospital Medical Center



child policy  
Research Center

### Why Should I Care About Obesity? Fact Sheet

...as an American  
**Childhood Obesity has Severe Effects on Health**  
Obese children and adolescents are more likely to have risk factors associated with cardiovascular disease (such as high blood pressure, high cholesterol, and Type 2 diabetes) than are other children and adolescents throughout their lifetime.<sup>1</sup>

Obese Children Have a High Risk of Becoming Obese Adults  
Being obese during childhood and adolescents increases the likelihood over being an overweight adult. In one study, 4 out of 5 (80%) children that were overweight at ages 10 - 15 were obese adults at age 25 years.<sup>2</sup>

Trends in Child and Adolescent Overweight


Year	6 - 11 years	12 - 19 years
1983-85	~5%	~3%
1988-90	~6%	~4%
1993-95	~7%	~5%
1998-00	~8%	~6%
2003-05	~10%	~8%

...as an Ohioan  
**Economic Costs Associated with Obesity are Increasing**  
In Ohio, adult obesity accounted for 7.7% of all Medicare spending (\$819 million) and 10.3% (\$914 million) of Medicaid spending in 2000.  
More than two of five (43.0%) poor children in Ohio are overweight or obese.<sup>3</sup>  
Among black non-Hispanic children in Ohio, 39.3% are

IN THIS ISSUE  
What We Know About  
of Pre-Term Birth

IN THIS ISSUE  
What do we know about  
expansions for children?

**PAYING FOR OBESITY:  
A CHANGING LANDSCAPE**  
LISA A. SIMPSON AND JULIE COOPER




**NICHQ**  
National Initiative for  
Children's Healthcare Quality

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October 2007

**Taking Action  
to Prevent**

**Childhood Obesity:  
The Role of Health Policy**  
Report to the Second National Childhood Obesity Congress,  
Miami, Florida, 2008



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## PAYING FOR OBESITY: A CHANGING PICTURE

### 2008 Ohio Family Health Survey Health Policy Brief

LISA A. SIMPSON, M.B., M.P.H.

**Obesity in Children and Families Across Ohio**  
 Leona Cutler, M.D.; Mendel Singer, Ph.D.; Lisa Simpson, M.B., M.P.H.; Andrew Galton, Ph.D.; Ann Nevar, MPA; JB Sivers, Ph.D.;  
 The Center for Child Health and Policy at Rainbow, Rainbow Babies and Children's Hospital, Case Western Reserve University\* and  
 The Ohio Policy Research Center, Cincinnati Children's Hospital, University of Cincinnati

Obesity is a silent killer, a top public health threat, and a national concern. To address obesity effectively in Ohio, information is needed on its scope and impact in the state. The 2008 Ohio Family Health Survey, involving 50,000 adults and 6,000 children (ages 10 to 17 years old), enables rigorous assessment of obesity across the state in order to develop informed policy options. This policy brief summarizes the full report (available for download at <http://grc.osu.edu/ohms>) and is designed as a tool for policymakers, health care professionals, employers, and other stakeholders in Ohio.

- Rates of overweight and obesity are currently very high in Ohio — both for children and for adults.

Children: More than one of every three children (10 to 17 years old) in Ohio (35.6%) is overweight or obese (17.1% overweight, 18.5% obese). That translates into approximately 500,000 overweight or obese youth in Ohio.

Adults: Approximately two out of every three adults in Ohio (65%) are overweight or obese (35.9% overweight, 29.1% obese). That translates into 5.5 million overweight or obese adults in Ohio.

• **Obesity across the lifespan:** Obesity is widespread in Ohio's children — even by preschool age. Obesity rates increase by ages 10 to 17 and rise further by adulthood.

Children (2-5 yrs)\*\* Children (10-17 yrs)\*\* Adults\*\*

Figure 1. Rates of overweight and obesity in Ohio children (10-17 years old) and adults

Figure 2. Obesity in Ohio across the lifespan: prevalence of obesity by county. For further information, (\*2006 PEDNHS: <http://www.cdc.gov>); (\*\* 2008 Ohio Family Health Survey)

Note: The data for each county are point estimates. Caution should be used in interpretation as sample size varies by county. For further information, see Appendix C of the full report.

**OHFS**  
Ohio Family Health Survey

October 2007

## ing Action Prevent

## Childhood Obesity: Policy

ork

Obesity Congress,

**Idemic in OHIO?**

weight or obese according to

national prevalence rate.

lays per week, and more

of children from low-weight or obese.

NATIONAL %
30.6%
59.0%
44.9%
NATIONAL %
39.8%
22.9%
1.74

IN THIS ISSUE

### What We Know About of Pre-Term Birth

...as an Ohioan  
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In Ohio, adult obesity accounted for  
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spending in 2000.

IN THIS ISSUE

### What do we expansions f

Ohio are

- Introduction to the CPRC
- What is MCHSR?

# Health Services Research, Circa 2000

---

- “Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations.”

- IOM (1995) defined 4 core elements
  - Multi-disciplinary approach
  - Inclusion of basic and applied research
  - Use of conceptual and theoretical relationships within and between health systems
  - Research done on both populations and individuals

*“While multidisciplinary at NIH means physiologists and biochemists working together, in [CHSR], it means clinicians, economists, informatics, management sciences, political science, psychologists, biostatisticians, sociologists, and others.”*

# Health Services Research

---

## Now

- Health services research is used throughout the health care field to understand how to **finance** the costs of care, **measure and improve** the quality of care, and **improve coverage and access** to affordable services.
- It provides patients, providers, payers, and policymakers with the data and evidence they need to make decisions that **optimize health care and improve health outcomes**.
- This includes information necessary to **translate scientific innovations** from the bench to the bedside and into the community.

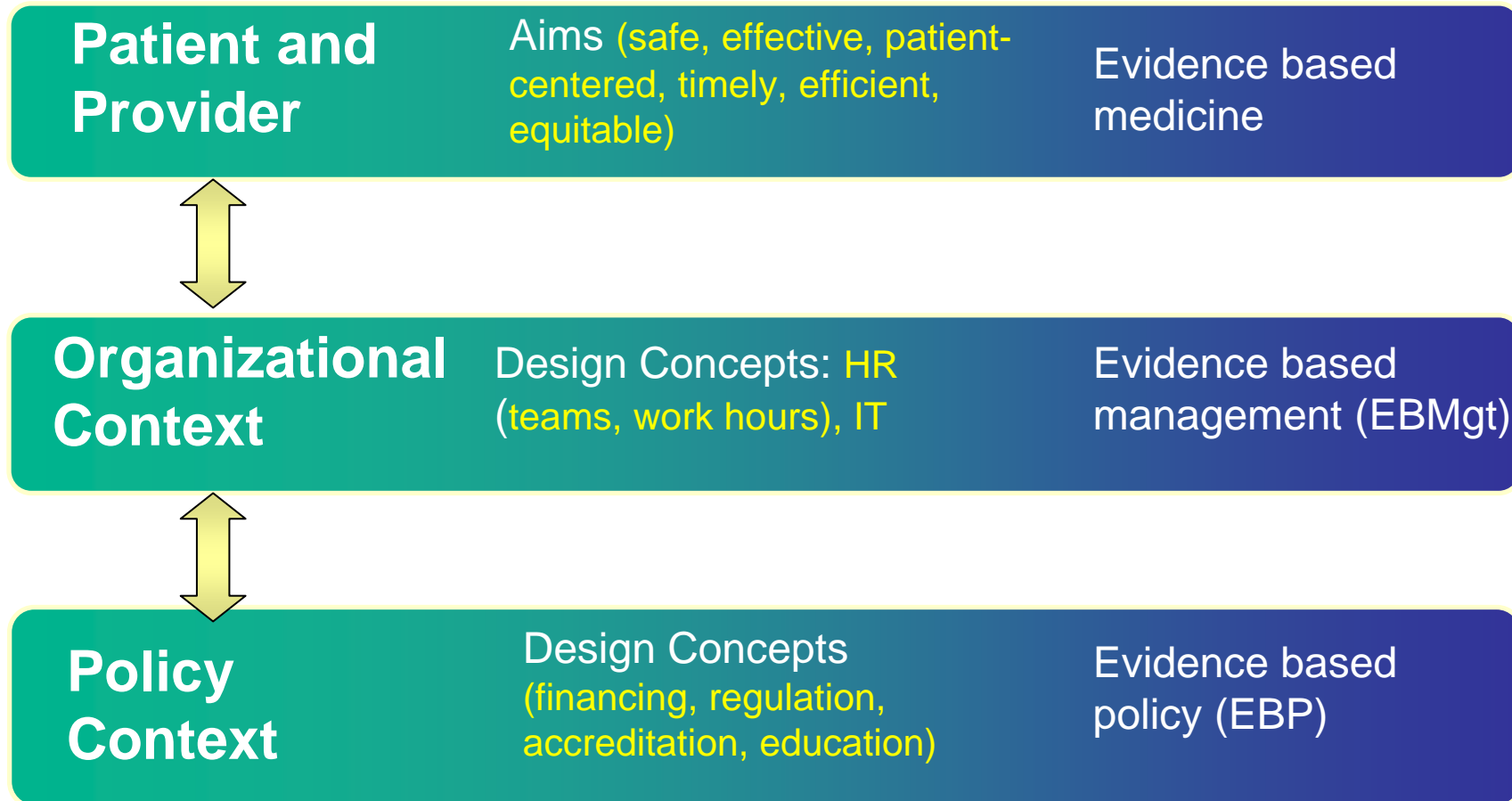
# Health Services Research

## Now

- Health services research is used throughout the health care field to understand how to reduce the costs of care, **measure** the quality of care, and **improve** **access** to affordable care.
- It provides information necessary to **translate** **scientific innovations** from the bench to the bedside and into the community.

**Emphasizes Uses and Users**

# Decision Making at Three Levels



# Evidence Based “...”

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- Evidence based medicine

*“The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.” (Sackett et al, 1996)*

- Evidence based management

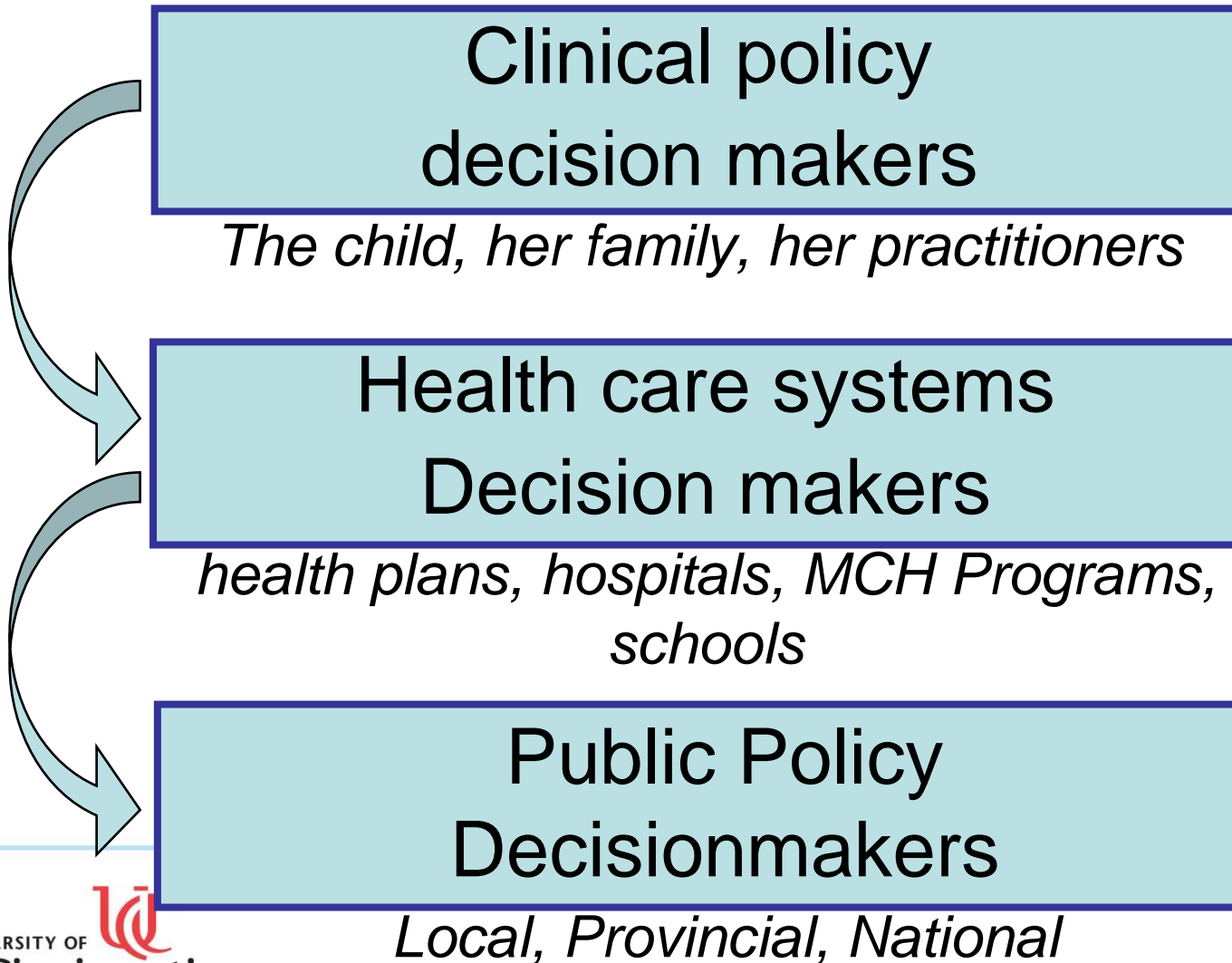
*“...focuses on the underlying organizational issues that influence how care is delivered.” (Shortell et al, 2007)*

- Evidence based policy

*“A set of rules and institutional arrangements designed to encourage transparent and balanced use of evidence in public policymaking.” (Cookson, 2005)*

---

# Decisionmakers in Maternal & Child Health Care



- Introduction to the CPRC
- What is MCHSR?
- How does one build MCHSR capacity?

# Developing a Field: Building Blocks

---



- Priorities
- People
- Institutions
- Infrastructure
- Review Processes
- Research Tools
- Rewards/Incentives
- Results
- Relevance

# Policy a Field: Blocks



Processes  
h Tools  
Incentives

- Priorities
- People
- Institutions



- No systematic assessments of the comparative strengths and weaknesses of different approaches to priority setting
- Not clear that complex quantitative & resource intensive methods more effective
- Many common features across approaches
- Trend toward more inclusive, transparency and emphasis on reducing/eliminating bias/conflict of interest



- Establishing a framework
- Defining principles
- Identifying options
- Selecting priorities
- Implementing priorities
- Evaluating process
- Updating priorities

# Examples of Principles for Prioritization

## 1. Well-defined Process

- Systematic approach
- Clear objectives and outcomes

## 2. Well-defined Objective Criteria

- Manageable number
- Mutually exclusive

## 3. Legitimacy & Fairness

- Transparency
- Stakeholder input
- Dynamic process
- Leadership

## 4. Expert Involvement

- Inform & contribute to process
- Add credibility



- Impact, e.g. morbidity, mortality, cost
- Improvability, e.g. gaps in current practices
- Inclusiveness, e.g. disparities
- Infrastructure, e.g. available methods, disciplines
- Implementability



- The “usual” strategies
  - Developing a pipeline
  - Pre, post, mid, and senior career awards
  - Training supplements
  - Creating a community/network
  - Emphasizing diversity



- The “usual” strategies
  - Developing a pipeline
  - Pre, post, mid, and senior career awards
  - Training supplements
  - Creating a community/network
  - Emphasizing diversity
- Some “newer” ones
  - Reaching new disciplines
  - Teaching old dogs new tricks
  - Short term boot camps
  - Distance mentoring
  - Online short courses
  - Speed dating



George Silver's observation...



George Silver's observation...

*“Medical schools are like [...the  
oldest profession...]:  
they will do anything for money!”*



- Community of scholars
- Mentors
- Networking opportunities
- Scientific meetings
- Support for new collaborations
- Travel support

# Review Processes

---

- “We don’t get many pediatric proposals”

# Review Processes

---

- “We don’t get many pediatric proposals”
- “Child focused studies are just not as good quality – that is why they do not fare well in study section.”

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# Review Processes

---

- “We don’t get many pediatric proposals”
- “Child focused studies are just not as good quality – that is why they do not fare well in study section.”
- “This study is not health-related, it includes educational outcomes.”
- “We can’t include children in our study because it is too difficult/expensive...we don’t have pediatric expertise”



- Specific mention in solicitations
  - As examples
  - Required inclusions (e.g. 1997 NIH rule)
  - Earmarks subset of funds or develop different solicitations
  - Reflect in review criteria
- Incentives
  - MCH supplements, funded extensions
- Review panel composition
- Funding agency portfolio balance
- Required look backs to evaluate



- Methods
- Measures
- Data



## 1994

- Vital Statistics and Annual Report
- NHIS, NHANES
- MEPS
- HCUP
- YBRFS

## 2010

- Annual Report
- NSCH, NSCSHCN
- MEPS child supp.
- KID
- AHRQ PDIs
- National Healthcare Quality & Disparities Reports
- MCH Data Resource Center



- What drives researchers?



- What drives researchers?
  - Money



- What drives researchers?
  - Money
  - Tenure



- What drives researchers?
  - Money
  - Tenure
  - Recognition



- What drives researchers?
  - Money
  - Tenure
  - Recognition
  - Stable money



- What drives researchers?
  - Money
  - Tenure
  - Recognition
  - Stable money
  - Lots of money

# Developing a Field: Building Blocks

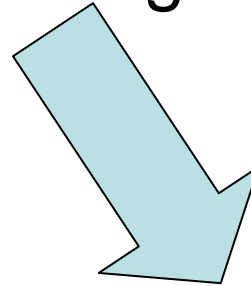
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- Priorities
- People
- Institutions
- Infrastructure
- Review Processes
- Research Tools
- Rewards/Incentives
- Results
- Relevance

## *Evolution of the Social Contract*

Public funding in exchange for high quality research



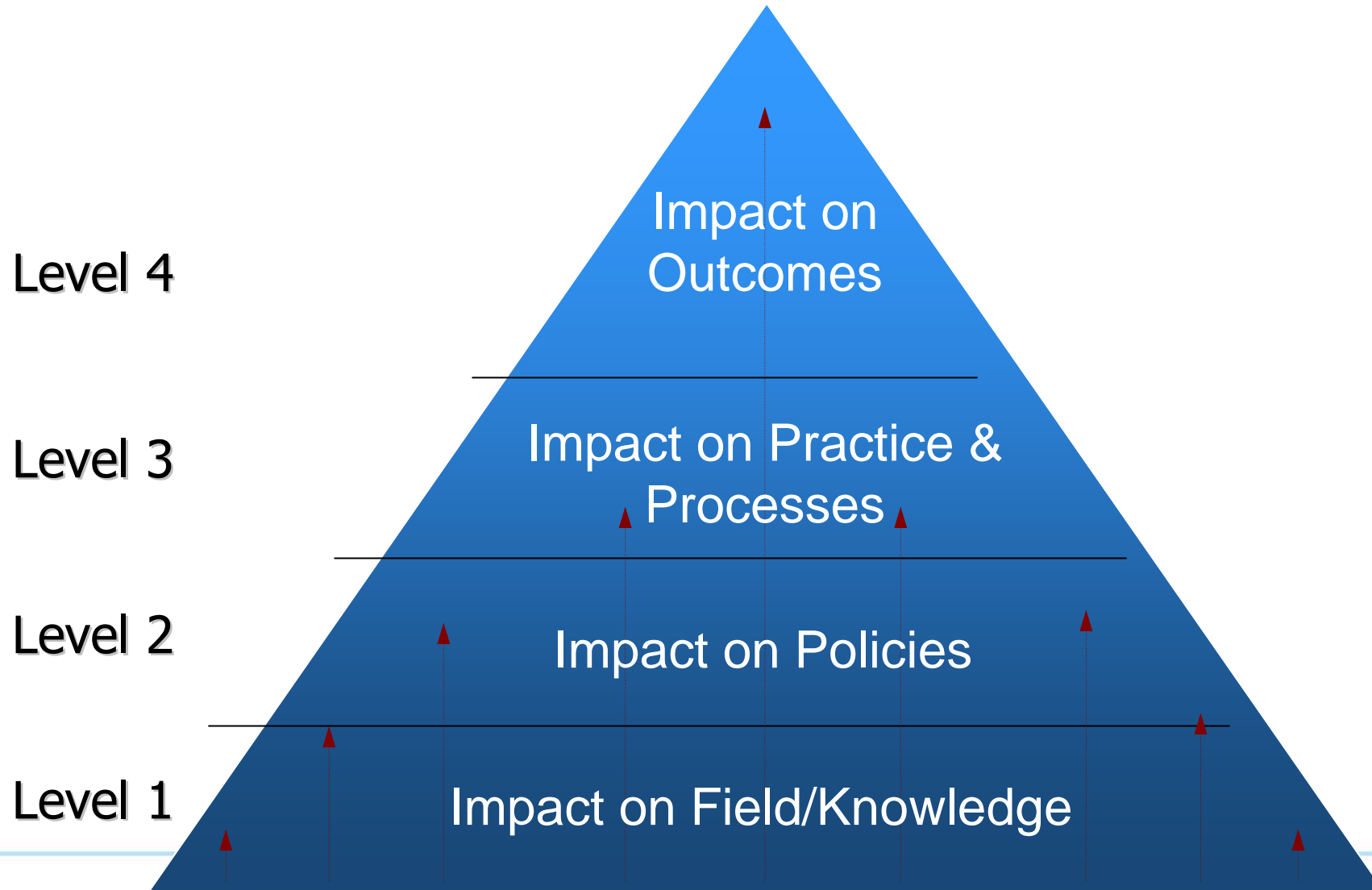
What is the return on investment?

What is the utility of research?

Who is using the research and what difference does it make?



# Levels of Impact of HSR



Does lack of impact reduce funding?

Does lack of impact reduce funding?

Does impact increase funding?

Does lack of impact reduce funding?

Does impact increase funding?

Or...

Does impact reduce funding?!

- Introduction to the CPRC
- What is MCHSR?
- How does one build MCHSR capacity?
- **The world according to Lisa**
  - Evolution of the field in the US

# Reflection on Trends

---

- Priorities – lots more of them!
- People
  - Physician dominance persists
  - Pediatric HSR moving from general pediatrics to sub-specialists
  - Continued difficulty in recruiting obstetric clinicians
- Child health still under-represented at the “big boys” tables
- “Bilingual” or “bridging” leaders needed
- Constant vigilance
- Not “separate but equal” vs. “mainstreaming”
  - Need to do BOTH

- Introduction to the CPRC
- What is MCHSR?
- How does one build MCHSR capacity?
- The world according to Lisa
  - Evolution of the field in the US
- **What is different now than in 1995**

- Emergence of comparative effectiveness
- QI research
- More calls for accountability and transparency → measurement demand
- Consumer/user engagement

## Committee's Definition of CER

The generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.



## CER Defining Characteristics

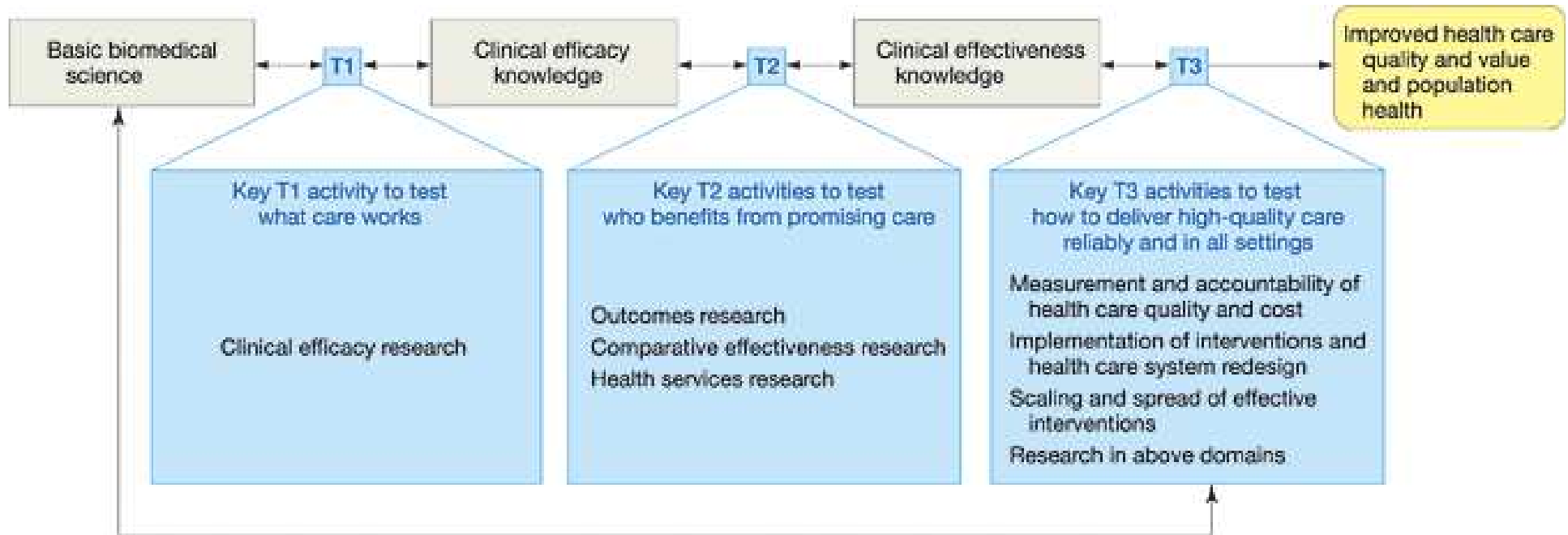
- Objective of directly informing clinical or health policy decision
- Compares at least 2 alternative, each with potential to be best practice
- Results at population and subgroup level
- Measures outcomes important to patients
- Methods and data sources appropriate for the decision of interest
- Conducted in real world settings



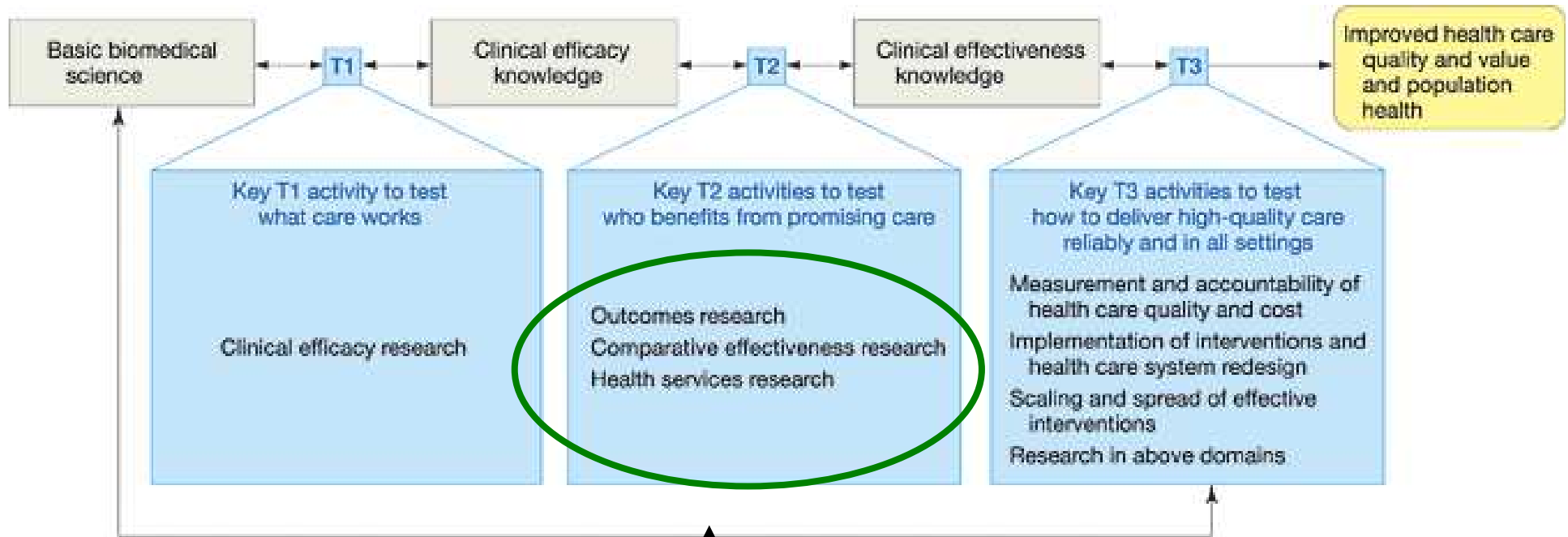
## Recommendation 6

The CER Program should fully involve consumers, patients, and caregivers in key aspects of CER, including strategic planning, priority setting, research proposal development, peer review, and dissemination.



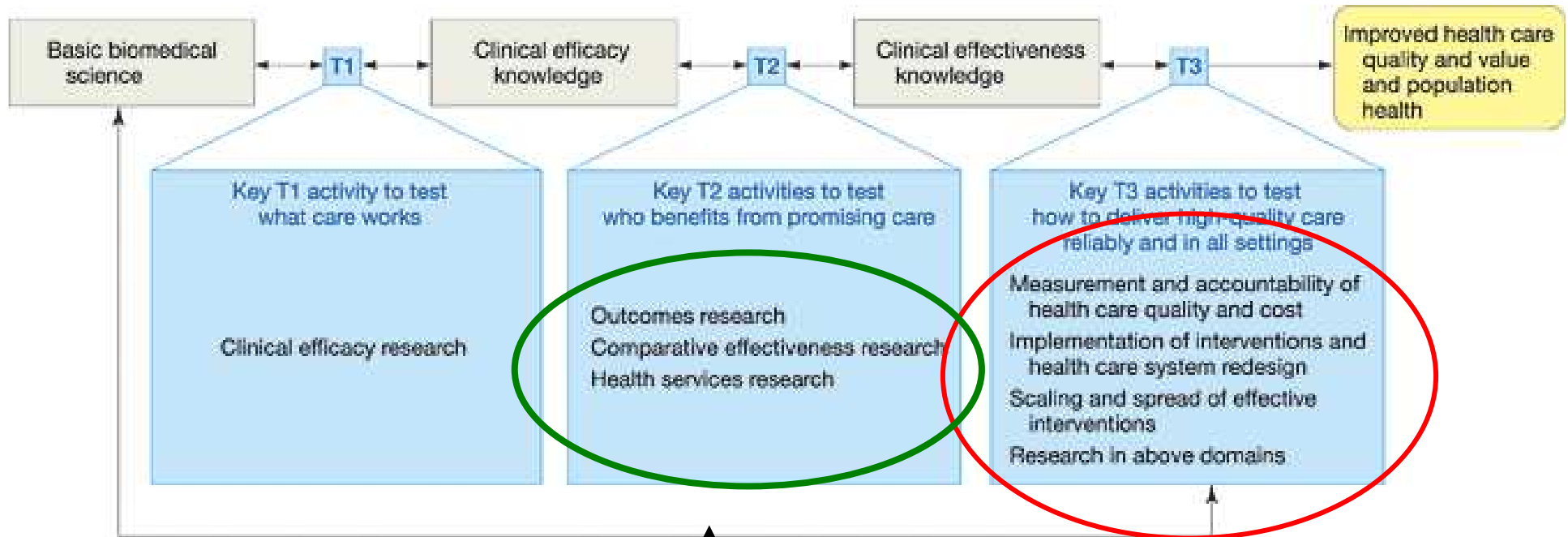


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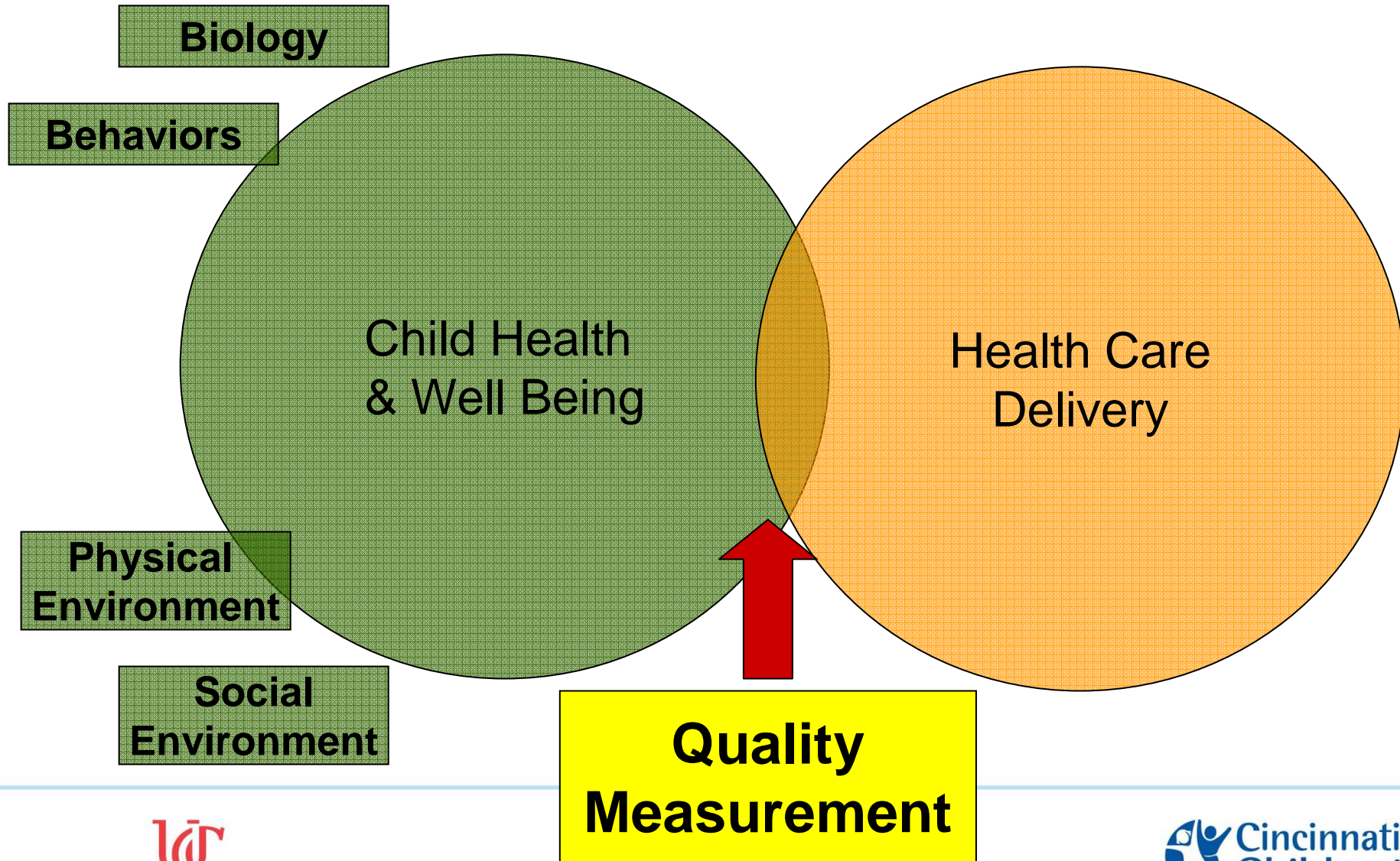
Khoury et al. "no more than 3% of research focuses on T2 and beyond"



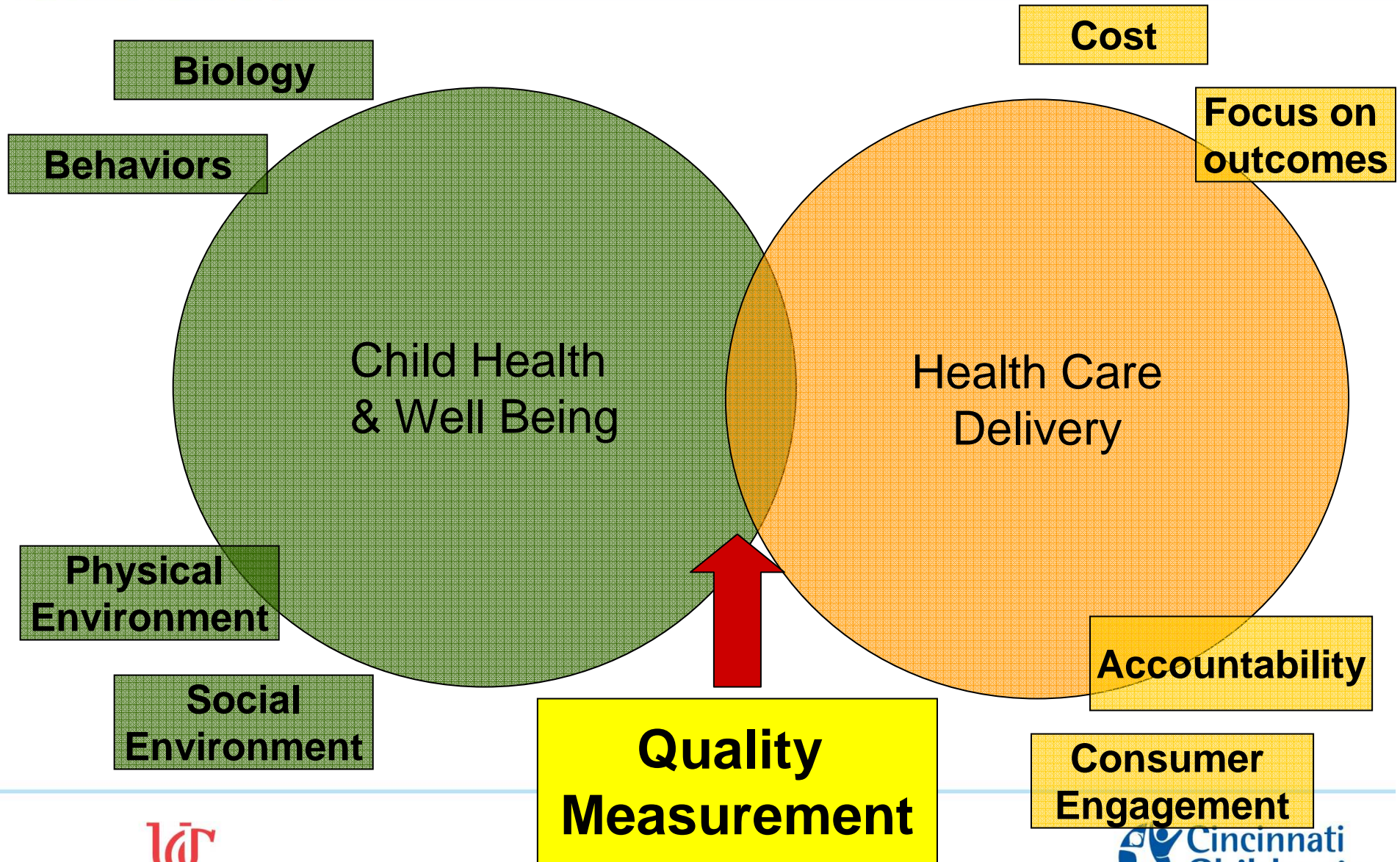
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Khoury et al. "no more than 3% of research focuses on T2 and beyond"

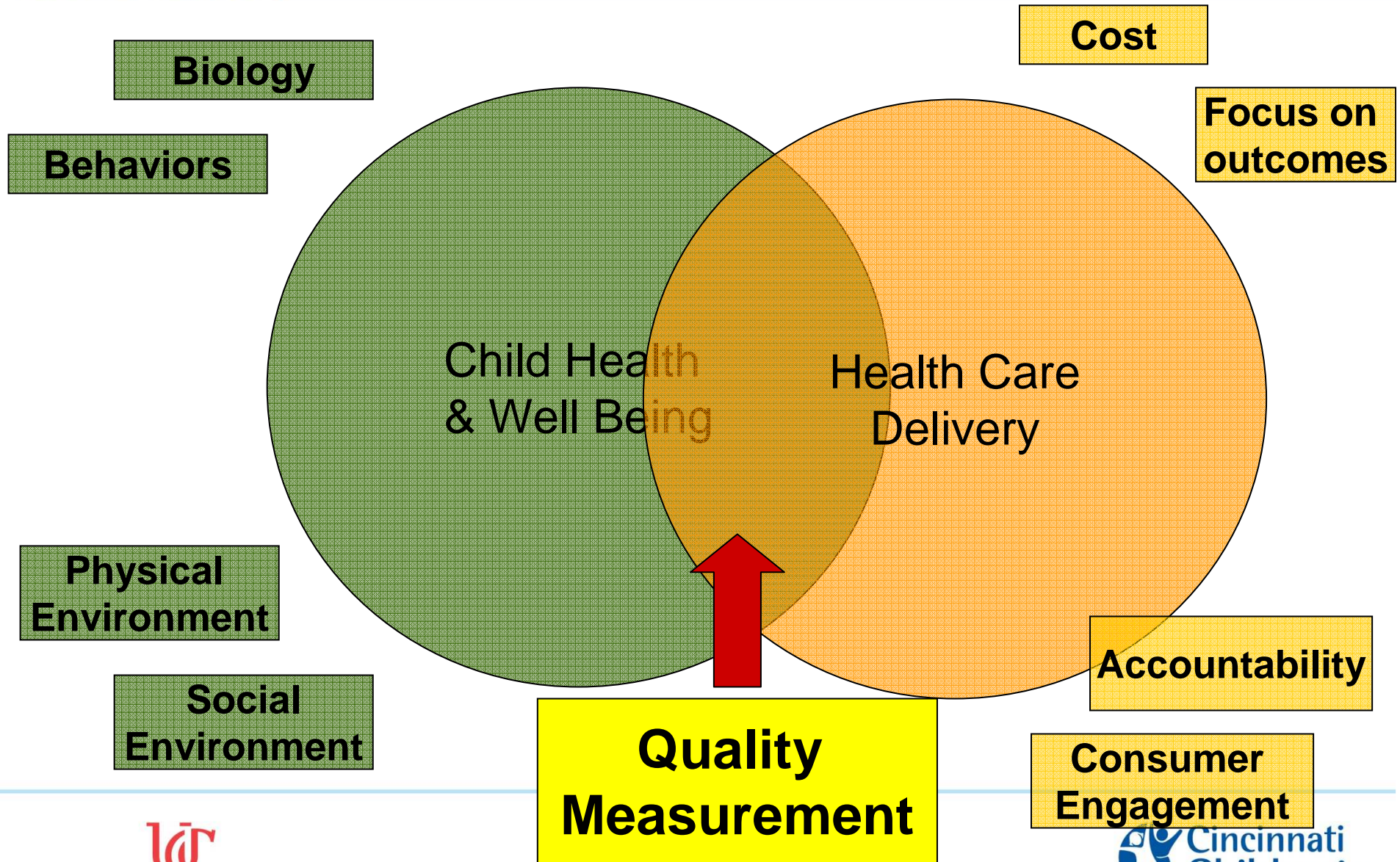
# Historically...



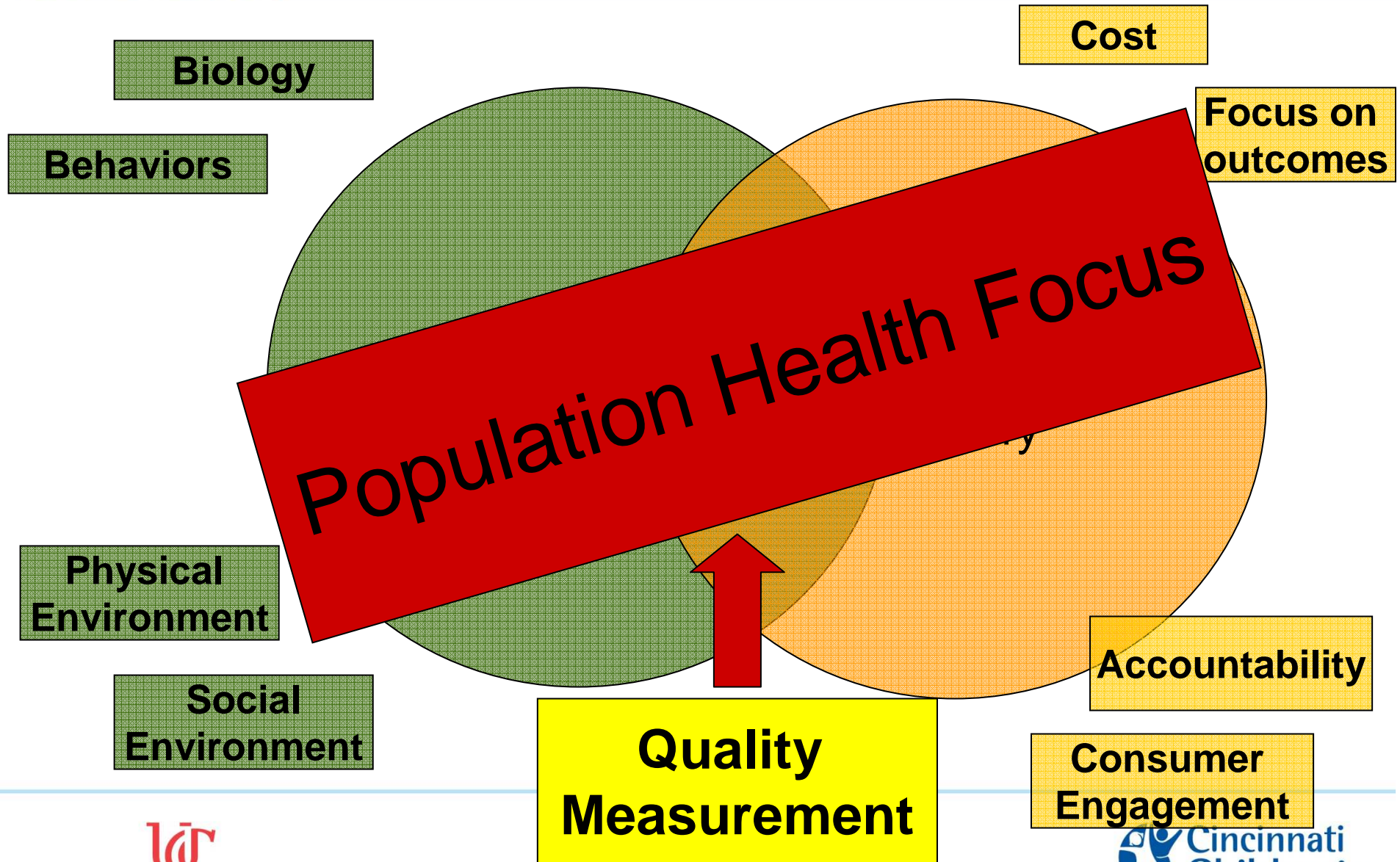
# Forces of Change



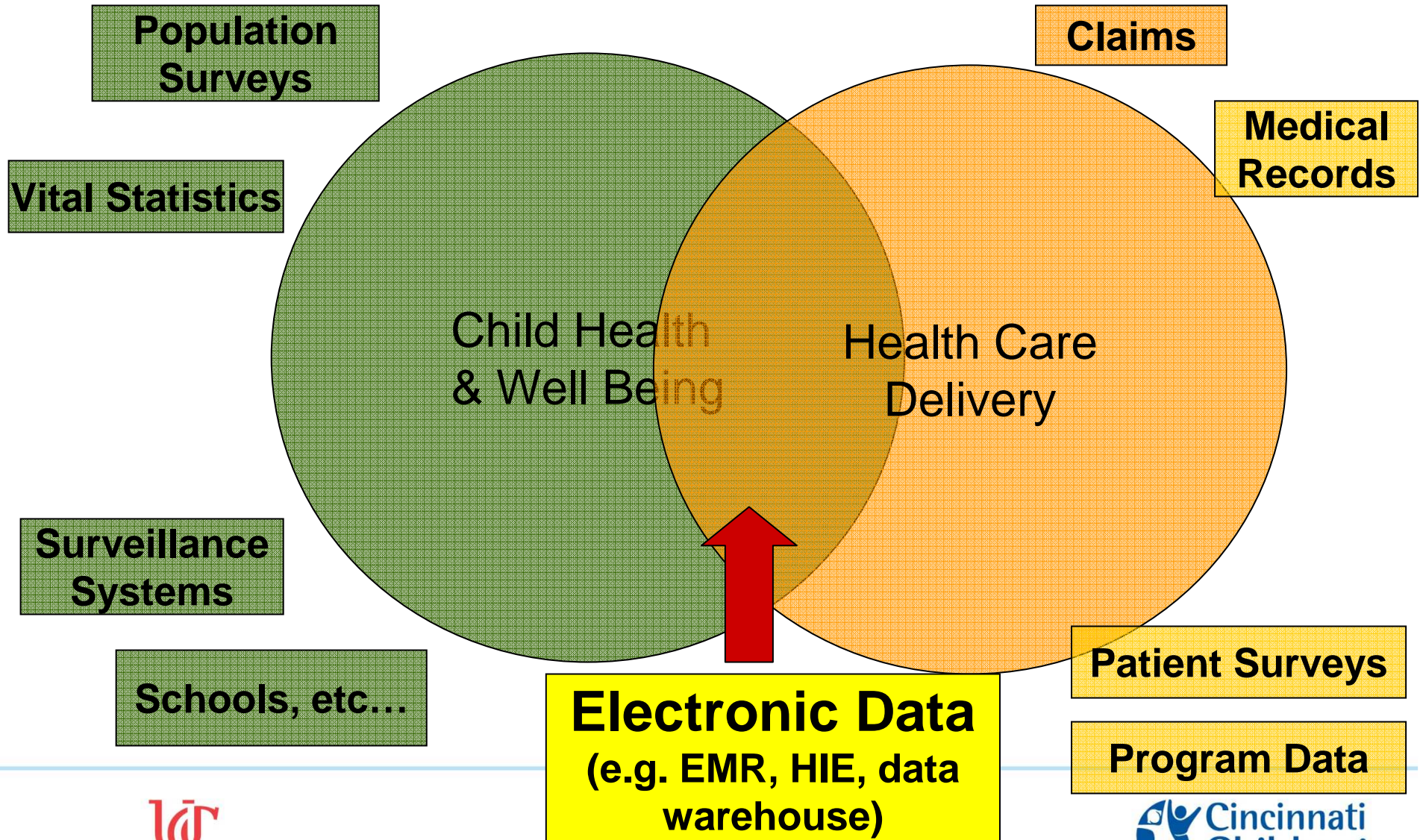
# Now and in the future...



# Now and in the future...



# Data Sources

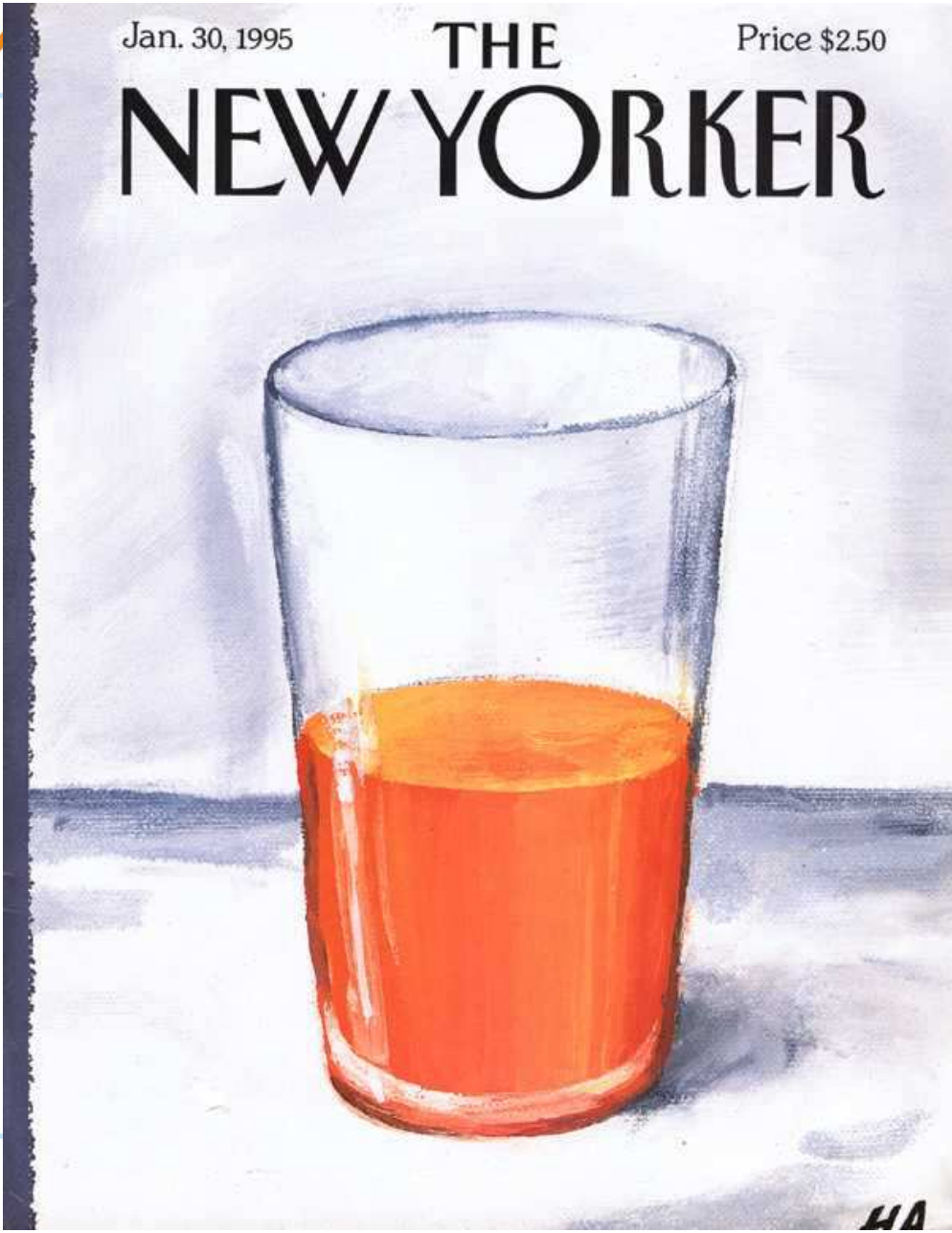


# Canadian Priorities

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- Ensure greater consistency in the provision of health services for infants, children, youth and families
- Monitor and improve access to and quality of care within individual health care organizations and regional authorities
- Inform and assist policy and decision makers in addressing future maternal, infant, child and youth health resource planning and allocation requirements.

- The importance of nurturing new investigators
  - Mentoring
  - Prioritizing during “dry” spells
  - Open door policies
  - Making the career attractive
- Prioritizing disparity reduction/equity
- It is a really a journey, not a destination!





## Questions?

*Lisa Simpson, MB, BCh, MPH, FAAP*  
*Director, Child Policy Research Center*  
*Professor, Department of Pediatrics*  
[www.cincinnatichildrens.org/cprc](http://www.cincinnatichildrens.org/cprc)