



Accelerate Upstream Together to Improve Maternal and Child Health

Forum for Children's Well-Being
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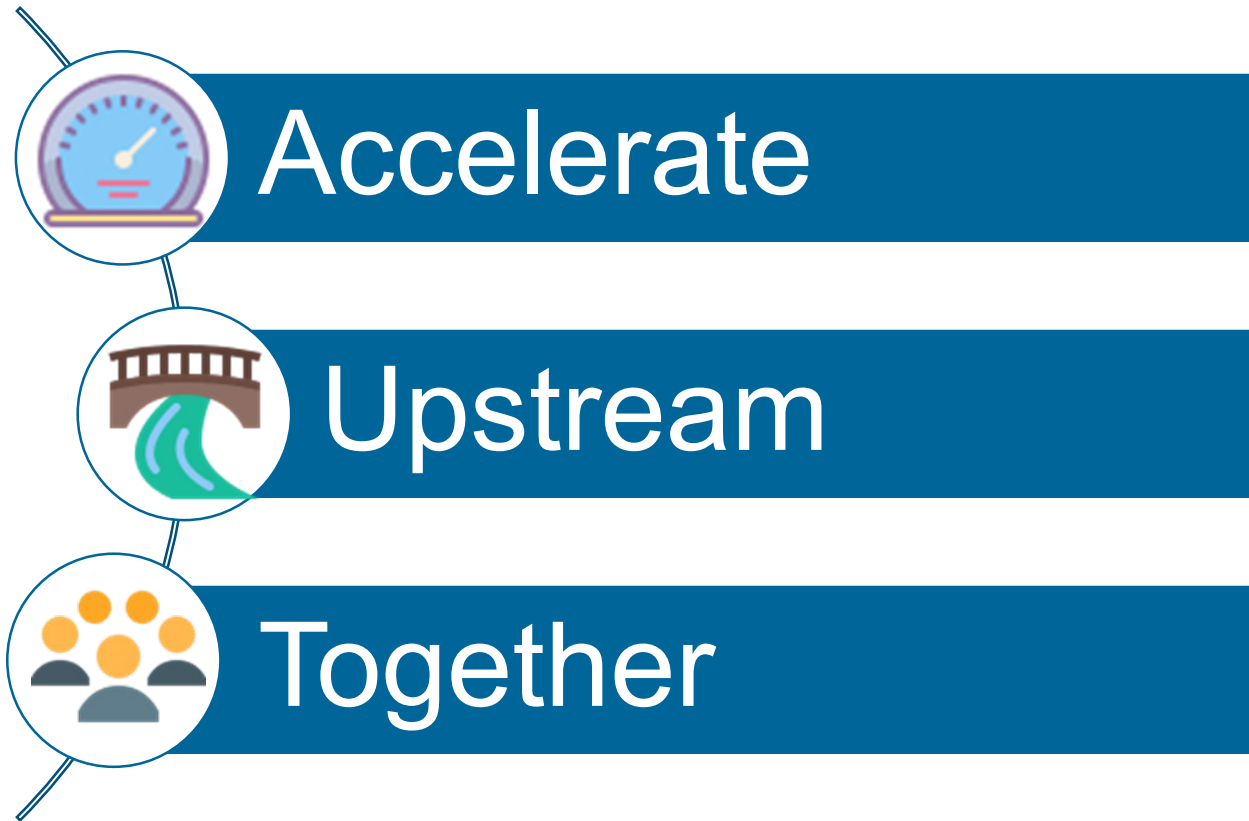
Vision: Healthy Communities, Healthy People



85 Years of Title V

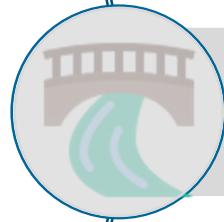


Paradigm for Improving Maternal and Child Health

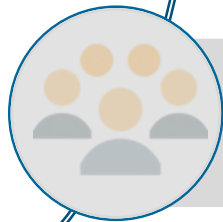




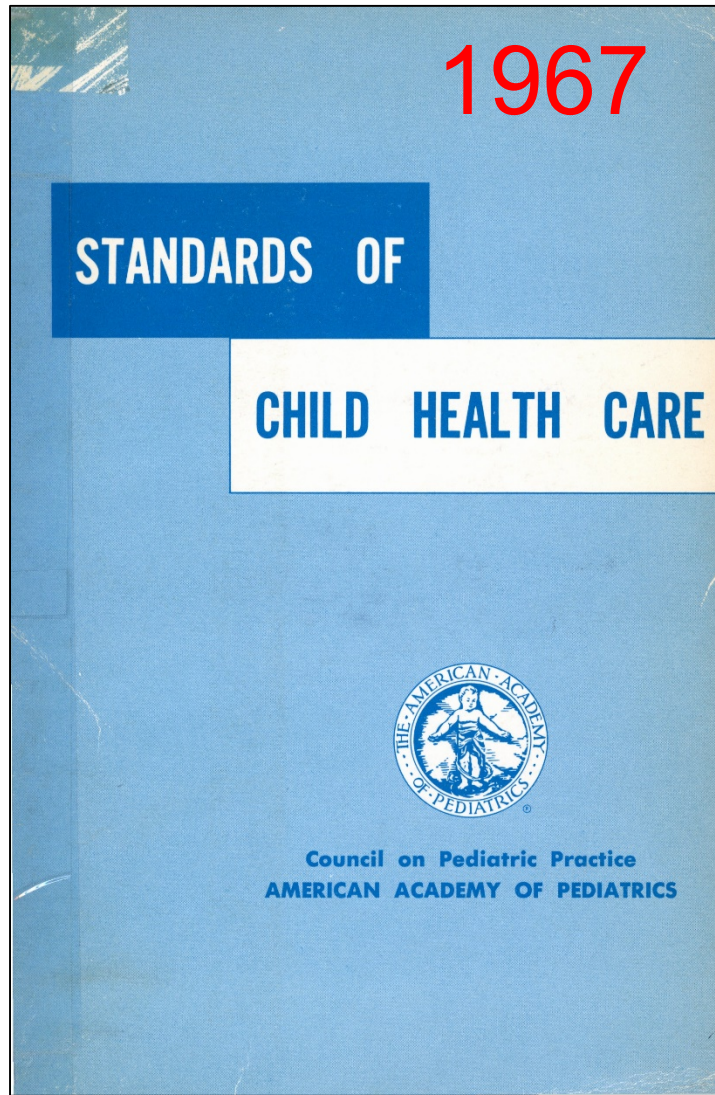
Accelerate



Upstream



Together



Medical home defined as “one central source of a child’s pediatric records”

“For children with chronic diseases or disabling conditions, the lack of a complete record and a ‘medical home’ is a major deterrent to adequate health supervision. Wherever the child is cared for, the question should be asked, ‘Where is the child’s medical home?’ and any pertinent information should be transmitted to that place”

AMERICAN ACADEMY OF PEDIATRICS

The Medical Home

Ad Hoc Task Force on Definition of the Medical Home

The American Academy of Pediatrics believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, and compassionate. It should be delivered or directed by well-trained physicians who are able to manage or facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a relationship of mutual responsibility and the "medical home" tradition.

office setting. In contrast, care provided through emergency departments, walk-in clinics, and other urgent-care facilities is often less effective and more costly.

We should strive to attain a "medical home" for all of our children. Although geographic barriers, personnel constraints, practice patterns, and economic and social forces make the ideal "medical home" unobtainable for many children, we believe that comprehensive health care of infants, children, and adolescents, wherever delivered, should encompass the

where these can be obtained. Provision of medical information about the patient to the consultant. Evaluation of the consultant's recommendations, implementation of recommendations that are indicated and appropriate, and interpretation of these to the family.

5. Interaction with school and community agencies to be certain that special health needs of the individual child are addressed

zations. This record should be accessible, but confidentiality must be assured.

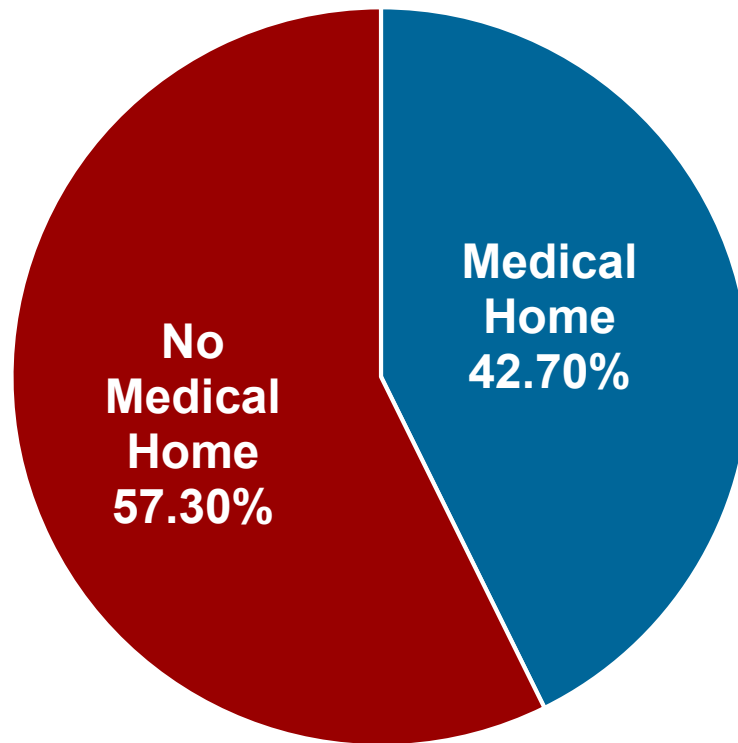
Medical care of infants, children, and adolescents must sometimes be provided in locations other than physician's offices. However, unless these locations provide all of the services listed above, they do not meet the definition of a medical home. Other venues for children's care include hospital outpatient clinics, school-based and school-linked clinics, community health centers, health department clinics, and others.

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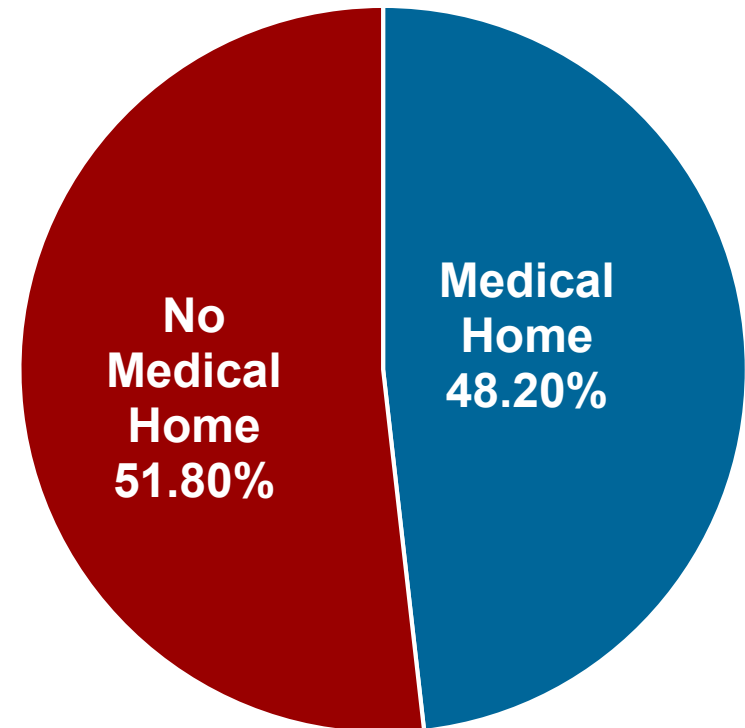


Children with a Medical Home (National Survey of Children's Health, 2017-18)

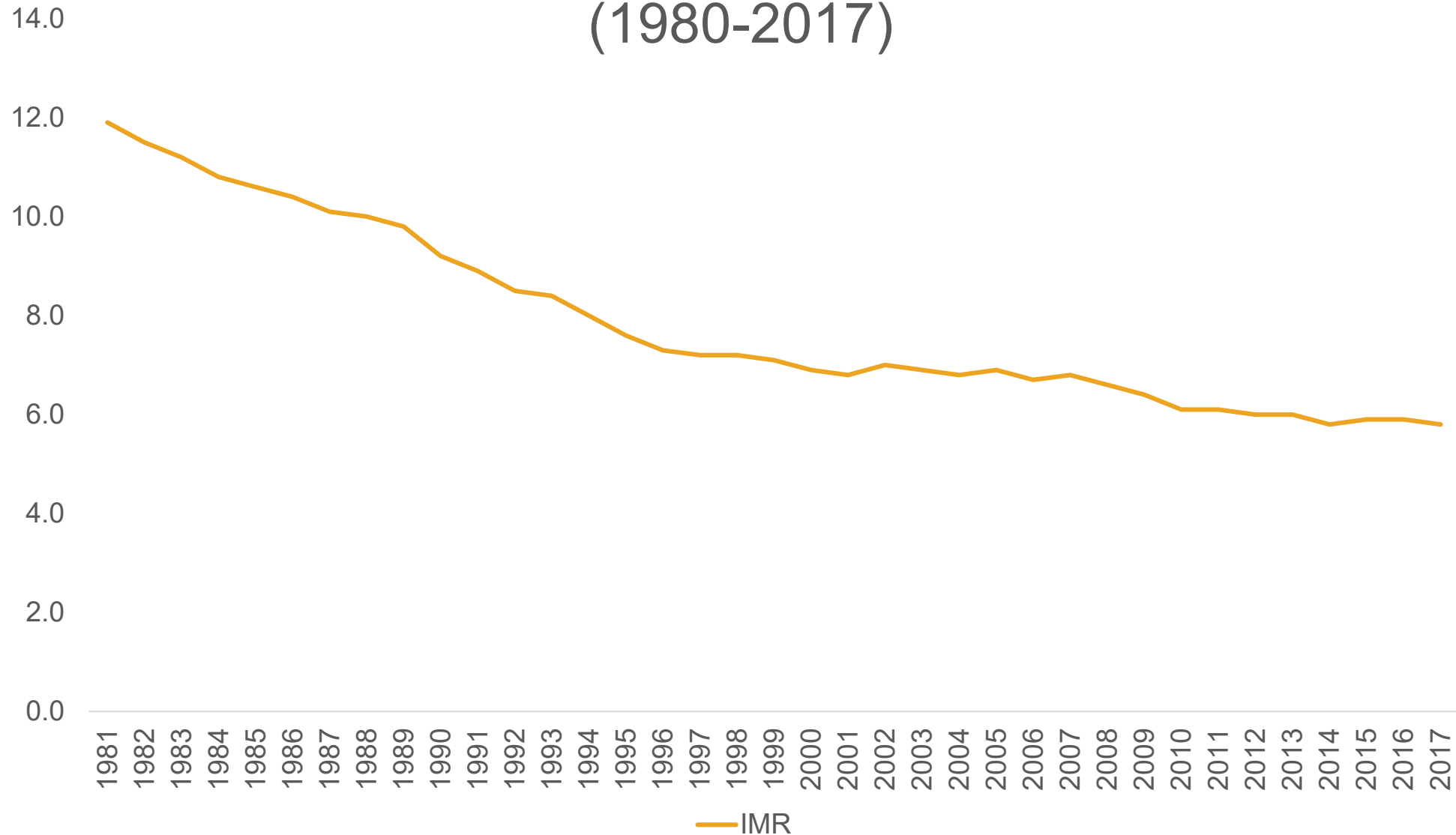
CSHCN



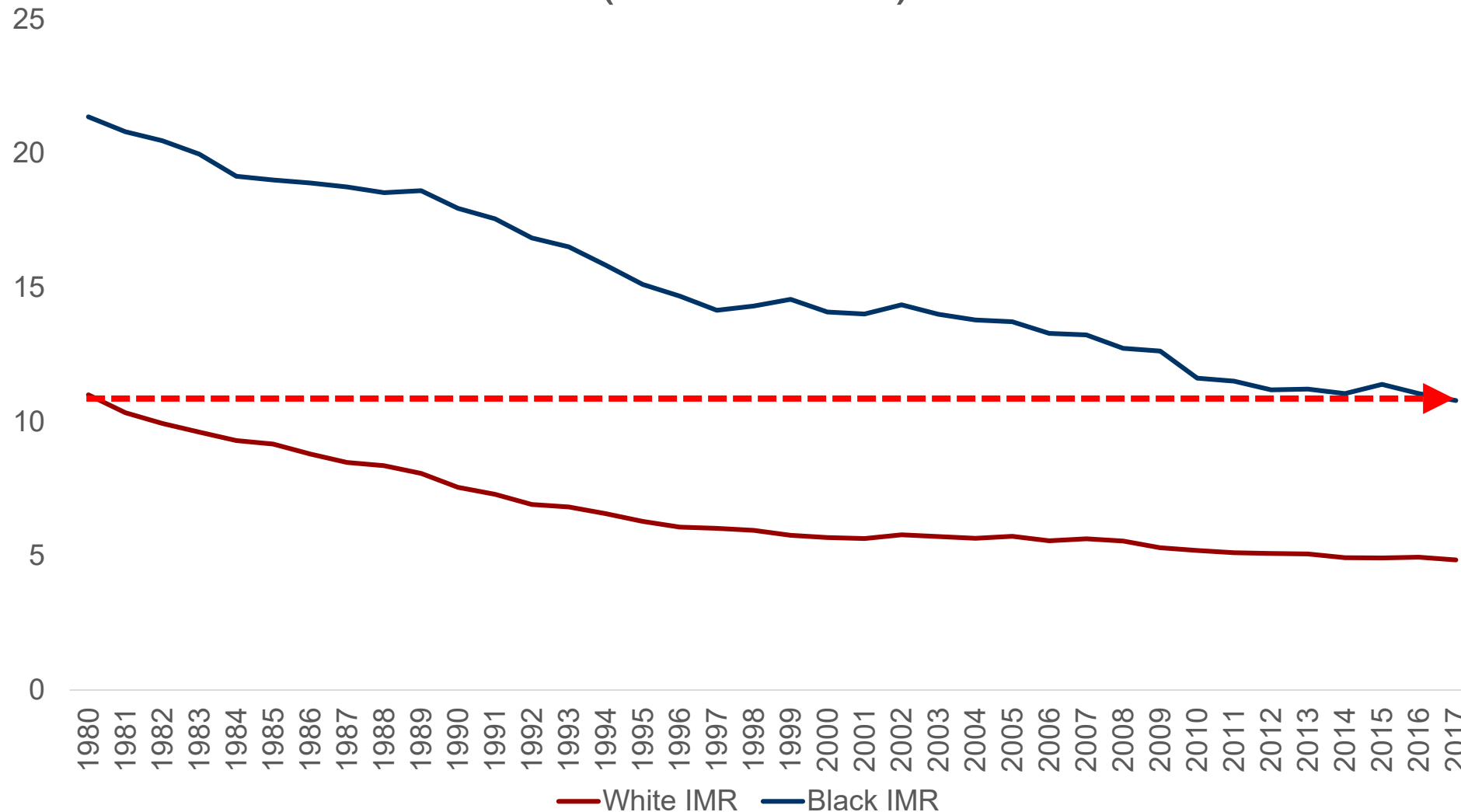
All Children



Infant Mortality Rates, United States (1980-2017)



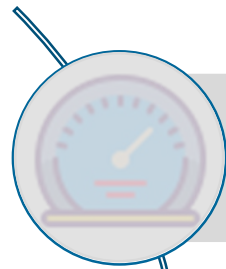
Infant Mortality Rates, United States (1980-2017)



In 2017, the infant mortality rate for black infants achieved the **same rate as for white infants.**

The same rate as for white infants in **1980**.

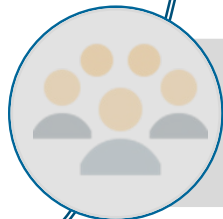
Thirty-seven years later.



Accelerate

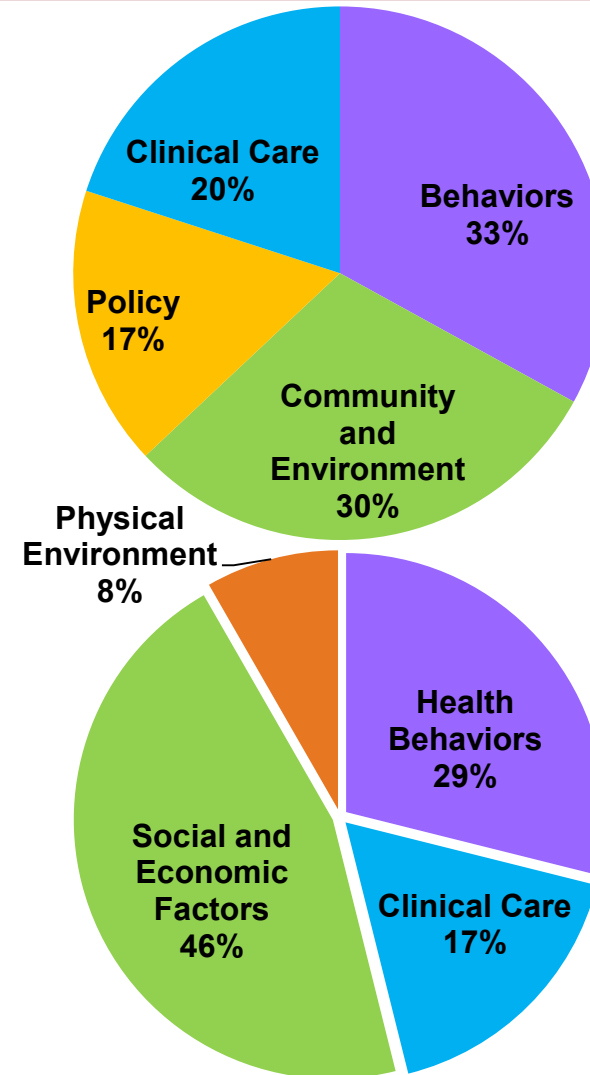
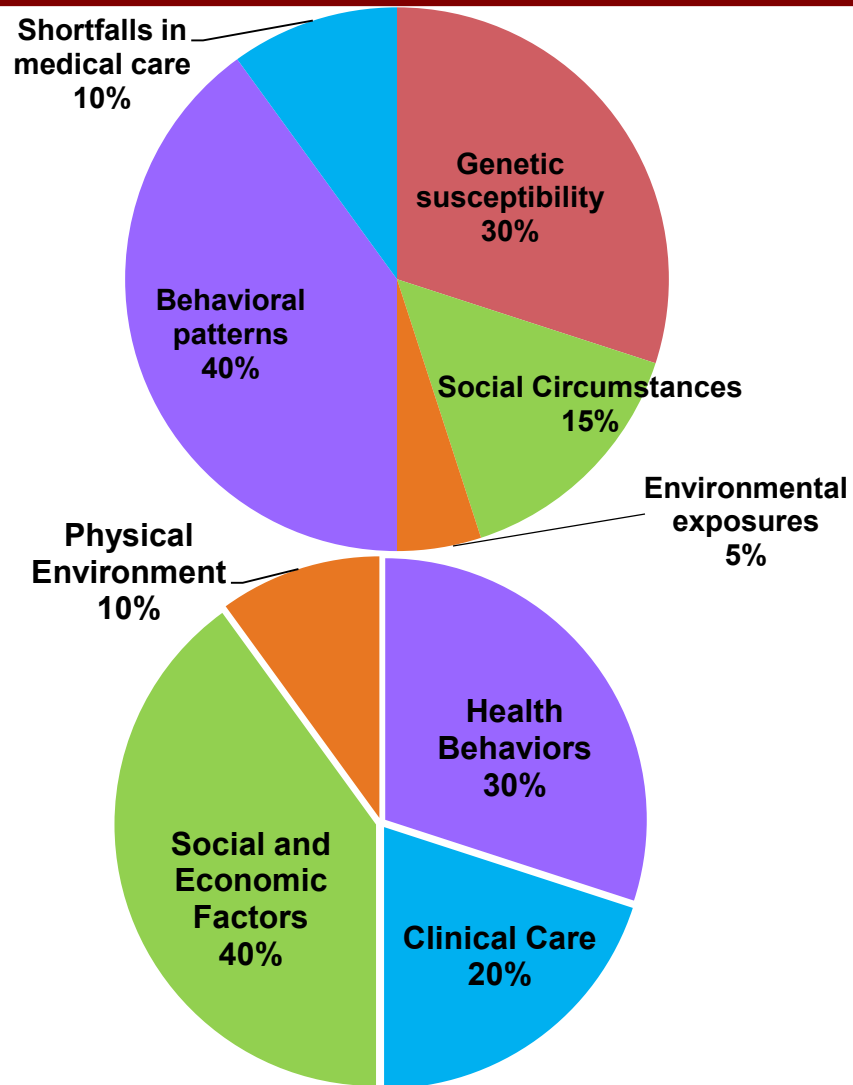


Upstream



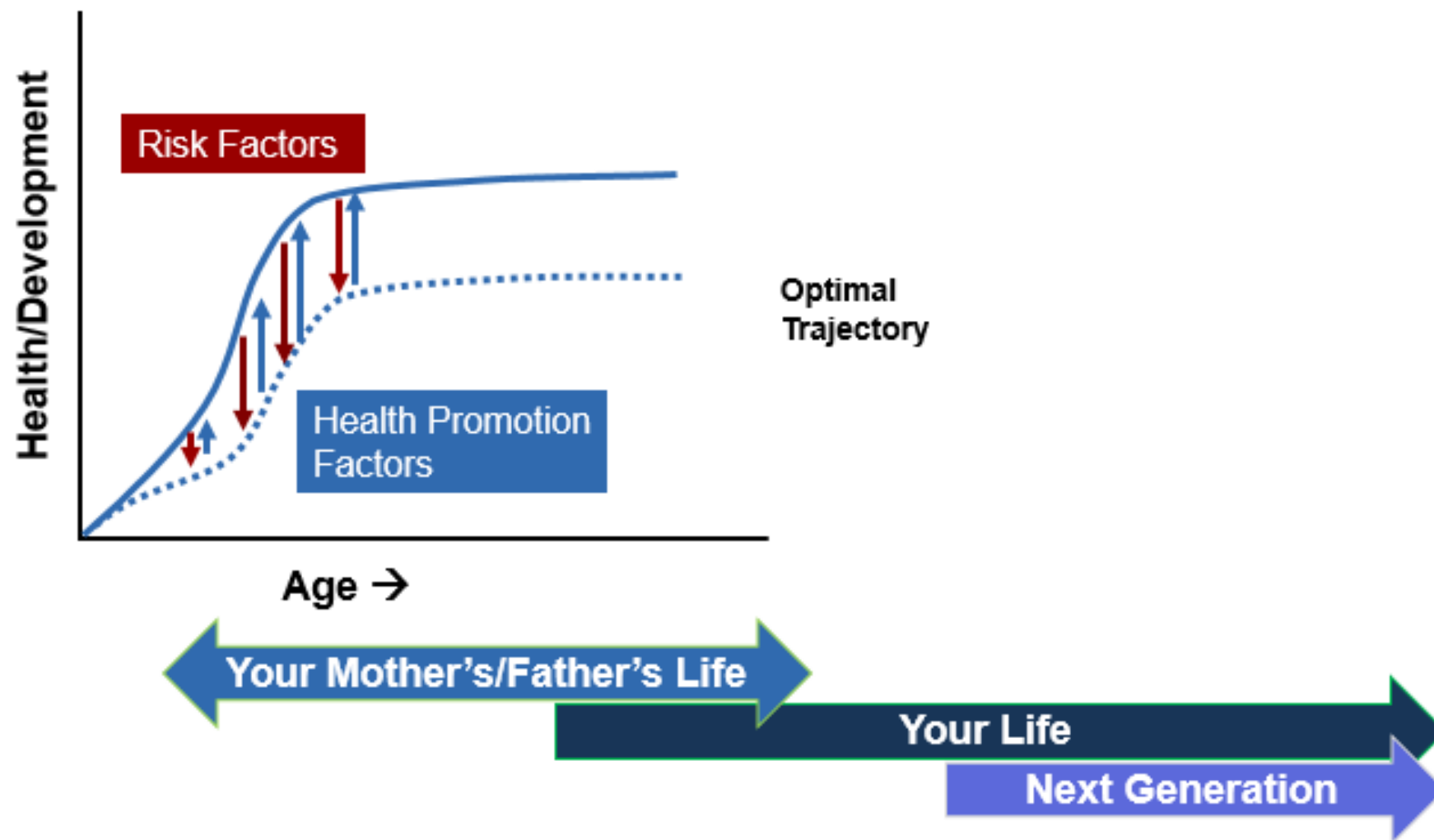
Together

Health Is More Than Just Health Care

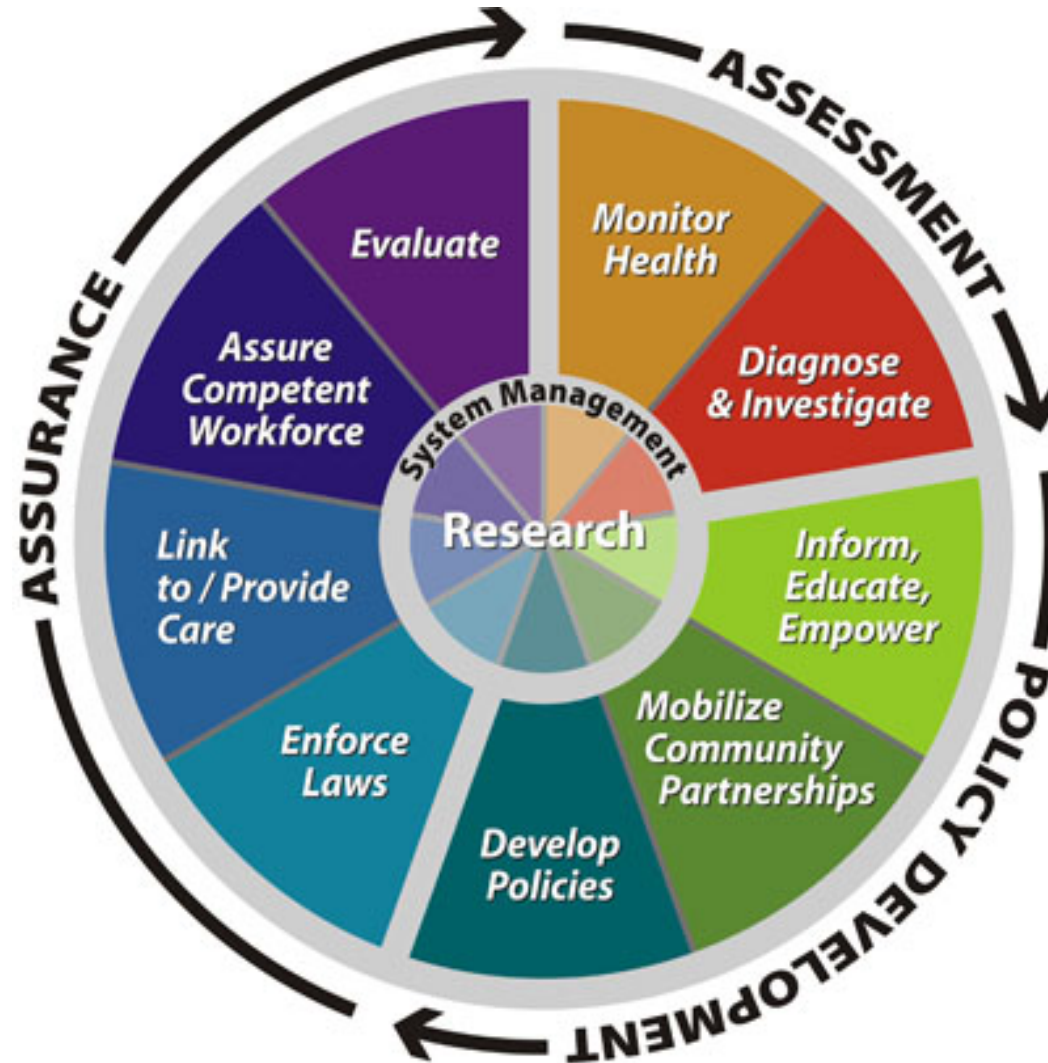


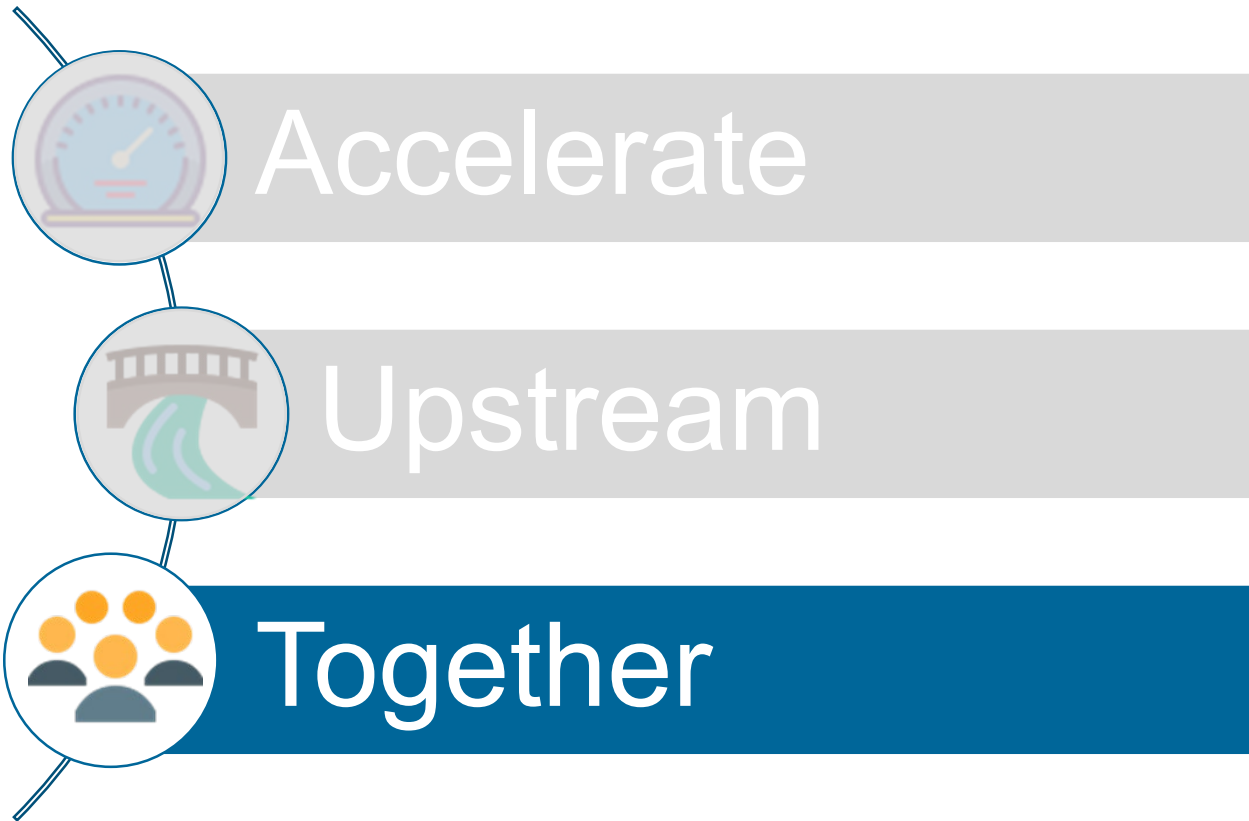
Health care accounts for only 10-20% of overall health

Life Course Approach

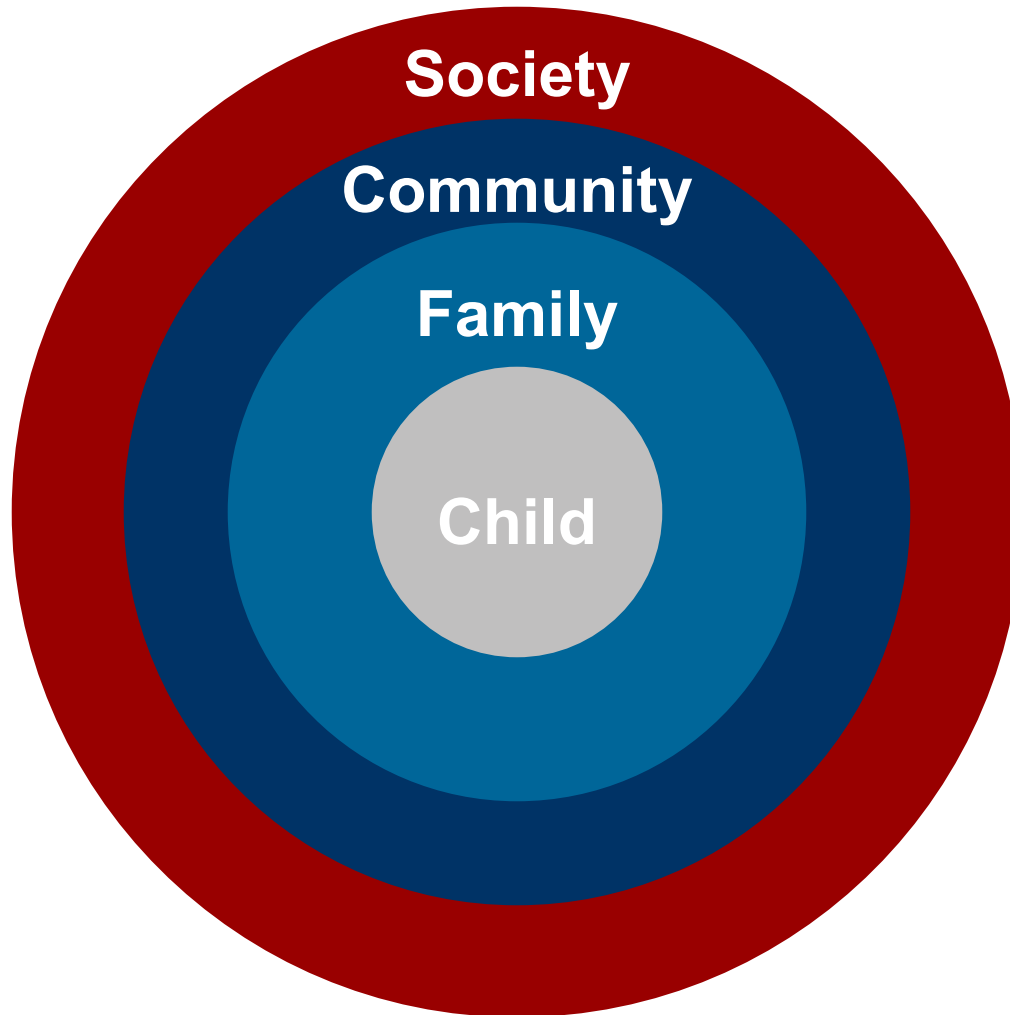


Public Health Systems: Essential Functions & Services





The Social-Ecological Model



- Child's development and well-being in context of family, community, and societal factors

Looking Forward

***“I skate to where
the puck is going
to be,
not to where it
has been.”***

-Wayne Gretzky



Contact Information

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