

## Alumnus Spotlight: Public Service Has Great Impact

### Peter van Dyck, M.D., M.P.H. '73

Peter van Dyck remembers the shared sentiment of his cohort in the School's M.P.H. maternal and child health program: "We had similar interests, and we all wanted to do something instead of or in addition to private practice that would touch more




people's lives in some significant way." Van Dyck's desire to improve the health of the greatest number of people led him from practice as a pediatrician into public service, and he is currently the associate administrator of Maternal and Child Health (MCH) in the U.S. Department of Health and Human Services Health Resources and Services Administration, a position he has held since 1999. Prior to his appointment, he served as acting associate MCH administrator and was the first permanent director of the Maternal and Child Health Bureau's Office of State and Community Health.

As associate administrator, van Dyck has had the opportunity to make significant changes in order to safeguard and promote good health for mothers and children. One major step has been to implement a data collection and performance measurement system that enables the MCH Bureau to better understand how well grantees deliver care. This national reporting system and hotline covers all states and the approximately 1,000 grantees who receive funds from the bureau. "It allows us to manage in a way that is very transparent, and that is good for the public trust," says van Dyck. "It allows us to tell Congress exactly what we are doing." Prior to implementation of the online system seven or so years ago, reporting was ad hoc and was not performance-based. "We developed this system in partnership with the grantees: They do good work, and they want to tell about it. It has been a real win-win situation."

Managing this large federal bureau with an \$836 million annual budget for 2006 brings many challenges.

One of the biggest problems is understanding what the needs are across the nation, and then assessing which of the many maternal and child health issues take priority. Obesity, infant mortality, perinatal and postpartum depression, prenatal care, workforce training, care for children with special health needs, and newborn screening are just few of the key areas the bureau tries to address. The financial balancing act is not easy, as enough funds must be allocated to a single program or issue have an impact, while so many programs are in urgent need of resources.

Van Dyck, who directed the Family Health Services Division of the Utah Department of Health before coming to the federal government, advises current

Maternal and Child Health students to "have a clear purpose, set goals, get good training, and try to decide where exactly you feel you can have the most impact." His own experience has been diverse, as he served as chief of pediatrics for an army hospital in Germany and as a pediatric consultant for the Red Cross in Jordan before moving into public policy. He was also a professor in the Department of Pediatrics at the University of Utah Medical Center. Whether they hope to work for a nonprofit, city, university, large pediatric practice, or the federal government, he recommends students talk to people in the roles and organizations they want to be in, and to investigate the wide range of options available to them. "There are many opportunities out there," he says. 

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