

MCHB/DHSPS August, 2010 Webcast

The Rewards of Collaboration: Healthy Start and Early Head Start in Action

August 17, 2010

JOHANNIE ESCARNE: Good afternoon, my name is Johannie Escarne from HRSA's Division of Healthy Start and Perinatal Services in the Maternal and Child Health Bureau. On behalf of the Division I would like to welcome you to this webcast titled, "The Rewards of Collaboration: Healthy Start and Early Head Start in Action".

Before I introduce our presenters today I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You don't need to do anything to advance the slides. You may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window. A 12 second delay typically provides optimal performance for the audience. We encourage you to ask questions of the speakers at any time during the presentation. Simply type your question in the white message window on the right of the interface, select questions for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you're participating from. On the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning beneath the video window. At the end of the

broadcast, the interface will close automatically and you will have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your responses will help us plan future broadcasts in the series and improve our technical support.

We are very pleased today to have Amanda Bryans, Director of Educational Development and Partnerships division, Office of Head Start, and Maribeth Badura, who is the Director of Division of Healthy Start and Perinatal Services. We'll start with these two presenters but in order to allow ample time for their presentation we'll defer questions to the question/answer portion at the end of the presentation. We encourage you to present questions via email at any time during the presentations. If we don't have the opportunity to respond to your questions during the broadcast we'll email you afterwards. Without further delay we would like to welcome our presenters and the audience and begin the presentation. Amanda.

AMANDA BRYANS: Thank you so much. It is a pleasure for me to be here with you all this afternoon and I also want to express on behalf of our Office of Head Start director, Yvette Sanchez Fuentes, our great excitement of about this continuing collaboration with our partners at Healthy Start.

Many of you know that Head Start has been part of the United States systems since 1965. Currently we enroll over 800,000 children every year. Head Start serves pre-school children. Since the mid 90s we've also provided services to pregnant women, infants and toddlers in Early Head Start.

As of July 2010, and thanks to a large ARRA expansion, we nearly doubled the number of children we're able to enroll in Early Head Start and we currently are funding spots for 110,000 pregnant women, infants and toddlers. So we enroll those children from before they're born until the time they're 3 years old when they will transition either to a Head Start program or to another hopefully high-quality education and care setting that's appropriate for their family needs.

One of the unique things about Head Start is our ability to deliver comprehensive services and our long recognition that children's cognitive and other education developmental or educational development is rooted in their overall development and that these things are inseparable so that children must be safe, healthy, well fed, cared for, loved, developing strong social/emotional growth patterns in order to be successful in getting ready for school, which is the primary purpose of Head Start.

We have a strong history of improving children's access to health insurance and early childhood immunizations, prenatal care for pregnant women and in general presuming the health status in regard to things like preventable chronic illnesses or when a child has a health issue or special need of any kind making sure that that child receives appropriate support and intervention when they need it. In Head Start we believe that all children belong. So we strongly feel it's our responsibility to provide children with the most appropriate services regardless of the situation they're in when they arrive or

when their families arrive. Head Start is located and Early Head Start throughout the United States.

Head Start is in nearly every county in the United States including over 150 American Indian, Alaska Native organizations, bottom of the Grand Canyon, Alaska islands. We enroll approximately 20,000 children in L.A. County in California. We have tiny programs that may enroll as few as 20 children. Early Head Start is of course much smaller but it's an important catalyst in many communities for improving services to the most vulnerable children and families. We're incredibly excited that we will be in a position to help Healthy Start identify in working communities that have both Early Head Start and healthy start. We have this incredible joint responsibility. We want to work closely and carefully and thoughtfully together to share resources effectively to make sure that information about our successes and challenges is understood and disseminated and used to inform our continued progress and development.

We want to support local collaborations to make sure that there is maximum access for the families who need it the most in the communities with such high infant mortality.

We hope for our -- this collaboration to help us fulfill our driving mission around responsive, effective, comprehensive services. Another one of the unique aspects of Head Start that is really part of our history and fabric and is difficult for many other organizations to fully understand is related to parent involvement and participation as parents as the primary educators, nurturers and full partners in their child's development and the decisions that get made about services to their child and families.

We look forward also to sharing our history and knowledge. We hope that we can work jointly on boards together again. We're looking at this at both not only the Federal but in the local community level.

I know I've only given you a little bit of information. It's the tip of the iceberg but I'm glad to say within the next few weeks we'll be putting more information up on [our website, the ECLKC](#), and our websites, I understand, are going to be linked so that [Healthy Start](#) and [the ECLKC](#) will be connected and you can go to either website and get all the information you need about our continuing work and opportunities for resources.

It's my pleasure now to turn it over to my colleague, Maribeth.

MARIBETH BADURA: Thanks, Amanda. I think she captured the spirit of the collaboration that we're looking for. Many of our programs are the same. We serve the same communities, we offer the same comprehensive services and so it's so good to be able to collaborate to maximize so we can serve more children and families in the communities that we're in. Well, Healthy Start is part of the health resources Health Resources and Services Administration which, next slide, please, has a vision of healthy communities and healthy people.

And actually the collaboration between Early Head Start, Head Start and the administration of children and families goes back to a long traditional history.

Next slide, please. Next is the Children's Bureau which was formed in 1912. The basic purpose of the Children's Bureau is what we believe the collaboration is about, to serve all children, to try to work out the standards of care and protection which shall give to every child his fair chance in the world. I think that's what our collaboration is about. In fact, I know that's what it's about. Interestingly enough, the first study of the children's bureau at \$25,000 a year was infant mortality and next slide, please.

The issues of infant mortality remain today. As you can see, we have high disparate rates of African-American, Puerto Rican, American Indian, Native Hawaiian communities along with the fact that many of our communities and other ethnic groups will not reach the 2010 target of 4.5 illustrated by the red line that goes across the graph there. It is an issue that remains. Healthy Start began in 1991 to help outcomes, to meet healthy behaviors and you can hear a little bit about a White House inclusion. Combat the causes of infant mortality. In 1997 we moved on in Healthy Start and took the lessons learned from our original 22 projects. And expanded those to -- with an additional 57 projects. The original site served as resource centers and mentors. Then in 1999 we focused a little bit more on the eliminating the disparities in infant mortality and other adverse outcomes.

Next slide, please. Healthy Start's core interventions and system building activities is what we're known for most today and have been in place since 2001. Our core services are outreach and client recruitment, case management, which is primarily

done through home visitation model. Health education, screening and referral for maternal depression and interconceptional continuity of care. We follow the mother and baby for two years after delivery. We pick up the women during the prenatal period and like Early Head Start we follow them for a three to four-year period. We started out with 15 communities in 1991. Today we're at 104 communities, 39 states, D.C. and Puerto Rico and all of our communities to even be eligible for a grant have to have an infant mortality rate 1 1/2 times the national average in any racial, ethnic, or other disparate populations. High risk, crime-ridden communities, very impoverished and we're having successes in the Healthy Start program. Access with women and infants both having medical homes. Referrals for transportation, social services. Homelessness. But perhaps our key indicator is how we're doing on infant mortality.

Next slide, please. And if you see here, the yellow bars represent the national infant mortality rate. The blue bars represent Healthy Start's infant mortality rate. You can see why the national rate was 6.8 in 2007 and our infant mortality rate in our Healthy Start program participants was down to 5.1. Then this is in a population that is impoverished, high risk, ethnically and racially disparate. If you would compare that to the earlier chart you can see the accomplishments of the program in that.

I think the other thing that both Early Head Start and Healthy Start believe is a change theory. Next slide, please. If we have healthy women we'll have healthy infants to lead to healthy families, healthy communities and a healthy nation. We look forward to

hearing our other presenters and some very wonderful stories of collaboration that are going on. Johannie.

JOHANNIE ESCARNE: Thank you Amanda and Maribeth for the Federal perspective. Now we'll go into our different community perspectives. We'll start with Baton Rouge, Louisiana, we have Levyette Matthews, a community developer at Family Road Healthy Start and Charlotte Provenza who is the Early Head Start program director. Levyette?

LEVYETTE MATHEWS: Thank you for having us be part of this webcast. We're very excited. My name is Levyette Mathews and I'm the Family Road Healthy Start community developer. Just a little bit about Family Road Healthy Start we're serving eight zip codes in the East Baton Rouge parish area and serve 350 Healthy Start families. The Family Road Healthy Start and the YWCA Early Head Start collaboration began in 2001.

CHARLOTTE PROVENZA: I'm Charlotte Provenza, the YWCA Early Head Start director. Our program serves adolescent parents and their babies and children in poverty. We serve a total of 148 children. All of our sites, we have three locations. We're primarily center-based and some home-based. All of our services and our sites are located within the Healthy Start project area.

LEVYETTE MATHEWS: Next slide, please. Here on the slide we're going to line up for you examples of how Family Road Healthy Start and the YWCA Early Head Start collaboration successes are provided for our clients. The first bullet you'll see reciprocal program referrals. In Healthy Start and Early Head Start one of the things we wanted to ensure for the population we're serving is continuity of care. And with the YWCA Early Head Start having a teen population, that was very important to us. We do this by providing referral information and applications in our orientation packet. Also insuring our case managers and our Early Head Start family advocates as well as our community outreach teams are well versed and well-equipped in each other's program information.

CHARLOTTE PROVENZA: Of the things we found most successful and that we've done throughout our collaboration which started in 2001 is that we share our referrals in our Early Head Start recruitment flyers. We have the early -- we have Healthy Start's logo and information so the community and the general population knows that we're in partnership. This is very helpful in that not only are we recruiting for our own program, but our goal, our mutual goal is to recruit and serve all families in our community and so that's why we do that on our recruitment flyers. Additionally we share all of our referral information and resources with our other community partners. Two of our community partners are our local educational agency, our school system, as well as Health Care Centers and schools. So we assure not only with our relationship with them that they're also accessing the Healthy Start referrals and services as well.

LEVYETTE MATHEWS: Our second bullet Early Head Start participation in Family Road Healthy Start consortium, Early Head Start representatives have served on the Healthy Start consortium since its beginning in 2001, which makes it very easy to bring new and innovative things that actually enhance each other's program. We also participate with the Early Head Start, our project area meetings are offered and focus groups are offered at the parent meetings actually that where we can actually capture the voice and the perspective from our teen mothers. We support and assist in each other's programs and community events as well as campaigns. So that's one of the ways that we keep the continuity, the consistency with providing resources and community information to our consortium partners as well as our community.

CHARLOTTE PROVENZA: Another thing that we have done in the past and it was most beneficial is that a Healthy Start member -- community staff member or Family Road would sit as a community representative on our Early Head Start policy council. So this really enhanced the collaboration as well as gave us avenues to problem solve and work with parents jointly to come up to -- for shared decision making and progressing both of our program goals and objectives.

LEVYETTE MATHEWS: The third bullet, Family Road Healthy Start provides health educational workshops for Early Head Start teen parents on at-risk health topics and this is something that supports not only our Healthy Start grant, we provide the health education workshops to the community and some of those topics are engaging with

our teen base in that we incorporated teen dating, violence, FTDs. We know that we need to look at several other areas such as substance abuse and think that we actually target in our grant. Our Healthy Start program also insures that these workshops are interactive and that the teen voice is heard. It makes it very easy for us to go in and have that relationship with Early Head Start. Early Head Start has incorporated these workshops into their regularly scheduled yearly group parent meetings, which makes it easy for us to communicate with the family advocate and have our outreach workers go in and provide the health education workshop.

CHARLOTTE PROVENZA: Another thing that we did when requested is that our staff from Early Head Start does provide training or -- for the Healthy Start staff such as domestic violence or what it's like for teen parents to experience domestic violence or what are some of the particular challenges for those teen parents. So that's done as requested.

LEVYETTE MATHEWS: Families in the community can be enrolled in both Healthy Start and Early Head Start programs. Some of the benefits of co-enrollment for us are easy access to extended resources and services offered through Family Road. Family Road partners with 108 non-profit, private and governmental agencies to supply workshops, parenting classes, G.E.D., Medicaid and application services and counseling. We are considered a one-stop shop to services so that makes it extremely easy for not only the Early Head Start team but the community to access services and referral services through Family Road Healthy Start as well as Family Road. The

integration of other partners and direct services include some of our direct service programs here at Family Road. Building strong families is a couples' program that we have here for parenting couples of children under the age of two and the couples really don't have to be married. We want -- this program is a direct service program that's offered to Early Head Start teen moms as well. And we also have our dedicated dads program who has worked very extensively with Early Head Start.

CHARLOTTE PROVENZA: I think one of the greatest benefits of the co-enrollment is the integration of services. We're both charged with our core tenet of Early Head Start is comprehensive services. So having children co-enrolled in Healthy Start and Early Head Start really does provide excellent services. Levyette mentioned the dedicated dads program and that's also through Family Road and put in -- included with Healthy Start. That is our male involvement program and it has been an excellent program. When we can do the Healthy Start and the Early Head Start and the dedicated dads or male involvement component, along with all of the services that Healthy Start provides, then you really have an absolutely beautiful service model for extensive and integrated services. So the co-enrollment is absolutely wonderful for us.

LEVYETTE MATHEWS: Our fifth bullet. Early Head Start family advocates and Healthy Start case managers can provide continuity in care and services. We constantly look for cohesion throughout community programs and resources. Sometimes that can be very difficult. One of the things that we have been able to keep going and incorporate is the follow-through between our Early Head Start family

advocates and our case managers. Our Healthy Start case managers. Healthy Start case managers assisting with application, follow-through, completion of the Early Head Start applications is one of the ways that we actually keep in contact, as well as any co-enrollment client that we may serve where the case manager and the family advocate can actually come up with a plan of action for that client.

CHARLOTTE PROVENZA: As we've mentioned, we have the capability of doing joint staffing to support our co-enrolled adolescent parent families. We have joint releases which allows us to do this so that parents sign those joint releases so the parents see from the onset that we are collaborating partners and both there to serve them in all avenues that they need that support.

The next bullet is the mutual support of collaborating partners vision and mission and the inclusion of the partners in community, state and national initiative services and funding opportunities. I think this is a key point because our job as collaborating partners is to nurture and support our relationship and the way you do that is to support each other's vision, mission and goals. So that is a core tenet that we both agree to when we're collaborating. Because our goal is to integrate the services, it is not to replicate or duplicate.

The next key point is the challenges of working, of course, adolescent parents.

LEVYETTE MATHEWS: Next slide, please.

CHARLOTTE PROVENZA: Thank you. [Laughter] So working with the adolescent parent. Of course, first and foremost you're working with adolescents and so you need to appreciate their age and stage of development just like we do with our young babies in early care and education. The lack of stability, the unpredictable living arrangements, the lack of the continuity of the teen parents informal and formal support systems is always a challenge. The value within the community and within the individual families of early care and education is, of course, I think a challenge we all face across the country. Another huge area that Healthy Start and Early Head Start, as well as other community providers have, is navigating the system. Knowing who is on first and who is on second. Systems and services change within our community and so keeping on top of that as the service provider is somewhat difficult. It is also somewhat difficult when you add a young family to that mix with young pregnant moms and young babies. So navigating the systems can be a challenge.

The next part we wanted to talk about, and this may be of interest to some other of the communities across the country, and again it goes to navigating the system, is within our East Baton Rouge parish in south Louisiana we have two grantees that have been Early Head Start grantees since expansion. This can be confusing for our families, service providers and community partners. The great news is that we've increased our community capacity to an enrollment from 56 children to 220 counting both grantees.

Of course, it is always a challenge as everyone knows when the capacity doesn't quite meet the demand. In East Baton Rouge parish we have over 800 live births to teen parents annually. And, of course, our program and Healthy Start we do the best in enrolling the most critical care families that we can and providing those services. But again, increased capacity would be wonderful. My last comment is that because of Healthy Start and because of Early Head Start and our very long term community partnership, we have been able to, I think, do an exemplary job in integrating services, accessing services for these young, fragile families and children.

LEVYETTE MATHEWS: We'd like to thank you for listening and we'd like to turn this back over to Johannie. Thank you.

JOHANNIE ESCARNE: Thank you for those examples of collaboration in Baton Rouge. Now we'll move on to Las Cruces New Mexico with Jonah Garcia, who's the program director of the Dona Ana Healthy Start Program and Molly Sanchez, who's the program director for the Early Head Start program. Jonah?

JONAH GARCIA: Good afternoon. I want to say thank you for inviting us to be part of this exciting webcast. Here we've been collaborating with our Early Head Start program for quite some time and go ahead and change it to the next slide.

What we're going to talk about today is we're going to give you a brief, you know, let you know where we are and talk a little bit about our project. We'll give you a brief

history of our Healthy Start program and the Early Head Start program and then talk a little bit about our experience today. We do many things that are similar to our colleagues that just presented and so what we want to do is give you a little bit of developmental perspective of how our collaboration has gone over the past few years. So Molly.

MOLLY SANCHEZ: Good afternoon, thank you. It's a pleasure to join you this afternoon. I am the program director of La Clinica De Familia Head Start program. We're funded for 150 mothers and toddlers and we have two sites in Las Cruces, New Mexico. I wish to speak a little bit about where we are located. Las Cruces, New Mexico, is the largest city in our county, population approximately 93,000. Las Cruces is 45 miles north of El Paso, Texas, which has a population of approximately 1 million and Mexico with 1.5 to 2 million population. Dona Ana county is in the south central region of New Mexico that borders El Paso county Texas to the east and southeast in the State of chihuahua Mexico to the south where it shares approximately 53 miles of its border with Mexico. As the second largest county in the state, Dona Ana county is 3,807 square miles in area with a population approximately of 200,000. We provide services to largely diverse Hispanic populations. We have approximately 40% of our population is uninsured or underinsured. Our largest employers are New Mexico state university, which is the land grant university and White Sands missile range.

Next slide, please. For both our Healthy Start and our Early Head Start program are embedded within La Clinica De Familia, a health-care centered system. We serve

approximately 26,000 patients in Dona Ana County. We have eight medical facilities, five dental clinics and three social services programs and the Early Head Start and Healthy Start program are those social services programs. Combined, we have about 30 years of experience between the Healthy Start and Early Head Start programs and both Molly and I have been in the trenches for many years. The service area for our project as Molly mentioned is Dona Ana County. Specifically the Early Head Start program services Las Cruces and the surrounding communities and the Healthy Start program services Las Cruces and also southern Dona Ana County. You want to talk a little bit about Early Head Start?

JONAH GARCIA: Early Head Start program has a community partnership collaboration with our local university, New Mexico State University where we're part of a wonderful children's village which has eight other early childhood program. As an Early Head Start program we do a lot of collaboration within our community. As I mentioned previously, we provide services to 111 pregnant women, infants and toddlers. We just received expansion funds and we now have a second home base location which we're right now working with growing pains.

The Healthy Start program was founded or established in 1999. We've been in existence which what will be 11 years. We have all the core services that Maribeth spoke about earlier including the core system. In addition a few years ago we have a home visiting program and we also have a comprehensive smoking cessation program.

Next slide. We began our collaboration approximately in 2002. Some of the first things that we began to do were really informal dialogue talking about what each other did. And really our collaboration really began to take shape and form when the Early Head Start program participated in a leadership conference with us in Chicago where we learned about the substance abuse screening and so we really found the collaboration to work around something in common that we wanted to bring to our community. In our toddler years which we call 2004-2005 the Healthy Start program began providing mental health consultation to the Early Head Start program and we began to realize the benefit of utilizing each other's expertise to support the development of our collaboration. We also at that time began cross training of all staff and the Healthy Start program began providing substitute, if you would, support when the Early Head Start program had staff turnover we'd go in and provide some of the case management or home visiting services until they were able to find a replacement and that's where we really began to learn and realize just how much we had in common and how we could support each other.

Next slide, please. During the pre-school age years, which is between 2006-2007 early on we found out what a benefit it would be to collaborate with each other and we were such a perfect match. We were providing services to the same age children and we wanted to work with services and also looking at the funding, reducing costs on funding so one of the first steps we did was to establish our cross distance management team where we meet once a month and we just discuss referrals,

recruitment, the Early Head Start program recruits for Healthy Start program and the Healthy Start program recruits for the Early Head Start. We do have different funding sources with different requirements so eligibility is always a key factor. If they're not eligible for Early Head Start, they are referred to Healthy Start and once Healthy Start has their amount of families they might refer back to the Early Head Start program that might need center based services so we work very well together to best meet the needs of each individual family and child we serve.

Through the cross systems management team it consists of supervisors and the director both Joan and myself attend these cross system management team meetings to see what the staff may need, how we can expand the services and also to make sure that there is the integration of the services with not duplicating services. During these years we began enrolling Early Head Start participants in the Healthy Start program so all of our families were enrolled into the Healthy Start program. Healthy Start program provided the case management for the Early Head Start program families with their licensed social workers. We had shared staff of -- for training. If Early Head Start has a training on CPR/first-aid we invite Healthy Start staff, vice versa. We work within the community also, which we will speak a little bit later more in detail. Our community partners, we try to streamline all the training. We are working on integrating our data collection strategy. Right now we both have two different reporting systems and that is one of our goals. We continue to cross train staff. Previously Healthy Start had one of their staff that worked for Early Head Start and it can happen vice versa and it works beautifully because they know both programs in

both systems. One of our biggest projects has been integrating the Healthy Start consortium and the Early Head Start health advisory committee. Both the Early Head Start and Healthy Start programs have taken the lead in our community and we have invited two other Head Start programs and the three providers to join our advisory committee. That is working very well. We have our meetings quarterly and it really has reduced the duplication of services and the expectation of medical personnel such as doctors, nutritionists to attend one meeting and support all programs in the community.

Next slide, please. Okay, next we have developing the system around 2007-2008. We really began to look at how to enhance our programs and so we began to learn more about infant mental health and we actually contracted and brought in experts in infant mental health to begin training our staff. During that time, we initiated a process called infant mental health endorsements. To date we have approximately eight staff combined between the Early Head Start and Healthy Start staff that has actually completed their endorsements.

Healthcare initiative, we have worked closely together where we have brought into our community, we've partnered with the other Head Start program and provided the books, funding from UCLA and we provided healthcare manuals, the training local partners to reduce the emergency visits to the children to the hospital and also to make sure they did each have their medical home. This is an ongoing initiative that we have

with both programs and in our community to enhance the healthcare of the infants, toddlers, pregnant women and the families.

So another one of our achievements is that through the leadership of the early program, the healthy start program was able to build its infrastructure to be able to provide home visiting services as well. As a result we were able to leverage some funding from children, youth and families for first-time moms giving families more opportunities or alternatives to the Early Head Start home visiting and now we're able to provide home visiting services to currently it's to 48 first-time families.

One of our major accomplishments has been our community needs assessment. The program has taken the lead in the community and has partnered with the Healthy Start program and two other local Head Start programs. We work together as a team to have one community meet that does reflect the needs of the Las Cruces city limits and Dona Ana County. It has reduced the replication of services and it has really worked to enhance what the needs of the community are. We all set our goals based on the needs of the community and we meet at least quarterly to discuss what changes might be in the community and what direction our programs need to take to meet the needs of the community.

One other thing with that, we -- our community needs assessment is ongoing and continuing to gather information from our consumers so when there are opportunities

to leverage funding we have data available to show what the needs are in our community.

Next slide, please. So the pre-adolescents, this is 2008-2009. Healthy Start was well established as a home visiting provider in our community. Since then, because of some of our successes, what we were able to influence was how the state is reimbursing for home visiting. That was a major accomplishment. The other thing we've done is our state has asked us to be leaders and develop the infant, teens in our community that will be addressing children that have gone into state custody for abuse and neglect and so it is our partnership with this collaboration that we have that is really putting us out there and we're being recognized as leaders in our community and being able to bring the resources that are needed for the families that we serve.

During this time we also expanded our partnerships. Since 2006 it was Healthy Start and Early Head Start working jointly together. Then we joined our partnership and we have expanded that partnership to include the three local part 3 providers early intervention here in our community. We're sharing training. We meet at least on a monthly basis. We have developed an early childhood network which we're in the process of opening up to more communities now that we have been actually working together for at least one year. We would like to expand that to include other local community programs where we can work towards common goals, services and not only reduce the duplication of services within Early Head Start and Healthy Start but also all the other local agencies.

One of the things that we're doing with the early childhood network is we're utilizing some of the knowledge and experience that we've gained from the interconceptional care collaborative and in order to advance our efforts we have found it to be a very non-threatening way for us to begin to look at how we are working together within the early childhood network and so I think that has been a real positive experience for us.

Next slide. The adolescent years, 2009-2010, which is today. We are busy working with our Early Head Start expansion that we received one grant in November, one in February. That added 71 more families to our Early Head Start program. We are just completing the renovation of our second facility to provide the services to 71 families. So through the expansion there is change that is ongoing with the Early Head Start program so we're working closely with the Healthy Start program and also our community partners. Just to make sure that we continue a seamless system for integrating services.

One of the other things that we're currently doing also is integrating the interconceptional learning collaborative Phase II. We've included Early Head Start in our collaborative so we can assist the Early Head Start program families also. We're working on integrating the behavioral health services and we're working with the Early Head Start program to make sure that we're able to help all families that we serve jointly to access behavioral health services.

The next item that we're working on is managed growth. With growth comes change and with change comes growth. So some of the challenges that we're dealing with, mainly the requirements that we have from our Federal funding sources such as with Early Head Start, home-based visits. The requirement is 90 minutes. Healthy Start does not have such a schedule for their home visiting. Also what has been a challenge is our data reporting system. So that is one of the goals we're addressing right now, how we can -- both programs have one data system instead of Healthy Start having their data system, Early Head Start having our data system, running two different reports. Because we are providing services to the same families so we realize it would be very beneficial and cost effective to just have one data system.

JONAH GARCIA: Next slide. So as Molly mentioned earlier, one of the goals -- this is our future, we're looking at the viability of an integrated data system, we're working on workforce development and we're also working on developing public policy recommendations, and I think that Molly shared some of those policy recommendations that we would like to bring forth and that is, you know, the requirement or reporting requirement sometimes become a challenge for any program and those are some of the things that we would plan to do in the future.

Next slide. And that concludes our presentation. Thank you.

JOHANNIE ESCARNE: Thank you, Jonah and Molly for sharing your experiences in Las Cruces, New Mexico. Now we'll move on to Des Moines, Iowa, where we have

Darby Taylor, who is the Project Director of Des Moines Healthy Start, Visiting Nurse Services of Iowa, and Lisa Proctor, who is the Recruitment/Governance Team Supervisor at Drake University Head Start. Darby.

DARBY TAYLOR: Thank you very much, Lisa and I would also like to thank you for giving us the opportunity to be part of this today.

Next slide, please. To give you a little history of the Des Moines Healthy Start project we began in 1998. We're a home visitation program provided through case managers and outreach workers. We generally conduct weekly or biweekly home visits with participants and additionally we provide other services to families, including transportation and mental health services, which includes a counselor, a contracted psychiatrist, support and therapy groups and we provide childcare for all of our program activities. We also leverage state funding and we use that funding to expand our service area to all of Polk County outside of the nine zip codes targeted for Healthy Start and we also expand our services until the child reaches age 6 and we call that our empowerment project.

Next slide, please. Today the Des Moines Healthy Start project serves 347 families in the last fiscal year and our state empowerment funds allowed us to serve an additional 432 families. We employ 22 case managers and they're located in ten different community agencies. We also employ 16 outreach workers who speak 14 different

languages and dialects. About 70% of the families in the Des Moines Healthy Start project speak a language other than English as their primary language.

Next slide, please. To touch base on the Drake University Early Head Start program and history. The Drake University Head Start program has been in operation for over 30 years and we established the Early Head Start program in 1997 with a funded enrollment of 54. When the program originated it was structured to provide home-based services to women, children and toddlers and their families. Since the program began we've experienced many changes. These changes include expansion to where we're now able to serve more children and families. This is also included the establishment of some toddler center-based programs for 2-year-olds and most recently due to the results of our community assessment indicating that there were sufficient services for pregnant women already within our service area, we did discontinue our pregnancy program.

Next slide, please. To take a look at the Drake University Head Start program today. We currently serve 988 children across six counties in central Iowa. 100 of those children are served through our Early Head Start program which is located solely in Polk County. 60 of those infants and toddlers are served through a home-based option where they receive weekly home visits from an Early Head Start specialist and the other 40 children receive services through our 2-year-old center-based toddler programs. Currently we have two classrooms for the toddlers. And of course all the

families enrolled in our program do receive family advocate services as well as the health and nutrition services.

Next slide, please. To give you a history of the collaboration of the Des Moines Healthy Start project and Drake University Early Head Start I would like to talk about a collaboration entitled the partners for parent and pregnant families that was established in 2002 and convened. The agency contracted with the nationally recognized expert in collaboration to bring together multiple providers who were really targeting the same population, pregnant women and families with young children. To sign a formalized agreement that had several intentions. To identify and refer eligible participants for services. To coordinate access to services and really reduce duplication of services, as well as to provide a centralized I can take process for several programs.

Next slide, please. You can see the collaboration partners who are part of this formalized agreement are many. Drake University Head Start and our local education agency. Two healthy family America sites in Polk County. The public schools provide management. Visiting nurse services is the Maternal and Child Health provider in Polk County and we have nurse family partnership program that was recently added and there are 7 agencies who contract to provide Healthy Start case management and also part of that collaboration.

Next slide, please. The process of the collaboration is that every Tuesday morning at 8:30 there is a weekly intake meeting that is held and attended by any or all of those agencies and their representatives. Visiting nurse services employs two full-time intake staff, one of them is a registered nurse and they process referrals that they have received. When participants sign a release of information, all of the agencies that I just mentioned are listed on that release and a participant can choose to include or exclude any of those agencies for discussion at the weekly intake meetings. During the meetings agencies work together to identify appropriate fit for families based on waiting lists, current enrollment, program requirements and eligibility, as well as to again identify duplication and to say we're working with that family, we're providing this service and so that coordination can really happen and families aren't assigned to multiple providers trying to accomplish the same goals. Referrals are processed and assigned the same day as the intake meeting so they're faxed out immediately. Generally within that morning and if we receive a referral that is emergent and needs more -- more assistance, more immediately, then they would process that more quickly outside of that Tuesday meeting.

Next slide, please. Just to touch base quickly as with Early Head Start being one of those partners that comes to the weekly intake meetings our role as all the other agencies is to not only just attend the meetings but to accept referrals as appropriate, as well as provide referrals, especially for our program of pregnant women since discontinuing the pregnancy portion of our program it has been key that when we

encounter the pregnant women that could use the additional support we bring those referrals to the table and we provided some data and feedback as requested as well.

>> To touch base just quickly on a few of the challenges that we just kind of experienced in establishing and maintaining that collaboration is just ongoing collaboration. There are multiple agencies that participate and come to the table and many of them have changed and evolved their services or experienced changes sort of being put upon them. This may include funding changes, staff changes and turnover, there may be changes to the types of services that some of the agencies are providing or even the client base they're providing those services to. And since the collaboration has been established, there has been a creation of new programs within the community or within the agencies themselves as well as experience the elimination of some programs. There has been increases to the number of families served or decreases in the number of families served and so just continuing at that table to make sure we're aware of those changes. We're still getting to the people to the table that need to be there. Processing those referrals and making sure we're getting those out.

Another challenge has been trying to grow the collaboration. Part of that is just raising community awareness about the individual agencies and the services that are just provided and aware of what is available to families within the community. As well as awareness of the collaboration and the fact that there is one centralized place that they can be sending families where they can then access multiple services. And it is also making other agencies aware of the collaboration to see if there may be other potential

partners to bring to the table. And then as has been mentioned already, funding it kind of goes without saying that budgets can often prove challenging for many, if not all of the agencies participating in the partnerships. And so just the challenges of continuing to provide quality services to the same number of families often with less and less. It just means that we have to identify new and creative ways to provide the services and sometimes we're able to discuss that at the table and it may mean we have to come up with new and creative ways at looking at other ways or other opportunities for funding.

Next slide, please. Finally and more importantly want to touch base on the benefits and the rewards that have been experienced through this collaboration. To begin with, for families, what is really nice is that with one phone call or one contact to the intake specialist at the service families are able to receive information about and receive access to multiple services within the community. And with those weekly intake meetings, those families are able to receive those services and access those services very quickly. And as Darby mentioned if there is a higher priority referral that comes in we don't wait for the weekly intake meetings. That will get referred out immediately.

The other thing is that families can receive the services that best meet their needs. Part of that intake is the total needs assessment of that family and so we're able to review those each week at the meeting and try to then make sure we're addressing all those needs and matching that family up with services that are going to be able to serve them best. And then the other thing that is really nice for families is they're able to receive comprehensive services. At that table we have early childhood education.

Parent education, mental health, disabilities, nutrition, Maternal Child Health are all represented at the table reviewing the needs the family has identified and so we're able to make sure we're providing comprehensive services to those families. Some of the benefits for the programs that participate in the collaboration is when the partnership was started it was originally established to give priority first to federally funded programs followed by state-funded programs and lastly locally-funded programs and of course that has to take into consideration family preference, eligibility requirements, enrollment capacity, just other factors.

But what it allows for is that we're able to meet our funding requirements while still balancing the best fit for the agency and for the family. Its has also allowed programs to maintain full enrollment and healthy waiting lists and it also helps to ensure while we're looking for the best fit for the family we're looking at the best fit for the agency as well. Finally, some benefits and rewards for the community. Obviously more children and families are receiving services throughout the community and worked to reduce duplication. Most interesting, those at the intake meetings on Tuesday mornings really feel that through the referrals that come to the table to the fact that we're sitting together each week and taking a look at what is coming in and what the needs are, that the families are identifying, we're able to identify some trends in the families that are trying to access services, trends in the community. We've been able to very quickly know what the influx of some refugee populations have been based on the referrals that are coming in. And not only can we kind of get a feel for those trends but we're also able to get a good feel for what gaps there may be within the community for

services. And again have some conversations about that. And be able to take that back out into the community and see what we might be able to influence and what conversations we might be able to have there.

So that summarizes the partnership here in Des Moines. We'd like to thank you for allowing us to share that.

JOHANNIE ESCARNE: Thank you, Darby and Lisa for that point of view from Des Moines, Iowa. Now we've heard from our Federal partners, we've heard from three communities and we will now go to our national association. First we have Yasmina Vinci, national director of the Head Start Association and Stacey Cunningham, the Executive Director of the National Healthy Start Association. Yasmina.

YASMINA VINCI: Thank you everybody and thank you very much for allowing me to be listening to these wonderful examples of our community collaboration. We are -- the national Head Start association is a national voice for nearly a million Early Head Start and Head Start children, their families and for the programs that prepare the children for success in school and in life and incidentally, according to an earlier national report, 80% of Early Head Start and Head Start programs are operated by the same community organization.

Slide 40, please. We believe that -- there are four beliefs at the National Head Start Association. We believe all children should reach their full potential. That every child

can succeed. That we can impact the success of children who are at risk and number four is the quality early learning fundamentally transforms both children and their families.

Next slide. And so we think of Early Head Start and Head Start together as an important national commitment to provide an opportunity to succeed in school and in life regardless of circumstances at birth and I heard Amanda say the same thing and just thought absolutely it is a national commitment. And then together we think of Early Head Start and Head Start as a prenatal to school intervention in the cradle to career learning continuum. Next slide, please. So what we know is that involving and empowering families is as important as health and dental and mental and nutritional support and it is connecting families to other families and to the community partners for all kinds of support. And this, as we've just heard, is the root of Head Start's desire and need to collaborate in communities and nationally as we're doing now with the National Healthy Start Association, with the Office of Head Start and with HRSA.

Next, please. As I mentioned, collaboration with community partners is essential to the operation of every high-quality Head Start and Early Head Start program. In addition there is a mandate. 80% of the Head Start program's funding is from the Federal government but the remaining 20% must come from the community where Head Start operates and this portion, to quote from the Head Start legislation, may be in cash, in kind or services so collaboration is very good and helpful and helps also meet the mandate. And I think I already heard Amanda talk about what we know from research.

That participation of children and families in Head Start, Early Head Start improves their health outcomes, ensures immunizations and developmental screenings, reduces mortality of disadvantaged elementary school children. Reduces child obesity.

There was a recent study with the graduates of Head Start they found it decreases adult smoking which is good public health news and from recent studies also the Early Head Start increases the rate of breastfeeding to those levels found among more advantaged families. So in some the collaboration between Early Head Start and Healthy Start is an important addition to the national commitment for healthy children and families and ultimately to healthy communities. As you can hear from the earlier presentation, there are some great models of how well it works locally. We're grateful to HRSA for this opportunity to highlight those good models and to my colleague, Stacey Cunningham coming up next from the National Healthy Start Association who called me the week I started on my job to talk about collaborating. So that we can catch up on the wonderful work that is already being done in communities. Thank you.

STACEY CUNNINGHAM: Similar to the national Head Start association the National Healthy Start Association is the membership organization for the Federal Healthy Start projects. A few of which you've heard talk about their efforts today. Collectively, the projects and the association work to achieve the mission of promoting the development of maternal and child health programs in the community specifically communities of color to address low birth weight, infant mortality and perinatal health disparities. The association provides the projects with various types of technical

assistance in the form of training and education such as that through our annual conference but also we really work to achieve our mission by educating the public as well and increasing awareness around those issues in the field of Maternal and Child Health. We also provide a variety of technical assistance in the form of advocacy much like the national helped start association which Yasmina spoke about as well to do so not only on behalf of the Healthy Start projects but also the families they serve. We serve as their voice when we go before and educate policymakers about the work that the Healthy Start initiative is doing in cities and communities around the country to improve the health and well-being of children and families. Lastly we achieve our mission through wonderful partnerships like the one that we have with the national Head Start association.

Like Yasmina just mentioned I called her last year and we began having these conversations about how our organizations could work together. Little did I know she had only started a week before. I was new on the scene as well and we knew that this would be a mutually beneficial partnership but one that would be longstanding as we strive to maximize the efforts that both of our organizations were doing to help all of our families. We felt that it was actually not only important that the two of us and our two membership organizations began having this conversation, but also that the Federal agencies out of ACF and HRSA begin to talk along with us for the beginning after great relationship. We've been meeting monthly and we've come to have this amazing webcast to hear about all the wonderful opportunities and all the wonderful efforts that these three cities and states have talked to you about today. We already

have Healthy Starts working with Early Head Start and Head Start centers so the collaboration was beginning on the ground level before we even knew it. Naturally, we wanted that collaboration to grow.

As you'll see on the next slide, please, there are over 100 projects around the country, Healthy Start projects across the country. As I said, this is really just the beginning. And we are open to ideas from all of you as to how you want us to -- how you want to see us working together. We would love to see every Healthy Start on this map matched with an Early Head Start center so we can continue to see improved pregnancy outcomes, improved birth outcomes and improved outcomes in overall early childhood development. So thank you so much. I'm really excited to see where this collaboration will continue to go and I'll turn it over to Johannie for questions and answers.

JOHANNIE ESCARNE: Thank you, Stacey. Okay, we have now moved into the question/answer portion of our webcast. The first question is, who provides these services in the state and what is the connection to the emerging home visiting program? Now most of these questions are open to any of the speakers so I guess anyone who wants to jump in first, go right ahead.

>> Head Start programs are, of course, federally to locally funded. So there are certainly Early Head Start programs in all of the states and territories of the United States and they're direct Federal to local but each state has a collaboration director

who is charged with working closely with state agencies and other agencies in the state to help promote the effective non-dumb kative kind of access to services for families in those states. We know that the home visiting funds that will be available to the states can be used by states to expand evidence-based home visiting projects that are, you know, effective in helping mitigate some of the disparities that Maribeth talked about in her presentation and we know that Early Head Start programs are eligible for this. Some states may, for example, apply for some of those funds for Early Head Start home-based services in their state.

>> Similarly our money goes Federal to local. Some of our grantees are states that have applied on behalf of counties within their states. For the majority it's a Federal to local system. What we do though have a very strong working relationship and collaboration with the title V program. One of the mandates of the Healthy Start program. The Title V agency is the state resource for services. In fact, in terms of the home visiting program, in looking at the state agencies that are going to be the lead agencies for home visitation, many of them are programs that would -- has also probably the state collaborator for the Head Start program or they're title V agencies. We expect there will be a lot of good interchange on that level and just like with Head Start, states will have the ability to choose whether they're going to target communities in which Healthy Start already has projects or adjacent to it and whether they would want to expand with their home visiting funds whether it be the evidence-based or the promising practice. You know, expand the Healthy Start program.

JOHANNIE ESCARNE: Thank you, Amanda and Maribeth. I think the next question is for one of our Healthy Start or Early Head Start grantees. When program participants are co-enrolled in Early Head Start and Healthy Start how do you avoid duplication of services?

CHARLOTTE PROVENZA: This is Charlotte from Baton Rouge. The way we handle that is that the family advocate and the case manager sit down together with the family and you do a staffing and there is an agreement on services and communication back and forth if need be on a daily basis. So that you are not replicating or duplicating services. So it's part of the family partnership agreement that is done and the family is the lead in that.

>> Can I bring in a little bit? I was thinking when I was listening to the wonderful presentations from programs around the country and their description of their partnerships how important that ongoing communication is. There are some families. Part of the goal is to increase access. There are some fam -- families where it's sufficient to get Healthy Start and some very high need, high risk families who probably need both things and it came through really clearly to me that the kinds of conversations you're having about making those decisions so you align each family's needs with appropriate services and in that way makes sure you're maximizing resources and really providing what each family needs in order to have the kind of outcomes, again, that we're talking about in terms of long-term health and well-being of children and families.

>> I was really impressed, too, with the range of services that the three communities expressed and how they in their partnerships have really been able to flush out what works best for their communities and the families they're serving.

JOHANNIE ESCARNE: The next question is I'm an Early Head Start program and having lots of difficulty getting one of my two Healthy Start agencies to collaborate. Any suggestions?

>> I think we -- our hope is with the kick-off of this while we've been talking as Stacey and Yasmina said internally for several months now, I think it's been about nine months, actually, gestation of a baby, we really want it understood that we want this collaboration to go on on the ground and if there is any way here at Healthy Start we can facilitate that, please just let us know and we'll try to do our best on that.

>> I spent time in a local program over ten years and collaborated with many community partners. Collaboration is hard work. Agencies tend to have different cultures and I think Head Start has a very distinct culture and there have at times been probably sometimes fairly and sometimes not fairly accused of not sharing or not wanting to collaborate well. I don't think that's the case but I do think that we do have a strong history and a distinct culture. I think we need to work carefully with partners to understand what their concerns might be and be able to really talk about and respond to those so that we can move forward because it really is kind of our imperative. We're

stewards of public funds that are meant to improve the outcomes for children. These are life and death outcomes, so we have to get along and figure it out so we can do better for the people that we're serving.

JOHANNIE ESCARNE: Any additional comments from the community?

>> I think collaboration is all based on establishing and maintaining a very close relationship. The ability to do that in the good times and the bad times and I think makes a longstanding partnership or collaboration work. I think it's the manner in which the initial approach is made and building that trusting relationship that seals the ongoing collaboration. I'd say keep trying.

JOHANNIE ESCARNE: Thank you. The next question is, do co-enrolled families have one primary person they work with or do they have to work with two staffs?

JONAH GARCIA: This is Jonah Garcia. In our project they usually will work with one staff but because of the nature of how the programs are designed and there is always going to be coordinating with program staff but usually it is the care coordinator that is assigned or the home visitor that is the primary lead person that the family works with.

JOHANNIE ESCARNE: Thank you, Jonah. The next one is a combination of comments and question. First is I want to commend the Baton Rouge Early Head Start and Healthy Start team for your presentation and this person has two questions.

One, do you utilize and incorporate continuity of care conferences or other strategies to discuss care coordination or case management efforts provided to participants in both programs? And the second question is how do you assure that teen parents and their infants and families –

>> Could you repeat that, please? We got cut off a little bit. We didn't hear you.

JOHANNIE ESCARNE: Sure, the first question is, do you utilize or incorporate continuity of care conferences or other strategies to discuss care coordination or case management efforts provided to participants in both programs? And the second question was, how do you assure that teen parents and their infants and families do not fall through the cracks?

>> Well, to the first part of that to your first question one of the things that we do is to insure the continuity of care between our population is to make sure that our -- we handle that through our staffing. So our case managers, if need be, and our family advocates, if they have to have a joint meeting in doing that -- in doing so to insure that, we do that. We also again participate in consortium as well as policy meetings with Early Head Start if need be.

>> Your second question about how do we assure teen parents do not fall through the cracks, I think we rely on Healthy Start and Early Head Start and our birthing hospitals and our school-based health clinics and all of our community partners. Our school

system, our guidance counselors. You have to create that net or that web so that you can hopefully not, you know, so you're not making a hole in the net that families or teen parents are falling through. That's a continuous challenge. It again goes back to establishing very close working relationships with just about everybody, your health clinics, your physicians, everyone so that they all know well, I can pick up the phone and call Healthy Start, I can pick up the phone and call Early Head Start and somebody will take this family or baby and roll with it. So it again is being really well-known in your community and everybody having each other's phone numbers and email and cell phone numbers so that you can call not only in a crisis, but just it makes it easy for the community to call and get a baby to where they need to be at least for the first step.

JOHANNIE ESCARNE: Thank you for your response. A question for our three communities. Do you have formal MOUs in place?

JONAH GARCIA: This is Jonah. We don't have a formal MOU. We just do our work together.

MOLLY SANCHEZ: This is Molly. That might be part two where we have an advantage is our grantee is the same one. Both of our programs are under La Clinica De Familia and we work close together and haven't had the need to have one.

>> We have a CEO that has the vision of collaboration and so that's also very helpful.

CHARLOTTE PROVENZA: This is Charlotte from Baton Rouge. We have a formal we call them instead of MOUs, we call them partnership agreements. We've had one with Family Road since it opened in 1999. The first item on both -- on that partnership agreement is that we mutually support each program's vision, mission, goals and services. So yes, we do.

>> We also have a formalized letter of agreement for all the agencies in the participating meetings weekly have signed.

JOHANNIE ESCARNE: Thank you for your responses. In reference to co-enrollment, what are the ages that the Early Head Start program serves?

>> Early Head Start programs enroll children from prenatal, so if a program demonstrates a community need and applies to serve pregnant women, they do that. Many of our programs do through the age of three. 36 months, at which point children are eligible for pre-school Head Start if their fam -- families are still income eligible and there is always some confusion around cut-off dates due to varying state school eligibility cut-off dates which include pre-school that trickle down. There is some flexibility around those thresholds.

JOHANNIE ESCARNE: This question is for Jonah and Molly. Please tell us more about the infant mental health endorsement and what is involved with it.

>> Infant mental health, what we're doing is that there are a set of competencies that have been adopted by the State of New Mexico. Through the infant mental health association in New Mexico. There are a set of competencies that our staff are being trained on, and there are different levels of endorsement. There are four levels of endorsement and so each level has different competencies that need to be acquired in order to get endorsements. So some of the competencies are things that we're doing such as the pre-natal. I think the most exciting thing about infant mental health is the emphasis on parent/child relationships. That's one of the things that we're really working on. And with the infant mental health competencies what we have done is we have embedded those into the job descriptions so now when we hire staff either Healthy Start or Early Head Start we look for staff that can acquire those competencies and we provide in-house training and help them towards achieving the competency certification, the endorsement.

>> You have to have training in all of the competencies in order to be able to apply for endorsement and the endorsement comes from the New Mexico infant mental health association. It is a pretty comprehensive, intensive training that we provide for our staff.

JOHANNIE ESCARNE: Thank you, ladies. The next question, how do we find and start collaborations in your home state?

MARIBETH BADURA: One of the projects that we will be doing to assist in that area is what we've called a mapping project and that, I think, Amanda referred earlier we expect to go live probably within the next month. And -- the Healthy Start starts. But every -- also identified every Early Head Start site. Not just the grantee but every physical site and we've matched them for you already. We've identified who the contact people are so that we're hoping that you will use that information once the map is online, you can go to your area and find out where your Early Head Start or where your healthy start sites are and begin that process of collaboration in your community.

JOHANNIE ESCARNE: Thank you, Maribeth. We're getting towards the end of the webcast so I think I will make this our last question. Early Head Start in Marion Indiana would like to know if there are funding opportunities for new Healthy Start programs. We currently do not have a program in our Early Head Start area.

MARIBETH BADURA: Unfortunately, Healthy Start has not received any of the funding. We are funded under the Public Health Service Act and if there would be a competition next year it is going to actually base on a Congressional appropriations for FY2011 and we're not sure what Congressional actions are going to take place. We unfortunately understand we might not get a Federal budget until January or February of next year. Amanda is shaking her head and I think she's heard the same intelligence that I have. As soon as we know whether we have new funds we know whether we'll be able to offer a new competition. As we say, it's pending availability of funds.

JOHANNIE ESCARNE: Thank you, Maribeth. I think we had a couple of other questions. We did pretty much go through most of them but if I didn't get to your question we'll go ahead and email you afterwards with the response to your question. On behalf of the Division of Healthy Start and perinatal services I would like to thank our presenters and the audience for participating in the webcast and thank our contractor the Center for the Advancement of Distance Education at the University of Illinois at Chicago, School of Public Health, for making this technology work. Today's webcast will be archived and available in a few days on the website mchcom.com. We encourage you to let your colleagues know about this website. Thank you and we look forward to your participation in future webcasts.