

## **MCHB/DHSPS December, 2006 Webcast**

### **FY200 7 Healthy Start Competition**

December 6, 2006

JOHANNIE ESCARNE: Good afternoon. My name is Johannie Escarne from HSRA'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 web cast titled "Healthy Start Border Health Competition Technical Assistance".

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 speakers' presentations. 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.

We encourage you to ask speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface and select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so we know where you are participating from. If we do not have the opportunity to respond to your question during the broadcast, we will email you afterward. Again, we encourage you to submit questions at any time during the broadcast.

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accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast, the interface will close automatically. You'll have the opportunity to fill out an online evaluation. Please take a couple moments to do so. Your response will help plan future broadcasts.

Now a brief introduction of our speakers today. Our first speaker Ms. Maribeth Badura. Followed by Beverly Wright, a team leader for the division. Benita Baker, a project officer in the same division, and Mr. David de la Cruz, senior project manager.

MARIBETH BADURA: Good morning to some of you on the West coast. We are very pleased to be here with you today and to share with you some information that we hope will assist you in applying for our -- healthy start competition. We plan to start a series of points and walk you through guidance and the application process. We are going to talk with you about what is the healthy start program, and what are the funding opportunities, which organizations are eligible, how do you apply, what are the deadlines, how is my application going to be reviewed? Are there critical requirements that I need to address in my application. Also some financial questions. What can federal funds be used for? Are there any restrictions, are there other federal policies as the applicant should be aware of. And context of further information and identify some online resources for you to get information to prepare your application.

Without further ado, let me talk with you a little bit about the healthy start program. The program was funded to address the glaring ratio in infant mortality. Matched birth/death

files for the year 2002, and it shows on the chart the year 2010 goal, which is 4.5 infant deaths per thousand live births. The only group that looks like it's going to meet that goal are the Cubans, Japanese, and the Chinese at the far right of your scale. The left scale is the infant mortality rate and so you see for the African American it's almost 14 per thousand live births. Dropping down to a little bit above 8 for the Native Americans. I think this gives you sort of a picture of how wide the disparity is in the United States.

>> For the whole community. We do expect based on the projects we are currently funding, we can really do that for your program participants. And we know that that's happening in our communities, and we'll talk a little about that later. We want to eliminate disparities in perinatal health, disparities in access to care, disparities in the quality of care. We want to implement innovative community based interventions, one of the hallmarks of the healthy start program, it's not a medical model, it's not a social model, it's a community based model with stakeholders of the women served by the project as well their infants, their families, wells key medical partners in the community, key social service agencies. I want to assure that women and their infants are followed for two years after delivery to assure they get the care they need, and that they are in a medical home. And we want you to have strong linkages with local and state programs. When does healthy start start? It was established in 1991 as a presidential initiative to improve health care access and outcomes, promote healthy behaviors, and because of the department of defense involvement, combat, the causes of infant mortality. And we were able to fund additional sites.

1998 was passed the demonstration period. The intent was that this program would end in 1998. It was such a needed program and there were so many more communities that had high disparities of infant mortality that the congressional language in 1998 indicated that we were to contain the best model lessons learned from the demonstration period and had the existing sites serve as resource centers or peer mentors for new sites. And then, indeed, to fund new programs. 1999, 20 mentoring sites out of the original 21, and we had 50 to 76 new communities on board between 1998 and 2001. What else did we learn about this? Case management, service integration, practices. And we learned those through a series of activities. National evaluation, some assessments that we contracted for from national consultants, and the secretary advisory on infant mortality, one of its charges oversight of the Healthy Start program. So they also developed some recommendations for the program. And one of the additional recommendations they developed, other than the elements for success that I eluded to, neighborhood based outreach, service integration, evidence based practice, was that there needs to be a consistency in program implementation over time and across program sites. And by 1998, many of our original projects were not able to achieve what was called the mandate of the program at that point, 50% reduction in mortality. But as we reached 10 or 15 years of the projects we have seen most of the projects have actually met that in some of their community areas. And in their program participants, many projects are reporting no infant mortality for a four-year period, so we are very pleased at where the program is, and that's the reason Congress has continued to fund us.

One of the more significant points that came out of the studies that were done were that services should begin in the prenatal period and began beyond postpartum, not just six weeks but the entire interconceptional period, or two years after delivery. That allowed us to follow the mother and the infant, allows us to also follow the women who have not had a successful outcome, a miscarriage or still birth, make sure they remain healthy as women also. The program was authorized in 2000 under the children's health act, and it was placed in the public health service act as title III, 338. At that point the objective is listed in the authorization, initiative to reduce the rate of infant mortality, improve outcomes, it continued to say we should make grants for project areas with high annual rates of infant mortality. Define as 1991, 1 1/2 times the national average. We'll talk more about the eligibility requirements later on in the presentation. The legislation also added two new elements, and these are elements that came from the evaluation and the secretary advisory committee. Need to be a partnership with state systems and other community services under the MCH block grant. Also what we consider one of our unique features of the Healthy Start practice, consortium, decision making advisory group, policy group, not really a board but with many of the oversight responsibilities, a requirement to even be funded, planned in the element and we define the consortium of individuals, including but not limited to, those agencies responsible for administering block grants under Title V of the Social Security act, consumers of project services, public health departments, hospitals, health centers under 330 community and homeless and rural, and other significant sources of health care services.

What Congress did, took some essential components of what we believe the program was doing and actually incorporated that as legislative mandates to be eligible for the program. Where is Healthy Start now, what does it look like? 38 different states, the District of Columbia, Puerto Rico. We serve five to six indigenous populations, Native Americans, Hawaiians, and projects along the border area. What follows now is a map of where all of our projects are. And you can see we don't currently have a project in Alaska or in the border along Arizona and California. You do see some along the border in New Mexico and Texas.

Let me tell you where we are in terms of those 38 states, how many projects. We've got 92 communities under three cycles. Six grantees that are funded through 2008. 72 that are funded through 2009. And 12 that are funded through 2010. In the border native Alaskan and native Hawaiian communities we have two grantees funded through 2008, three through 2009. This competition that we are going to be talking about today actually is to fund two additional grantees in the border Alaska area, through 2011. Funding, always important. Four-year project period. New projects can ask for a maximum of \$600,000 annually for each of the four years. Current Healthy Start grantees, existing competing continuation may only apply for an amount up to the funding level, there are none of that in the competition and this is a brand new service area in the project areas. Awarded to begin June 4, 2007. How do you find out how to apply? It's an online application process and on the web site [grant.gov](http://grant.gov), there are resources that will spell out for you exactly what it is you need to do.

There are also some links to some excellent resources for faith-based organizations, and in terms of the president's executive order, guidance and policy of religious non-discrimination and grant eligibility and service delivery for faith-based and other community organizations. Also at that grants.gov web site, information and links to standard forms, what is called the DUNS number, we'll talk about that later, and grants.gov. The key web site. We'll give you a couple facts about that web site. Allow you to search all of the Department of Health and Human Services by grant date, category, consolidated federal domestic assistance code that applies to a number of projects, or eligibility. You can type in the word Healthy Start children, and it will pull out any grants related to these areas. And not only does that web site have current grants, but also has archived HRSA grant opportunities.

So our next slide actually once again shows you a very simple web site, [www.grants.gov](http://www.grants.gov), and the easiest way to get the current guidance is to type in HRSA, health resources and services administration dash 07 dash 010. And what will come up is a window that looks like this, it will say eliminating disparities in perinatal health, border, Alaska and Hawaii, and it will have summary and application guidance. You want to click on both of those two tools, and download the information. Now going to turn the presentation over to Beverly Wright who is our team leader for the Healthy Start project.

>> What I'm going to talk about right now are eligible applicants. Everyone, all applicants, including previously funded Healthy Start projects are considered a new applicant and

should check the new box on question 8 on the face page. We do not have any current grantees in this cycle. This is a new cycle, so all applicants will be considered new.

Examples of eligible applicants. Consortium or network of providers, local government agencies, tribal governments, agencies of state governments, multi-state health systems for special interest schools serving a community area, faith and community-based organizations. Applications for the same project areas will not be considered for funding. So it is to everyone's best advantage if you want to fund a particular project area rather than have several applicants is to get together and form a consortium or a network that make yourselves more competitive.

You must demonstrate linkage -- there is a list in the guidance, if the list is not in the guidance, if you want to call my number which is on the front of the application which is 301-443-8283 I will be happy to tell you who the state Title V person is in your state. You can also Google state Title V and it will give you a list of directors and you can find out who the person is for your state. You must either have an existing consortium or plans to create a consortium. The project area must meet the following definition of a border, within 62 miles from the Mexican/U.S. border or located in Alaska or Hawaii. Now, applicants must use the verifiable three-year average data for 2001-2003. The proposed project area must have one or more racial, ethnic or other disparity groups with a three-year average infant mortality rate of at least 10.31 deaths per 1,000 live births, 1 1/2 times the national infant mortality rate for the period of 2001-2003.

Now take into consideration the applicants on the border who may not be able to get infant mortality data, you may use, or some statistics not available from state and local government agencies for the population to be served then border community applicants can use other verifiable clinical data in the next three slides. Definition, less than 62 miles from the Mexican border, or located in Alaska, must meet at least three perinatal indicators from the list below. Okay. You still see, a period of 2001-2003. However, you may use the percentage of pregnant women with anemia or iron deficiency is 20% or more. Entering prenatal care in the first trimester less than 80%, percentage of women with births with no prenatal care, greater than 2%, the percentage of women who have fewer than three prenatal clinic visits during pregnancy is greater than 30%, percentage of women of child bearing age uninsured is greater than 35%, the percentage of children 0-2 years of age with a completed immunization schedule is -- -- greater than 62%, family incomes below the federal poverty level exceed 19.9% for 2000. If more recent verifiable data is available, please identify the data and identify the source. You may select any one of three of those indicators instead of the infant mortality rate, if the infant mortality rate of 10.31 is not available in your state. If verifiable clinical data is use for each indicated, divide the number of pregnant women or perinatal clients, having the identical risk factor by the clients served annually, the data source for each indicator used must be provided in the application.

Once again, the time period is the time, 2001-2003. [Inaudible]No paper applications will be accepted without prior written approval [inaudible]Applicants must request an

exemption and provide details as to why they are technologically unable to submit electronically the grant.gov [inaudible] Again, this is the web site you go to to apply.

Next slide. Grants.gov, the resource section provides access to useful grants.gov and other grant related information to the link. You can take advantage of grants.gov outreach materials and training materials to help you become familiar with the grants.gov process. Download software page will explain how to easily navigate the site and complete the application.

Next slide. Grants.gov has streamlined the process of finding and applying for grant opportunities. It takes three to five business days to complete, although it can take longer.

Next slide. If you just want to find grant opportunities, you don't have to register with grants.gov. But if you want to apply for a grant, be aware that your organization must be registered in grants.gov to complete the process. Go to slide 35. Before you begin the registration process you should obtain a DUNS number. Your organization will obtain it -- if your organization doesn't have one, you need to go to the Dun and Bradstreet web site [inaudible] usually happens in the same day.

Next slide. Another thing that you need to ensure is that your organization has a central contract or registry. To apply for the registry number, you go to [inaudible] it's -- if it is not an authorized and official of your organization must register. You will not be able to move

on to step three until this step is completed. This registration takes approximately two days.

Next slide. You create a user name and password with the ORC, grants.gov service provider. You will need to use your organization's DUNS number to access the ORC web site [inaudible]. It can occur on the same day. Next slide. Registering grants.gov to open an account, you get the user name and password you receive from the ORC. This grants.gov registration can be done the same day as the ORC registration. Go to slide 34, please. Grants.gov registration process follows three basic steps. To register your organization, register yourself as an authorized organization representative and get authorized by your organization.

Slide 39. The E-business point of contact at your organization must respond to the registration email at grants.gov and log in to authorize you as an AOR. Please note there can be more than one AOR for an organization. And this authorization will take one to two days, depending on the responsiveness of your E-business POC. Next slide. At any time you can track your AOR status at the applicant's home page grants.gov by logging in to your user name and password.

Slide 43. There are some -- if you need additional forms, you can find those forms or by contacting the HRSA grant application center. In addition, appendix A and B of the application guide, gives complete detailed instructions on how to register with grants.gov.

44. The due date for this application is Friday, January 27, 2007. It must be E-marked on or before the deadline date.

>> We have developed for the Healthy Start something we call logic model. It sort of explains how you view the program as working and what the results are. And here is the first overlay of our logic model. Input into the program, the community level, the target population, what their reproductive health history is like, demographics, this is where you'll see some of our disparities emerging. And then there's characteristics of the community, and characteristics of the state system. And finally there is the, sort of the economic conditions, the policy issues, Medicaid support in your state, what does Medicaid support, what other investments are in your community. That's the context that our projects operate under. We have some core services we'll talk with you about in just a few moments, outreaching case management, health education, screening and referral for perinatal depression, something that you may have seen quite heavily in the press in the past 24 hours. We have been working on that since 2001, and as I said earlier, interconceptional continuity of care. The infrastructure that you are going to add to the project. Staffing, contractual arrangements, the organizations you partner with. And using community resources and mobilizing stake holding. Tell us what is in place and we fund based on our core services through activities to fill the gaps in your community. We have some intermediate outcomes, utilization, we'll talk about the performance measures later. Also have some system change things that we monitor over time. We'll talk about those later. And then we have some outcomes, and here is where I could share with you some of the successes of the program.

In terms of outreach, bringing women into prenatal care early. 1998 the average women entering our program in the first trimester was only 41.8%. In 2004, the most recent complete data we had, it's now up to 70%. Projects have done a tremendous work in that area. A second area that is related to our core services is our low birth weight. A problem, particularly in our African American community, not necessarily as significant a problem in Native American or native Alaskan are the border areas. But the low birth weight ranged in our projects in the late 1990s, between 7.3% to 23.8%, and today our projects have reduced the low birth weight to 9.3%. Again, almost a 50% reduction. In terms of the systems building activities, the projects have done a tremendous work in really mobilizing in their community, bringing in providers, reaching out, and in 2003 the community members, the consumers, providers, other key stakeholders in the community that were trained by the Healthy Start project were about almost 200,000 individuals. A year later our projects had trained 300,000. So some tremendous investments in activity going on, addressing all the elements of infant mortality. And how are we doing on that? Well, as our real final outcome, when we started the project the average infant mortality rate ranged from 13 to 28.7. Last year in our program participants the infant mortality rate was 7.65. Just slightly above the national average. We have really done tremendous work in reducing that disparity. The neonatal rate is higher in communities dealing with low birth weight. And the rates there for our projects range from 3.1 in our Native American projects, to 23.8 rate of neonatal mortality. Today it's reduced to 4.83%.

Post neonatal as we see as a higher rate in the Native American community and the border communities ranged when we started the project 3.6 to 10.2. The higher range in the native indigenous populations. Today that rate across all the projects is 2.82.

Tremendous results from the program. I'm going to ask Beverly to talk with you a little bit now about who the participants in the program and how did we characterize them.

>> Slide number 48. Participants in our program, we define participants in one of two ways. We have program participants who are individuals having direct contact with Healthy Start, subcontractors, and receiving Healthy Start core services of outreach, case management, education and interconceptional care. But it's not just a program participant type service. We provide services for the community as well. And therefore, we have a definition of a community of participants, and they are individuals who attend the Healthy Start event or activity. And in many of the communities, Healthy Start sponsors health fairs, they provide teaching to children, adolescents in schools, they go into churches, they have a lot of community events, and while we provide services to them, they don't -- the community participants do not get the intensive services as our program participants. So when Maribeth talked about the infant mortality strides that we have made, she is speaking about the people with the program participants, the infant mortality rates have dramatically changed over the last 15 years. But the education we give the community participants also makes a difference. For your application, slide number 49, I'm sorry.

For your application, it is the application and the guidance is laid out pretty much of how you will be evaluated by the objectives, and later on someone will explain that. You will

have to -- the requirements are you define your need and that would be a community assessment. How you are going to respond. Core service intervention. Your evaluation, how you are going to show you are making changes and that will be either national or local, including project monitoring. Your impact, which will be the court system intervention, your resources and capabilities, and that's administration and management, and your support request, budget and budget justification, those are the requirements. Now, need is 20% of the, I'm sorry, slide 50. Need -- need is 20% of the application. Defined as the extent to which the application describes the problem and associated contributing factors. It's measured by the extent to which the proposed plan develop the will enhance or improve, eliminate disparities, activities, in the community, to provision of required core services of outreach and client recruitment, case management, also known as care coordination, interconceptional care, following the woman for two years, and depression services.

Depression services are screening and referring, screening the women and referring them in pregnancy and postpartum for depression. Also needed to find the extent to which you demonstrate a need of the target population and the case of the border would be border, Alaska, Hawaii, those people in those particular communities are adequately [inaudible] needs assessment and summarizing the problems they face. Extent to which the application, the applicant describes the size, demographic characteristics, prevalent norm, health behaviors and problems of the target population. The extent to which the proposed plan addresses the document and needs of the target population, including attention to cultural and linguistic needs of consumers, extent to which the project is linked to an

existing perinatal system of care that enhances the community infant mortality reduction program already in operation in the project areas.

Healthy Start fills gaps and also requires that you maximize all of your efforts. In order to do that, you must be linked to a system of care. You really cannot -- we are not trying to build a new system, we are trying to improve the systems that are currently out there.

Therefore, it is the requirement that you be linked to a system and maximize your resources by providing services. You don't have to provide the services in the community because somebody else is providing them. But you do have to make sure that the women that you serve are linked to them. The community assessment must describe current assets, resources of the community, the current needs of the community, the service area for the project, the target, and the target population, the comprehensiveness and quality of the service delivery system for the target population. We anticipate that you will have comprehensive quality services, that you include all partners necessary to assure access to a full range of services as identified by the community, prevention, primary, specialty care, HIV/AIDS, and that you will establish a referral arrangement that is necessary for quality care. We want to make sure that women are linked, the women develops a problem, she is linked to the perinatal systems to help dissolve the problem and that you will get a referral back and forth so you will know what's going on.

>> As stated earlier, you'll also be evaluated -- [inaudible] that includes core service intervention, objective, strategy and activities in order to carry out your program.

Response, the extent to which the proposed project responds to the purpose is included in

the program description. [Inaudible] extent to which activities described in the application are capable of addressing the problem and obtaining the project objectives. It includes extent to which -- Healthy Start competition, and measurable, logical, and appropriate in relation to both the specific problem and intervention identified. It also includes the extent to which the activities proposed of service outreach, case management, health education, and depression services, are feasible and likely to contribute to achievement of your objectives within the budget period. Objective and indicators should identify the identified project objectives which are responsive to the goals of the program. The objectives must include at a minimum the approved performance and outcome measures which I'll go over shortly. Objective statements must clearly describe what is to be achieved, when it is to be achieved the extent of the achievement, and the target population. Each objective must include a numerator, denominator, time framed and you must include a data source that includes the year and also baseline data.

For Healthy Start we have 18 national performance measures, and successful applicants will be recording on 15 of those performance measures. Four are scale based, 11 are percent based. I'll briefly go over the measures. The infant mortality rate for 1,000 live births, neonatal mortality rate, post mortality rate, perinatal rate, live births weighing less than 2500 grams of all live births -- all objectives and should be based on program participants. Additional measures are the percent -- the degree to which MCH programs to assure families and patients and policy activity, the degree to which MCHB supported programs have incorporated cultural competency elements that policies, guidelines, contracts and training, the degree to which communities [inaudible] mortality review

process assesses needs assessment, quality improvement [inaudible] low birth weight infants, the percent of all children from birth to age 2 supporting in the programs that have a medical -- the percent of women participating with a source of primary services for women. Percent of women participating in MCHB supported programs requiring a referral to receive a completed referral. The degree to which MCHB supported programs facilitate health provider screening of women participate for risk factors. The percent of communities having comprehensive systems for women's health services. The percent of pregnant program participants MCHB supported programs who have a prenatal care visit in the first trimester of pregnancy. There are two key annual measures that each successful applicant must develop a specific objective for, and that is the percent of pregnant program participants of MCHB supported programs who have a prenatal care visit in the first trimester of pregnancy. You must develop objectives that by the end of your project period you will have achieved 75% [inaudible]. In addition, the percent of low birth weight infants of all live births objective of 9.3 for the project period.

The core intervention, core services, outreach, case management, health education, training and referral for depression interconceptional continuity of care. For each core intervention, within the guidance you'll be required to answer a series of questions. For example, who are the target populations? Who will provide the service? Where will the service be provided? When will the service be provided? How many programs and/or community participants will be served? You should code your response to each question. 65. For example, this is an example of a question concerning the outreach component. If you say at the bottom OR1 is in brackets, formulate your response starting with OR1 in

the brackets and then state your response to that question. And of course, complete guidance for this [inaudible]. Definitions of outreach case finding services that actively reach out into the community to recruit and retain perinatal and interconceptional clients into the care. The purpose is to identify the role and retain clients that are most into the Healthy Start service. Case management definition is the provision of services in a coordinated culturally sensitive approach through assessment, referral, monitoring, facilitation, follow-up with needed services and coordinate services for multiple providers to assure that each family's individual needs are met to the extent resources are available, and the client agrees with the plan that's laid out for them. Essential elements of case management should but not necessarily have to include a multi-disciplinary team that includes outreach workers, nurses, social worker, para professionals, nutritional and health care providers. You should have adequate personnel that can assess status of the client and service delivery should be at sites in the community, also homes. It should be a broad scope of services, including education, prevention and intervention, also be a proactive partnership between the case manager's family, service providers and the community. There should be an individualized needs assessment and service plan developed with the family and the service intensity should match the level of risk of the client.

Another core service intervention health education and training includes not only structural activities and other strategies to change individual health behavior, but also organizational efforts, policy directives, economic support, environmental activities, and the purpose is to develop a campaign that di -- disseminates information with the goal of improving the

[inaudible]. Some essential elements of public information education campaign, provider training for health care workers, collaboration with experienced community organizations, process for evaluation, training and educational programs, opportunities for education and training to enhance the development. Postpartum depression, definition is a depressive disorder is defined as an illness that involves the body, mind, and soul. It affects the way a person eats, sleeps, the way one feels about one's self and the way one thinks. Effective screening and referral for assessment and treatment needs to provide field screening, successfully engage pregnant and postpartum women who are experiencing depression and other disorders into appropriate mental health services. Community education on the impact of perinatal depression and resources available to women and families.

Expectations of interconceptional care include outreach and case management, risk assessment, facilitation, and monitoring for women who ensure that they are enrolled in ongoing care, such as a medical home, and obtaining the necessary referral. There should be availability of and effort to assist them in the integrative comprehensive services, and also health education is tied to their identified -- mental health substance abuse, domestic violence, HIV -- slide 61, please.

For each core service intervention there should be strategies and activities to accomplish meeting the proposed objectives. This is the target date for starting and completing activities, organizations involved. Strategies and activities should reflect the funding requested, budget justification. 74. In one item I forgot to go over with interconceptional care for infants, and basically it's outreach and case management for the infants and

toddlers to ensure they are enrolled in a medical home -- availability of an access to primary care services and appropriate screening, such as newborn hearing screening and specialty care. And health education for the parent.

>> Okay. I'm going to go over a little bit on evaluating measures. This accounts for 10% of your score on your application. Now evaluative measures, to what extent the program measures have been met and can it contribute to the project. The proposed evaluation plan should be well organized, adequately described, utilizes a sound evaluation methodologies, complies with MCHB evaluation protocol. Also measured on your proposed methodology in the local evaluation and whether or not it's congruent to or linked with the services, outreach management, so on. Now currently there are three types of evaluations. We have the national Healthy Start evaluation, the national performance measures which are the MCHB block and discretionary performance measures, and all the data collection activities should be planned and fully implemented by the end of the project the first year. Let me go over a little bit about the requirement for the evaluation. You must agree to participate in all three. Healthy Start national evaluation, national performance measures, and also your own local evaluation. You must have a commitment to participate, cooperate, and help out in any way possible those three types of evaluations. Let me go over a little about the local evaluation protocol. The local, all MCHB discretionary grant projects are expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goal. Measurement of progress should focus on systems, health, and performance indicators. It's the ongoing monitoring of the project on

different aspects of the administration, fiscal and contract management, consortium, service delivery, collaboration partnerships, impact upon both the perinatal indicators and the community, as well as sustainability. Now, you must be capable of demonstrating and documenting measurable progress towards achieving the stated goals, your stated goals, as well as the goals of the Healthy Start program. You also should be able to -- the local evaluation also should be used for ongoing quality improvement and monitoring. These must be addressed in your local evaluation. Core systems and efforts.

These are also, this is also 10% of your score. The extent and effectiveness of which, of how your community is impacted, as well as how your activities can be replicated and/or sustained by the program after federal funding has either diminished or ended. And you'll be scored on five factors. Now the extent to which the efforts described in the local health system action plan develops an integrated service delivery system that better serves the Healthy Start participants, as well as the communities as a whole. I'll talk more about that in a minute. Extent to which the consortium includes, or will include the appropriate representation of project area consumers, providers, and other key stakeholders and community leaders. We talked a little about consortium before. I'll add more to it in a minute. The structure role and plan of action and implementation should be adequately described.

The fourth criteria is your communication pathway, either actual or proposed, between the grantee and the project. And [inaudible] and or acquire additional resources, that is also the extent to which the applicant plans to seek third party reimbursement in the form of

Medicaid, private insurance, mentoring or training reimbursement, from non-Healthy Start funded recipients. I'll talk more about sustainability, also. Let's talk about the hypothesized link. We expect it to begin with a needs assessment or assess assessment of the community, the target community. The needs assessment or assess assessment should help you set your priorities. You'll see also along the very bottom that we anticipate and expect community participate throughout the entire process.

So, this needs assessment will tell you what your priorities should be, and that you'll notice it's a two-way arrow between the needs assessment and the next column which is the Healthy Start system mechanisms. Through the needs assessment, you should -- it will help you develop your local action plan, your consortium, and also how you plan on working with Title V. However, your work with Title V will help you with your needs assessment. Really it's a two-way relationship there. Now once you have your Healthy Start systems mechanisms in place, we will expand your existing services into the systems activities. Now, this will help you create new services, develop service provider networks, coordinate existing services and resources, influence policy, you'll have the ongoing needs assessment, also help establish coordinated mechanisms and communications between systems level planning and service level implementation. Once it's defined and in place and well in order we anticipate there being some systems outcomes. Now, the systems outcomes will either have a change on the direct impact on participants or a change on the larger system changes. Some participant changes we anticipate are increased service capacity, increased participant satisfaction, increased cultural, financial and structural access to care, and increased number of women, children

and families who have established an ongoing medical home. Some of the systems changes that may occur are enhanced community participation.

Beverly talked earlier about the participants. Increased integration of prenatal, primary care health services, perinatal depression, policy changes, sustained improvement and access to care and service delivery system. Talking more about sustainability. Cannot stress enough. Community participation throughout the entire project. Let's talk a little bit about core systems and efforts. The core systems buildings. This is really you building partnerships. Building partnerships with the key groups, organizations, agencies in your community. We anticipate you do this four different ways. Four main ways Healthy Start addresses. Consumer and consortium involvement, implementation, local health system action plan, collaboration with Title V, and sustainability. We have talked a little about consortium a few times, let me touch on it one more time.

As Maribeth said, the consortium is a legislatively mandated that all Healthy Start grants establish and maintain the life of the project a community-based consortium of individuals and organizations. Now each applicant must have either an existing consortium or include a detailed plan for the implementation of a consortium -- consortium. It's an advisory body that will follow the following seven bodies. Recommend policy for and contribute to the development, contribute to, and recommend approval for the organizational approach, provide advice regarding program direction, participate in discussions related to allocation and management of project resources, should have in place conflict of interest policies governing all activities, aware of program management and activities such as data

collection, monitoring evaluation, public education, public education and assuring continuity of care and finally the consortium really should share in the responsibility for the identification and maximization of resources of community ownership in project services beyond the project period, sustainability.

Now the consortium is made up of individuals and organizations including, but by no means limited to agencies responsible for administering the block grant to Title V, consumers of the project services or program participants, public health departments, hospitals, health centers under section 330, and other significant sources of health care. These are really the key players in your community who will be your partners in Healthy Start and provide services to your consumers and clients. Now if you -- in other words, if you need this person or this agency to get things done in your community, they should be included in your consortium. What is the purpose of the consortium? It is to galvanize the political will of the community and the stakeholders to effect change. To provide broad base policy of advice, institutionalize -- mobilize stakeholders and others to leverage or expand funding sources.

Sustainability. Consortium must include structures in place to ensure ongoing consumer community involvement, development of leadership skills, schedule of activities to increase participation and staff support, operational guidelines such as bylaws, and conflict of interest provision. Made up of many different organizations and agencies working together. It's very important the conflict of interest provisions are addressed early and often. Let's move on to the local health system action plan. What is it? Well, the

overall goal of the action plan is to develop integrative service delivery system to better serve Healthy Start participants. The applicant should develop a four-year action plan that describes ongoing collaborative mechanisms and intended efforts to work with community services to achieve an integrated system for the targeted population. So, it should realistic, comprehensive plan, improve the functioning and capacity of the local health system, for pregnant and parenting women and their families. In other words, what will Healthy Start and their families do to better the system of care for their clients?

Now, the local health system action plan also works to ensure that the system includes all necessary partners that will assure access with a full range of services, as identified by the community. These are prevention, primary, specialty care, mental health, substance abuse services, HIV/AIDS, dental care. These could be identified through needs assessment. The system has in place all the referral arrangements that are necessary for quality of care. Healthy Start believes that it's not enough just to identify a health issue, a health problem. But also to have the referral arrangements necessary to make sure they get the care. The system should also make sure that -- make sure the system is family friendly and culturally, linguistically responsive for the needs of the community served.

Now what are the health -- some of the essential elements of a local health system action plan? Well, it should include target interventions based on assets and gaps in the current service delivery system identified in the needs assessment. That's what Beverly talked about a little bit earlier, and that Healthy Start is a gap-filling program. The local health system action plan in collaboration with the needs assessment, should identify the gaps in

the health care system in the community, and you should target your intervention to meet those gaps. Now these interventions should ensure the system is accessible, responsive, and culturally competent to the target population, and the action plan should be updated annually. It's a good time to do it, updated annually the same time you update the community needs assessment. It's a nice way to check on your progress. Now, sustainability, you have heard it mentioned several times this afternoon.

Healthy Start community include many stakeholders, public and private. It's important the projects use the partnerships to assure the future achievement and success. It's important that either the reduction or end of federal funding does not also mean the end of Healthy Start activities. In order to sustain Healthy Start's work, need to build bridges to resources creating a path to permanence. Must have partnerships at their foundation and must be continually built, maintained and rebuilt. Always be looking for current, for current ongoing sources of funding. Don't wait until the current source of funding is over before you start looking for future sources. You should maximize your third party reimbursement. That could be, you know, Title V, Medicaid, private insurance. You need to leverage other funding sources, foundations, and funding sources may include state, local, private funding or in kind contribution. Now this is also a good way to work with the sustainability is to work with your consortium. Some of the key members of your community who should be on your consortium, very, very important in the sustainability activity. So with that, I'll turn it back over to Beverly who will talk about the next capability.

>> Resources and capability 20% of the points that you will receive. And that is the extent to which the project personnel are qualified by training or experience to implement and carry out the project. The capabilities of the applicant organization and quality of the availability of facilities and personnel to fulfill the needs and requirements of the proposed budget. For competing continuation, performance will also be considered. Considering we do not have any competing continuation at this particular, for this particular competition. It's measured by the extent to which the proposed approach delineates the plan, and identifies the actual or anticipated agencies and resources which will be used to implement those strategies. Remember, the strategies, the interventions and outreach case management, health education, screenings for depression, and following them for two years. The capacity expertise and past experience of the applicant agency to carry out and oversee a complex, integrated, community driven approach eliminating disparities or activities within the proposed project areas.

Even though this is a wide open competition, they will still look at the performance for other activities. For example, if this is an agency, community based agency with a long standing history, this is one of the things that will be taken into consideration and looked at when you submit the application. So that is what we mean by looking at the expertise and the past experience of the applicant agent. Also the extent to which the applicant has demonstrated ability to maximize and coordinate existing resources, monitor contracts and acquire additional resources. Extent to which the applicant contract monitoring system demonstrates their abilities to implement and monitor. I would like to take this opportunity to state that the people who are going to run your program need to be qualified. That is

something that is looked at in, by the ORC. If you are going to have a fiscal person, then they need to have the qualifications. If you are going to have someone, they need to have the qualifications. This will save you a lot of prevent you from having a lot of problems in the long run.

There have been occasions where we have had people who have not had the qualifications to run the program get into trouble because they just didn't have the background. So we stress that you pick the correct people to run your program. Administration and requirement under administration and management, qualify and appropriate staffing to carry out planned intervention, sound systems, policies, procedures in place for managing funds, equipment and personnel to receive the grant support, and the capacity to monitor the project is suggested, especially monitoring contract delivery. Support requested, this is where you talk about your budget and your budget issues. And look at the reasonableness of the proposed budget in relationship to the objective, complexity, and the anticipated results. Extent to which the proposed budget could realistically, adequately justify and consistent with the project plan. Extent to which administration and evaluation are reasonable and proportionate to the service division. Economical in relation to the proposed service utilization.

What can you use Healthy Start funding for? Activities that could be supported with Healthy Start funding are offering a more efficient and effective comprehensive delivery system for the uninsured and underinsured. Integrating prevent mental health, HIV/AIDS [inaudible] developing a shared information system among the community safety net

providers. Grant funds may support costs for project staff salaries, consultant support, MIS system, hardware and software, and I would caution you to be very careful with that.

There are a lot of people out there selling various MIS systems but you need to take and look at the needs of your community and the needs of your project and don't get an elaborate system that's going to require many, many people to maintain it. Project related travel and other direct expenses for the integration of, for integration of administration, clinical MIS and financial function, and program evaluation activity. Grant funds may not be used for substituting or duplicating funds -- cannot be used for construction, and cannot be used to reserve requirements for state insurance license. One of the requirements that are mandated by law with Healthy Start is collaboration and linkage with Title V, local MCH agencies -- you will be measured, you will be looked at the extent of actual or plan involvement, Title V, other agencies -- [inaudible] extent to which a project is consistent with overall state efforts focuses on service needs, identified the services, Title V, five-year comprehensive needs assessment and grant plan, each state has a, each state Title V has a five-year plan for their state, and you as a citizen of that particular state can take a look at it. Your Healthy Start project should blend in with the state objective for their comprehensive MCH plan. You should partner with statewide systems with other community services funded under maternal health grants, it should be consistent with the state Title V five-year plan, cooperation, integration and dissemination of the state Title V with other community services.

>> At this point we ask that if any of you have questions, please submit those now.

>> We are going to go on to performance [inaudible] Healthy Start had several mechanisms to measure performance. There is the annual progress report, which is submitted each year with your continuation application, Healthy Start performance measures, MCHB financial demographic data form, and Healthy Start additional data which includes characteristics of participants, risk reduction and prevention services, and the major services for services consistent -- [inaudible]. All these forms can be found in the guidance as new applicants won't be required to complete all the forms that come with the application. Some forms you will be required to complete as a word document or excel spreadsheet and submitting those with your application. But successful applicants must, within 30 days of receiving notice of grant award, register for the HRSA electronic handbook to electronically complete these forms. As I have said before, all this is detailed in the guide. It's very important you see the guide.

The core public health services delivered by the MCHB, as you can see, this pyramid -- Healthy Start, most of their activities center around the enabling services and the infrastructure building services, and to a lesser extent, direct health services and population-based services and our performance system is based on these services. Resources for the performance measure, as I said, all the performance measures are listed in the guide. They contain detailed sheets and self-assessment forms, instructions on every form, the guidance should include a glossary of terms. If it does not, contact us, in the front and also the back. The application review process is the responsibility of HRSA division of independent review. Applications are reviewed by the objective review committee of experts that are qualified by training and in the particular field participants

related to the program being reviewed. In the case of Maternal and Child Health. ORC -- all applications recommended for approval to the bureau. The review criteria, again, as we went over earlier, the need which corresponds to the community assessment, responds for service intervention, value measures, national local and project impact, which is your core systems intervention. Resources, capabilities, administration and management, support requested, budget, and the budget justification, and also collaboration and linkage with the Title V local MCH agencies [inaudible]. This presentation was developed to correspond to this [inaudible].

>> Review criteria that they just went over for you, review criteria, standard across all HRSA grants. The weights are changed somewhat from grant to grant, but the seven review criteria, community linkages, need, response, evaluation, impact, resource capability and support requested, are the review criteria that all HRSA programs are judged on. What we have tried to do in our guidance and in this presentation to help you be a successful applicant, and a strong application, is to match the content with the review criteria. So that it's clear to the reviewer and to you how those review criteria will actually be assessed. And it gives you the opportunity to more completely target your responses to those criteria, score higher points, of course, in the application process. There's also a unique feature of this current application, and that is if you are one of three different states or going to provide service in three different areas, you will receive in addition to whatever you score on your application, an additional five points. That's called a priority. So that our review criteria adds up to 100. And say you scored 98, and you happened to be serving

the border area in California or Arizona, or you happened to be in Alaska, five additional points, making your score 103, would be added to your application score.

There's a priority for geographic areas that we currently do not have application or projects in, in this current competition. The bureau also has some other resources to help you be a successful applicant, and we have listed those in the next two slides. You can see a little bit about how the performance measure system works. You go to our state Title V information system, which is, can be reached one of two ways. You can go to the programs, and scroll down and pick up the state Title V information system, or you can go to [performance.HRSA.gov](http://performance.HRSA.gov), Maternal and Child Health bureau, report section, go on a search and you'll come up the Title V information system. Right now our discretionary grant information system, which is the data that you will be collecting from your projects and reporting to us if you are successful, has not been loaded online but we expect that to be coming in the next year. If -- also supports a virtual library, and it's truly an excellent resource site. We have sent to the library past materials that have been developed by the Healthy Start projects, case management protocols, needs assessments, sample contracts, sample consortium bylaws. All of that can be searched, along with wonderful linkages to organizations that can provide data to you, knowledge paths that talk about infant mortality, and actually provide up to date statistics in a virtual library that is located on the web, [MCHB library.info](http://MCHB.library.info). It's a library, it's got a strange ending there, and info ending, not one you commonly see. I have to tell you, you'll find tons of excellent material on infant mortality that will really jump start you and your application. We also have, and you obviously have found it already, our distance learning web site. [Www.mchcom.com](http://Www.mchcom.com),

and there you can also look at past webcasts that have been developed. For example, we did one recently on domestic violence and the African American communities. There's one on the growing crack epidemic in the United States, and you are able to access those past web site materials. There is a linkage system of organizations that call the MCH neighborhood, and that's [www.MCH neighborhood](http://www.MCHneighborhood.org).

If you want statistics, the March of dimes has an excellent web site that you can get many times county or city level statistics from, and that's March of dimes peristats. And the Kellogg web site is another source of information. And how to write models that work. Well, the goal of the Healthy Start program is to have healthy women. And healthy women, we believe, are going to have healthy infants, healthy families, a healthy community, and a healthy nation. Thank you very much for the opportunity to talk with you today about this upcoming competition. And if you have any questions, now is the time to send them in to us. We'll stay online for some questions from you. We actually have about an hour and a half that we can remain online with you.

>> I do want to say one thing, though. I would like to encourage everyone to try and submit their application prior to the last day. We have found that people who wait for the last day and there becomes a lot of technical, a lot of traffic and then there are some technical glitches, and people get frustrated because they can't get their application in on time. We suggest that you get the application in as quickly as possible. If you have questions about the technical process, you need to call the grants.gov hotline, the number is in the application. If you have program questions, you need to call my number. If I'm not available, someone on the staff will be available to answer your questions. We are not

here on the weekend but we are here Monday-Friday. Someone is here between the hours of 7:30 to 5:00. So you can get answers to the questions. You can email us, the email address is in the guidance, and Maribeth has given it to you as a slide about contact information. If I can't email -- sometimes I get a lot of email, I usually pass it to one of the staff. If you give us a telephone number we will call you to answer your questions. But please, do not wait until the 27th at 5:00 to submit the application because you will have problems. Murphy's Law.

>> Right.

[Inaudible]>> I believe its 5:00 eastern standard time. And what that means is that the portal for you to load your application closes at that time. It also means that you need to make sure if you are writing the application and you submit, you punch the submit button, that button only sends the application to your authorizing official. It is your authorizing official that has to punch a submit button to get the application to us. Because we are in the holiday season when these applications are coming due, you really are going to want to make sure you get your application in early, as Beth said, and that you are able to make sure that your authorizing official is available to submit that. You will receive an electronic notice the application is submitted. And because we are doing something on the West coast this time, we were able to get an extension of a normal deadline for your submission. It's 8:00 p.m. Eastern Standard Time. So that gives you at least three more hours than you normally would have. we do have to have some staff that mans the HRSA

system available, so they were able to increase the deadline on this to 8:00 p.m. at night, eastern standard time.

>> Beverly mentioned someone in the program staff will be available 7:30 to 5:00 eastern time. Also mention that the HRSA call center, if you are having technical problems with submission of the application, they maintain regular 9:00 to 5:00, Monday through Friday office hours also. So keep that in mind. Eastern time. As you get closer to your application submission, the busier they get, and the less time they may be able to spend answering each question, the more time it may take for them to get to you. Plan on that also.

[Inaudible] you will be notified as close to June 1 as possible. Sometimes there are procedures that we have to follow that preclude us from letting you know before the date. So we will let you know as close to June 1st as possible. Even if it is after June 1st, say June 15th, it will be retroactive to June 1st. So as close to that as possible.

>> One of the things that we do have to pay attention to is that before we can announce a new award, we have to send the announcement of that award to your congressional representative, so to your state Senate, your senator representing you here in Congress, and to your representatives in the house. And they then have the opportunity for a 72-hour period to make the announcement that some organization in their constituency was awarded this grant. So that's one of the areas that we, one of the reasons we can't let you know as soon as the award is made. We do attempt to make sure that the awards go out before the start of the project, but sometimes as Bev indicated there are problems beyond our control. And –

[Inaudible]>> Eligible to apply if they are serving a new service area, that it meets the eligibility for the application, so they would have to be a border community or in Hawaii. Or Alaska. Don't have a grant there, so –

>> My needs assessment, what if the problem is not [inaudible] quality of services, for example, providers not culturally appropriate, the health department is not open at night, and many women work during the day to support themselves and their children, where would I put this -- where would I talk about this in my application [inaudible]

>> I think a good place for that would be the local health system's action plan. That's where it's set up. I describe the problem in my needs assessment. But I think I would use the local health systems action plan as a place to talk about that. [Inaudible]

>> If you have an existing project that you are building upon, you are going to be recruiting new staff. And that sometimes can take three to six months. If it's a completely new project, it may be just a little bit longer than that. One of the review criteria actually talks about how you're building on existing efforts. So if you have a group that's already in place, planning, then you have an idea of where you want to go, what types of staff you might want to attract. We believe that helps jump start a projects so there's not as much down time in getting started. But three to six-month window is appropriate. [Inaudible]

>> If you have questions on the guidance we can answer those questions. We do have a wonderful group of grantees and we can put you in touch with those grantees. They do have an association, national Healthy Start association.org, and you can make contact through them or we can refer you to another border project that we are currenting funding with technical systems. The other -- after the grant is made is in a number of ways. We have an annual meeting with the grantees, they bring five to ten members of the community, consortium, providers, 2 1/2 day meeting, lots of sharing and networking. Virtual library I talked about, technical assistance contracts, and you have a project officer who can really guide you through the process and identify for you perhaps other projects that you might want to network with, similar models to addressing the questions that you might have.

>> I would just add a little bit to that, that you mentioned a couple different times Healthy Start has been around for 15 years. So there really is no reason why a brand new project should struggle, go through the same struggles that existing projects have gone through. We really do have many of the same problems over and over again with new communities, and some of the existing projects really should be able to help you out, serve as your mentor, answer an easy question, a hard question, whatever. No reason for you to go through it all over again when some of the problems have already been solved earlier. Maribeth mentioned that there are project officers will be assigned a Healthy Start project officer from our division, once you get funded. And that person will also be able to put you in touch with other Healthy Start projects. I can't stress enough the help the

association would give you at this time as well. If you don't remember anything else, Healthy Start association -- [inaudible]

>> Community health workers are key what we believe is an essential component. The backbone and link to the community. We know our projects would not be successful without them. We do have at the MCH virtual library, some resources in terms of training curriculums. Also put you in touch with some projects that have done some excellent training for us, and national Hispanic health alliance, so if you need some assistance in that area, we'll be very glad to provide that to you.

>> The next question [inaudible] where in the application would I -- [inaudible]

>> Good question. We commonly find that there may indeed be many case managers. I would start with my consortium and ask them if there's a way that we can reduce the duplication of the case managers. Also an activity for the local health systems action plan. Start discussing in your needs assessment and then in your section on case management and outreach. But it really, we have some tremendous success with some of our projects where when a new client is identified by all the groups perhaps that are doing home visiting in the community, there's a triage that takes place and it's determined which of the programs in that community, because of who is on the consortium, would be the best match for this particular family and their needs. We really have seen some tremendous deduction and duplication of services and a much better match of a woman to the type of case management that is best for her and her child. We have also seen where we found

that we have a number of prenatal programs that provide case management, and then our Healthy Start program picks up after delivery. There's a warm handoff that occurs between the prenatal case manager and the interconceptional case manager. That's the sort of thing you want to talk about with your consortium that's helping you write the application, and you are going to talk about how you are going to approach it and what that warm handoff is going to be, the section that addresses case management.

>> One of the ways that you can also handle the local action plan and the consortium is also we encourage a multi-disciplinary approach. But it can also be multi-agency approach. So if you have like case conferences where you find there are like several people in the home, then you get together and come up with a case, you have a conference on that particular family, and you can determine who the best person is to be in that home with their family. And you can do that by having [inaudible] and the other organizations in your community, all of you sitting down at the table. I think that's when we see how effective our consortium is.

>> I just want to add that we realize that you will be serving sort of the highest of the highest risk people. So it's not unusual in a lot of these cases that some of your program participants will have already been touched by some of the other agencies or organizations in your community. But it's also important to possibly mention that in some communities Healthy Start is all there is. So, while we are talking about, you know, the possibility of how do you juggle multiple case managers, we also recognize that there is a possibility that, you know, you won't have that problem, you know. You will be the only

one, in which case you don't have to worry about some supplementation of funds, you will be more concerned at how the program participants are getting the best care they possibly can from you.

>> I'm glad you brought that up. We saw that particularly true along the border area and rural projects we funded in the past. Those are areas where there isn't as much activity available, resources in the community. Probably are the only resource that's going to provide case management. [Inaudible]

>> Apply early.

>> Apply early.

>> Remember what Benita said about how long it takes to even become eligible to apply, all the different steps you need to take. That takes a while as well.

>> I have one other real practical suggestion. You are going to want to finish your application early, and then give it to somebody else who you trust who didn't work on the application, and ask them to read it through and see if you are telling the story the best. I found that that is somebody who is not as involved in it, you get it done early. Perhaps give you clues on how you really maybe need to strengthen a certain section or you are not really telling the story as clearly as you need to. And if you need technical assistance or ideas in that area, the project also can help you with that. It's really important to get that

application done early, have somebody else read it through, because it may be crystal clear to you but it may not be as clear to somebody else who is not as familiar. And remember, you know your community very well. What you have to be able to do, in written form tell us about your community and that's why having someone outside look at it can be a good benefit, writing a strong application.

>> I agree with that. I think you need to remember who is reviewing your application. It is somebody who is an expert or very knowledgeable in Maternal and Child Health not, first of all, not necessarily in Healthy Start, and even less likely will be knowledgeable about your community. So, you need to make sure that this, you will be judged solely on your application, nothing else. No outside information that anyone would bring into it -- it. You need to make sure it really does tell your story and provides justification why you should be the one who gets funded. Everyone who applies will have stories about why there is a need in their community. You need to be able to set yourself aside, apart, and write an application to justify and tell us your story completely. Somebody who is reading it who won't know anything except for what they have in front of them.

>> And I think actually if you are applying to this particular competition, you also are going to serve yourself well if you [inaudible]. We have a series coming up for the next three years after this, in which we will be having additional competitions. You will receive, whether you're funded or not, a list of strengths and weaknesses from the objective review committee on how well you met each one of the review criteria. So I would really

encourage you, if you are going to submit an application at this point, even if you are -- you just, even if you are not funded this time, it would strengthen your grant writing ability.

>> Thank you, Maribeth.

>> Okay. On behalf of the Division of Perinatal -- I would like to thank you for this webcast [inaudible]. Today's webcast will be archived on the web site. We encourage you to let your colleagues know about this webcast. Thank you and we look forward to seeing you. Thank you.