

# **Celebrating Title V at 75 Nationwide**

**September 27, 2010**

**HOLLY GRAYSON:** Good afternoon. And welcome to today's very special webcast "Celebrating Title V at 75 Nationwide" I'm Holly Grayson with the MCHB at the Health Resources and Services Administration and pleased to be your host moderator for this program this afternoon. This webcast is being sponsored as an activity of the local celebrations and social media subcommittee of the national planning committee for the Title V 75th anniversary celebration. Our intent is to bring a broad range of Maternal and Child Health professionals and advocates together from across the country and really focus on the achievements and the promise of the Title V program and we're very glad to have you with us. Before I turn the program over to Mike Fraser, who will introduce our speakers and make some introductory remarks I have a few housekeeping messages for you. So first we want to let you know that we have a mix of media today, so some of the presentations will be live video, like you're seeing now, and some will be audio only. When there is audio only you'll see a picture of our speaker on your computer screens. We are inviting questions today. So you may at any time during the program type your questions in to us and should we have time at the end of the presentations, we will address those questions and share them with the group and forward them on to various presenters who can answer for you. If we do run out of time, we will follow up with you and get you answers via email promptly or as soon as we can. If you want to adjust the volume for your audio, use the volume control slider and you

can access that by clicking on your loudspeaker icon. If you chose an accessibility feature with this program, you should have closed captioning at the bottom of your screens and finally, at the end of the broadcast, the system will shut down and what will appear is an online evaluation. We hope you'll take a few minutes to complete that for us so that we can improve the quality of our future broadcasts and also be informed about your interest in content. So now I'm going to turn the program over for introductions to Mike Fraser, who is at the very moment will be speaking to us from Alaska. Mike, on to you.

MIKE FRASER: Thanks, Holly and thank you for joining us for this nationwide celebration of 75 years of Maternal and Child Health Block Grant or simply Title V, the state partnership. I'm Mike Fraser the chief executive officer of AMCHP and I'm in Alaska as Holly mentioned with our state MCH program doing planning and participating in a statewide conference. Like many of you working in the states, this celebration is meant to connect us all across the country so it's wonderful to be with you all this afternoon. Since the directors of state Maternal and Child Health and children with special healthcare needs program was first organized in 1944 to share best practices and network with colleagues, peers and advocate for Maternal and Child Health and child health programs we've played a role in supporting Title V programs through AMCHP. I'm pleased to join with the Maternal and Child Health and Peter van Dyck to kick off this celebration of the Title V Block Grant webcast. Joining us from Florida is AMCHP's president Dr. Phyllis Sloyer and Dr. Peterson. Dr. Sloyer is president of AMCHP and the director of children's medical services network in Florida. Dr. Petersen

is currently dean of the University of south Florida and former Title V director in Minnesota. Also joining us from Illinois is Dr. Myrtis Sullivan. She's the Maternal and Child Health director in the State of Illinois and we have Dr. Sophie Arao-Nguyen executive director of Family Voices that works to build partnerships between families and health professionals including those of us working in Title V programs. All of these individuals have been involved in Maternal and Child Health in many ways throughout their careers at Maternal and Child Health trainees, as researchers, faculty and also legislated and funded under Title V. Thanks to all of you for your time this afternoon. And for joining us in this important webcast. And then there is you, our viewers. I would like to extend my welcome and a special welcome to all our participants across the country. We have sites registered for this webinar across the United States, east to west, Caribbean to Pacific. People in health departments. We have folks in universities, clinical settings and national and community associations including my colleagues back in Washington, D.C. at AMCHP. You are the folks in the field that we are so honored to support at AMCHP. Thank you all for being a part of this virtual celebration. We're so pleased to be connected with you online as we mark this important beginning of our commemoration of Title V this fall season. Our webinar this afternoon will include our panelist's thoughts on Maternal and Child Health past, present and future. Our goal is to recognize the many contributions Title V has made in the past as we look toward its future. None of us here today were here 75 years ago to witness the birth of Title V. And most likely none of us will be here 75 years from now to mark the 150th anniversary of the MCH Block Grant but what did our predecessors desire us to do? Those of us moving forward their legacy and what will the MCH leaders of the

future say about us in 75 years as they look back on the legacy we leave to them? We are all connected in this important work to improve Maternal and Child Health. This celebration is designed to reinforce that connection and demonstrate the importance of the work all of you do in the states and community agencies and universities and hospitals and clinics and schools and the myriad other places where women and children live and grow as individuals and families. So on behalf of AMCHP and the many partners on this call, thank you. We hope this webinar is a part of a state or local celebration of Title V in your area today. And if you're still planning an event or celebration, be sure to visit [www.hrsa.gov/MCHB](http://www.hrsa.gov/MCHB) and you can replay this webinar as part of those events. It will be posted shortly online after our broadcast today. Now I would like to turn to Dr. Peter van Dyck to share a welcome from our Federal partner the Maternal and Child Health Bureau. Peter.

PETER VAN DYCK: Thanks, Mike. It's indeed great to be here today and be connected virtually across this great country like we are with friends and colleagues at MCH programs nationwide. There are many ways we can celebrate our nation's commitment to its women, children and families. I know many of you will be with us here in Washington next month for our in-person celebration and it occurs on October 20th, less than a month from now. Today's event is another way we can all mark the important legacy of Title V and there is a lot to celebrate. For 75 years the Federal government has provided a means for states to provide for the health and welfare of all of the mothers and children they serve. 75 years later, Title V continues to support combined Federal and state efforts to improve the health, safety and well-being of

mothers and children nationwide. And we all know it stands as one of our nation's -- in fact, it is our nation's longest lasting piece of public health legislation. The Maternal and Child Health Bureau during the next year will be discussing a new strategic direction and plan. And that plan will lay out our objectives and strategies for supporting Maternal and Child Health activities for the next several years, at least five. You'll be part of developing and making that plan a reality. You'll see a focus on new and exciting developments at MCH such as an increased emphasis on the Life Course perspective and social determinants and what it will mean for state and Federal MCH programs as well as research and training efforts that support programs nationwide. As individuals invested in the improved health of our nation's women and children, we need you to help us reach the goals we're setting out in our new plan. You are the future. You are the future of Title V. Whether you are a student or work in a state health agency, a local health department, Federal government, one of our great cities, a university, a clinic, a hospital or national organization dedicated to the health of women and children. Today's webinar not only celebrates the tremendous accomplishments seen through state and Federal partnerships under Title V but will explore what the future may hold. For that, we need you. Your energy, your creativity, your passion and caring and your commitment, yes, and your commitment to moving the partnership forward. You know how to make change happen, make change happen MCH for the people you serve. And I thank you for all that commitment and leadership. Mike.

MIKE FRASER: Peter, thank you. We're grateful for your leadership these many years and looking forward to the strategic plan focusing on Life Course and social determinants. I would like to turn to Donna Petersen for the history of Title V. Donna.

DONNA PETERSEN: Thank you, Mike. And thanks to all of you for being here today. It is a pleasure to be with you and look into the past and into a little bit of our history. You already know, as Dr. van Dyck said that Title V is the longest standing public health legislation in American history. And that says a lot. Both about the vision of our ancestors and about the continued importance and high quality of our work in Maternal and Child Health. In addition over these past years the achievements that you have created through Title V supported projects have been integrated well beyond Title V itself into local, state and national systems of care and support for all of America's women, children and their families. Since its beginning, Title V of the Social Security Act has provided a foundation for insuring the health of our nation's mothers and children. With the passage of this act on August 23, 1935, the government, through Title V, pledged its support of state efforts to extend health and welfare services for mothers and children. The Social Security Act continued the momentum that had been created by the early leaders of the social reform movement resulting in a strengthening of existing departments of health or welfare in some states and establishing such agencies in some states where they had not existed. At the beginning of the 1900s, America's women, children and families faced a lot of challenges. Poverty, malnutrition, inadequate waste disposal and sanitation systems. Unsafe food, infectious disease. The average life expectancy in the United States in 1900 was less than 50 years. One

in five children would die before reaching their fifth birthday. In some U.S. cities up to 30% of infants died before they reached the age of one and their mothers also died in an attempt to deliver their babies. In 1900, one mother died for every 150 live births. The children that did survive worked early and they worked hard. The recommendation from the first White House conference on children held in 1909 led to the creation of the children's bureau in 1912 located initially in the Department of Labor because of the concerns over children's working conditions. The mission of the children's bureau was and I know you all know this by heart, to investigate and report upon matters pertaining to the welfare of children and child life among all classes of people. I'm going to repeat that. To investigate and report upon matters pertaining to the welfare of children and child life among all classes of people. Such a simple statement but so bold and so enduring. Although the involvement of the Federal government in such issues was very controversial at the time president Taft supported it. The first woman to be selected by a president to head an agency of the Federal government. The children's bureau engaged in an active agenda in a variety of areas of Maternal and Child Health including education. By 1920, child hygiene bureaus had been established in 28 states. The maternity in infancy care act which many of us know was adopted by Congress in 1921. This act crafted in large measure by what was known then as the ladies of the children's bureau, created the first grant and aid program from the Federal government to states for child and adult health programs resulting in the establishment of formal MCH units in state health departments as well as the first Maternal and Child Health training programs. As the first effort in the U.S. to provide direct Federal aid to states for health, shepherd tower established the principle of public responsibility for the

health and well-being of children. As a result, the act was roundly criticized as being socialistic. If you can imagine this trio, the AMA, American Medical Association, the Catholic church and the Public Health Service, those three entities united in opposition to this act and were instrumental in having it repealed finally in 1929. The pediatric wing of the AMA was so disgusted it split off and formed the American Academy of Pediatrics, a strong partner of ours all through these years. Despite the repeal of the act something important had been set in motion and the precedent for state and Federal collaboration in promoting and protecting the health of children would reemerge. With the passage of the shepherd townner act and the children's bureau had a new large program to administer. In 1921 grace Abbott replaced Julia as chief of the bureau. She had a lot of priorities including child malnutrition, neglected and crippled children and juvenile delinquency. Shortly before she left the bureau she was asked to deliver the commencement address at the New Jersey college of women? Which she stated without apology I ask you to use courageously your intelligence, strength and goodwill toward the removal of economic barriers which have retarded the full development of children in our past. The important thing is that we should be on our way toward adequately meeting the needs of our children. Perhaps you may ask does the road lead up hill all the way? Then I must answer yes to the very end. But I offer you a long, hard struggle, I can also promise you great rewards. Justice for all children is the high ideal in a democracy. We have hardly as yet made more than a beginning in the realization of that great objective. Thank you, grace, for a wonderful statement as we recommit ourselves today to the ongoing challenge of improving the health of the nation's women, children and families. But back to the 1930s and response to the great

depression the Congressional Committee on economic security was crafting what would become the Social Security Act. But because of concerns over the effect of the depression on the health of mothers and their infants the secretary of labor, Francis Perkins, enlisted Kathryn Len root, then the children's bureau chief, to make certain that children's issues were considered by this committee. When president Roosevelt signed the Social Security Act into law in August of 1935, it did indeed include a focus on children. I suspect neither he nor Kathryn Len root considered this one piece would endure beyond all the others. With the passage of the Social Security Act Title V kicked into gear to provide programs and a full range of clinical services for children in every state. Funds allocated to states for Maternal and Child Health and what were then called crippled children's services included payments to providers for direct care as well as funds to support the larger notion embodied in the original children's bureau charge, to keep an eye on the mothers and children across the country anticipating and responding to their needs in every community. We could talk all day about the next 30 or 40 years about Title V's ability to respond to changing social conditions while maintaining a steady focus on the health of women and children throughout. Let's fast forward to the 80s where the Title V that we know today had its birth and I'll ask you to reflect back on where you were in 1981. I suspect some of you on this webinar today were not even alive in 1981. But in 1981 something very important happened. The omnibus budget reconciliation act, OBRA81 converted Title V into the Block Grant we know today. It combined the core programs with six categorical programs focused on SSI, lead screening, genetic services and adolescent programs and SIDS. Advocates at the time worked hard to retain the core elements of Title V and reinforce the

discretionary component. What we set aside to promote training and research. These special projects have funded some of the most significant developments in our field and have supported creative and innovative approaches in states and communities across the country. They also served to keep alive the notion of a Federal/state partnership from 1921. In the late 80s, then Surgeon General Coopers and Lybrand released a national report on children and youth with special healthcare needs and kicked off a campaign to improve the lives of those children through community based coordinated care. This movement drew attention to the fragmentation of our systems and highlighted the importance of families partnering with professionals in community-based efforts to improve health and strengthen programs across the nation. In 1989 Title V of the Social Security Act was amended yet again and accountability of state programs for their Block Grant funds was increased. Specific language added requiring states to address the needs of all children including those with special healthcare needs. Julia, Grace, Kathryn and others were smiling and happy somewhere as MCH led the way in developing performance measures and developed systems with anyone with a computer to report on child life and welfare in any state in the nation. The Maternal and Child Health Bureau was created in 1990 shortly after the 1989 amendments to Title V and if you've been around for a while you might remember when MCH was an office or a division. If you haven't been around a while know it's only been a bureau for 20 years. Bright Future, was also launched at that time. Only 20 years old. In September 2008 the Title V Maternal and Child Health services Block Grant received the highest possible rating on the White House Office of management and budget performance rating tool. To earn this highest rating we had to demonstrate that we have ambitious goals, that we achieve results,

that we are well managed and that we improve efficiency. What a great honor and testament to the many years of hard work by many professionals including you today. Although Title V has changed over 75 years the principles remain of partnership, performance, public accountability and a single focus on improving the health, safety and well-being of all mothers and children. This is the legacy of our state and Federal partnership to improve Maternal and Child Health is cause for great celebration as well as continued commitment. While we stand today on the shoulders of giants, those great leaders who had the foresight to create something that would withstand the test of time, we, too, forge a legacy ahead for us and our future generations as we look ahead. For more information from the past and other fun facts about MCH visit the MCH time line on the MCH bureau webpage. Now to bring us to the present I turn to my colleague, Dr. Phyllis Sloyer current president of AMCHP for thoughts of the Title V of today. I turn it to you, Phyllis.

PHYLLIS SLOYER: Thanks, Donna, and thank you all for being a part of this webinar. I'm Phyllis Sloyer, current president of AMCHP and along with our AMCHP staff, Mike and everyone else in our D.C. office and our board and members across the country, I'm delighted to be with you this afternoon to share some thoughts on the current Title V. As I describe some of the key activities of Title V, you're going to continually hear the words broad, flexible, best practices, accountability, partnerships, families and community-based. Remember them as they are the themes of our foundation. Much as the great depression dictated the essential need for Maternal and Child Health services in the early 1900s, the economic climate of our nation today one century later

reinforces the critical need for Title V programs. In October 2009, the census bureau estimated 47.4 million Americans to be living in poverty. Which translates to one in six Americans. Title V programs do focus on the most needy Americans and we certainly have a lot of needs today in our nation. The legislation authorizing Title V as you've heard is broad. It encompasses a wide array of direct services to individuals and community-based services. With the Block Grant component, state programs, their Title V investments to meet our state and territory-specific needs. Through a comprehensive process better known as the needs assessment that identifies priorities we determine which strategies and activities are going to have the most impact on our MCH problems and challenges. Our state Title V programs are addressing these areas by applying the core functions of public health. Assurance, assessment and policy development. In order to create the building blocks for individual and population-based health services throughout our communities. Involvement by key stakeholders, especially families and the use of best practices have strengthened the ability of our Title V programs to meet our performance measures. Title V has definitely improved the health of women and children in many, many areas. And while we have a ways to go, we know that infant mortality continues to decline, breastfeeding rates continue to go up, more children are enrolled in health insurance than ever before, and more children are obtaining care in a family-centered, culturally competent medical home because of the work of Title V in partnership with many others. In fact, the key focus of Title V programs is its partnership with other agencies and stakeholders. We often provide data, expertise and assistance that help shape policies or programs for our states and our sister agencies. For example, we may fund and evaluate demonstration models both at the national and

state levels that results in new policies, interventions or opportunities to leverage additional funding sources. We use data and we turn it into action. Title V programs are leaders and catalysts for system change that address the needs of all women, children and families. We engage in partnerships with our academic Maternal and Child Health colleagues. Thank you, Donna, that have proven particularly effective and important in this arena. Our academic partners help support some of our core public health functions such as resource development, capacity and systems building. Knowledge development and provider training. The flexibility of Title V is its strength. It allows states to determine the best use of resources to meet the needs of our communities. But candidly it is also our challenge. Every state Maternal and Child Health program is different, making it difficult to identify a set of specific services or themes provided by every state health agency. However, we are accountable for core national performance and outcome measures which unite all of our programs and guide state efforts. But what truly unites us is our passion, dedication and commitment to improve the health of women, children and families within our states and across our nation. And territories. Recognition of and support for Title V isn't always as forthcoming as we'd hope. With the economic downturn of recent years creating a host of challenges I doubt that a robust future for the funding of state Maternal and Child Health programs is in our vision. Economic recovery is taking time. Our budgets continue to shrink and at the current time our appropriations for Title V are flat. Our needs are great and our resources are tight. But it's with the broad and flexible scope of Title V and the mix of agency functions and community services that helps us continue forward to meet the needs of all women and children. Each of our agencies has the

unique history in the context of our state's political, cultural and socio-economic characteristics. Our state's healthcare delivery and financing systems including the roles of public and private sectors add to that variety. Title V today gives us flexibility with accountability for systemic approaches to improve health access and outcomes for all women, children, youth and families. We have been dubbed the framework, the infrastructure and even the glue for states and territories overall strategies, policies and programs. Over the years, many strong points have evolved from Title V. Flexibility, adaptability, a broad mission focused on national health objectives. Responsiveness to states and territory needs and accountability for performance. While the dollars for Title V may be relatively small in proportion to a state's total budget, they are used effectively and they have an enormous impact. States are different, needs are different and how states implement their MCH programs are rightfully different. All, however, have at their core the mission of improving the health of women, children and families. As we've said before, today Title V remains the only Federal program that focuses solely on improving the health of mothers and children. Title V makes a special effort to build community capacity, to develop such enabling services as care coordination, transportation, home visiting, nutrition counseling, which compliment and help insure the success of state Medicaid and CHIP medical assistance programs. Title V funds support programs for children with special healthcare needs to facilitate the development of family-centered, community-based, culturally-competent, coordinated systems of care. They provide healthcare services to over two million women and primary healthcare to more than 17 million children. Including almost one million children with special healthcare needs. Special projects target underserved, urban and rural efforts. Efforts at

community levels that promote collaboration between the public and private sector, leaders and healthcare providers. And you will see many of these throughout the nation and within communities. While the health of women and families has dramatically improved over the last 75 years, chronic diseases, environmental factors, health inequities threaten to erode America's health status. The differences in infant mortality rates by race and ethnicity are stark reminders that we have a far way to go in our quest to assure the health and well-being of women and children in this nation. Title V is an important program but it is at an important crossroads. AMCHP is working with its members and partners to think through the future of Title V including what health reform may mean for our work and states. Now for some thoughts on the future of Title V I would like to turn to Dr. Myrtis Sullivan.

MYRTIS SULLIVAN: Thanks so much, Phyllis. And welcome, everyone, to our webcast. It is truly great to be with you to discuss and share with you a little bit about the future of Title V. Title V is indeed at an important crossroads. We can look back on 75 years of what state MCH programs have accomplished and be proud. In 2009, the MCH Block Grant was rated as one of the most highly effective, well-managed program in the Federal government. Recognizing the accountability and leadership of state MCH programs, and the state Federal MCH partnership. The focus on performance standards and outcome measures was ahead of its time. The work of Title V programs is innovative, creative and I must add, essential. The needs met by MCH programs are vast. In fact, over 2.5 million pregnant women, 4 million infants and nearly 30 million children every year are directly served by a program that touches the lives of all of our

nation's women and children. Historically, MCH programs have played a very significant role in delivering clinical, preventive and primary care services to women, children, youth and families with state or local health agency staff. Many states provide specialty and therapeutic services for children with special healthcare needs and Medical Centers and mobile units as well. Other states rely on contracting with providers such as community health centers or federally qualified health centers. Again, state contacts in the population density and diversity in states determine how state MCH programs will provide services. Title V programs have been involved where services were not available or non-accessible due to barriers such as lack of insurance coverage. With the expansion of healthcare services and new resources for access to clinical care in the historic passage of the Affordable Care Act or ACA as we commonly call it, the role of Title V will continue to change in the states in the future. As more children, youth and women gain access to private medical care, state MCH and children with special healthcare needs programs are working to assure that they receive comprehensive, multidisciplinary services, often in new ways. Some states have developed models and reimbursable bundles of services to wrap around basic medical care provided in office settings. These packages usually include services such as nutrition, social work, health and parent education and therapies for special needs children and youth. Again, the passage of this landmark act, the ACA, which was passed on March 23, 2010, was a very historic event. The ACA requires all Americans to purchase health insurance and includes subsidies for those who cannot afford to purchase health insurance and/or are not covered through their employers. ACA created new sections of Title V adding evidence-based home visitation and teen

pregnancy prevention programs. These new sections of Title V acknowledge the state leadership role in addressing pressing MCH problems and they also provide a vehicle for states to link their existing MCH programs. Additionally, state Title V programs are revisiting needs assessments as were previously discussed, and reviewing evidence-based research to identify unmet needs and opportunities for prevention and intervention. Some of the areas receiving increased attention in the early part of the 21st century include the following: adolescent health, care coordination, especially with our children with special healthcare needs, early childhood development and linking education, social services and health for young children. Health equity and social justice in addressing social and economic factors that impact the health of women, children and families. And they also include home visiting, as mentioned, as well as mental health, newborn screening programs, oral health, especially women's health programs, school health and transition services to bridge child and adult health systems. Those that led state MCH programs before face similar challenges to those we're confronted with today head on. They laid a very strong foundation for our current Federal/state MCH partnership. Despite many political, social and economic challenges the Federal/state MCH partnership has survived, thrived and expanded to address some of the most urgent health needs of our country. Let's use this legacy of our MCH for mothers and for fathers to inspire our current work. Help us move forward to a healthier future. With the historic expansion of healthcare services presented by ACA, many more Americans will have access to needed healthcare services. This will mean less need for -- will this mean less need for Title V to provide direct services to states? Well, we cannot predict the future, we know that even the most well-designed insurance

package will leave gaps in benefits or limits in coverage, especially for children with special healthcare needs. As more people access primary care, the need for services may actually increase. If these are services not traditionally covered by most insurance providers. So it is good news about the future of Title V. Title V has historically been a part of state's efforts to reach out to populations that need services. And enroll them in healthcare plans. To Title V of the future will have a role in both direct care and enabling services. But what will remain is left to be seen as states address the opportunities and challenges of implementing health insurance reform. Certainly the new Title V early childhood and maternal home -- and signals the need for continued support for Title V as this important program is implemented and evaluated. We know that preventing disease, save lives and precious healthcare dollars. Population-based services such as promoting breastfeeding or reducing childhood injury will continue to be needed, even if everyone has healthcare and access to a physician or other healthcare provider. Title V programs currently support many population-based public health interventions. These activities will continue to be part of state health agency efforts in the future. The ACA increased the resources available to states to carry out prevention work and included a number of provisions that support state health agency programs that address the needs of women, children and families. And, of course, no Federal program other than Title V sports the state's efforts to assess MCH needs, identify urgent MCH issues and convene partners to address MCH challenges. While often unseen and underappreciated, the capacity building aspects of Title V are essential to its effectiveness and will no doubt be needed well into the future. For these and many other reasons, AMCHP anticipates the need for Title V in the years to come.

There is no need to fear, Title V will indeed be a part of our future. Will Title V of the future be exactly the same as it is today? No. But Title V of today is really not the same as it was 75 years ago, either. As MCH leaders and Americans who deeply care about the health of women, children and families, let's use this Title V celebration and all that it has done to recommit ourselves to our shared goal of improved health for America's most precious assets, our children, our mothers, our families.

MIKE FRASER: Myrtis, thank you for your comments. I would like to now introduce Dr. Sophie Arao-Nguyen the executive director of Family Voices to share with us about the family partnership. Sophie.

SOPHIE ARAO-NGUYEN: Thanks, Mike and thanks, everyone, for being on the call this afternoon. I am pleased to be with you and connect with everyone across the country. Family involvement, family leadership, family-centered care, there are so many ways that Title V programs have worked with families to build systems of care for children and youth with special healthcare needs. As mentioned earlier in the program, that has not always been the case. Parents in the past have been shut out of the care planning and treatment of their children. Families were not part of the decision making or seen as equals at the table. Families were not always seen as partners in the development of programs, needs assessments and evaluations of the programs meant to serve them and their children. But we have seen and are seeing changes in the states and we are so glad for the direction in which Title V is heading and there is so much to do. Family Voices is a national grassroots organization that works closely with AMCHP nationally

and within the states regionally to put families at the center of healthcare and incorporate ideas and opinions of families and partners in the work of Title V. Our work involves promoting the parent professional partnership to assure that families are directly involved in the care of their children and part of the program development and implementation in the states. Many of you on the call today are part of our family voices national network. We have outstanding leaders across the country that want to continue to link Title V to the needs of families in your states. A three-phase massive changes to our healthcare system which is all the more important that you bring families into your planning and programs. If you are currently working with a parent or family group, thank you and we hope to learn from your work. If you are considering how to get families involved or more involved in your program, please contact us so that we may work with you and your partners in the states, to involve families more directly.

MIKE FRASER: Thank you, Sophie and indeed we are looking at massive changes in our healthcare and public health systems over the next several years and we definitely want to continue to engage families. We've been proactive in anticipating many changes and what those might mean for our state and local MCH leaders but we need you at the table as you mentioned to continue this great work. And MCHB and AMCHP are committed to that work and look forward to convening you and our partners to discuss these and other important issues of the future. As we conclude our event today, I want to thank all of our presenters for what they've contributed not just to today's call but to Maternal and Child Health more generally and all of you listening in and participating for your partnership and your work nationally. At your place and

across the states. And now I would like to turn it back to Dr. van Dyck for a few closing remarks.

PETER VAN DYCK: Thanks, Mike. Well, it's fitting we're connecting virtually today to celebrate the many, many ways we all contribute to improving Maternal and Child Health. Our connection is powerful. We have so much in common, despite our diversity. And our work is closely aligned even though we are geographically so dispersed. We hope you will be joining us here in Washington on Wednesday, October 20th, to celebrate Title V with us. And be part of other events and activities that week that will add to the celebration. Such as the AMCHP and CityMatCH summit on healthcare reform at MCH. If you are celebrating Title V in your health department, university, and with other MCH-serving organizations, be sure to visit the website and here is the website, [www.hrsa.gov/MCHB75](http://www.hrsa.gov/MCHB75) or visit AMCHP's website. Here you'll get more information on activities you might want to consider for your celebrations and also peruse some of the materials that MCHB and partners have developed such as the MCH time line, special resources identified by the MCH library and media and outreach materials to share within your state and community. Again, thank you so much for being a part of our impressive community of MCH leaders. Together we all our MCH partners nationwide, MCHB and AMCHP are looking forward to another 75 years of Title V and addressing the important needs of our nation's women, children and families. With that, thank you all and we look forward to welcome you in Washington soon. Welcoming you in Washington soon. And now, Holly, back to you.

HOLLY GRAYSON:Great, thank you so much and thank you, everyone, Michael Fraser, Donna, Dr. van Dyck, Myrtis and also Phyllis in Florida. Really appreciate this on behalf of the subcommittee on local celebrations and social media, we're just delighted to have made this happen. The session will be archived so we hope that if you have staff or colleagues who haven't been able -- or students who haven't been able to listen in live today, that you will share that with them. We will -- I haven't received any questions here for our speakers. I will hesitate just a minute and see if any come in. But I hope you know that you can contact any of us at any time and feel free to explore Title V further and its many facets. So again, not seeing any questions from folks, I think we'll conclude now. The interface will shut down but just remember if you have a chance, please do fill out the evaluation that will come on your screen after we conclude now. So thank you very much, have a great rest of the day and please do celebrate Title V anniversary for the next several months to come. Thank you.

>> Bye, everybody.

>> Bye.