

Title V, Social Security Act:

Honoring Our Past, Celebrating Our Future

October 20, 2010, Washington Hilton Hotel, Washington, D.C.

A Call to Action

ANTOINETTE PARISI: We're in the homestretch and I said to the panelists we saved the best for the last, for sure. I also think that speakers who have to wait until the last segment of a program really deserve an award for valor for waiting that long through the day. [Applause] It really is a great privilege for me to be part of this 75th Title V celebration. As a former Maternal and Child Health director for the State of Ohio. I can remember when I moved back into academic pediatrics. The comment made to me by my Federal regional officer. He said Toni, once an MCHer always an MCHer. Peter made that same statement today. It's for real. I think his words were very, very true because I can say without hesitancy that my involvement in Title V Maternal and Child Health has really been a major highlight of my pediatric career. Throughout this very remarkable day we've been time travelers, Title V in the past, present and future. All the while we have carried with us the traditions and themes of Maternal and Child Health that endure. In this closing session, we cast our eyes forward. Still we draw on enduring themes, partnerships, simultaneously caring for individuals and communities and, of course, the tradition of compassion. Once an MCHer always an MCHer. Perhaps the theme that is most present now as we seek to launch ourselves into the next developmental stage, you can tell I'm a pediatrician, is Title V leadership at the forefront of change. We've seen today how time and again Title V has risen to the challenges of new opportunities in medical science, care of families and navigating complex social environments and geographical system. Our next three speakers will share their vision and passion for the future of Title V. They'll call our attention to what we must rally to overcome and achieve to ensure that in every state in the nation, all women, children and families are provided every opportunity to enjoy good health and to thrive. To ensure that all healthcare provided to women, children and families comprehensively, respectfully and emphatically addresses their individual needs and to ensure that the community of MCH professionals and programs embrace new ideas and tools to further secure the vitality of our nation today

and the promise of future generations. In an effort to allow maximum time for the panelists to share their thoughts without interruption, I will introduce all three panelists at once in the order of their presentations. I've been given direction to keep my introduction short which is kind of tragic. As I look at the bios of these three panelists they're each deserving of very significant introductions based on their very significant careers. Dr. Michael Frazier is currently the chief executive officer of the Association of Maternal and Child Health Programs. AMCHP. Prior to joining AMCHP Dr. Frazier was a deputy executive director of the national and state county officials. He was regional program manager for centers of disease control and prevention and a senior staff fellow at HRSA. Dr. Frazier received his doctorate in sociology from the University of Massachusetts where he received an M.A. in sociology and acquired a B.A. in sociology from overland college. We're partly a buckeye, Dr. Frazier, even though that's not the nicest thing to say in this football era. Dr. Frazier has published many research articles including are we ready yet? A commentary in a journal and local and state collaborations for effective preparedness planning. Our second panelist is Dr. Marion Burton, president of the American Academy of Pediatrics. Third week. He's the associate dean for clinical affairs and director of the Division of community pediatrics at South Carolina School of Medicine involved in the active practice of primary care pediatrics and the teaching of family medicine residence in South Carolina. In addition to overseeing clinical affairs at the University of South Carolina School of Medicine he's also the medical director of the South Carolina Department of Health and Human Services. I don't know what you do in your spare time, Marion. Dr. Burton is past president -- is a delegate to the AMA and represents the academy of pediatrics 60,000 pediatricians nationwide. Although you've already had an opportunity to meet Dr. Wakefield with the introduction of Valerie Jarrett I insist on sharing with you some information about her impressive background. As you know she's administrator of HRSA. She joined HRSA from the University of North Dakota where she was associate dean for rural health at the School of Medicine and health sciences. A tenured professor and director of the university Center for rural health. In announcing her appointment as the HRSA administrator President Obama said, as a nurse, a Ph.D., and a rural healthcare advocate, Mary Wakefield brings expertise that will be instrumental in expanding and improving services for knows who are currently uninsured or underserved. He also went on to say under her leadership we'll be able to expand and improve the care provided at the community health centers which serve millions of uninsured Americans and address severe provide shortages across the country. Dr. Wakefield is a fellow of the American academy of nursing and elected to the Institute of Medicine of the national academy. In addition she's served on the Medicare payment advisory commission and is chair of the national advisory council for the agency for healthcare research and quality. Dr. Wakefield is a native of devils lake, North Dakota. She received her degree from the University of Mary in

Bismarck, North Dakota, a master and doctoral degrees in nursing from the University of Texas at Austin. Turn it over to you, Dr. Frazier. [Applause]

MICHAEL FRASER: Good afternoon, everybody. We're on the homestretch. People come up to me and say today have said happy birthday and happy anniversary and I said this is a birthday party it's been the longest birthday party I've ever been to, that's for sure. Happy birthday or happy anniversary to Title V and good afternoon. It's a privilege to be here this afternoon to really summarize what we've done today and summarize what we've done for 75 years and think about where we're going for the next 75. Thank you for that chance for AMCHP to be part of this historic commemoration and recognize so many of our excellent MCH leaders nationwide. If I had time I would ask everybody to stand up to be recognized for their various contributions to the reasons why we are all here but I would like to specifically acknowledge the folks that help me do my job at AMCHP by asking the AMCHP staff remaining to please stand and be recognized by our group. These folks are awesome advocates on your behalf. Thank you all. [Applause] Many of them are in the back because like me, we don't stay seated very long. We're always moving. It is hard to sit in chairs all day long. We're always moving around in the back there. We've discussed all day that there is a rich legacy of Title V and an expanding future and we're proud and we're excited of what -- about what comes next for MCH and I hope that you'll take a copy of our newest publication celebrating the legacy and shaping the future. Great success stories and achievements of the past 75 years and folks we don't want to take these back to our office. We want you to take them to yours. Put them on your coffee tables. Put them in your break rooms. Put them in your waiting room so folks know what Title V has done over the past 75 years. If you need more, give us a call. The successes in that publication are no accident. Certainly there are some serendipity involved and the victories and successes we enjoy are the result of your work in the many, many hours that you spend, that we all spend here in Washington and across the country educating and informing decision makers about the vital work of Maternal and Child Health. The Affordable Care Act recognized Title V as a place of accountability and leadership for MCH programming. It created three new sections of Title V. The very legislation we're celebrating today has just been amended. These sections include the home visiting programs that we're all so excited about and still waiting for some wonderful opportunities that it will demonstrate over the five years that we have that, that we know about. But make no mistake, it was no accident that that ended up in Title V. We worked hard for that program to be part of what you do. We worked hard with Congress and the administration and many, many partner groups to make the connection between that proposal, that idea, and what we know is Title V today. In the Federal fiscal year 2011 budget the president and the Senate have proposed increases for Title V, the first significant increase in sometimes 673 million up from 662, which is 11 million new dollars for Title V in FY11. That was no

accident. We've been pushing hard for an increase to the Block Grant and will continue to do that and we're very, very pleased to see that in the President's budget in the Senate bill and we hope the house does the same thing. That result was no accident. We have worked hard for that for many, many years. And I would like to take a minute to recognize a very special member of our AMCHP team. He is the only person that wakes up every day, puts on his shoes, his shirt, his tie, walks in the office. He's the only person who is 100% job every Monday through Friday and sometimes Saturday and Sunday is to advocate 100% of his time for an increase to the Title V Block Grant. Josh brown, our associate [Applause] Thank you, Josh. Thank you for all that you do and your dedication to our members and certainly to this important work. As Kathy said this morning, there was a wonderful resource called raising a baby the government way and however we feel about the government raising children, this is a great read. And I reread those letters in the book as my way of sort of thinking historically about what we were doing today and honestly, the questions and concerns that the moms whose letters are collected in that book, their questions and concerns aren't that different from the questions and concerns of moms and families today. Our work is never done. Commenting on the Social Security Act in 1935 FDR said we've come a long way but we still have a long way to go. And today we can say the same thing. We have come a long way, and we still have a long way to go. What is going to get us there is a concerted effort to move our shared agenda forward. An agenda that focuses specifically and has a special focus on the needs of women, children and families nationwide. I love this image of a March with a baby carriage leading the way. And while we didn't have the opportunity to March, we didn't have much opportunity for any exercise today, certainly -- certainly we're in Washington for a reason. This is a town where big decisions are made, big policies are decided and big programs are developed. And that was true 75 years ago. In 1931, and the text of this quotation is in this booklet. Another reason to take them back with you, the text -- Grace Abbott, the chief of the children's bureau, said this. Sometimes when I get home at night in Washington I feel as though I have been in a great traffic jam. In that traffic jam there are all kinds of vehicles moving up toward the capitol. For example, the army can put tanks, gun carriages, trucks, the dancing horses of officers and the others which I haven't even the vocabulary to describe. There are other kinds of vehicles in this traffic jam. The binders and the plows and the other things the Department of Agriculture manages to put in the street. Then there are the other vehicles, the handsome limousines in which the Department of Commerce rides. In which the Department of State rides with such dignity. The noisy patrols in which the Department of Justice officials sometimes appear. Because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic. There are some people who think it does not belong there at all. There are some who wonder how I got there with it and what I think I'm going to be able to do. Well, today we're still pushing our baby carriages towards the capitol in this traffic jam, which has gotten worse, by the way, in 75 years. That is

Washington And we still have those that wonder why we are here and what we're going to do. And so I want you to leave today with this memento of a baby carriage. I want you to take one of these and put it next to your desk or your computer. Put it where you'll see it every single day and I want you to use this to remind you not only of what Grace Abbott said but what it was she was trying to say. That we are all part of a national effort to address MCH needs and improve MCH outcomes. Listen, the gains that we want to make are not going to come about by accident. They are going to come about by a concerted effort, all of us involved, concerted effort to build broad support for our nation's mothers and fathers and children and families. So today is a celebration but it is also a call to action. Our future gains will be no accident. They will be the result of all of us pushing our baby carriages farther. We look forward to working with you all so that Title V continues to be a place of accountability and leadership for Maternal and Child Health. Thank you very much. [Applause]

O. MARION BURTON: Thank you, Michael and thank you for an awesome day in all of our lives. It's my distinct honor to be here today and be here with the remarkable colleagues in child advocacy. As I look around the room I see many of my role models including some I work with in South Carolina and one of my sentinel role models, Tony Eaton, the former president of the academy. On behalf of the American Academy of Pediatrics I thank you for letting us share this special time with you. I'm humbled to be a part of this experience and heartened to be a catalyst for the future of this very important work in Maternal and Child Health. Advance the slide. Much of what we've been hearing during these outstanding presentations has been reflective and celebratory. Mike Fraser, Mary Wakefield and I have the honor of having you think about the future. Indulge me in one story. Many of you know Dr. Cal. He's been a mentor, colleague and friend of mine for many years and the role model of practice of Maternal and Child Health style pediatrics. In an interview he did in honor of the American Academy of Pediatrics anniversary in 2005 he said there must be relationship building, working with and building support among the resources of not just health but of education and all the things that social policy must change. Is this going to come or not? I think that is the 64,000 dollar question. It's a social policy. We cannot work in silos anymore. We've got to accept the challenges of change to create a partnership with a family to move forward this agenda which is a social, health, educational agenda. As Jim Roosevelt told us this morning that we all need to acknowledge that these are shared responsibilities and whether we're social scientists, a clinical or healthcare scientist or a professional educator, this is our agenda for the future for children. The success of Title V and the success of much has what has occurred in Maternal and Child Health over the past 75 years is due to the five commitments with the family that you can see at the center with a family at the center of all that we do. Throughout the day, we have heard the critical elements that have been the foundation of progress for the 75 years of a call to action. But a call to action needs words

and action words are verbs and let's look at some of the verbs that we have actually seen today. We have heard about moving from theory to practice. We've heard about modeling partnerships. We've heard about working together. We have learned of gathering new partners. We learned about investing in people. Occasionally we're able to claim victories in small celebrations. We're improving children's health and finally working in partnerships and promoting healthy women and healthy families. I invite you to work with us through the American Academy of Pediatrics with Mike Fraser and Mary Wakefield and all the dedicated members and staffs that they work with and also others to continue to support the mission of the Maternal and Child Health Bureau. This is a description of the Title V Block Grants to states. Almost all the words you see in this statement are part of a mission statement of MCHB and they can be found on this slide and elsewhere in Title V documents. Much of what HRSA and MCHB have been involved in can be linked back to the verbs in this statement. For example, MCHB what been partnering with AP for years to support the family centered medical home model and provide an inspiration to become the model of care for children and families that is accessible, continuous, comprehensive, coordinated, compassionate and culturally effective. You have supported preventive health programs like Bright Futures. You've heard that mentioned today that address children's health needs in context of the family and community. Bright Futures principles, guidelines and tools have strengthened connections between state and local programs and our pediatric practices. Our healthy tomorrow's partnership for children has improved the lives of mothers, infants, children and adolescents by increasing their access to healthcare services. The emergency medical services for children's program for which the MCHB cooperates with the American Academy has saved countless young lives. We can't stop there. We must support the framework that has been built by MCHB and we must now keep this framework robust and sustainable. If you look at the effect of child health and Dr. Berwick talked about that earlier. Ultimate life success of a child that can occur in my exam room anymore. Most of it is outside of the purchase view of what I can do in my office. We mentioned health behaviors, genetics, environment and indeed that requires community involvement and that requires in essence Title V involved and as we begin to work with all sort of different elements of science trying to improve it for children it's the boots on the ground, care management and involvement with families that Title V presents to us every day and allows us to have resources in the community for our practices. It is this element of care that will make the difference for children in the success of their lives. It is not just what we do in our office from day-to-day. Phyllis told us earlier today that the prevalence of obesity was presenting to us a generation of children who are going to live sicker and die younger than any generation that we've cared for in the past. Certainly medical services in a traditional medical office cannot do it alone. We have to have community resources and the involvement of Title V to help correct this phenomenon. There are some big tickets we're involved with. We're involved in healthcare and

healthcare delivery we'll have to look at the big tickets coming upon us. First of all the child population is more culturally diverse. If you look at the average child now it's not exactly the average child that was there 60 or 70 years ago. We have many, many children, probably millions of children in this country that were not born in America and yet the American Academy of Pediatrics promote the health and well-being of all children, not just those born in America. We do have a responsibility for the international child and for the child that's not born in America. Increasingly they're local and state governments that are passing laws, trying to pass laws that is making that more difficult but we need to stay true to that mission both in the academy and in our practices and in our government and social programs. We have got to make certain that we care for these children that are in America. [Applause] We also realize that families are living in increasingly complex not only medical but social and emotional environments as well. These families are facing things we didn't face 50 years ago. The rapid advances in medical technology, diagnosis, treatment and Health Information Technology are expounding in their proficiency and we need to learn to deal with them to better manage our patients and the healthcare for children and families and also believe it or not, consumers are driving the nature of healthcare. We see that more every day in our offices and I think we see it in all the programs we have in Title V and other MCHB priorities. Demand are outstrip supply. There won't be enough of us in 20 to 30 years. Involving child health and healthcare delivery systems that we'll have to interface with and learn how to manage and children will continue the feel the impact of economic, nutritional, and other he convenience in their lives and it will affect the health and well-being of those children. Globalization itself will affect children's health and well-being. Our CEO of the academy has said that the next disease and next epidemic is only a plane ride away. How true that is. We've seen it in no uncertain terms. We do share some priorities amongst us and amongst our programs and amongst pediatricians in the country. That is we try to promote health equity. I'll mention that in a second again. We believe in the medical home and care delivery in the medical home. We've got to look at early brain and child development and that's the academy's top priority right now. We're learning more and more that as we deal with the science of this whether it's some of the neurotransmitters or some of the later sciences these things do affect children from the prenatal environment. We have to deal with early childhood brain development. We can't do it from our exam rooms. It has to be care management with the mother before she gets presenting and leading up to her adolescence and adulthood. It can't start potentially any more. We've had a good shot in the arm in the last nine or ten months. It's the boots on the ground care management, the face-to-face care that will make a difference as opposed to what we can do in our offices. Health equity is a tremendous personal concern to me and will be this year when I'm president of AEP. The things I'm very concerned about, one is health literacy. The lack of health literacy contributes to the lack of health equity among different Americans and we have to deal with the concept of improving health equity -- health

literacy for many of our population. The other is poverty, though. We have now probably more than 21%, maybe 23% of all children in this country are living in poverty. It affects generations of the same families and our clinic in South Carolina, we're now literally seeing the third generation of families who are in abject poverty. They never climb out. Poverty is a key contributor to poor health status.

Generational violence robs lives. Incarcerated youth share a common history. Very often it's poverty. We take care of the children in the Department of juvenile justice. It's a universal thing when children come in. They come from families that don't have proper resources in the first place. And certainly if anything needs cabinet level attention in this country it's poverty that needs it. It needs it soon.

[Applause] Fortunately there is a little something we can do about poverty even though we can't correct it overnight and something we can do about the lack of health literacy, trying to get every child, every mother and every family into a mature well functioning medical home environment. We have to have payments to reflect the care we need to give. The medical home team should be connected to community resources such as Title V in order for us to succeed and Health Information Technology must be able to support the care processes and integration of those practices and the care for those individuals and families and we have resources promised that we've never had before. I think that's rapidly coming together to help us with the medical home. I mentioned the early brain and child development and we all know that development is heavily influenced by experiences and surroundings even leading back to the mothers infancy and childhood and not just the child's infancy and childhood. There is structural and functional development of a child's brain influenced by daily interaction with the adults in their lives. Early childhood education programs demonstrate lasting benefit. That's been proven scientifically. Home visiting programs promote better health and social outcomes. You can see that medical care we deliver in our office has to be extended to the community and all of us have to be responsible for these families. So in closing, let me try to give you a call to action. Let's continue our work with the spirit of our communities and at the national, state and local levels. We'll cherish the memories and the moments we share today. We'll persevere in adversity even as those are trying to undo the gains that we've made in the last couple years in healthcare reform. We'll develop leaders in public health who will continue to support the Title V mission for the next 75 years. We'll pay close attention to our passions and we should weave those passions into our daily lives so they're a continuous part of us. Every person here will make a difference. All of us in this room. There will be explosions of great ideas and new ideas that come into all of our heads and hearts and into our hands and arms in action and there will be bright fireworks of creativity as we together set off blinding lights. There will be a dark period but as Jack says in his book on the road. He writes, the only people for me are the mad ones. The ones who never yawn, or say common place things but burn, burn, burn like Roman candles, like spiders crossing across the stars and in the middle you can see the blue center light pop and everyone says AAAH. Like this description I encourage

you to continue to focus on the needs of Maternal and Child Health throughout your lives with passion and a burning desire to do more for children and their families. And as was said earlier today, the health -
- I'll add and education, the health and education of a child is indeed the power of the nation. Thank you.
[Applause]

MARY WAKEFIELD: Let me just begin by saying thank you very much, Dr. Eaton, for your terrific leadership and many thanks to both doctors Fraser and Burton for their energizing contribution to women and children across the country. To all three of you from HRSA, many thanks for your leadership. I also want to say I look forward as the HRSA administrator to further strengthening our longstanding collaboration with both AMCHP and the American Academy of Pediatrics and of course with all of the other organizations and associations that are represented in this room today. After celebrating our successes and before recognizing the outstanding work done by some individuals here today that we'll get to in just a couple of minutes I would like to second the challenge that Valerie Jarrett offered us just a few minutes ago. And that is to say that we cannot afford to rest on the accomplishments and achievements that we've achieved to date in spite of our past successes. There are many past successes. And looking forward the optimism healthcare reform presents for the future. Clearly even with all of this, a lot of work remains to be done if our nation is going to improve the health outcomes of mothers and children and catch up, Frankly, with many of the industrialized countries across the world. Millions of mothers and children rely on the programs administered under Title V for their health and well-being. Those numbers are growing. Over the years, we have developed and in collaboration with partners some of the best programs leading programs today and they include the home visiting program, Bright Futures, combating autism. Anti-bullying and many others. The United States ranks near the bottom and behind only two other countries in the proportion of cesarean births. The birth rate for U.S. adolescents from 15 to 19 in 2008 was 41.5 per 1,000. The highest in western industrialized nations. In spite of improvements, infant mortality rates continue to affect health outcomes. In other words, variations on many of the health problems that were of concern when Title V was passed 75 years ago, variations on those problems still exist today. And some of those problems have evolved over time. For example, most child injuries today don't involve farm equipment except perhaps from the part of the country that I hail from, and in fact, looking forward, and currently, most child injuries today are occurring in vehicles, not on farms but in vehicles. Childhood obesity today has reached epidemic levels. Many workplace environments still don't accommodate breastfeeding mothers. So the list of challenges, in spite of past accomplishments, remains long. But I am proud to say our predecessors involved with Title V programs responded to the challenges they faced across the decades very robustly and vibrantly. When Title V was first passed the focus of the Maternal and Child Health Bureau was on social determines and health

equity. It has remained at the forefront of our mission and they are still a key element of our strategic planning around the life course perspective. And, we come to this focus now with better tools, with evidence on which to base many of our approaches and a renewed sense of commitment. A commitment to intensify to meet long standing and emerging challenges. As your partner, I have a couple of challenges I offer to you. The first is to ask you, each of you, and all of you collectively, to challenge us, your partner, to challenge us at HRSA, to challenge us at HRSA to reach beyond what you might think is comfortable and habitual, beyond the usual ways of doing things from the federal level. You need to challenge us at HRSA to think about engaging beyond traditional boundaries, of conventional practice. Challenge us to broaden our scope. Challenge us, yes, to innovate. Because when it comes to innovation and federal government or government at large, I don't see those two concepts as mutually exclusive. I think government ought to be a set of innovators, helping to move the field forward and I would ask you to be sure to challenge us along those lines. In fact, the secretary says that to the senior leadership frequently, the expectation is to innovate. I'm asking you to expect that from all of us inside government. One of the key strengths at HRSA, we do not cater to those who already have access to health care, we also reach out to those who don't. We do so cost effectively and in that respect, HRSA is, I think, by definition, an unconventional innovator. Because we provide large scale, high quality, and low cost alternatives. To give you one example not from the MCH bureau but another part of the administration, health centers, community health centers, for example, are emblematic. Community health centers don't provide sophisticated high-tech services to a limited number of patients. They provide basic, essential services, that can reach a large proportion of the population. In fact, almost 19 million people in 2009, and many, many of them mothers, infants, and children. But across this country and too often I think we are still operating with organizations that are a bit too wet to current solutions, to pass the delivery models and processes. The issue is how to find new ways to go farther in the unconventional thinking, to create expandable, solutions. Some of this innovation involves our federal programs. Some involves state efforts, and much of it involves the front lines. Local efforts to engage needed change and improvement in health care. In order to improve the health of this nation. In other words, I would ask you to ask questions of yourself and us at HRSA, in what new and different ways can we partner and engage to seek simpler, more straightforward, less expensive processes. What types of organizations can contribute to systemic changes, through expansion and replication that we have not thought about before. What products or services are being provided in the public or private sphere to serve large populations efficiently and effectively, and reach those in new venues. And greater cost efficiency or to reach more people. Text for babies is a great example of harnessing technology for a low cost, high yield service. The project which uses text messaging to reach new and expectant mothers received an HHS innovates award a couple months ago. [APPLAUSE] We are all proud of that. The creation of community health

teams to support patient centered medical health homes is envisioned by the affordable care act is another example of innovation, how teams can collaborate to provide integrated and coordinated care. In small and large ways I know some of you are already working on these various issues. You're contemplating or started to advance new approaches with different types of engagement, and perhaps you have ideas that you have not yet given voice to, that you have not yet shared with us. In addition to asking you to challenge HRSA, to challenge all of us, reach beyond traditional approaches to the work, I'm asking you to give voice to the ideas that many of you have that you have shared locally, that actually require an even larger audience, perhaps even a national audience for your ideas. I would say it's time. Let's try it. Let's move forward with new innovations. There are a lot of examples of where disruptive innovation, as it's called in the literature, has moved different fields forward. Let me give you just a couple of examples. Banking industry. The banks that started the small subset of banks that started so-called microlending, the very small loans to poor, self-employed individuals in developing countries, where individuals and lending organizations that initially seen as high risk fools but they turned out to be very successful. And effective at boosting local economy. Or another different example, online courses and degrees were first made available, most people thought that that approach to education would never catch on. And, that the academic integrity of those programs was probably marginal at best. Well, today we know otherwise. A third example, community colleges that were once just seen as an option for underachievers. We know how important they are in preparing the nation's future work force. So different ways of thinking, asking different questions, seeking different solutions. That's my call to action. Implementation, even in this stage that we find ourselves in the midst of the implementation of health care reform, the change ushers in a new phase in the delivery of health care in America. And even as we continue to serve the millions of Americans who are having, continue to have challenges in accessing health care services. Even as we reach out to the nation's most vulnerable. I'm offering you the challenge and I'm asking you to ask it of us, even as you ask it of yourselves. We look forward to engaging in all of the opportunities that we see going forward. Thank you, thanks to each of you for all that you do. On behalf of mothers and children across the nation. It's a pleasure to be with you this afternoon. [APPLAUSE]

ANTOINETTE PARISI: It is certainly obvious to me and I'm certain to you that the outstanding quality of the presentations today has lasted into the very end. The panel has challenged us to call for action. I was struck by a phrase that the president of the March of Dimes that we heard from at the beginning of the program made about the fact that advocacy action was needed, and it seems to me that her beginning comments really tie together so well with the comments here, because I think what our panel had said to us is that advocacy action is needed for mothers and children, and certainly for the underpinning of the

Title V, Maternal and Child Health program. So please join me in really recognizing and applauding our marvelous panel for this afternoon.