

Title V, Social Security Act:

Honoring Our Past, Celebrating Our Future

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Opening Remarks

CASSIE LAUVER: I urge everyone to come in and take your seats. Good morning. We're ready to start with our first session of the morning so if I can have people come in and I'm going to ask the first panel to take the stage.

CASSIE LAUVER: Today we're celebrating Title V of the social security act. It's such an honor for me. Even though Title V is the legislation that we're here to celebrate today, it's not the beginning of our efforts. Preceding Title V in 1935 was the creation in 1912 of the children's bureau. This was a federal organization that's mission was to investigate and report on all matters pertaining to child welfare and child life among all classes of people in the United States. It was originally part of the department of commerce and then moved in 1913 to the department of labor. They started out with a budget of just over \$26,000 so we've come a bit of away from the \$26,000 in the 75 years. The signing of the legislation was really a culmination of earlier grassroots efforts of a number of social reformers of the day. And the first is -- and this is actually very special to me because with my background in sociology and psychology and my training in social work, the work of these early reformers, social workers such as Julia who was the first chief of the children's bureau, Jane Adams who was the cofounder of the whole house in Chicago and grace who was the chief of the children's bureau from 1921 to 1935 up until the signing of the legislation, the Title V legislation or the social security act of which Title V was a part of, this really resonates with me because it's really part of my background that I hold dearly. In preparation for today's celebration, it's been a fantastic journey. We've gone through the photo libraries, looked at publications that were out. The first is we've reprinted infant care. It came out quite nicely and this was the 1935 handbook of how you took care of your children. And also in your packet is the bright futures, the guidelines for health supervision of children and adolescents, so this is a real comparison and we're pleased to be able to share those documents with you. And another piece that we did is that we came across a book raising a baby,

the government's way. Mothers' letters to the children's bureau from 1915 to 1932 and they're really fascinating and I just have one that I wanted to read to you this morning and these are very similar -- or maybe not similar in terms of context but it's very passionate when you think about women in the early 1900s and writing the first federal office around children's health. And this is from January 4, 1916 and from a woman in Idaho. She's writing to children's bureau and she says dear madam, I would like to know if your people can help me have an answer to me. What am I to do? I don't know. I'm living 25 miles from any doctor. We have four small children and my husband is only making \$1.35 a day. Everything is so high, it takes all he makes to keep our babies in clothes and food and as we have everything we put in our mouth to buy. I'm looking for the stork on the 19th of April and all I can do is get a few outings slips and a few diapers. Here is what I would like for you to answer me. How am I going to get \$35 to have a doctor? And he will not come for less than that in cash. Talk about better babies. A mother must be like a cow or mare when the baby comes. The nearest one lives a mile and a half and my oldest child is nine years old. My husband only comes home once a week and that's on Saturdays. I have my own wood to cut by myself and how can there be better babies when they must come in to this world like a calf or a colt? I would like to know so please answer me if you can. You can send me a copy of the bulletin and if I live through it, I'll try to follow it as close as I can. Yours truly, reply at once. So she did get a reply and she got a reply in Julia Lathrop herself. She said I've read your letter with a great deal of sympathy and earnestly wishing I knew what to do to be of service to you. Sometimes I hope our country will be so organized there will be a doctor and nurse stationed at various points so no one has to go 20 miles for a physician. I'm sending to you bulletins which were written by Mrs. Max West of the bureau who is herself a mother of five children. They were all very young when she was left as a widow and had to earn a living for herself and her family. That took courage and I can see plain that will your life requires courage, too. So I would like to say at the federal level, we answer every level that we get from people and that's why we work with the states and all of our partners here in the room and again, saying it's a pleasure here. We know a lot of people haven't been able to join us today and we are, with technology, able to live stream today so our friends and colleagues throughout the nation are able to watch as well. And I just want to share a few photographs to kind of set the mood for today and knowing where we are with some of the photographs that paint the picture of where we were in the 1900s. And as many of you know, we have new funding as it relates to home visiting. Well, this is -- and 1925. This is a home visiting nurse in Kentucky. I don't know if we'll be able to provide horses for the individuals in our home visiting program but you can see that this is a long and old part of our history. The great depression. This is a very famous photograph and at the time, unemployment 20.1%. I'm not very good with this. And the cost of living in 1935 when social security was signed, the average cost of a new house, \$3500. Average wages per year, \$1600. Gasoline, 10 cents a gallon, bread eight cents and a

pound of hamburger, 11 cents. So going on through the day and coming -- what you're going to see is that you're going to hear interspersed through today our history, where we are today and where we want to go for the future. And we have many comparisons with this past, present and future throughout the day. And following that theme of past, present and future are a long and valuable, critical partnerships with so many. And one of them you'll see, and I'm very pleased will open today is Dr. Jennifer Howse who is the president of the march of dimes and march of dimes is one of our partners that we have worked together for many years. This is 1938 and an invitation to the march of dimes and I know Dr. Jennifer Howse will share a little information with you about that. So at this point, I want to introduce Dr. Jennifer Howse who became the president of march of dimes in January 1990 and under Dr. Jennifer Howse's leadership, the march of dimes has doubled in the revenue and achieved impressive mission results for mothers and children and we're pleased to have her here today. As she comes to the stage, I'll put up this film and I think many in the film can recognize this. When march of dimes sent us halfway back, I thought that is me. I can remember standing in the line getting polio shots. With that, Dr. Jennifer Howse. [Applause]

JENNIFER HOWSE: Those shots hurt, too. Thanks for reminding those of us who are old enough to remember it. What a wonderful job you did just sort of beginning a walk through history and I would like to give greetings from the march of dimes to all of you who are present. It is wonderful to be able to gather this morning and today to celebrate 75 years of extraordinary success in maternal and child health. In reflecting on my comments this morning, I thought that it's really rather rare in public health that we take time to celebrate because we're just so busy, you know, riding those horses over the river to do the job that needs to be done that sometimes it's difficult just to stop, to take a deep breath and to celebrate all of the important benchmarks and successes in public health. It's great to have this day to appreciate. I think without a doubt, the last 75 years represent extraordinary public health success, just a few to name starting with improved sanitation, nutrition, micro nutrition, major disease prevention through vaccine discovery and effective immunization programs and expanded disease treatment through population based screening. Certainly infant and maternal survival rates have dramatically improved the last 75 years. Not enough to our collective satisfaction but rates of survival have improved dramatically and public health programs in general and I think in total, five programs in particular deserve much success for this improvement. Now, I think as you saw on a historical note that Title V and march of dimes share a common ancestor and that's president Franklin Roosevelt. I think most of you know that F.D.R. was a truly remarkable leader. I mean, he had the capacity to create solutions to the terrible economic depression and human misery that surrounded him. He was an optimist, very translational. He really wanted to move from idea to action. He also had a clear belief that science and particularly medical

science, should be brought in service to people. And looking back over 75 years, it's hard to appreciate the enactment of Title V as part of a new social safety net was really quite a revolutionary sort of innovation. And Roosevelt's founding of the march of dimes to conquer a disease was also very innovative and revolutionary in its time. You know, you saw from the slides, the early 20th century was a very different time in America. Government was not at that time a social safety net, not on the forefront of stimulating research and services on behalf of the people's health. Some of you may remember or appreciate the great American humorist Will Rogers. He summarized health services at that time in this way. Quote, you wire the government that your cow is sick and they'll send you experts from Washington and money to eradicate the causes. But you wire them that your baby has diphtheria or scarlet fever, and you wait. A lot of that began to change with F.D.R. and Title V. And with the passage of the social security act which authorized grants to states to extend and improve services and to put the health needs of women and children on the nation's agenda. Title V also secured the premise of using data to affect policy and it also established an enduring federal state partnership. So the story today, I mean, 75 years since Roosevelt -- president Roosevelt introduced social security in the American lexicon, the building of public health infrastructure, advancing technology, resource expansion through advocacy, all of these things have expanded immeasurably. And not necessarily similarly because no two states are alike. Every state is something of its own laboratory developing innovations, refining practices to best serve your populations. And there's tremendous value in this and also are some challenges where there are inequities in resources technology and services between states and population disparity. So resolving these inequities and encouraging states to strive for the best possible access to maternal and child health care has become a very important role for consumer advocacy organizations, including today's march of dimes. A particular advocacy passion of the march of dimes recently has been the state by state expansion of newborn screening for treatable disorders present at birth and I think the story of newborn screening in the states is another public health success story today. Consider that in the year 2000, most states screened for only four treatable conditions. By 2005, 23 states screened for at least 21 conditions and today, 26 states and the district of Columbia screen for all 30 recommended conditions that are identifiable and treatable. This is just one example of an extraordinary state based public health success on and now there's a federal component thanks to the newborn screening saves lives act which was passed in 2008 and thanks to HHS secretary, herself a former governor from the great state of Kansas, there are now federal guidelines for these conditions and a very sound process to add new conditions to the list. So newborn screening is just one example of how F.D.R.'s view of federal-state partnership who's in the best sense. National guidelines, resources and framework, implementation by states of cost effective prevention, translating the immense potential of science in service to people. Title V represents the value of both flexibility and consistency across state lines and both are critical for addressing the

health needs of a mobile society. One take away from the Title V experience as we enter year 76 and beyond. Involving more people in public health, building public awareness and advocacy action I think is a critical tool to influence change and decision making in our field. As F.D.V. recognized, quote, public health is more than a local responsibility. Disease knows nothing about town lines, nor do bacteria undertake to inquire about local jurisdictions, end quote. F.D.R. understood the importance of public leadership to prevent disease. He understood the imperative of engaging citizens, scientists, policy makers and public health officials to move the action forward. So in this context of leadership, it is really my very, very distinct pleasure this morning to introduce to you a health leader who carries F.D.R.'s legacy. His grandson, Mr. James Roosevelt. Mr. Roosevelt is president and C.E.O. of the tufts health plan. Like his grandfather, F.D.R., Jim's training is in law and in the family tradition at Harvard. He approaches the topic of the social security act, having served earlier in his career as associate commissioner for retirement policy at the social security administration. He was appointed by then president elect Obama to co-chair a review of the social security administration. Jim's experience in health care also includes his current appointments as the board of directors for the Massachusetts board of health plans, co-chair of the policy committee at America's health insurance plan. He was a mover and shaker during the recent debates and discussions about the enactment of national health reform. Needless to say, the combination of health care and public service and advocacy are in James Roosevelt's D.N.A. Please give a warm welcome to James Roosevelt, junior. [Applause]

JAMES ROOSEVELT, JR.: My daughter is an epidemiologist, my oldest daughter with the Massachusetts department of public health so I have to put that flag in. We have it in our power to conquer diseases that we would not conquer -- we could not conquer 10 years ago and the ability to promote general good health. Now, those words that I just spoke are not mine. Those were said by president Roosevelt in January 1940 as he addressed the outcomes of the White House conference on children in a democracy. Don't you agree that they resonate just as clearly today? [Applause] we are the beneficiaries of medical knowledge. So what is stopping or perhaps before we consider the impediments to our success today, we would do well to consider what propelled F.D.R., Congress, the medical and business communities and health care professionals and advocates in 1935. What are the lessons we have to learn from them? I suggest that what they had, which we do not, is a profound sense of shared responsibility. [Applause] I know the power and momentum of what can be achieved when harnessing that principle. In 2006 in my home state of Massachusetts, the common well's legislative leaders, representatives from the business community, the Boston faith community, leader of nonprofit health plans and medical centers, Governor Romney and senator Ted Kennedy together, all worked in a spirit of shared responsibility to pass Massachusetts' landmark health reform law. Everybody around the table and

it was a big inclusive table, was committed to extending health insurance coverage to all Massachusetts residents. Everyone accepted that the law would not align perfectly with their own self interests. The process was not easy nor was it linear. But we were grounded in our common belief that to bring life to our values, we just assume the mantle of shared responsibility. There were moments of doubt that we could achieve such a transformative change but guided by a united goal, we held the conviction that our common interests were more important than our divisions. By accepting shared responsibility in the outcome, we achieved a worthy goal. I've been reflecting on that experience because we in Massachusetts must once again set aside our self interest to mitigate health care costs which can undermine all that has been accomplished to date. And then, of course, knowing that I was coming here today made me wonder not as a historian but simply as somebody who lives in the 21st century who has committed by life to improving the public policy that perhaps goodwill that gives live to transformational change may be applicable to the genesis of the social security act and perhaps Title V in particular. I'm convinced that it did. Why? Because in 1935, there was a commonly held recognition of the problems, an essential ingredient of accepting shared responsibility. Again, I quote F.D.R. from the conference on children and democracy commenting on the finding, quote, more than half the children of America are in families that do not have enough money to provide fully adequate shelter, food, clothing, medical care and educational opportunity and we heard a few minutes ago a very real example of what he was talking about. He went on to say, why should we not admit it? By admitting it, we are saying we are going to improve things. There were some who would not admit it. The president said he was accused of being derogatory when he brought up such bad news. Nonetheless, he was right to do so because through acknowledgement comes action rather than defeat. You all know, of course, the story of my grandfather, how in 1921 a healthy, successful executive with great political ambition, awoke one summer morning to find he could no longer move his legs. While he did not have mobility, he did have great perseverance and fortitude. The same man used his strength of will to move a nation. Now some people say it is because he brought back beer and cheer and I'm not discounting the value of either of those but above everything else, he brought out our nation's courage and confidence. His genuine belief in the abilities of the American people gave rise to a collective confidence that carried the nation through the throes of the great depression and through the long and complicated battles of World War II. At one point well into the war, a reporter asked him, aren't you worried as president? And he said, and I quote, you know, son, if you had spent two years in bed trying to wiggle your big toe, anything seems easy. And to him, it was. I'm not saying he was immune to the suffering of those around him. He was not. The Cavalier young man like so many of us grew in his understanding and compassion of others as he confronted and overcame challenges in his own life. Through it all, his confidence remained steadfast and no doubt contributed to his grand vision of improved social conditions and access to health care. Until the cure for

polio, care for those afflicted. We see evidence of this vision in Title V as it authorized grants to provide services, equipment and supplies for children stricken by polio. And three years later, he founded the national foundation for infantile paralysis. This was a direct acknowledgement that no single entity was responsible for polio. The march of dimes filled that vacuum by convincing our country that defeating polio was every citizen's responsibility, a shared responsibility. To raise funds that would support research and help those affected by the disease. The march of dimes today continues to carry the legacy of shared responsibility forward as Dr. Jennifer Howse mentioned in the example of newborn screening, bringing everyone to the table is how true progress is made. Shared responsibility is also evident in how the social security act was established. Let me again pull from a message F.D.R. gave in January 1939. Much of the success of the social security act is due to the fact that all of the programs contained in this act are administered by the states themselves but coordinated and partially financed by the federal government. This method has given us flexible administration and has enabled us to put these programs into operation quickly. So does that describe your state program today? Does it capture the federal government's response? Can we honestly use the words flexible or quickly when talking about our own institutions? Before I am accused of overly romanticizing the collaborative spirit of that time, even F.D.R. had a however to his sentence. Quote, however, he said, in some states incompetent and politically dominated personnel have been distinctly harmful. That may sound a little more in tune with our own struggles and maybe with today's pundits and sound bites but we know what he set out to do. Interestingly, there's a book I've been reading lately called "the heart of power." It's the history of the last half dozen presidents and how they each attempted to bring about national health care coverage, universal coverage. It was written last year so it does not include all the debates leading to the affordable care act. But it points out that some of the people you saw in the picture earlier surrounding F.D.R. coverage in the social security act and he concluded that politically the things that were in the act could not be achieved if you tried to go all the way to universal coverage in that act. However, back in Massachusetts, I have his original handwritten note to my father who was in the insurance business of what he wanted to include in social security. And in there, there's old age pension and there's maternal and child health. In his original note of what he thought was essential to include. The book goes on to say by the late 1930s, actually the early 1940s, he had formed an intention to do universal coverage at the end of the war which turned out to happen in England but not in the United States. But his intentions were clear from the beginning. Title V then sets us up with the framework encouraging shared responsibility by authorizing federal grants to states to as the phrase is in the law, extend and improve services from those first defined by the federal children's bureau in 1912 under president William Howard Taft. It was that organization which served as we've heard to some degree as a precursor to title iv and ultimately Title V. Even then, there was at least understanding that by involving the government and improving the welfare of children,

rather than leaving the fate of vulnerable populations exclusively to private charities, we could become more progressive as an agent. But while I share my grandfather's optimism for the future, for progress, progress, I think we all know, has not and will not come readily. I think in this election season, we -- fast forward to 1940s. It is my definite hope within the next 10 years, every part of the country, just to use an example, every part of the United States will have complete and adequate service for all women during maternity and for all newborn infants. That we can do, he said in 1940. Nevertheless, today not 10 but -- -- I do not think there's a person in the room that would say the full scope of F.D.R.'s vision has been achieved. I do not have to tell this audience about our nation's tragic rate of infant mortality and how it compares to our industrialized counterparts around the world. I do not have to tell you how many women do not receive early prenatal care because today still they lack insurance coverage. And while this is not the case in Massachusetts, and will no longer be the case in the country, when health care reform is fully implemented in 2014, I believe there is a long road ahead until we can say every woman and baby has complete and adequate care. But what did F.D.R. say? This we can do. That's what we have to keep in front of us as we look at the challenges and struggles that we will face over the next 4 1/2 years in the implementation of the affordable care act. This is not a time to throw in the towel. It is not a time to say it has taken too long to accomplish too little. It is a time to say this we can do to further the legacy of Title V. Thank you. My fundamental belief is bringing public policy to life is a calling. The good public policy is not static but evolving. The good public policy has roles to play in improving people's lives. Moreover, there is many different ways of advancing public policy as there are people in this room today and watching us in the live streaming of this event. Together, we have a shared responsibility of bringing to fruition the hopes for the future. How can we -- how we carry, how we carry the legacy of Title V forward will vary upon our own personal politics, where we live, for whom we work, our skills and all the other variables that make up our lives. But I'm really here to say that it is still a calling to all of us who have interest in advancing maternal and child health. The American people are once again looking to their government for strong leadership and action, particularly in light of the opportunity that lies before us with the affordable care act. It is up to us to discover and summon common interests that are greater than special interests. It is up to us to further the legacy by using the principle of shared responsibility as a Clarion call but unless our actions, our decisions and our dialogues are united, we will not achieve these very worthy goals. It is up to us to find practical approaches to practical problems. To each of you in this audience who works at a state health department, a federal agency, a hospital, an insurance organization, for each of you who are providers, social workers and educators, and to the advocates and the consumer groups, remember your charge. Remember what F.D.R. wrote in a 1938 letter addressed to his secretary of labor, Francis Perkins, who was the moving force behind what's so much in the social security act. Clearly preserving the lives and health of mothers and their newborn babies is a first importance in

guiding family life and the welfare of the whole people. I say to you today, that we can do. Thank you.
[Applause]

PHYLLIS SLOYER: thank you. That's a tough act to follow and it's such a privilege to listen to a man that my father revered your grandfather with so much admiration and first generation Americans and it truly is an honor. Good morning, everyone and welcome to Washington. As Laura noted, I'll Phyllis Sloyer and president of the association of maternal and child health programs and I'm going to use the infamous acronyms we're so used to using in our world. I am extraordinarily pleased to be representing a group of talented, skilled and committed individuals today. Our Title V maternal and child health and children in youth with special health care needs directors, I would like all of you to stand because you are the heart and soul of what we do. If you'll please stand so that I can recognize you. Thank you very much. It truly is wonderful to be here this morning and celebrate 75 years as Title V and the federal, state and partnership that is truly unique throughout this nation. For many of us, including myself, Title V shaped our professional careers and produced countless heroes and heroines, many here and many here in spirit on behalf of women and children. You may be quite surprised to know that Title V served over 40 million women, infants, children, adolescents and children and youth with special health care needs in 2008. Quite remarkable. We are many things to many people and we have many names. In fact, if you were to describe what we do, a single verb or noun simply doesn't work. Our actions are framed by the following words. Provide, promote, assess, plan, implement, facilitate, coordinate, leverage, count and so on. But rather than provide you this morning with a litany of the activities we describe every year in our block grant application, I would like you to take a journey with me across our nation and territories and listen to those who matter most, our women, infants and children. Now, I will tell you that while the names are fiction and the actual stories are not, I will also assure you that in the confidentiality and disclosure, we have obtained all of the appropriate consents, whether they're HIPAA or whatever. And I heard them say the lawyers would be pleased to know that. So we begin our journey in the northeast where we meet our Title V colleagues at a head start center and I don't think our slides are working. There we go. Offering booster seats to families and running a class on safe travel for all children in partnership with the safe kids coalition. The information shared with parents on that day will affect the lives not only of their children but of many to come. Witness Title V's partnership with injury prevention. We leave the original colonies and we drive down i-95 and those of you who live on the east coast know that road only too well. To our southern region, we meet a 19-year-old with an auto immune disorder. She receives a bright future scholarship and planning on attending a community college about 200 miles from her home. And I'm having some technological problems. There we go. Brianna commented her mom used to make all the doctors' arrangements and she would take care of everything. She had no idea

what to do about her health care and was frightened to leave home until she learned about a transition program in her community. She commented that she learned so much about her disease and how to work the system. More importantly, her pediatrician helped her find doctors in her soon to be new home and she got to meet those adult docs before she went to college. She admits that negotiating the system can be challenging but she's so glad that she didn't lose her scholarship because of her condition. That transition program was developed by Title V in partnership with providers. Way to go, Title V and Brianna.

Unfortunately, travel restrictions prevent me from visiting our territories. However, I received a message about a successful telemedicine link Jane between one of our territories and a state Title V program to allow them to evaluate children with chronic conditions and quickly arrange access to a treatment center. What a remarkable feat of our technology. So now let's head to our country's heard land, the Midwest, where I was born. We meet first time mom holly. Her parents live in another state and her nearest neighbor is 1,000 acres away. Those of us who grew up on farms know that that's quite a distance. The Title V program offered her many helping hands, beginning with prenatal visits where she learned about the importance of nutrition and a healthy lifestyle and continued to help her after the birth of her son. Hear what holly has to say. At first I thought they were going to tell me stuff I already knew or make me feel stupid. My nurse taught me the importance of being the best I could be and not just how to change a diaper. She gave me guidelines of what my son was supposed to be doing and I was so glad to know that he was okay. As we travel throughout our mountain ranges and deserts, we met a Title V. Increases physical activity through walking the dog and by the way, it was highlighted on food network Rachel ray. Let's not forget the role we play in outreach and enrollment as evidence by a parent we meet in the northwest. Isabel had no insurance for her daughter and had many reservations about the new government insurance. She was helped by outreach workers, sponsored by Title V and said as the family spokesperson, I've had the distinct pleasure of working with several individuals who helped me apply and make sure I knew what my choices to the health insurance and providers were. Isabel tells me that her worker introduced her to what we know as the Rollercoaster system called insurance. He guided me through the right way to start the long process of applying for insurance. That worker was part of a family to family information system funded by Title V. While we traveled down the west coast, I meet a family who benefited from care coordination in the medical home. Jasmine told me her doctor and care coordinator care about my daughter's well-being. They remember her needs every time I talk to them and when I call them, they know who and what I'm talking about. They've carried us through some rough patches and have made a world of difference in our lives. I never expected this level of thoughtfulness and care and I count our blessing. I have shared individual success stories but let me share with you other critical if you thinks of Title V. The block grant is the only federal program that supports a state or territory's efforts to assess maternal and child health needs, to identify urgent issues, to convene partners

to address challenges and to develop policies and practices that create sustainable and effective change. So let's meet Arlene, a parent who serves as an advocate for children and learns about the power of data. Family voices, a partner with Title V, offered the training on use of data through one of their data centers and the power that it can have in shaping policy. She was a quick learner and used that data to advocate for the enactment of two state laws. On our journey in the Midwest still left, we meet a Title V director who served in the collaborator role with others and successfully promoted legislation that passed resulting in enforcement of seat belt use. Another Title V program successfully used maternal and child health data systems linking data, producing data and analyzing data to promote the development of policies affecting Perinatal health, including the reduction of late, pre-term births. We all know that improved Perinatal health leads to a lifetime of concerns, including high infant mortality and chronic illnesses and I think we know where we are in terms of infant mortality. We are 29th in the world among developing countries. The use of that data, the power of that data, we will need to continue our ability to shape policy and practice. Title V has made and is making a difference in the lives of America's women, children and families. Today is our day to shape the future of maternal and child health. We are near the end of this journey that I ask you to take with me and we know that health care reform will have some impact on what we are to do. Often unseen and underappreciated, the capacity building aspect of the block grant are essential to its effectiveness and will no doubt be needed well into the future. Even when everyone has access to health insurance. There's no doubt we face a new set of challenges. Who would believe the childhood obesity has become an epidemic and that other negative social drivers will most certainly lead to a first in our history? Today's generation of young people may not live as long as their parents. We celebrated the near end of death because of communicable disease but now we face new sets of challenges and one that will need talented leaders to create the solutions beginning before a child is born until that child reaches adulthood and Title V is poised to address these challenges. I mentioned earlier that Title V is making a difference through its various roles including those that are not the provision of direct services but I personally think the most remarkable feature of Title V is the ability to successfully link public health services with personal health services and to work with others in developing and promoting coordinated systems of care. No one else has the broadest -- as broad of a perspective as we do. We worked long and hard to work with our partners, those who are here today and those who are not, to integrate systems and to improve the quality of health care for all children and families. So I leave you with a visit to a family where Title V created a system and through its invisible and invisible actions made a difference for Henry. Henry was delighted when his son was born and he celebrated with many family members and friends. All of the baby's new screening tests were normal and everything appeared to be just fine. But a year later, Henry began to worry about his son's development and I suspect many of you may know what the outcome was. His son was eventually believed to have

autism. But fortunately, Title V had worked with many others to develop a coordinated approach to early intervention and services for Henry's son. One may think that these are just a series of phone calls and meetings but in fact, they are. It takes a lot of work to build those systems. Harry was overwhelmed by the attention of support that he received and thanks us for doing what we do. So thank you for taking this journey with me. There are many, many stories like the ones that I shared, including our stories about how Title V changed our professional careers. For these families and many reasons, we anticipate the need for the block grant in years to come. Will state programs be the same as they are today? Of course not. We aren't like they were 75 years ago but as MCH leaders and Americans, we care deeply about the health of women and children and families. Let us use this celebration in Title V and all that it has done to recommit ourselves to our shared goals of improved health for America's most precious assets, our women, children and families. Thank you. [Applause]