AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

Opening Plenary:

A Vision for a Compassionate and Affordable Health System

March 1st to 5th, 2008

PETER VAN DYCK: Good morning. Good morning to the staff of Maternal and Child Health Bureau and good morning to all of you here at the front tables. I'm really pleased and honored to be able to welcome you and share a few welcoming remarks with you this morning.

I have so many friends here and see so many of you not very often but would like to see you more often. And it's just good to be among you. It feels good.

I'm going to just briefly discuss three or four items that may be grant opportunities for you, because I don't really have another time to do that. So I'm going to use this to do it very briefly. And then give you a couple of quotes.

Autism. We have new money for autism. And I'm talking about this very, very briefly to let you know that we're on a fast time track. And this money will have to be let this particular fiscal year. So you need to watch our website for funding opportunities.

A lot of this money is being allocated related to the Combating Autism Act from a couple of years ago. So first we will be increasing LEND grantees money, some of them, competitively, to more clearly focus on autism.

This is an opportunity for you and Title V to work with your LEND programs in the states that have them. There are 34 LEND programs across the United States and more than half the states.

We also will be increasing the number of LENDS. So we'll be competitively funding four new LEND programs and those will be in states that currently don't have them. So if you're in a state that doesn't have a LEND, and you have a tertiary center or university, you want to look for this announcement and see if you can work cooperatively in helping to write a grant with these potentially new LEND programs.

There will be another grant to provide technical assistance to this interdisciplinary LEND network. And that will include technical assistance to the LEND programs and helping them write training and guidelines, et cetera.

Then there will be two new autism intervention research centers that we'll fund. One focused on physical health interventions, guideline development, information dissemination, including collaboration with the LENDs Title V programs and others. One of the centers will be physical health, as I just mentioned. And the other center will be focused on social mental cognitive and behavioral health interventions.

So those, again, will go to -- they'll be competitively awarded. This represents in total these enhancements about $15 million. Then there will be state demonstration grants. And if you're in Title V perk up your ears, because there will be five competitive awards of around 300,000 each to implement state autism plans and develop models for how to develop systems of services for children with autism and other developmental disabilities and involve a lot of coordination with Title V family to family LEND, child care, 19. SCHIP et cetera and help demonstrate models of private partnership. And then there will be an award to center to help coordinate these state activities.

So certainly the five states or so that get the new grants, but states that don't get a grant will be funding a center to help coordinate the activities among those that do and to help identify best practices among others as well.

And that will be in the range of $250,000 or so. So I just want to share these opportunities with you and watch for guidance, as I expect them to be out in the next six to eight weeks. You'll have about four to six weeks to write the grants and they'll be awarded this fiscal year before October 1st.

Second, the Title V information system you all know. The discretionary grant information system, a partner to that will go live later this month. And so all of the other 800 or so grants other than the Block Grant will be on this new system.

So those of you that have grants from us, SPRANS grants, CISS grants, EMSC grants, Healthy Start grants. Foundations that get money from us will be reporting to us for the last two years on information related to performance measures, money people have seen, that will go live in March with a year or two worth of data. So watch for the discretionary grant information system.

We have another set of new money for states, and it's called the First Time Motherhood New Partnership Initiative. We have about $5 million. We will be competing eight to ten awards in the amount of 350,000, maybe up to 500,000, for states. The competition is up to state Title V programs and the money should target women and men who are either members of the populations you serve or providers of the population you serve.

And the language in the legislation says states are to increase public awareness of resources available to women preparing for child birth and new parents through advertising campaigns and toll free hotlines. Now, the purpose, as this announcement will say, and these -- I'm making general comments about this without being too specific, will solicit applications for a demonstration grant program. And the purpose of the grant is to develop, implement, evaluate and disseminate novel approaches that concurrently increase awareness of existing preconceptual and interconception services and programs and address the relationship between such services and health birth outcomes and a healthy first year of life.

So that is the general purpose, and we want you to be aware of the preconception guidelines that have recently been published from CDC, which we've all participated in developing. There will be references related to interconceptional care and we want you to

think generally of the life course perspective as we think about preconception, interconception and the new parent initiative.

So another set of new money. Watch for guidance in the next six weeks or so.

And last, at this meeting we will be introducing the New Children with Special Healthcare Needs Chart Book. You got a new chart book about four years ago. We've had a second survey. We have a new chart book. It's just being published. I think it is available at this meeting. I think it should be here today. It reports that there are 10.2 million children who have a special healthcare need in the United States. That's 14 percent of all children.

And that more than a fifth, more than 20 percent of U.S. households with children have at least one child with special healthcare needs. It notes that 12 percent of families required mental health care or counseling related to the child's medical, behavioral or other health conditions. 24 percent of families reported a parent had to stop working or cut hours to take care of their children.

And there are many, many other findings there in the state pages as well. Just to remind you, the survey screened nearly 365,000 children for special healthcare needs.

Completed almost 41,000 interviews with families of children with special healthcare needs. That was at least a 740 children with special healthcare needs in every state in the nation and the District of Columbia.

So we're proud of these documents and we're proud of these new efforts we're able to share with you.

A couple of quotes: Leadership innovation and investment. Leadership, a quote I particularly like. Leadership is dealing in hope. A leader is a dealer in hope. And I think from Michael's opening and Nan's comments, we have great hope ahead of us for the next several years.

Innovation: Mark Twain said: You can't depend on your eyes when your imagination is out of focus. Let's get our imagination in focus and go for it. And investment. I guess I want to talk about the difference between involvement and commitment as an investment. All of us are involved in our jobs. We care. We have a desire to do a good job. Involved employees are a great thing. Involved peers are a great thing but not sufficient in today's competitive environment. We all need peers and employees who are committed instead, people who are willing to go above and beyond to get the job done.

Let me illustrate the difference between being involved and being committed. A chicken was talking with a pig about how good their farmer was to them and the way he provided shelter, food and protection from danger. The chicken thought it would be a nice gesture to show the gratitude of the pig and the chicken together to the farmer the by serving him a breakfast of bacon and eggs the next morning. You're with me on this, aren't you? The pig thought about it for a while. And then commented, this pig was no dummy. Let me see if I have this right: We're going to provide the good farmer with a breakfast of bacon and eggs. As I see it, you'll be involved in the project and I'll be totally committed to it. Well, I'm not sure about your level of commitment, although I think I know about your level of commitment, but I can share with you a lot of us are tired of laying eggs all the time. let's recommit ourselves to MCH and the task ahead, particularly during this meeting and onward. Have a great meeting. Thank you.

NAN STREETER: Thank you, Peter. Thank you Janet and Peter and Mike, of course, for your welcoming remarks, and I think we're getting off to a great start this morning. I'd like to take a few minutes to talk about a few individuals who have truly, what can I say? Peter's words about investment. When Peter was talking, I was sitting there thinking, you talk about somebody who's invested, fully invested. It's Dr. Peter van Dyck.

Our first award this morning is the Vince Hutchins Leadership Award. In 1998, AMCHP launched what was then called the AMCHP Leadership Award to recognize outstanding individuals whose work has contributed to the MCH world.

And that significant changes have resulted. The first honoree Former First Lady Hillary Rodham Clinton is an exemplary example of the stature of leadership award recipients. In 2001 AMCHP renamed the leadership award to Vince Hutchins. Many of you knew Vince, a beloved national leader and life-long advocate for children's health.

During 15 years as director of the Maternal and Child Health Bureau, Dr. Hutchins expanded the federal government's commitment to women, children, youth and families. He also led development of new initiatives for children and families such as the Healthy Mothers, Healthy Babies Coalition.

Nominees for the Vince Hutchins leadership award must meet the following criteria: Be a recognized national leader, living or dead. With a long record of significant contributions to society, and, two, to demonstrate accomplishments that advance directly or indirectly

the health of American women, children, youth and families, including, of course, those with special healthcare needs.

This year I am extremely proud that AMCHP has awarded Dr. Peter van Dyck this distinguished honor.

I want to tell you a little bit about Peter's history, so to speak, and I'll keep it short, Peter. Because I could not read to you all of his accomplishments.

You all know that Peter is the director of HRSA's Maternal and Child Health Bureau. The bureau, obviously, works to improve the health of mothers, children and families. Particularly those who are poor or lack access to care. Dr. Van Dyck served as the acting associate administrator for MCHB between August 1998 and his current appointment in 1999.

Prior to that, he was the first permanent director of MCHB's office of state and community health. Created to be more responsive to states and territories, working on Block Grant and working on improving the health of mothers and children.

Peter coordinated technical assistance and developed national information and data systems while in that role. Before joining the federal government in 1992, Dr. Van Dyck was the director of Family Health Services Division of the Utah Department of Health and professor of pediatrics at the Utah Medical Center. He was president of AMCHP from 1978 to 1980. Very early years in the organization. And he was the chair of the maternal and child health section of APHA, from 1989 to 1990.

In 1999, Dr. Van Dyck received the Arthur Flemming Award, which is given to exceptional federal employees by George Washington University and Government Executive Magazine for computerizing the Title V MCH Block Grant services application and annual report and for standardizing MCH performance measures.

Dr. Van Dyck earned a medical degree and a master of science degree in physiology from the university of Illinois medical center, Chicago, and a master of public health degree in maternal and child health from the University of California Berkeley.

As you all know, Peter has touched many of our lives. He's touched the lives of mothers, children, families. I can't say enough about what Peter has contributed to our world. And

it's with great pleasure that I invite Peter to the podium to present him the Vince Hutchins award for 2008.

I want to make one more comment. This award is very heavy. But it's intertwined spirals. I think that's really representative of what Peter has contributed to this world in terms of intertwining moms, kids, children with special healthcare needs and families. Thank you, Peter.

PETER VAN DYCK: Well, thank you. Thank you very much. I'm really honored. Nothing is better than receiving recognition from your peers.

I knew Vince. I knew Vince well. I worked with Vince -- Vince became director of the bureau in 1977 and served for 15 years until 1992. I became president of AMCHP, I was going to say just around the 1980s to make it seem not so long ago. But Nan you said it was '78 to '80. So now you know. So shortly after Vince became director of the bureau, I became president of AMCHP.

And in 1980 was when the maternal and child health program was blocked. Blocked, put into a Block Grant. So it was reduced 50 percent. And the Block Grant came into being. It

was a very tumultuous time. And as president of AMCHP, along with others, we had a lot of relationships with Vince and the bureau at that time.

I also, after I started working the bureau, I went there in 1992, worked with Vince as well on the development of the Title V information system, among other things.

So I had a wonderful relationship with Vince over the years. I was always impressed among other things with the way he returned phone calls. And I continue to say this. Little me in Utah would call up and want something or want to talk about something, and I could almost always count on a call back the same day. And if not the same day, the next day. I don't know how he did it.

But I valued greatly his leadership and we should all value his great leadership greatly.

It is the Vince Hutchins leadership award, and in 2003 the bureau created two additional goals in its strategic plan. And I'm not going to bore you with the strategic plan, but I think it's following Vince's leadership to provide first go national leadership for maternal and child health. So we created a new goal around leadership and a second goal about

promoting an environment that supports maternal and child health, which better supports the ability to provide leadership.

And just a couple of key strategies. We wanted to create a shared vision and goals for MCH. We wanted to strengthen the MCH knowledge base and support scholarship within the community. Wasn't to forge strong collaborative, sustainable MCH partnerships. We wanted to promote family leadership and MCH service delivery evaluation and development.

And we wanted to provide both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide.

And as far as the environment, we wanted to create an environment where leadership could thrive and where we could bring new leaders on.

So I think the bureau has been responsive to perhaps what kind of Vince's ideals were.

Just a word: A society continues into the millennium carrying some of the unresolved problems of its maternal and child health population, we know this population is going to

face new challenges. The MCH Title V program and its many partners need to review their past history and approaches, modify these approaches for the new era, reaffirm their purpose and provide the leadership required.

The bureau believes in a future America in which the right to grow to one's full potential is universally assured through attention to the comprehensive physical, psychological and social needs of the maternal and child health population.

The Maternal and Child Health Bureau strives for a society where children are wanted and born with optimal health, receive quality care, and are nurtured lovingly and sensitively as they mature into healthy productive adults. The bureau seeks a nation where there is an equal access for all to quality healthcare in a supportive, culturally competent family and community setting.

As we look forward to the America that we are striving to become, it is instructive and inspiring to look back to reflect on and to learn from our past in MCH. We face the future with a science base that advances daily, a clear set of goals, and the strong sense of mission to achieve those goals.

Our past is prologue to the America we envision.

I'd like to take a moment and recognize the MCH bureau staff. Will they all please stand. Come on folks.

No matter how much I'd like to take credit for this award, it has to be shared with the Maternal and Child Health staff and many of you in this room, but particularly the staff who make everything possible that we do. And who have endured a lot in the last few years. In fact, I agree with the great thinker Horace going through some of the same things because he gave a beautiful quote that says adversity has the effect of eliciting talents which in prosperous times might have lain dormant. What truer statement than perhaps today. We have great talent in the Maternal and Child Health Bureau. Henry Ford said you can't build a reputation on what you are doing. Our staff and you together are wonderful in providing services to the vulnerable citizens in our nation.

And Ralph Waldo Emerson said: We're all inventors. Each sailing out on a voyage of discovery, guided each by a private chart, of which there is no duplicate. The world is all gates and all opportunities. Let's take the opportunity to provide leadership to one

another and share in all the opportunities available to us through MCH. Again, thank you very much. This means a lot to me.