

AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

AMCHP Current Legislative Briefing and Advocacy Training

March 6-10, 2010

BRENT EWIG: Good afternoon everyone, and welcome. Thanks so much for coming. My name is Brent Ewig, and I'm the Director of Policy and Government Affairs for AMCHP and we've designed this session today to really bring you up speed real quick the landscape of where things stand. We want to talk a little bit about AMCHP's legislative agenda, how our association arrived at that, but then really focus in on our top priority around funding for the MCH Block Grant; how that fits into the context. So I'm going to talk a little bit about that.

We are really fortunate to have our most key partners from Family Voices, Janis Guerney, and Brooke Lehmann, from Family Voices Policy **** participating as part of this session. They'll be able to give you a kind of perspective from Family Voices, some of their top policy priorities answer some of those specific questions we know people have on the Family-to-Family Health Information Center funding situation and then really turn with my colleague, Joshua Brown, from AMCHP staff. For those of you who are planning to go to the Hill tomorrow, as you know, we've set aside time in the afternoon really to kind of go through some of the "what to expect" and the 'how to's' and tips and really have as much

time to answer your questions. We want to make sure that this briefing is adaptive to meet your needs, so it's interactive and we'll take questions throughout.

So, that's kind of the overview and plan. Where we wanted to start is we wanted to kind of celebrate – continue the celebration. You all, hopefully, all got a copy when you came in of the 2010 AMCHP Legislative Agenda. Really pleased to report our Board of Directors meeting over the weekend just ratified this. This is official. And talk to you a little bit about how we came to develop this. We have at AMCHP a Legislative and Healthcare Finance Committee; it's chaired by Dr. Jim Bryant, who is the Director of Children of Special Healthcare Needs in Ohio. We got a broad mix of both members and partners on that committee. And really wanted to have on one page a list of the things that AMCHP cares about and that are related to things that we think Congress either might be – either things we know they will be acting on in the next year, or to say that they should be. And so, obviously it's hard to encapsulate everything that we want to have in MCH policy on one page, and the other real challenge is really putting this in the context of what the lay of the land on Capitol Hill is and what – I will tell you, as you probably all know, every year in Congress I think there is something like 5,000 new bills that are introduced. The number of bills that actually are moved into committee and get a hearing is much, much smaller, and the number of bills that actually pass into law is even much, much smaller. I think it's like 1% of those that actually become law. And so, what the legislative agenda helps us filter

through is which of those bills are being introduced as what's called the "marker bill", it's just to raise awareness, to make a point, to give a member of Congress something that they can say, "I'm a champion for this issue," and realize that just the Congress is organized, they can't take up all those issues in every single congress.

And so we've really try to focus this to set priorities what AMCHP is going to spend its time advocating for. What I will tell you is that AMCHP's whole approach to advocacy; we're thin, we have a 2 ½ person team essentially for our policy team. And here's the point where I wanted to just put out for all of you who are attending this that AMCHP is very careful in the way we approach our advocacy, obviously, as a non-profit, that we're following the IRS rules on lobbying and advocacy activity. Obviously, they're very clear about organizations that receive federal funding, what we can and can't do as far as our advocacy materials and that we make sure we're accounting for the time that we do our advocacy very carefully, so we're in compliance. And I just always like to put that up front because I know there's a lot of confusion about what we can and can't do and just to let you know we've consulted with non-profit lawyers to make sure we're doing our timesheets correctly, we're accounting for the way we budget our advocacy activities. So hopefully, that puts you all at ease that AMCHP is taking those rules seriously.

Having said that, it's really important to understand that non-profits can lobby and do lobby, and I think we feel that it's kind of a core function of maternal and child health field to be advocates for the populations that we're serving. So, bringing that back to the agenda, that's really the whole point here, is to say there's a lot of things that are important to MCH, here's how we tier those in priorities and here's how we're going to spend our time. So, from AMCHP staff perspective, if we're going to go to Capitol Hill and meet with staff or members on issues, we really want to know from our membership what the most important things are and then know that there are dozens and dozens of friendly groups around town that have overlapping interests with us and that each of those groups are going to take the lead on specific issues and then we can play more of a supportive collaborative role and working in coalition with them. So, that really explains a lot of things that are in the Tier 2 and Tier 3 areas.

So, let me stop there and just kind of see if anyone had any specific questions on how we came about putting this agenda together and we'd be happy to talk a little bit more about that.

Q: Do we have more agenda?

A: We do. I do apologize.

All right, well like I said, so we use this to kind of prioritize our time and so then you can see that our top priority really has been consistently funding for the Maternal and Child Health Services Block Grant, and the way I would frame that is, as many of you know, there are so many important funding streams for AMCHP, both within HERSA, certainly at CDC, but also at ARC, and at SAMSA, and we think all of those funding streams are important. And one of the core things that the Title V MCH Block Grant allows the states to do is pull those funding streams together into a hopefully, comprehensive and seamless system. And that's why our members have always directed us with all the understanding that WIC and Title X and CC and all those funding streams are important that we really put our advocacy effort into increasing the MCH Block Grant. And so that is the thinking behind why that becomes our top priority and then specifically, why we're asking for \$730 million.

I wanted to share with you the background here. As some of you may recall, for the last two years, AMCHP has been asking for the fully authorized amount of the block grant, which is \$850 million. That means when Congress last amended the block grant, they said, "That's the most amount we could put into this." But there's a difference between the authorized amount and the appropriated amount. The appropriators have never reached there, and so for the last couple of years, we've been going to Capitol Hill saying, "We want to look at all the things that are happening in maternal and child health. All the **** measures around infant mortality, let's look at childhood obesity, let's look at preventable injuries, let's

look at teen pregnancy rates. And all those things we know we can do better, and starting with infant mortality being 30th in the industrialized world is not good enough. We need more resources targeted to improving those. And so we really try to make our message, not about us as state programs, about bureaucracies about even personnel, although all of those are important, but really try to focus members or Congress in our meetings with here's the population that we're trying to serve and what we see happening with them. And like I said, for the last two years, we've been saying, "We need \$850 million which will get a state match and increase and leverage much more additional dollars to serve to better meet those needs.

As you all know, what's been happening, obviously, with the record federal deficits, it became very clear this year, and particularly with the President talking about a freeze on domestic spending, that asking for what has essentially translated into a \$182 million increase was just not going to make us seem credible, or in touch with reality when we go to Capitol Hill. So, we really talked with our committee and said, "Let's think of a more scaled back and a more realistic ask." And what we settled on was the figure of \$730 million and conveniently, that happens to be the high-water mark of where the MCH Block Grant was funded in 2003, so seven years ago, it was at that level. And then it becomes sort of a natural message in what we're pushing this year to say, "We recognize there's a record federal deficit, we recognize all the difficulties in maintaining the level of spending that we've had and yet with everything we're

seeing, we're asking Congress to get the MCH program back to where it was seven years ago. Help the states begin to rebuild what has been lost and eroded. So, we've gotten some initial feedback that that's a more realistic message, but I'll tell you that the feedback is also just getting that far is probably not likely in this year.

I should have mentioned up front here too that we were just thrilled, absolutely thrilled to see in the President's budget recommending a small increase, \$11 million to the block grant. And what's important to recognize that that's just a proposal, that's a blueprint. Congress needs to act on that and they'll use that as their starting point. But we're hearing from Congress that just that \$11 million is not assured, that it is proposed, we have to fight for it and make sure it stays in. And in fact, what our message is, is that it should be boosted a little bit more to the \$730 million level.

So, that kind of gives a quick overview of what our legislative priorities are, what our main message and ask is on the Title V Block Grant and, like I said, Joshua will get into a lot more of the details of tips of how you can carry that message to Congress and work through your partners and through your state's to do that. But I really wanted to start with that kind of appeal to you. That is our ask, you know, the last **** I think it ended with each speaker being asked, what is your ask. Our ask is that you really help take up this message for us and we understand all too well that many of you working in state health departments, a lot of you don't have

restrictions on being able to do some of this work. And so we certainly understand that, we know in some instances it can't be changed. We keep encouraging you all to ask permission. Sometimes administrations at state level change and just asking, you can get permission to do things that you maybe weren't able to do in the previous administration.

But if you're not able to do the advocacy yourself, what we would ask is that you work with your partners at the state level and your natural coalitions of MCH, whether it be the Parada[ph] groups or the advocates and see if they would consider weighing in on behalf of an increase to the MCH Block Grant, and we can help with that. We've got stuff on our website; we've been trying to get the messages out about how you can do that. We have a template letter. And what we've done at the national level here in Washington is circulate what we call a Sign-on Letter, and it's a one-page letter that says, "Dear Congress. The following national organizations support this "ask" for an increase of \$730 million."

I'm really, really excited to report to you, we currently have 54 national groups signed onto that letter; Family Voices, Marquee Name, The American Academy of Pediatrics, March of Dimes, right down the line. There's a number of groups who have signed on and supported that. And we think that's helpful and it shows that here, within town, within the national maternal and child health community that there's a lot of support. What we would really love is to have 50 more of

those letters from the state level coming up to members of Congress and I think showing broad support.

And my last thought is that's what we've really heard over the last few years is that they're hearing more about Title V, the profile's been raised, but they need to hear a lot more. And so that's where I'll kind of where I'll leave it is we're asking everybody's help to weigh in on this as appropriate as you can. But that's really the first part of the briefing that I wanted to share.

I should point out, and you're probably thinking, he hasn't mentioned health reform yet, or home visiting, which are two major legislative issues. And what I said, if you looked at tomorrow, we have two major plenary sessions planned on health reform; health reform at Noon, home visit in the morning. And so we thought we'd focus a little bit more on the funding picture, but suffice to say, we'll be covering in-depth where those are, and if we have more time later, I think we'll get that. But I want to share the podium with some of my colleagues and I'll ask Brooke if she could come up and kind of give a Family Voices perspective on some of their top policy issues and where there's potential overlap and synergy here. Thanks.

Brooke Lehmann: Good afternoon everybody. As Brent said, my name is Brooke Lehmann, and I'm the Co-Public Policy Director of Family Voices and Janis Guerney is my other colleague who helps run the Policy Shop for Family Voices.

And I know most of you out there are very familiar with us and what we do, but I thought I'd just take two seconds and give you a quick explanation of who we are, what we do, and then I can talk to you a little bit about what our legislative priorities are and how they work in tandem with those of AMCHP.

Family Voices is a national non-profit organization that represents, basically, the needs of families who have children with special healthcare needs. We do this through a variety of ways, from the national office there are tremendous efforts that go into developing resources for these families collecting data to help inform those resources and public policy. Also, there are trainings that go on around the country for families, for professionals, for paraprofessionals, all of whom work with children with special healthcare needs.

And then there's the public policy team, and we're here in Washington and our goal is to ensure that as policies are made the needs of children with special healthcare needs are represented so that the policies either enhance the lives of those children and at the very least do no harm.

So, that's a quick snippet on Family Voices. We also work with a network of entities that you are probably very familiar with called Family-to-Family Health Information Centers. There is – we call it F to F, it's just a lot easier. We have and F to F in every state including the District of Columbia. They are federally funded, and they essentially do what the national office does, but at the state

level and really at the parent-to-parent level. So, Janis and I have been with Family Voices since last spring, and we are still only beginning to understand all the incredible work that these entities do on a daily basis. It seems rather endless to us. But their basic job is to ensure that families in their states who have children with special healthcare needs have access to resources that will help them determine where they can find the right providers to help meet the needs of their children. They hook them up with other parents whose children have the same issues. They create support groups to help families deal with all of the complications and complexities of having children with special healthcare needs. They also service providers, so oftentimes, the hospitals, the doctors, the community health centers are contacting them and saying, "Hey, we have this family. Can you help?"

They're in the schools. I learned today they're in the prisons. So, I mean, they are really everywhere. They're family-run entities and you couldn't find more dedicated human beings in my mind to the cause of children with special healthcare needs and their families than the F to F's. So, that gives you a quick little profile on Family Voices and the F to F.

In terms of our legislative agenda, of course, the first thing we would say is that we are too also seeking funding for the block grant. As many of you know, I think it's at least a third of the funding in that block grant goes to services that are received by children of special healthcare needs and their families. So, the block

grant is tremendously important to our group, and I would say I would just echo everything that Brent said already, quite eloquently and just say, "Ditto." It's very important to us, and I think the one thing that our group really has that's unique that we can bring to that particular discussion, are the families. We have thousands of children and family members, parents, aunts, uncles, siblings, who are affected by the issues that their family members see every day and dealing with special healthcare needs.

So, we are really encouraging them to go to the Hill, or to meet in district in state, however it is most feasible and comfortable for them, but to remind policymakers that behind all of these statistics and numbers and data, which is all we hear going back and forth all day here in Washington, there are actually human beings living their daily lives, trying the best that they can to deal with very, very difficult, challenging circumstances. And so, we hope that our participation in this particular advocacy effort can really shine a light on the human aspect of what these programs are intended to do and who they are intended to impact. So, that's the first request that we're making of our field this year.

And then secondarily, we've been in kind of a tough spot over the last several months in that the funding for the F to F which I mentioned has been fully federal funding for the last several years is coming to an end at the end of May. Is that right? Yeah, the end of May. And sadly, all of these centers, not all of them will close, many of them will close, all of them will be compromised by the loss of this

funding, and I'm sure for those of you in your states who are connected with your F to F's, you have heard over the last several months how devastating this could be, not just to F to F's but obviously to the families that they are supporting.

So, we kind of hit the ground running last April trying to figure out how could we possibly find some funding to extend the life of these very vital, critical programs. And we have been fortunate enough that we were able to get a provision in the Senate Healthcare Reform Bill. And I know you are all going to hear more about healthcare reform tomorrow, but suffice it to say, that for us, that is a major policy goal for us at the moment. If the Senate bill lives on, and we all hope that it will. We hope that the house will choose to pass it, then F to F's will live to see another couple of years, which would be amazing and necessary particularly in light that the healthcare reform will no doubt impact these families some how. So, when things are about to get crazier, how can we possibly lose this one entity that's supposed to help them make sense of it.

So, obviously, our second issue then is healthcare reform and pushing this particular bill. We also received word last week that we were fortunate enough to get into the American Workers – I think it, what is it? American Workers State and Business Relief Act, which is another very small bill that happens to be moving through, it's an extenders bill. We have some particular champions that we are eternally grateful for, who found a way to sneak us in there. It's a Senate bill right now. We don't know what the timing is of that bill, what its lifeline, or life

frame will look like, but we are in there. So, that's kind of our Plan B. And then thirdly, our network, who as you can tell is very, very busy, has also been asked to seek individual appropriations for their individual centers.

And for many, this is their first time they have ever done this. In fact, for some of them, it is the first time they've ever heard of this. So, they have really pushed their comfort zones this year and many of them have made requests of their individual members of Congress to provide them with funding to maintain their centers.

So, in keeping with what Brent was saying about "ask". You know, what is the "ask". I would say that from a Family Voices perspective, our "ask" is one obviously to echo what Brent has already said about the block grant; two, to the extent that you find yourselves in a position with legislative staff, or legislators themselves, to please carry the idea, the notion, the request that they find funding for the Family-to-Family Health Information Centers, and to help you do that, we actually have a handout that if you could include in our other packets that I imagine you have prepared to go to the hill. We would really gratefully appreciate it. It's a small fact sheet, front and side. Just gives a real snapshot of what the F to F's are and why funding is so critical. And then, thirdly, I would say, when you get back to your homes, if you do have a relationship with your F to F's, I would ask them individually if they have made an appropriation request of your members and then anything you can do to reach out to those members to

support that request, I'm sure will be very, very helpful and appreciated by the F to F's.

I think that's it. I think I covered it all. Janis, did I leave anything out? Okay. So that's it from Family Voices. Thank you guys for having us here. Thank you to AMCHP for allowing us to have a little bit of time.

Brent Ewig: Before we move into some of Josh's remarks, let's stop again and see if there's questions at this point. Either you're all walked out and tired, or we're covering. So, let's keep moving forward and then we'll get –

Q: You have a question back here.

A: Oh, yeah.

Q: You mentioned champions on that going behind on that business ****, which Senators were they?

A: It was Senator Reed.

Q: Senator Reed.

A: Yeah.

Q: Good enough. All right.

A: Oh, and Bingaman too.

Q: Reed, Rhode Island?

A: No, I'm sorry, Reed, Nevada. Senator Reed and Bingaman, New Mexico.

Q: On some of your priority 2, like obesity and things like that, he's working with the White House ****.

A: Yeah, a great question. And so there's been a lot of excitement. I think everybody's heard about the First Lady's initiative, Let's Move. And the interesting question there is, when the President's budget came out, we were looking, are there any resources being proposed for it? And there's not. And that frankly, when we heard about the initiative, that was an area of concern that so many times you get a big splash, a big initiative, great vision, great leadership, but without the support for it, you're not going to get the result you need.

We were very fortunate and, sorry Josh if I can **** on your time a little bit. We got an invite a couple of weeks ago to meet with some of the First Lady's staff prior to the announcement and provide some feedback on behalf of AMCHP. It

was very memorable because it was the day the meeting ended, as the first flakes of snow fell and I didn't go back to the office then, I didn't see the office for the whole next week. It was the first of our two blizzards. But essentially the guidance that we provided, the feedback that we provided was, we love the national leadership, we couldn't think of a better spokes woman for this coming from the White House, as a mother, this is going to be terrific.

We really wanted to start with all the positives, and so the reminder was to build on state and local public health agencies that have some capacity. It has to have a policy and environmental change component that we know from 50 years of government guidelines that essentially all boil down to eat more, or eat less and move more, that's the simple solution to obesity. Well for 50 years the government, through the food pyramid or whatever, has been telling people and it is clearly not working because our environment has changed and we haven't made those policy changes. So the great news is they understood that, they really are interested.

But then we got to that last point and we said, we want to say this carefully. We don't want to go out and embarrass the White House, we don't want to make this a big deal, but right now, the MCH Block Grant, which has a performance measure on childhood obesity in WICA, it's age 2-5, BMI, has a measure on breastfeeding, has the potential, the authority to address childhood obesity. It's been eroded \$70 million over the last seven years and CDC funding for the

Division of Obesity through the **** and nutrition is \$38 million. And they don't have enough money to reach every state with the basic grant.

And so our plan was, build on the capacity of state and local public health agencies, but we need to build that capacity because it's eroded and luckily they were very welcomed and receiving to that. They said, "No, we do need that advocacy that should be a component."

It's a little disappointing it wasn't in the President's budget this year, but I think we're going to continue to try to work behind the scenes because again, we don't want to undermine it or seem like we're cynical, or not 110% supportive because we are. But we have that message to say this. If you're going to have the leadership, let's put the resources behind her to make sure we get some results.

And that's a great example of a Tier 2, obviously there's a lot of great people working on childhood obesity, so we're never going to be the lead organization, but we want to be there with the other leading organizations doing that.

Other questions on the agenda, or the components? Terrific.

Well, let me introduce my colleague, Joshua Brown, who is one of our longest serving AMCHP staffers, so he really brings a lot of institutional memory and has been through some of the battles on this and I think Josh will be the first to tell

you that every year at appropriations we say it's going to be a tough year and that it's even tougher than we thought. And the other thing with appropriations in this budget cycle is there's a way you're taught in school in Civics how a bill becomes a law, and how Congress is supposed to do things at certain times, and it's very clear that the laws, they're supposed to finish the budget by October 1, and they never do. So everything that they're supposed to do, they change the rules as they're doing it and it's confusing. So, we're going to try to make this as broken down into steps and simple as we can and I'm going to ask Josh if he can kind of walk through what to expect if you're making a visit and some of the tips he's learned over the years that make it a useful process. Josh.

Joshua Brown: Thanks Brent. I'm actually a little disappointed in Brent. Anyone who knows Brent knows that every staff meeting and every presentation he gives, he always starts out with a joke. And we didn't get a joke this time around, so I'm going to give you the joke. This is a standard joke that I use and the tough appropriations is a great segue into this joke.

So, my cousin, my long-time bachelor cousin got married two or three years ago. And I'm originally from Kentucky, we went back to Kentucky for his wedding and my grandfather, who had been married over 20-something years was there. So before the wedding, all the men are sitting outside smoking cigars and my cousin asked my grandfather, "You've been married a long time, what's the secret? What's the hardest year of marriage? I've heard the first year is easy, but that

second year is tough. And I've heard from other people that when you get into your 10th and 11th year, that's the hardest year of marriage. What is the hardest year of marriage?" My grandfather looked at him and said, "Son, it's whatever year you're living in."

So, that's kind of how I feel about appropriations. It's always going to be a tough year, but you gotta keep at it. You got to keep at it.

As Brent mentioned, AMCHP does **** work every year where we go up to Congress and we ask for money, but we really do need your help. And I'm glad there's so many people who have come to this session; I'm assuming that all of your smiling faces mean you have an interest in at some point in your life going up to Capital Hill and doing a "Hill visit." As Brent and I always like to tell people, I've done it for many years, he's done it for many years, I still find it just as exciting as I ever did, the first day I go up there and see that Capitol, see that White House, and walk in those halls. I just think it's a neat experience and we invite everyone to go up there and do it. I think you'll enjoy it. Don't be scared of it.

Now, there was a mother actually last night walking around our reception last night. And you may have seen her, she was actually pushing a child of hers who had a special needs. And she came up to me and she said, "Joshua, I really want to go to that Hill, but I'm a little scared because I'm not an expert." And I looked at her and I said, "Wait a minute. You have a child with a special need. And

chances are, they don't. So you know what? You are the expert. You're going up there and you're helping them make important decisions. They have so many things that they need to keep track of all at the same time. You're going up there, giving them this great information; you're really helping them make those important decisions. So, don't feel like you're not the expert. You are the expert and you should go up there and enjoy it."

So, AMCHP, as I was saying, goes up there every year and we ask obviously for increased support of the Maternal and Child Health Block Grant, but I don't think that's all we actually ask for. I think the first thing we ask for, obviously, is the money. We need increased money. That's been true over the last seven or eight years, unless they fully fund it this year and next year, it's probably going to be true. We're always going to be up there asking for money. But, that's not all we ask for. We also ask congressional members to make the Maternal and Child Health Block Grant a priority for them. And what we've really been trying to do lately is try to get those kinds of champions that I think Brent alluded to earlier. We really need someone to kind of step up to the plate and become a champion; become known as a Title V congressional member, the Title V senator. Now, that's been a tough row to hoe.

We all know, I think, Maternal and Child Health Block Grant is very different in every single state, and so because it's very different, because of the flexibility of it, it's hard to really get a good national picture of what the Title V Block Grant

does. And I think some of that has led to problems with us formulating a champion. I think that the fact that it's permanently authorized in Social Security has led to a problem with us getting a champion because if it had to be reauthorized, that would double our work, but if it was to be reauthorized every five years, every 10 years, at least they would take notice in it and really walk it through the reauthorization process and someone may step to the plate and say, this seems like a good program for me. So, again, we ask for the money, we ask for them to make it a priority and we ask them to become a champion and again, we can't do that without you all. And so we really hope that you're going to do the same thing and back us up on that.

So, I'll touch quickly on kind of what to expect, hopefully most of you all will joint AMCHP's advocacy training phone calls that we had, webinars that we've had over the last few weeks leading up here to this annual meeting, and I apologize if I'm going over some of the same things that we went over in that call. But I think it's important to reinforce that message. So, hopefully, you've made a meeting with your congressional staffer while you're here, but if you haven't. That's okay, we still invite you to come to the congressional reception tomorrow night and anytime you're really in Washington, you have an interest; I think it would be good for you to call a congressional member and see if you can't get a meeting. So, that's the first step, obviously, call him up.

Now, they're going to tell you they're busy. But you know what? They're always busy. But you've got to just fight through that and keep bothering him. Call him over and over. They're going to ask you to email something, they're going to ask you to fill out a form and they'll say they'll get back to you in one to two weeks. Just keep pestering them. Say you want to come in, say that you're here in Washington D.C., this is your only time really to get up there and talk to them, and that you have a real interest in it.

So, you get up there and now you have your meeting. You're meeting's at 2:00 that means at 3:00, it's important to try to get up there a little bit early. If you're running late, don't worry about it, give them a call. Say, you're still on your way, you really want to meet with him, you're running a little late. Chances are, they'll probably be late.

If you're lucky enough to get a meeting with your congressional member, that's great. I think we often point out in our phone calls that it's more than likely you're going to get a meeting with a staff person. And so they have staff people assigned to virtually every issue that they handle, and there's going to be a health staffer and an appropriations staffer, it's likely you'll meet with that person. But between you and I, that person – don't tell him this, but that person is probably more important than the actual congressional member themselves. Because that person's going to go to daily meetings, or weekly meetings and say, I've heard from these people about his issue. I think it's an important issue. I

think there's a direction you should probably head, and hopefully, they'll get listened to. So, it's okay to meet with the staffers.

The staffers could be anywhere from 19 to 35. They tend to be a younger age. That's okay too. Don't worry about that. The person is probably younger than you are, probably the age of some of your kids. But again, they are very, very important people and they do help make those very important decisions. They're probably dressed in jeans and t-shirt. Brent likes to remind me, when you're asking for money, you dress in a suit. When you're giving out money you can wear whatever you want. So, if they're in a t-shirt or jeans, don't worry about that. But you show up ready to go there.

So, they may be running a little late, they may tell you, would you mind waiting five minutes 10 minutes, that's very common because there's all the time votes that they don't count on all the time. There's something that comes up. Say, yes, you're willing to wait for them to call you. If you have the time, we recommend waiting as long as it takes. I don't think I've ever waited longer than 15 minutes. So, I wouldn't worry about it too much, but it's likely to be pushed back. Don't worry about that.

The other thing to recognize is, it's always neat to meet in the actual congressional offices. They have these beautiful oak desks in there and big giant windows that look out to the Capitol. Chances are, you might not get to meet

actually get to meet in that congressional office. They may say, do you mind coming out in the hall with me? Do you mind going down to the cafeteria with me? We haven't met in the restroom yet, but we would probably if we would get the Maternal and Child Health Block Grant increased, we would be willing to go virtually anywhere. But, because they've got so many meetings going on, they may say, let's step out into the hall. And that's fine. Don't worry about the people that are walking by, everyone is doing the same thing up there. We're all asking for money. So, just ignore the people and focus on what you came there to talk about.

The other thing we really recommend is, really thinking about what it is that you want to talk about when you get up there. Now, I know many of you cover a lot of different issues. You may have seven issues, eight issues, nine issues that all need to be addressed back in your state. Congressional staff just can't handle that. They need to be able to focus on the top one or two issues. So, decide what your top one or two issues – we hope that your top two issues are increased the funding for the block grant and restoration of the Family-to-Family Information Centers. But, if you have other issues, make sure you just pick a couple of them to talk about, very succinct, know what your saying when you get up there.

And that leads me into materials. Title V Directors and State Employees do a fantastic job at collecting data. We know it; we know you collect that data. You are sitting on a mountain of data. Don't take all that data up there with you. All

right? If you go up there with a big giant stack of – and it don't matter how good the data is, I think you heard that earlier today, it doesn't matter how good that data is, it doesn't mean nothing to them. They want to really be able to get your point in a one or two-page document. Say what it is upfront so they say, all right what are they asking me for, and then this is why. So, only take a couple of things.

And that leads me into what AMCHP can actually help you with. AMCHP has developed our materials to help us on our Hill visits, and we always try to pass these out to anyone else doing congressional visits. The first thing we have is what we call our "Ask" Sheet because that's the one that's asking for money. It's the most important one. Right? On there, it has what AMCHP's is asking for, it has the fact that, as Brent mentioned earlier, President Obama has proposed a funding increase, and then it talks about what the block grant is currently funded at. So, we're currently at \$662, but we're asking for the \$730 as we mentioned. And if you're kind of uncomfortable talking about money, this is kind of a great way to just take it and give it to them and say, what is it you're asking for? Well, this is what we're asking for, and you can just hand it to them.

There's a little bit more on here about what the block grant does. It has everyone's favorite pyramid on there explaining the different services of the block grant. Obviously, it can't cover everything about the block grant, but again, this is kind of our money-asking sheet. And we have tons of these, both here, if you

want to take one with you, and at the registration desk throughout the entire AMCHP annual meeting. So, there's that.

The other thing that AMCHP really tries to do is, the question I get asked all the time is, all right, you've explained to me what the block grant is and what it does, but tell me what's happening in my state because that's what they really want to know. And so, what AMCHP has done every single year was try to develop every year what we call a state profile. Now, I know the Maternal and Child Health Bureau does a kind of extensive report on what's coming out of the state in the TVIS Title V information systems, that is pretty extensive. And AMCHP, when we go up there to talk to them, do point out the congressional staff that does exist if they do have an interest in reading all of that. But this is a very quick, very dirty kind of snapshot of what's going on in the state. And they seem to respond a little bit better to this only because it's easy to read.

We have on there, what the state got. I think Brent may have mentioned, I think everyone here obviously knows that the block grant is divided up among states primarily based on number of low-income children within the state. So the want to know how much did my state get out of the entire block grant. We always put that on there for the last two years. If there's a difference, if it's up or down, we try to point that out. We always talk about the state match, the \$3.00 for ever \$4.00 that the state **** to put in there, and we put that on there. Many of your states are overmatching, have been for years. We know that's being cut back a lot with

the state budgets, but I think that's a good thing to point out what the state match is.

We can't put every single program within your state the Title V funds, but we really use our Title V Directors and Children's Special Healthcare Needs Directors to help us identify some of the top ones that we could put on there to really give them a snapshot of what's happening within the state.

Now this part here is real important. This is the number of people served within the state and this is what they want to see; how many women and children in a particular state are served because that's going to mean a lot to them right there. We talk about the health needs that everyone does every five years and I'm sure all of you are working through your health need right now, all excited about picking new health needs. Those are on there. And then the other thing we do is try to put a few grants to the particular states so we can show them where the top five funds are going in the particular state. And then we recognize the fact that many of your state employees have restriction on advocacy, but what we like to tell every congressional member is, certainly if their office was to call you all and ask you for just information, just education, can you tell me how many pregnant women there are in the state, certainly most of you all should be able to answer that question. And so we try to put the Maternal and Child Health Director and the Children with Special Healthcare Need Director's contact information right on there to make it easy for you.

We don't mind if you call AMCHP, but I think our goal in the long run is really to connect them with you all that are actually doing the work in the state. We're more than happy to make those connections for you, but we want you to become really a trusted resource for them. Someone they know they can go to and get that information in a timely fashion and that it's correct.

And so the last thing I'll just quickly point out about materials. AMCHP has this Power of Prevention document that our colleague, who is not here, Michelle Little, helped put together. As they look at health reform and as the deficit becomes bigger, the one question they always ask is, we got to stop spending so much money, how can we save money? And there's a lot of, I think, great examples within maternal and Child Health of showing how if you get more upstream and look at prevention and wellness, you can actually save money downstream in the long run. That seems to be a very effective message right now on Capitol Hill. And this is kind of our attempt in encapsulating just some of those programs that do that upstream prevention so that they can save money in the long run.

Again, we have all three of these here today and we'll have them out throughout the entire meeting at the AMCHP registration desk. So, take those with you. You're going to get in there – another question people always ask me is, well, what am I going to do if they ask me a question? Well I say, well if you know the

answer tell them, but if you don't know the answer, please don't tell them what you think it is.

A question we get oftentimes, honestly, is they say, okay well this Maternal and Child Health Block Grant sounds great, and I think I might be willing to support an increase for it, but I only have a certain amount of money. Where do you think I should take the money from to give it to the block grant? Now that's something we recommend you don't get involved in at all. And what Brent always loves to say to them is, that's not AMCHP's job, you're the elected official, it's up to you to decide what those top priorities would be, we're just here making a case for the block grant. So, don't get into how much money the community health centers got last year. Don't get into some of these other programs that may have seen an increase, just make your case for the Maternal and Child Healthcare Block Grant.

The other question is, it maybe a complicated question about a funding formula for the state, or some high level policy issue that you've never even heard of in your life. Again, we recommend you don't say that. It's perfectly fine to look at them and say, "I don't know the answer to that, but AMCHP certainly does, Family Voices certainly knows the answer and I'll tell you what, when I get back, I'm going to have Brooke call you, I'm going to have Brent call you and they'll be able to answer that question. That's an easy way to just let them know that you'll follow up.

Probably the last question I'll just talk about real quick is health reform. Health reform is just sucking up all action in the room up on Capitol Hill, and they'll always say, well what about health reform isn't something going to happen in health reform? Shouldn't we wait for health reform? It's important to remember that regardless of whether health reform goes through or not, the appropriations cycle is going to happen every single year. So, it's important that they get up there and make that case for increased funding for the Maternal and Child Health Block Grant because while it's not going to be done on time, it's not going to be done by October 1, that process is going to occur over and over again regardless of whether health reform or parts of it goes through or not. So, remind them of that fact, remind them that that's why you're up there to do that.

The last thing I'll just touch on real quick is, we always like to say, the follow up's probably as important as the actual meeting. That can really determine in the long run whether you get your case heard or not. We always recommend, after you've had a meeting with a congressional staffer, send them a little thank you email, if you're able to. I wouldn't use regular mail because it still takes about 3-4 weeks. We send to D.C., from D.C., and it takes us about 4 weeks to get a letter there. But you know all congressional staffers, because they're young, they all know how to work that email and that Twitter and all that Facebook stuff. So, they're good at the email. Send them – if you don't have an email, certainly just send them a fax. It's an easy way to say, thank you for meeting me, just a little reminder about what we met about, Maternal and Child Health Block Grant. And

certainly let me know if you have any questions. And that again, is just keeping it on their radar.

The other thing we recommend is, if you've promised them information, if you were in that meeting and you said, I don't know the answer to that AMCHP does, or if you said, I don't have that data right now; I actually do have it back on my desk at home, back in the state. Make sure you follow up on that because again, you're really trying to become that trusted resource.

We recommend trying to inform as many people back at home as you can that you had the meeting. If you work for a Title V Director, certainly meet with them. If you are a Title V Director and you were able to do a meeting, meet with your health officer, tell them how it went and let them know how things are going here in Washington. Let your advocates that are out in your state know if a particular congressional member had an interest in something, let your advocate states know. Ask them if they might be willing to follow up, make a call, send a letter on the same issue. Just to keep it in front of them over and over again.

And the last thing I'll just point out. AMCHP has been trying to do this lately and we recommend this also for everybody is, if your department does put out kind of a great report and you have a synopsis about it and maybe a local newspaper picks up a little blurb about it, send that on to the congressional office. Write them a little letter saying, you know this data just came out of Louisiana, the

newspaper picked up on it. You may have seen it but I want you to know here it is. Because they have so many things, again, to keep track of that there's no possible way they can really keep track of all the reports and all the great work that you all are doing. Again, don't send them a 400-page binder on the ****, send them a little synopsis, as I said before. Let them know all the great work that's going on back home in their state, and you're more than likely get listened to.

So, I'll actually wrap up there and ask if anyone has any specific questions. Yes.

Q: Joshua, talk about the use of stories, if you have any stories, or **** stories in your state.

A:Yes. Thank you Ellen, perfect. We all know that stories are very powerful. And again, I think I said it before, but I think Title V programs sit on just a wealth of data. The question is, how do you really put a face on all of that data because when you're in Washington, when you're in state government, anywhere, it's numbers. You're getting all these reports on numbers and figures and you really lose track of the fact that these are serving actual people. These are helping people's lives, hopefully, become better. So, personal stories are really powerful message up on Capitol Hill. We all know that there's been legislation around children's dental care because a child died of an abscessed tooth, or I think the Autism community does a fantastic job at showing the stories of the people who

have been affected by autism and the parent, and I think that's why we've seen kind of an increased funding and congress looking more at that particular issue. And so these personal stories are really important.

We've asked Title V programs to send us personal stories of people who have been affected, helped in some way by the Title V program. I think it's fair to say, it's been a little bit mixed. We haven't heard a lot of personal stories. Some of the stories we did get really had to do with, well they didn't have health insurance, this would have happened, which leaves congressional members to think, well all we have to do is health insurance reform then. No, we really are looking for those stories about how the Title V program is actually impacted either you, or your child, or maybe if your Title V Director is, particular your Children with Special Needs Directors, those families that you work with. That's why the Family Voice is so important to AMCHP. Family Voice actually though does a fantastic job at collecting those stories and they use them every single year to go up there and have a very effective message. I think Title V needs to do a little bit better job at that. We know it's difficult, we know because Title V monies mixed in with Medicaid and a lot of other things in the pools, it's a little bit difficult to get your arms around perhaps who exactly is being helped by that.

The community health centers do a great job because they are able to say, if you give us a certain amount of money, I can put a community health center here and I can invite you down here to cut a ribbon and kiss some babies and shake some

hands and congressional members love that. Well, we all know that the Title V is typically not in ever state a Title V building that has Title V on the marquee, and that's always been kind of a problem for Title V, because you don't have somewhere really to come and bring congressional members and have them cut a ribbon. But there are things that Title V are paying for. Or you could bring somebody and show them that Title V funding is being used to help somebody.

So, again that's why those personal stories I just think are so important for us to use up on the Hill to really give a face to people. I see Sophie.

Q: Regarding stories. I suggest you don't use "sanctify". And **** what sanctify means.

A: That's a good point.

Q: If you've got specific programs in the field ****.

A: She actually brings up an excellent point because I think a lot of us fall into this category of when we're at work, we start using these acronym and we start talking about these things that we understand, but people outside this room don't necessarily understand. And there's actually more than one Title V. There's Title V of the Social Security Act, there's Title V the Energy Act, there's Title V of a whole lot of different things. And so you may confuse them by doing by what I

just did, keep referring to it as Title V. It's important that you make sure they know that we're really talking the Maternal and Child Block Grant. I think that's an excellent point.

Any other questions? Great one more.

Q: Well we have a **** continue to dialogue and we want to ask our Family Voices friends do you do hill business, and if there are additional suggestions, guidelines, things that are happening in your **** to share with folks in how to be more effective communicator because I think the bottom line here is this is the persuasion business. You have to persuade congress that this is a worthwhile piece to invest in. So are there any **** that you could share?

A: Well, I think I'll let Janis jump in because I think Josh did a great job of hitting all the major points. I mean, we tell our folks the same thing which is to be prepared to have – if there's more than one of you going, we often suggest doing a role play or at least having your different purposes for the meeting laid out so maybe somebody's going to do the introduction, maybe somebody's going to talk about a specific aspect, somebody's going to do the wrap up. It never hurts and it's always necessary to remind them that you are a constituent, I mean, they know that, and yet sometimes – because they are so used to people like us coming up there who aren't constituents. It always helps to remind them that you are voting for them, and you know, that really is your secret weapon. I mean, a

lot of people are intimidated by Washington and rightfully so, unless you do this every day, it is a very unique experience. And I think sometimes when we tell our folks, listen, you guys really do carry the weight and perhaps the power. At first they kind of laugh and think I'm just making that up or something, until they actually go up there and figure out that in fact, they're voice really does carry weight. So, don't be afraid to use it. Business card transactions start happening pretty quickly. It's like Vegas, you know, people are just passing around cards. So make sure that you have your cards with you. It really is how work gets done. And don't leave without getting one from them because that is how you can follow up making sure that you have their email. And then I think, the personal stories, I would just add two cents on that which is, again, I think Joshua characterized the experience very well. I can't tell you how many times I stood in the hallway and there have been people all around me. It's very confusing, it's sensory overload, I wonder if I'm having any impact whatsoever. And almost 100% of the time, if I or the person who I'm with, which is usually a constituent, I'm just kind of the facilitator, if the constituent shares a personal story, or shares a story of another constituent, that gets the attention of the staffer. For some reason all of the buzz around them kind of dies down and they tune in to this human quality, or something that's happening to somebody, or somebody's in their state.

So, I think to the extent that you can find a healthy balance between spewing the data, which is important and justifies your request with actually just talking about

who these people are and what they're getting from these programs and why they remain important. The genuineness of this is what I find actually ends up at the end of the day being the most important thing. So, I guess the few things that I would highlight. Janis?

Janis: The only think I would add to that is that you shouldn't assume that they know what's going on in your state, these staffers, because they're working on Capitol Hill, they're immersed in the day-to-day stuff. So, while they get news clips and so forth, don't assume that they're aware of some campaign that you are working on for obesity, or whatever else. Ask them so you don't assume that they don't know. But you might want to say, well are you aware of the Governor's **** program that we're doing, or this initiative or that. And then they'll let you know and you can explain it to them as an example of what the Title V money is doing, or I should say the MCH Block Grant money is doing.

Q: Can I get a fact sheet, we'll make sure ****.

A: Oh yeah, please. And we have a Family Voice, you probably walked by it, there's a Family Voices table filled with all kinds of other pieces of information, so have at it.

Brent Ewig: So, Joshua called me out for not being more funny, which was heard. And I don't know if you noticed, but I have a little bit of a cold and the

reason I have it is I have a young daughter, she's 16 months old and she's in daycare and the official name of the daycare is called **** Kids because she's at, it's the Department of Commerce Daycare Center, but what I like to refer to it as the Petri dish. Because you send them in there and they come back with everything and my wife blames me that I gave her a cold. I said, no, no, a commerce kids the Petri dish gave her the cold.

But she's 16 months old, so here's the story. So 16 months ago, we went in for her birth and it was a very exciting time. And I'm a little bit older, there was a younger father there coming in at the same time and his wife was in active labor as they were coming in. And it was amazing, she just screams out, "Don't, can't, won't, couldn't, shouldn't, wouldn't!" And he looked at me and he looks at the doctor and nobody knows what's going on. And the doctor very calmly looks and says, you know, he says to the doctor, "What's going on, is she okay?" And the doctor says, "don't worry, it's okay. She's just going through some contractions." Don't, can't, won't – apostrophe. That's one of my one MCH jokes for the day. And I think I told it a lot, so if it's a rerun, I apologize, the fog of Dayquil makes me think I can ****.

Q What if a staffer says, why would you tell **** past opportunity?

A: Great question, Dr. Frazier, great question. That is a real issue. As you know, we're in our 75th year of our MCH program and clearly the landscape has

changed from when it was created in 1935 there was no state partnership for healthcare. It was pre-Medicaid, it was pre-community health centers, pre-healthy start. All those programs have been added since then and so I think becomes a natural question for some policymakers of – if we have **** and if we have Medicaid covering most pregnant women that are eligible, why do we need this other program. And so it really becomes an opportunity for us to talk about what MCH programs do that are unique, that are important and vital and outside of what happens in the insurance system. And I think that's where the pyramid really helps as a visual to help explain that. So we've used that as a tutorial with a number of staffers, very clearly to walk through and say, the block grant is really providing services at these four levels and with the direct gap fill in that is, what insurance isn't picking up, where there is a need for primary care, for services for children with special healthcare needs, for prenatal care that's not for whatever reason not getting picked up. That is the part of the block grant that remains essential to be able to fill some of those gaps.

But the second part is enabling services and not all insurance covers some enabling services, but not some others, so things like translation of health materials, transportation, all the examples we can use, just simple outreach and enrollment that the block grant helps support. And then we really focus in on the third, the population based prevention services that are very rarely paid.

Obviously insurance will pay for clinical preventive services, but getting out to the community level to look at those policy changes around injury and around obesity,

the universal screening programs to make sure that there is a system in place to do the follow up. I think it becomes clear, and then talking about the bottom of the pyramid, the infrastructure. And this one, we do urge some caution because there's a lot of confusion on Capitol Hill, what do we mean by infrastructure. First they think, don't you mean bridges and roads? Why are you talking to me about transportation if it's health? And so its health system infrastructure. But infrastructure is not a sexy word, and it's not a sexy concept to them, so I think that's the one that's most challenging to try to make that real. What do we do in MCH that's fundamental to assess needs to get that data so we know where there's problems, how we direct resources to do the quality assurance, the standard setting, the workforce training. All those things that fall into that part of the pyramid that insurance never pays for, but that the insurance and healthcare system wouldn't work well without having that and why we need that boosted.

So, that's one recommendation of how we try to walk through and make that explanation. And it is vital. And I think with health reform on the table, it's to make the point that we need health insurance coverage for every man, woman, child in this country. But if we look at what's happening in certain areas and the example we use is childhood obesity. With the CHP program, with the Medicaid expansion over the last 20 years, it's fundamentally essential. We are at the lowest level of uninsured kids in recent history. And that's important, we need to continue working on that, but we are also at the highest level of childhood obesity that we've ever had. And it just goes to illustrate that just providing insurance,

providing that healthcare isn't going to give us all the outcomes that we need, and that, I think is a leading example.

Similarly with birth outcomes. It's a little less clear, but we can document that early access to prenatal care has gone up over the last 20 years, at the same time, prematurity rates have gone up and infant mortality rates have been flat. So what we used to think was the gold standard, kind of silver bullet of improving birth outcomes is early access to prenatal care, we know is going to continue to be essential and fundamental, but it's not enough and what we've learned is we can't reverse a lifetime of exposure of unhealthy behaviors and environments in the seven, eight months of even the best world class prenatal care. So that's why we need a system that's looking upstream.

It's a long-winded answer, but it's an important question and I think I hopefully gave you some ideas of how we can frame what the block grant does that's both complementary but also essential and fundamental to the health system moving forward.

Q: You know, **** talk about we can keep our policymakers informed of what's going on in the state. And this is all terrific that you're going to go at one point in time where you're visiting that particular ****, but what kinds of things can we do in health departments or associations or those of use in resource centers to sort of provide those decision makers, whether they are at the state level or national

with information of things that are going on in their state to how the resources that are provided to your state are being used successfully? ****

A: Yeah. I think it gets to the point that Joshua tried to make is that one of the most important points in advocacy is to build a relationship with the policymakers and their staff. Certainly having time tomorrow afternoon for people from this conference to go up and hopefully make a strong showing and do dozens of visits in one afternoon. That makes a splash, but it can't be a one shot, one day deal. And so certainly, Josh and my job is, throughout the spring to be going and visiting and reinforcing what they're hopefully hearing from their state folks. But to really be successful and to be really – to earn the trust of staff over the long run is to provide that ongoing support to be a resource. Not to be a pest, but to be persistent in sharing, what's happening nationally, here's what's played out in our state and some of the tips that Josh gave you. Sharing things that are showing up in the press, good and bad, but to keep them informed. And to continually link it. And this might not have been happening had our system not been so eroded because of the lost funding. And again we are asking for your help.

And what I say again, is that the spring is the absolutely most essential time. The President releases his budget the first Monday of every February and then the action really turns to Capitol Hill for the next few months where there is room to adjust that. By the time mid-summer comes along, most of those numbers in progress will be set. They won't have finalized the bill, but the ink starts to dry

and so really the most crucial time for them to hear from you is this time and the spring. But, after spring, in the summer when things start to slow down, and through the fall as they are finishing, that's when it's important to check in. Hey, we met last spring; I wanted to see how the progress of the appropriation was going and wanted to share with you a little bit about what's happened since we last met. That's key. And that's certainly what we recommend is try to build that ongoing relationship because if they see you as a trusted resource and they don't just hear from you one time a year, then they are more likely to listen and want to be helpful.

A: Hey Brent, can I add one thing to that. So, a couple of other things that I would suggest you do as a way of following up is try to get some district meetings. So, meet their district staff. Sometime forging a strong relationship with their district staff – every office works a little bit differently, so how the D.C. office works with the state and district offices, you can't really predict. But I have seen some very strong relationships get started at the district and state level and then it works its way up. So, I would go out and have a visit with them. Take them some information, take a family with you. This is when I would really encourage you all to connect with your F to F's. Bring some kids with you. Get the parents to come along with you. Those kinds of things.

I think Joshua mentioned things that come up in your local newspapers. If it's an op ed, if it's a headline or something. Just cut and paste it and send an email

saying, hey just thought you might be interested in this. The other thing you can do is ask a question. So, something big is happening. You may not always get an answer, but flattery can go a long way. So sometimes you can just call and say – or email and say, hey you know, we're really confused back at home about all this stuff that we're hearing and I wanted to come to the expert and really get my question answer. And you'd be amazed when you're 21, you know, you get an email like that. It goes a long way.

So all of these a little tools, but the main idea is just to, every so many weeks, keep something coming so that your name stays in their mind and it may seem like a little small thing to you, but it can go a long way.

Q: One thing that you didn't cover especially **** you know, the powerful language, especially in the **** because when they talk but that foreign money is **** so they have to set up the priorities how the money is given out. The cost saving ****, the dollar associated with the poor man, how much is their input and how much they are saving I think sometimes is more powerful if we communicate. For example, **** costs this much **** initial saving would be this much, **** would maybe cost this much and all of these [inaudible]

A: And that was really the thinking behind this document again. This should have been all of your materials. And I could tell a little story of how this came about. We were in a meeting; it was at the very beginning of healthcare reform

discussions with people from Senator Kennedy's staff at the time. And the staffer said to us. We were making the case you know, in health reform we need to invest in public health and prevention. We think the MCH block grant is a great vehicle to do that, but we're most interested in this idea of having some mandatory money set aside. And she said that's definitely in play; it's going to be a hard sell because everybody believes intuitively in prevention except for the budget office because they are never convinced by the evidence. And then she shared, "I used to work in Family Planning, so I know that a dollar invested in family planning saves \$4.00 in Medicaid costs," and she turned to us and said, "But you must have that data for everything in MCH, right?" and Mike and I looked at each other and said, "Yeah, well oh sure, yeah. Well get that to you." And then we came back and we didn't have it all in one place. And so that was really the genesis of this project was to really – and again, Michelle Oletta really from our staff really led this, but it was really collaborative talking to some of the best researchers and talking with Maternal and Child Health Bureau really in an effort to try to put together as best we could the most recent data on cost effectiveness of a range of MCH services. And so sometimes it goes beyond Title V, and that's okay, but we really wanted to point that out. And I think **** you've really zeroed in on why don't we lead our messages on prematurity. We know that the cost of a normal delivery versus the cost of a premature delivery. We know that the Institute of Medicine, so you quote some of the **** -- Institute of Medicine has estimated prematurity costs the nation \$26 billion a year. Just cutting – if we could just make a small dent in that would more than pay for the

federal investment in the Block Grant. And particularly now, in this deficit politics, the focus is on federal spending. We really wanted to point out is, this is not spending per se, this is an investment in moms and kids and has a great potential to pay off. So in here, it's also immunization dollar. One dollar invested \$27 in Medicaid, family planning, prematurity, I think there's a lot of things we can point to that hopefully will convince them that, yes, this is not just more spending for spending sake, it's an investment in better outcomes and cost savings down the road.

Q: Can I just say one thing about cost savings because I think we have to be careful with the language we use because you're not saving money that they can cut your budget if the **** goes up, it's money that they're not spending.

A: Right.

Q: So, if they spend money on prevention, they are not spending money on lifetime care, for example. I think that's a really important differentiation to make, and kind of a hard one. I mean, I went to a state budget legislator one time and I said, oh [inaudible]. He said, "Well good, we'll cut your budget by that amount." And I'm going, oh no, no.

A; Yeah. Wrong direction. Oh yeah. Do other people have those experiences at the state level that they can share on how to frame that because you're right. We

need to be careful how we frame it, and there's a – I wish I could get this right.

The difference between cost effectiveness and cost – there's something else. But it's this idea that yes, you have to spend, but you do save. And it's not always a direct correlation, and what trips up the budget people is that they want to do it in a five-year window and sometimes we know that we're not going to see those changes that quickly and it goes back to this morning's presentation.

And another example there of why this is nuanced. Is smoking cessation, when at the beginning of the health reform bills when they were looking at the prevention components, the congressional budget office, buried in a report, but they said very clearly a major national improvement in getting people to stop smoking would cost the nation more in the long run. And it's clear. People live longer, they're going to consume more Social Security, they're going to consume more Medicare, and it will cost more. And so, is that how we're going to set policy then? That our national policy should be to promote red meat and cigarettes? But so looking at that, we know that that's how under the cold lamp of the budget, they're going to look at it and say, doing this prevention action actually as a nation is going to cost us more. We think we have a leg up to say, that's true, but with the MCH frame, we know that smoking contributing to prematurity, we know what that costs, and contributes to childhood asthma hospitalizations and we know what that costs. So, yes, nationwide, across the population, smoking cessation maybe not a cost saver, within an MCH population, a clear cost saver as well as the right thing to do.

So, yeah, it's fun to have those discussions with staffers if you can engage them in that and I think we have a strong case to make. And what we've always said, along is, we as a nation will spend tens of billions of dollars every year to insure children through Medicaid and through CHP, and while we're investing, if you look at CDC's injury center, at CDC's obesity program, at the MCH Block Grant, it is altogether probably about a billion, less than a billion. There's fewer examples of where our nation's policy favors treatment over prevention and we've been working to make that shift.

The good news is, in health reform, and to make kind of a segue to where we will be tomorrow, the good news is, in health reform there are components that begin to move us there. It doesn't go as far as we want, as you heard ****
Rosenbaum's perspective last night, it's not perfect. But what we'll see in health reform we will discuss in depth tomorrow begins to move us in that direction, begins to make some of those critical investments.

And so, I can talk a little bit more. Were we supposed to end at 4:15? Any follow up questions, or comments?

Q: Can I still a quick advertisement. The Children's Safety Network has information on 123 cost effective interventions for injury ****. So if you find that

useful, **** our website, or stop by our booth and we'll be happy to provide that information for you.

A: And to tie that to Child ****, we want these stories of how people and families were impacted by Title V programs. I think injury is one of the leading examples where we might not have that personal story, but we show how we changed something in a community because of our policy and prevention and so we need to find a better way. And that's one of the things I learned in the presentation this morning. We've been asking you for stories, we're not getting because we haven't provided the clear map and the path, or whatever. So, we're going to do a better job of explaining. We hear some examples of stories we think work, here's a template format that we want and I think I learned something this morning that we've been asking generically and haven't been directing the elephant appropriately, or whatever the metaphor is. Hi.

Q: I just want to share something. When I first said I was a **** we called them and we **** got any responses back, **** talk to them about the block grant and then I replied with my mentors and told ****. So when I changed that story to okay, I was an Assistant Attorney General from the state of Louisiana, that we, Attorney General **** with a child with special needs. [inaudible]

A: Powerful.

Q: And I just had an [inaudible]

Q: I had a similar experience with **** we were trying to get **** into state law and the most effective testimony came from the people who **** about not wearing a helmet. And I know no one told you **** or anything like that, but you can relate to it immediately because when a child gets up and says my future was changed, I had [inaudible] there wasn't a dry eye in the house. [inaudible]

A: Yeah. Thank you.

So as a reminder, at the box in the back we have copies of all the materials of your state profiles. I certainly encourage you to take those; they'll be at the registration desks. And we need feedback from you. What we can do better, what information you're not getting and would you like to address our conference.

Thank you.