

# **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

## **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

### **Introduction and Welcome**

CASSIE LAUVER: Good morning, everyone.

UNKNOWN SPEAKER: Good morning.

CASSIE LAUVER: Good morning. I like that. Usually, you have to say that several times, but my group here in the front knows how to respond to good morning, so that was enthusiastic. Welcome. I'm Cassie Lauver, and I direct the Division of State and Community Health in the Maternal and Child Health Bureau. And I want to welcome you all to the 2007 Federal State Partnership Meeting, Maternal and Child Health Partnership Meeting.

And each year, after we finish this meeting, we take a deep breath and step back and give ourselves a couple of months before we start thinking about next year's meeting. So, last January, when we came together with the planning committee, looking at what our theme should be, it came together very quickly. And as you can tell by your different cues on your agenda and on your bags, this year's theme is Building Blocks for Promising Practice Models, and you'll see that you have some building blocks on your table there. If you get stressed, you can squeeze those. And hopefully, you won't get too stressed in this first session. But

they're for--Oh, I see you're picking them up already.

But we hit upon this theme very easily. And when the planning committee got together, and I do want to thank the planning committee, and you will find in your booklet the list of individuals that really helped formulate and put this meeting together. And--but when we started talking, one thing that we started talking about was all of the incredible things that we learn when we're out on the road doing block grant reviews after you make the huge effort in your application and annual report every year. And what we find when we go in the field is that we hear incredible things that you all are doing around primarily infrastructure building at models.

So, one thing that we want to do in this session is differentiate between promising practice and practice models, because we know that there are a lot of promising practice out there, such as periodontal disease, as it relates to low birth weight, and that is a promising practice in terms of treating that, but we also know of a number of states who have established relationships with Medicaid and with others to bring together and serve and provide services around a periodontal disease just as that--using that as an example. And that is a--that's a promising model that we can look at and that other states might be interested in.

So, what we did was put out a call for papers, white papers, from our MCH family, both internally and externally, and we were the victims of our own success

there because what we found was a huge response from you all and saying, “Well, we do this in our state, and we would like to share that,” or, “This is an example of a Federal state partnership or a state local partnership, public and private partnership, relationship with family organizations that we work with.” And so, we have a very tight, informative, sustentative meeting over the next two and half days. And in fact, you will find substance all the way from plenary down to the roundtables that we have that many, if not all of our roundtables, really could be breakout sections--sessions that they are so sustentative.

The other thing that we really think would be helpful is to link some of the things that we’re hearing both when we’re in review and that we know that you’re doing in states, and that many of you are presenting today with technical assistance, because that I think that they’re so valuable, and sometimes I think we struggle in terms of technical assistance, and we have so much to learn from each other, that that may be something that you want to think about as we go through the meetings and through the sessions, that some of these things that you learn about, you may want to talk with your project officers about, so we can link that with technical assistance.

Just a couple of reminders before we move on, least we have too much work and not enough time to get together, because that’s probably one of the pieces of feedback that we always get is that we really pack the meeting full of great information and great speakers that there’s not enough time to socialize. So, we

have worked with the hotel. We know this hotel is a little further out than most of the hotels that we work with, but we have worked with them for tomorrow night in arranging for shuttle service. The hotel already has shuttle service between here and King Street Metro, as well as Pentagon City, for you shoppers out there. But tomorrow night, we're--we have three--we have shuttles running every half an hour--every hour, three shuttles, 6:15, 7:15 and 8:15, to Old Town, Alexandria. There's a signup sheet at registration. So, please, take the opportunity to get together with your colleagues here and maybe have an evening out. And tonight, we'll also have our reception here at the hotel and give you an opportunity to get together.

One other little piece of housekeeping before we move on, we have on almost all of our plenary sessions and breakout sessions and roundtables representation from you all here, besides the outside speakers, we do have a speaker-ready room here. And I would just encourage everyone to go check that the evening before that you present to make sure that your PowerPoints are here, they're loaded, if you want to make any modifications, changes, or upload them for the first time. Please, do that, and then we'll be ready for all of our sessions.

We have a number of reasons to celebrate, too, for this meeting. One is Child Health Day. And we're going to be celebrating this afternoon or over our luncheon today, with Child Health Day, with a wonderful presentation around Bright Futures and some of the work that they've done around that, and it's also

a celebration, and you'll see it with the logo in different places, this is HRSA's 25th anniversary. And so, I know Dr. Elizabeth Duke, who is going to be presenting this morning, will also want to touch on a cause to celebrate, and that is a HRSA anniversary.

We also know that, unfortunately, you have to leave a lot of people behind at home and not everyone gets to participate in this meeting. And as we have in the past years, we have our friends from the University of Illinois at Chicago here to video record this meeting, and it will be archived later, and we will send a notification out and let you know when it's up. So, you could either replay some of these sessions, or if you have to make choices in some of the breakout sessions that you go to, you'll have the opportunity to see other sessions, or just staff that were not able to come with you will be able to enjoy and learn from some of our experiences here with our sessions.

So, at this point, it's my pleasure to introduce the Associate Administrator of the Maternal and Child Health Bureau, Dr. Peter van Dyck. And I know that he is no stranger to any of you, and Dr. van Dyck has been the associate administrator of the Maternal and Child Health Bureau since 1999, and he served as the acting director before that. He was the first director of the Office of--the Office of State and Community Health, which is now the Division of State and Community Health, which was formulated in 1995, and that was his brainchild, I think, to pull together and focus a division or an office in the bureau to what you all are doing

in the states to make sure the bureau was sensitive to the importance of the role of the state, MCH leadership.

Before that, and again, we're fortunate because Dr. van Dyck not only has the--a long experience at the Federal level, he also came here with the state experience, and I think that's so important to really understanding where the rubber meets the road with you all out there. And before he came to the bureau, he was the director of the Family Health Services Division at the Utah Department of Health and professor of pediatrics at the University of Utah Medical School. He's consulted nationally, internationally, was president of the Association of Maternal and Child Health Programs in 1978, and we have new leadership with the association here that we'll be introducing later in the meeting, and we're pleased to have them here and shared the Maternal and Child Health Section of APHA from 1989 to '90. He has numerous awards, and I couldn't possibly--we would definitely be delaying the meeting today if we went through those, but some of his key honors have been--being recognized by America's--as America's 500 most influential health policymakers by Healthcare 500. He's received the WHO Fellowship for public health research in Europe, the secretary's award for the distinguished services, and in 1999, received the Arthur Flemming Award given to exceptional Federal employees by the George Washington University and Government Executive magazines. So, please, join me in welcoming Dr. van Dyck.