

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

HRSA Strategic Planning, Leadership and Vision

ELIZABETH M. DUKE: Good morning.

UNKNOWN SPEAKER: Good morning.

ELIZABETH M. DUKE: I'm delighted to be here. And it was so refreshing to hear sort of the State of the Union from Peter this morning, the State of the Union between the Federal and the State Maternal and Child Health Programs as they contribute to the state of health for our moms and our children. So I am particularly pleased to be here this morning and would not have missed it for anything, even the Washington traffic, which is brutal some mornings.

Well, we face a lot of challenges as Peter showed us. And I think, at the same time, we need to take a moment to give ourselves credit for what we've done. As they--that nefarious commercial for that yucky product says, "We've come a long way, baby." But we have a long way to go. And so that's the whole idea of these meetings, is to find opportunities to come a further way along this journey toward a healthier, happier nation, a nation that treasures its children and builds for the future in--with this new generation.

We celebrate a common legislative heritage. One that I particularly take great joy in, namely, a piece of legislation that is absolutely dedicated to promoting and improving the healthcare of mothers and children. We continue to have a focus on the health and safety and well-being of that new generation and the moms who help them grow up. And that has been a HRSA mission since the very first day that HRSA came into existence. The Maternal and Child Health Program is the oldest of the HRSA programs, and was there on day one, 25 years ago, when HRSA was created. We're celebrating that event. You know, look back to when you were 25. For some of us that was a very long time ago, but I suspect you can still remember when you turned 25. Or if that's too far along, think of when you had your 25th wedding anniversary or celebration of similar importance.

We're taking our 25th anniversary very seriously. And so, we've scheduled a quarter of work around this, work and play and recognition. And it goes to this idea that you give yourself credit for what you've done as part of celebrating the opportunity to do more. And so, last week, we had the first ever HRSA celebratory picnic. And we all went out to play ball and have a good time. We have never done that in the history of HRSA. It turns out that some other agencies do this every year, but I guess we're just so conscientious, we just keep working. But we did have a grand time. And what was very special about our picnic is we took time to recognize the people who were there at the beginning.

And when you first started out, you say, “Well, there are 2,000 employees today, how many of them could possibly have been around from the very beginning? After all, Washington is a transient town and federal service is a transient community.” Well, forget that. At HRSA, we have 180 people today who were there on day one and about 100 of them were in the Washington office. And so at the event, we actually celebrated each and every one of them, and then have a little picnic luncheon, played some volleyball and some softball and some karaoke, and some of us played a very vicious game of putt-putt golf.

PETER C. VAN DYCK: Looking at me.

ELIZABETH M. DUKE: Yeah, Peter was a dominant figure, and MCHB came off very well in that competition. Oh, we know how to do fun things.

The second thing we’re doing as part of our anniversary program is we’ve invited all of my predecessors back to spend the day with us reflecting on the challenges and opportunities that we have faced and that we do face for the future, and to contribute their ideas for the ways that we could perhaps do some things better.

And then lastly, we will finally have an award ceremony at the end of November to recognize the employees of today who are contributing to the current successes and also laying a foundation for the future. So, it’s a pretty exciting

effort and one that we take as a very serious effort at having both fun and also the opportunity to focus on the future. And you are doing that with your theme today of “Building Blocks 4 Promising Practice Models.” And I hope that this affords you an opportunity to learn from each other and share with each other the successes that you’ve had so we can do a better job.

We continue to take the view that the very best technical assistance that we provide is bringing together the best practitioners in an area and allowing them the time to talk together and putting them front and forward. And so, in each of your sessions, you’ll find that not only we brought in guests to share their expertise with you, but we’ve also built in the opportunity for you to share your expertise with each other.

This morning, I want to talk with you a little bit about some of the efforts that we’re making to work with you and with our other programs to enhance the health of America. I want to put special attention today on our programs around oral and mental health, and also, to look at what we can do around overweight and obesity, particularly overweight and obesity among children.

I want to start, however, by talking about a success. If you’ve heard me speak before, I’ve told you about the president’s goal for increasing the number of health centers available to our public across the nation. He set a goal of putting 1,200 new or expanded health centers across the country, and we are just at the

culmination of producing that result. We're over 1,100, and they are rapidly coming up and onboard. What that means is we are closing in on improving and increasing the number of people who are served through our health centers.

For the first time in 2006, over 15 million people were served in our health centers. That's an increase of almost five million in five years, a 50-percent increase in the number of people served. That is a huge success. And, of course, there's more to go, a lot more work to be done. And, in fact, the success that we encountered as we moved through that initiative led to a second health center initiative, which was the president's goal of increasing the number of health centers in the really high-poverty counties in this country. And so, he proposed and the legislature disposed that we should have special authority to have targeted competitions within that high-poverty county community. And so, in August of this year, we awarded 75 grants to high-poverty counties. That's over \$37 million pushing in to high-poverty counties to create new or expanded health centers. And when I say expanded health centers, what was particularly gratifying was that this initiative allowed existing health centers to look over the borders, where they were, and to say, "With a little grant money, I could provide services in a high-poverty neighboring community." And so, a number of those grants went to existing health centers who couldn't make that expansion because of business reasons, now they could. And so, a lot of the grants went to existing health centers and the rest of them went to brand new grantees. Some of them never thought that they could compete for such grant.

And one of the things that's very exciting about that program is that program included \$2 million for planning grants, because one of the problems is that the poorest counties, the ones who need health centers the most are usually the ones who are least able to compete. And these are totally competitive grants. And so, these planning grants will help high-poverty counties develop the capacity to compete in this and other arenas for HRSA funding. So we're very excited about that. And we believe that those two initiatives will pay off and much better health. And why that matters to you is that large numbers of America's moms and babies are treated in our health centers. So it's a marvelous partner and partnership for you.

One of the things that I've emphasized during my tenure has been improvement in oral health care. Peter mentioned earlier the problems of periodontal disease and the impact on the well-being of not only the mom, but of her unborn children. We've spent a lot of our time trying to expand access to oral health care. We've insisted that all new health center grantees must provide oral health as part of their services. And in this program, you've had a long history with the sealant program. You've done a lot in building infrastructure. And in this agenda, there is a special session highlighting oral health best practices using a model from the Association of State and Territorial Dental Directors. And they have come to help all of you learn what they have done in their program for children, adolescents, and adults with special healthcare needs in the oral health area. This program is

a partnership of HRSA with the Centers for Disease Control and Prevention, CDC. So I think there's a great deal there for you to learn and an opportunity for us to make oral healthcare available to more people.

Mental health is another area in which for too long, we've looked the other way as if mental health were something that lived on Mars and doesn't exist here on Earth, as if it were something that had to be hidden in the closet. Well, that won't do. And so, one of the things we've been emphasizing in HRSA is the need to integrate treatment for mental health and substance abuse right into primary care. We believe that only when we take an open view and a practical approach will we overcome the stigma and improve the long-term health of America.

Depression is a serious societal program--problem. I was watching television yesterday morning and the Sunday morning program on CBS was highlighting health yesterday. And they had a feature with Dorothy Hamill whom many of you probably remember as a charming, delightful young lady with the hair that just went with every move. And she talked about her long, continuing battle with depression. And she was very open about it because she feels this is her opportunity to help others. And she talked about it as a problem that needs to be out in the open. And we need to pay attention to it because of that significant problem that depression causes for women of child-bearing age.

Lots of women in pregnancy suffer significant distress. And some people say, "Well, it will just take care of itself." Well, maybe it will, but it won't in all cases. And we need to give up that idea that we can just look the other day--other way, pat them on the back and tell them to keep going. The consequences are simply too great. We know that untreated depression can really have a negative impact on the social and emotional and cognitive development of the children and destroy the life of the mother and the well-being of a family.

Our research says that 70 to 80 percent of women experience some kind of postpartum blues. And I see several of you in the audience sort of going yeah. I can shake my head, yeah. It may last for a short period of time, a crying jag, a few hours, a few days, two weeks. That's the usual pattern. But for some, it can last over a year. It can have devastating impact on the well-being, the family--it can cripple a mother's attention to her child, her newborn child and her existing children. It can cause attachment problems for the new baby. It is not something we can simply push under the rug.

We published a new little booklet to try to be helpful, and it was just neat. The other day, I was off at an event and I saw this young woman walking out of a health center. And what was she carrying? She was carrying the HRSA booklet, and I was so tickled. This was a health center out in Oklahoma and our booklet was doing its work. So, Peter, you should be very pleased and proud. I was. I didn't say a word, although I went, "Uh-uh," to the--to my colleague. I was saying,

“Look at that.” Well, we’re happy to have something out there that we think is a practical tool. This is not written in highfalutin language. This is not for graduating medical students. This is for plain people: women, their families, their partners, their communities. It is designed for the general public. It is simple and understandable language. And it sort of helps distinguish those postpartum blues I just referred to to distinguish that from more serious postpartum depression or psychosis. So if you’re not available here--don’t have that book available yet, please make sure to contact one of our staff who are here with you today and make sure that you know about the booklet and you have access to it. And I also want to tell you--the good news is that we’re working now on a translation into Spanish, and that will be coming very shortly. So stay in touch with your project officers from HRSA so that we can make sure that you get the Spanish edition as soon as it’s available.

Another area of concern for you and for us and very much so for my boss, Secretary Mike Leavitt, is the increasing obesity and overweight among children, adolescents, creating a problem going into adult life. Children who are overweight are at an increase for heart disease, high blood pressure, high cholesterol, type 2 diabetes, and that’s not just later in life. We’re seeing increases in those problems in our young people today. And there are emotional consequences as well. Overweight children frequently undergo social discrimination, not only at school but in their neighborhoods. We worry about bullying. One of the victims of bullying is often our overweight children. It results

in low self-esteem and really can have negative impact on a child's growth and development. We think we can do a better job working together to ensure proper nutrition and more exercise. Sitting in front of the television or the computer can be great fun, but it needs to be balanced with a life that has lots of activity that runs off all of that energy.

Right now, I'm having a great fun time. My older daughter, who's a pediatric cancer nurse practitioner at National Children's Medical over here in Washington, found that they had bought the traditional starter house. You all know about the starter house. Well, that's a darling little nursery. It is not a darling little nursery when young lady turns nine. And so they are refurbishing the house to accommodate a family of growing young ladies. So my husband and I now have a daughter, a son-in-law, a 9-year-old, a 6-year-old, and their dog joining our dog and Dick and me. And so for the last six months, we've been having great fun. And we probably have about three more to go. The builder just informed them last week that he was at least seven weeks behind. Does that sound familiar? Dick and I knew from the beginning--they said they were going to be with us five months. That's sort of like when the secretary told me I was going to be the administrator at HRSA for eight weeks. Six and a half years later, I'm still here. Well, I don't think they'll be there six and a half years, but I certainly do know that they will be with us well into January or February. But we've been having a great time. Everybody says to us, "Uh, how horrible. The children moving back." Well, we've had a blast. We are having great fun. We are doing soccer mom again.

They won two to zero. Their first win of the season, however. So we've been doing lots and lots of good things and one of the things that--before I could come here this morning, I had to pack lunches. And there we were, and I was really tickled that the instructions that I had for my daughter--you know how it works now--the instructions were very much like the instructions that I wrote years ago. And it was a really well-balanced lunch. And the children are used to that, expect that. And so we've been having a good, fun time watching them try different fruits, different vegetables as my daughter and I trade off on cooking, and we've been having a good time with a lot of the projects. For example, we have a two-car garage with two cars in it. My husband has his life, I have my life, and that's the way we go. Well, suddenly, we moved into it four bicycles to go with our two bicycles. Now, problem solving is the name of the game, right? So my husband and I went for our friendly hardware store and said, "Okay, guys, here's the deal. We've got to accommodate six bicycles." So we actually have bicycles strung up by pulleys over the cars. It's a very good system. It's very easy to get them down. We have bicycles on both walls of the garage and we come in and out of the garage very carefully. We also have helmets hanging all over the place. We are avid supporters of helmet.

We believe that this is a good thing and we believe at HRSA that we need to support the idea of improving the health of our young people by increasing access to good food, learning to eat good food and getting out and being active. And we believe together we can make that happen. We just gave out over \$8

million worth of awards, again, to try to stimulate greater progress in the area of children's health.

We have two publications that will be coming out very shortly that I want you to know about. One is already out and that's our "Child Health USA 2006." But coming out very shortly will be "Women's Health 2007." Both of these books can be very useful for you in helping you manage your programs in the state and local areas.

Well, that's just a little bit about what we're doing at HRSA, to work together with you to improve the health of America's families. We thank you for all you do every single day. It is our pleasure to work with you. You are heroes of this nation. Thank you so very, very much.

Peter says that I may take a few questions if you have a few questions. I don't want to make you run behind, but also always am happy to hear what's on your mind and to answer questions if you have any. There are microphones over in that isle and over in this isle. Peter, I think we've done it. Thank you all very much.