

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

Keynote Address

DONNA PETERSON: Thank you, Peter. Good Morning, everyone. It's important to note that this is the first time I've been invited back to this meeting since the PJ incident. Where any of you there? Remember that? Do you remember what I did? I kissed him on top of his head. He never forgot that. I saw him recently. He remembered that. I actually got some roses out of that. Remember, when you have these opportunities.

So, 14 years ago, Hillary Clinton was leading the church for health reform and Harry and Louise was fighting back. And today, Hillary Clinton is leading the church for health reform. And if you've been riding the Metro around town, have you seen the ads that the AMA has out in the Metro cars about the tragedy of the uninsured in this country. So, it's very different tenure, I think. It'll be interesting to see how things play out in the next election and over the next few years.

Well, what I want to take a few minutes to discuss with you this morning is how we lead by example, as maternal and child health professionals and leaders. And when Cassie asked me to give this talk, I was delighted, of course. I feel like I'm at a high school reunion seeing lots of old friends from across the years of my

life. And we talked about, you know, what would set a nice tone for this meeting. So, I decided on this theme of leading by example and how we, together, model the future for MCH. I'm going to--what do I do in here. I can't see. Next.

Here's my premise this morning. I'm gonna cover these five points. One is that we have always been innovators, always. I'm gonna tell you why I believe that. The second is that we have been modeling good behavior, and we need to continue to do so. Talk about that a little bit. That our leadership role is one we can't give up, we have to seize it. That this partnership that we have, really, is a source of strength. That's another one in those building blocks that we have. And I want to talk a little bit about how we can continue to capitalize on that partnership and just to make the point and remind us that we have made a difference, we can continue to make a difference, and we will, and we'll do it more easily if we do it together.

So, this notion of how we've been innovators all along is not an overstatement, it's really quite true, if you think back on our history. This notion of a partnership between the Federal level of our government and the states was an innovative concept. When the Sheppard-Towner Act was created in 1921, this idea of giving grants to states to meet a national interest, while giving the states the latitude to address some of their own needs, was an innovative concept. We hadn't done this before. So, this notion of grants in the states that launched us was a new idea. And link to that, it required leadership in each state. There had

to be somebody in each state that took responsibility for these dollars and for these programs, meeting the national interest corresponding to what was going on in the states. And that was very controversial, identifying someone in each state that have leadership responsibility for mothers and children, very controversial. The AMA didn't like it. The Catholic Church didn't like it, because Catholic Church, they saw it as a threat to their Catholic charities, outreach efforts. The AMA saw it as a threat, of course, to their province in providing healthcare. But we did it, and we've maintained. We've maintained this notion of the Federal state partnership. We've maintained this notion of leadership responsibility in each state, and we've been doing that since 1935. We are--I don't know if this is true enough, but it sounds good, if we are not the longest running program, we are one of the longest running programs. We've endured. So, we have longevity, we have leadership, we have creative ideas on our side.

And this leads to a very interesting dynamic, this notion of partnership. And if I were more clever with PowerPoint, I could have done some groovy 3D kind of picture of this. But there is both horizontal leadership and the vertical leadership that we talked about. So, at the national level, Dr. van Dyck and Cassie and everyone out here in this audience provides leadership at the Federal level, not only to us, but across various agencies and sectors, private and community-based national organizations. They provide leadership across those organizations for maternal and child health, informing them, engaging them, getting the message out there. They do that across, and then they do it with us

in a vertical fashion. We then model that same kind of partnership within each of our states. So, we provide that broad leadership within our states across all the agencies in the programs, in the institutions, that have some role to play in improving the health of mothers and children and their families, and then we provide vertical leadership to our local partners at the level of the community, and around again. So, this leadership across and down and back again, it's a unique partnership that we have, and it's one, as I said, that has endured with stood the test of time because it works.

This idea, this broad responsibility across agencies, across different communities, Federal to state, state to community, is unique, even though it plays on very different ways, state to state. You all know you had different levels of responsibility. You're organized in different ways within your states. I have this program, you don't. That's okay. The responsibility that we share is what it is. It is to assure the health of all mothers and children in our states and by extension across the nation.

So, we look to this partnership. We look for leadership from the bureau at the Federal level. We look to them to set some direction. We look to them to provide leadership at the Federal level. We can't do that by ourselves, we look to them to do that. We look to them to provide us with the long-range, broad perspective, what do you see nationally, what's going on out there, what's on the minds of Congress, how are other agencies seeing their roles and

responsibilities. But in this partnership, they also look to us. They look to us for some of these new innovative ideas. They look to us for the data that we share. They look to us for the stories. So, it's not just the quantitative numbers that Peter shared earlier, but the stories, what's going on out there, what are we experiencing in our states, in our communities, that can inform how they take their leadership role at the national level.

So, this is a huge responsibility that we bear to assure the health of all mothers and children. It's an enormous responsibility. But working together in this way, we have a tremendous amount of potential to continue to make a difference and to model good behavior. We have history on our side. And those of you that know me, I cannot give a talk without referring back to the Children's Bureau, which is really the origins of maternal and child health in this country led by a group of women, very powerful leaders, who saw the need to take some responsibility for the nation's children. And the charge to the Children's Bureau in the legislation is as follows: to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people. And I love those words because they were so innovative and forward-thinking for their time that they have also been sustained throughout our history. It's the same mission that we have today that has not changed. And what's interesting about that mission is, again, it was an innovative approach to being responsible for the nation's children. It's clear in that language that the entire population is of interest. All classes of our people, all children, their well-being,

across all classes of our people, there was no focus on any particular population, the interest was in all. Prevention was the focus, the intended focus, and that has persisted.

The idea that directing resources to children is in our national interest was the notion behind the creation of the Children's Bureau in 1912, and again, one that we sustain today. It is in our national interest to address the needs of children and prevent some of the negative supply that emerged if we do not pay attention early on.

The notion that we should base our policy decisions on the scientific knowledge base on the data, investigate and report on, means just that. Gathering data, continuing to monitor trends, to know what's going on out there so that we can make the best decisions to make a difference in the lives of those children.

The idea that health welfare education, on and on and on, you can fill up the list, these are all link that we cannot just focus on the health of children, 'cause there's more going on in their lives that affects their health, we have to focus on the communities in which they live, the interactions that they have, other supports to them and their families. And again, this innovative idea that the authority for this responsibility should rest at the level of the state.

And I had a lot of fun teaching graduate students. And I'm always--I'm not amazed anymore, I've stopped being amazed, that they really don't understand our constitution, they don't understand how the government works, you really have to go over the spec, back to the beginning and say, "Why do you think we're called the United States of America?" We're not just America, we're the United States because we were states first, right? Remember the 13 original-- why we have those stars on the flag? We are a united confederation of states. That's why states have the latitude and the authority to make decisions. The authority for maternal and child health rest at the level of the state for very good reasons, partly historical, but partly because this is a huge country and the variations and the needs and the capacities are tremendous across these states.

So, again, this partnership idea becomes very, very important. And here's why. I thank *Lorraine *Clerman for bringing this quote to my attention, Justice Brandeis said this when he was on the Supreme Court in 1932. "It is a happy accident of the Federal system that a single, courageous state may, if its citizens choose, serve as a laboratory and try noble, social and economic experiments without risk to the rest of the country." Okay. So, we depend on you, each of you, to try new things.

It's easier for Rhode Island to try something and fail than it is for Dr. van Dyck to get all of you to try something and fail. Okay. And you can do it because the authority rest with you and you have the latitude to look out over the horizon and

say, "What's going on in my community? And how can I try something different?" And we then learn from those experiments. When they succeed, we want to adopt them. When they fail, we want to remember that so we don't try them again.

All right. Modeling good behavior. How much time do you spend in meetings? Not counting this one. Just think about last week. So, five days, eight hours a day. How much of your time were you in meetings last week? Half? Yeah? More? Right? All--meeting after meeting--my kids ask me, "So, what do you do at work?" I said, "I go to meetings." "Why do you go to meetings?" I remember dropping off of my older daughter at daycare. I was there when the doors open. I threw her in, I ran out, I said, "I have to go to the Capitol. There's a hearing, I have to go to the Capitol." So, the daycare teacher said to her, "Wow, your mom is going to the Capitol. What does she do there?" And she said, "Oh, she sits. She sits very well, of course." All right. How much time do we spend to meet, why do we do this to ourselves? Why do we spend all this time in meetings? Because we're modeling good behavior. We're there to learn. You hope you might learn something. Or maybe you were there to influence, maybe we want someone else to learn something, okay? Maybe we're there to avoid catastrophe. We hope we can avoid catastrophe. Maybe we're there to trip over an opportunity, right? There's always that tinge of hope as you get in your car, drive across town, maybe, maybe something. But what we're usually doing is listening or explaining or mediating, we model good behavior. We're good at

this. People look to us, right? We're good at a meeting. I'm sure you get invited to a meeting. I used to get invited to meetings that I really don't have anything to do it, but they wanted me there because I listen well and I could explain well and I could mediate. And maybe I could avoid the catastrophe or trip over an opportunity while I was there. That's what you hope for, modeling good behavior. Why do you that? Because you've got this overwhelming responsibility that nobody else has. You can go to almost any meeting and contribute something because of the responsibility that you had. You can go to almost any meeting and learn something or influence what's happening. And in fact, you have to. No one else has this broad responsibility. No one else has your broad prospective. Truly, no one else shares your prospective. No one else has your responsibility. The other reason you show up is, 'cause they all have more money than you do. So, you're always looking to pick somebody else's pocket.

I had someone tell me that collaboration is just another word for taking my money over to your program, worked for me, and because you're only as good as your powers of persuasion and your data. Data is our fundamental building block. And we go to meetings because we bring this idea of justice and what's right for our nation. It's right for our nation to take care of our children and our families. And so, we can walk into any meeting, whether we have anything to throw on the table or not, and be the voice of children and families and what's the right thing to do. That's why we go to all these meetings and model good behavior, and always look optimistically for the next opportunity.

As I said before, the state is where the action is. And that's why it's so important in this partnership for the folks in Washington to know what's going on out there. And it's important for you to know what each other is doing. That's why you come to these meetings. That's why they are assembled. That's why the bureau brings you together. That's why you agree to be on the planning committee, because this is a huge opportunity for you to learn from each other, because we simply can't afford to not learn from each other. The mistakes are too costly.

You all have something to learn, but more importantly, you all have something to share. And what's really nice about these kind of meetings is you now have an opportunity to provide leadership when you go back home, because you will come home refreshed and reenergized with a couple of good ideas that you can try, that you can share. Have you seen the leadership competencies? I think there's a session out in here, which I'm really delighted to see. I wanted to go through them because I think it's important to remember what our responsibility extends to, what is it we're supposed to do in this leadership role. We are to understand and support our values, our mission, and our goals with a sense of purpose and moral commitment. Again, the idea that we are the champions and we will go and work and make a difference. We value interdisciplinary collaboration, diversity, and we bring the capacity to think critically about MCH issues at population levels and individual levels, as well as the capacity to communicate and work with others, modeling good behavior. We recognize that

we don't do this alone. We recognize that MCH is an interdisciplinary effort, not just interdisciplinary within health, but across all the disciplines and all the professions and all the agencies that affect impact on the health of children and families.

We possess core knowledge of the populations that comprise maternal and child health and their needs. And we demonstrate professionalism in our attitudes and our working habits. We are good partners in our states with those other agencies and with our local community folks and back here, professionalism.

We continually seek new knowledge and to improve our abilities and skills central to effective evidence-based leadership. That's why you're here. That's why you continue to come. You are committed to sustaining the infrastructure necessary to recruit, train and mentor future MCH leaders to ensure the health and well-being of tomorrow's children and families. And that, of course, is a direct reference to your academic partners, and there's a session on that here as well.

You respond to changing political, social, scientific, and the demographic contexts, and you demonstrate the capability to change quickly and adapting the phase of emerging challenges and opportunities. We are good at this because we have to be good at this. We have plans, we have priorities, but we are also opportunistic. We seize opportunities when they come our way. Okay.

So, in essence, we have an obligation to lead by example. We have no choice. We must provide that leadership across at the state level and then with our communities and back to the Federal bureau. And as I said before, the mistakes are too costly. We simply don't have enough money, we don't have enough time. And a generation of children can't go by while we try to figure out the right way to do something. We've got to be as effective as we can be right now today. So, here are some thoughts for you to think about; five ideas that I'd like you to think about why you're at this meeting over the next three days.

Number one, please be open to new ideas. Please be open to new ideas. At the last leadership skills training institute and a couple of you were, Cathy Taylor from the Tennessee Department of Health opened her session by asking everyone to draw a pig. Have you ever done this? If I had it, I would do it. But I don't have it with me. But she said to everyone, "Draw a pig. Just take a piece of paper and draw a pig." So everyone drew a pig because we're good at meetings. We do what she say. And then she went through this enormously humorous—if you put the pig at the top of the page or this at the bottom of the page or this if you drew a left-facing pig, or that a right-facing pig, or this. And then she said, "If you drew your pig facing front—," and the woman next to me said, "Who would draw a pig facing front?" I would have if I'd drawn a pig, but people do things differently. Be open to new ways of doing things. Be willing to listen to a new idea. Hear what you're saying to yourself. Hear what you're

saying to yourself. Am I saying, "Who would do that?" Am I in a session listening to someone speak and say, "I would never do that. That would never work in my state. We tried that and it didn't work." Get those words out of your head. Get those thoughts out of your head. You have an opportunity here over the next three days. You don't have to worry about anything. There's no one bothering you. Your job isn't threatened. Well, at least you hope not. Sit back and open your mind. You have to take a deep breath or do a mantra, whatever. Be open to new ideas. It's critically important. We've got to be open.

Number two, because you're open to new ideas now, you will seek out models. Seek them out and commit to thoroughly understanding them. I think we make a big mistake when we go to meetings like this and we come back and say, "Oh, I heard the greatest talk. I didn't get the notes. I don't have the handout. But I think I know what it was, and let's try it here." You need to understand very deeply, very deeply, how did this operate, how did it work, who was the audience, how did they do it, what resources did they use, how were their people trained, how did it work, what were the results. Don't assume you understand how it worked. Learn the facts. If the new idea is intriguing to you and you think it has some potential in your state, you owe it to yourself and your state to get all the facts including the dirty little secrets. What didn't work? What did they try and change? Did this and then they not? You've got to understand these things. You've got to thoroughly understand how these models work. And you've got an opportunity here. You're going to have some great in-depth discussions about

some very innovative, creative new models. You need to understand them thoroughly.

Number three, feel free to borrow them. Don't be afraid to borrow ideas. You got to get over this not-invented-here idea, which I don't think we suffer from but often our leadership does. I don't care what they're doing in Colorado. I want to know what we're doing here. Right? Have you ever had that happen? I don't care what they're doing in Massachusetts. All right, well, borrow it, adapt it, make it work for you, and go ahead and take credit for your modified--your new model. But don't forget somewhere along the line to give credit back to where the idea originated. And don't forget to let them know how you modified and adapted what they were doing because maybe they can learn something from you.

How many of you cook? Oh, good. How do you feel when someone asks you for the recipe? Don't you have that little twinge of I don't want to give you the recipe? It's my recipe. All right, I'll give you the recipe but I'm leaving out that mustard powder, so yours won't taste as good as mine. Okay, I'll give you the recipe. What happens? They take your recipe and they change it. God damn it, changed my—maybe it's better that way. But they've got to tell you that.

They've got to say, "You know what? I love that recipe. I substituted low-fat cottage cheese for the ricotta, and it was just as good and less fattening." Okay? We've got to be willing to share. It's okay to adapt for our own circumstances but

then we have to let people know because they need to keep learning too. We don't just have an idea and that's it. These ideas evolve. And this is part of the partnership, and how we learn and continue to sustain this network.

Number four, share your models freely. Give everyone the recipe. Send your staff to conferences. I know it's hard. Travel restrictions, nobody wants to be let out of the state. Please find every opportunity. You've got to send your folks to these meetings. They need to network, they need to find their support group, but they need to gather some of these ideas themselves. It's good when you do it and come back, but it's not the same as when they hear it themselves.

In some states you can go to a conference if you're actually presenting. So, encourage your staff to submit abstracts for scientific meetings. Encourage them and reward them, not just by letting them go to the meeting but by letting people know. So and so got an abstract accepted, post it on your bulletin board.

Reward them for taking the time to share their ideas. Get them out, encourage them to do this. Publish, publish, publish. I can't say this enough. That's where your ideas are sustained. Because once they're in the literature, they can be found for years to come, whether or not you're still at the agency or not, we can find them. And you've got to create supports and incentives for your staff to publish. I know how hard it is. But if you don't, we run the risk of not learning from you. We run the risk of not being able to capitalize on your good ideas and help them evolve and turn them into something new.

You heard earlier that I'm the editor of the Maternal and Child Health Journal. And it's not like I need more submissions. We have plenty. But I don't have enough from you. I get them from academia. I get them from other countries. I don't get enough from you. And part of why we created this journal was so that you would have a place to share your ideas. And I know it's hard, that you don't have the time, you're not used to writing, but we have assembled a wonderful editorial board and a group of reviewers who are now accustomed. It doesn't mean they all get accepted, but they are accustomed to working with you to make them publishable papers. And we encourage you, please, please do this.

And as Dr. Duke said, you know, take time to acknowledge the good things you've done. Take time to recognize success. Take time out of the day to thank people for what they've done and acknowledge their leadership efforts.

And number five, and this one might be the hardest of all. Be willing to discard what doesn't fit anymore, be honest about what doesn't work. Any of you have programs that don't work? One lone man raised his hand in the back of the room. Sir, you want to come and tell us about your—we all have programs that don't work. Why do we still have them? Well, we can rattle off the reasons. They're politically popular, I get a lot of money for them, they keep all my staff employed. We all know that, but we've got to get beyond that. We've got to be honest about what doesn't work and find ways to make them work or move them

along. And, again, when you're here, it's not always the big new idea that you need to pick up here. It's the variation on the theme. Oh, wow, maybe if I did that, my, kind of, dormant program could be better, could be stronger.

So, here's a couple of ideas for you from Florida--it's just because I got to contribute here--that I thought were really cool. One is that the Florida Department of Health--we have a tax-free back-to-school week. I think a lot of the states do this now. It's 10 days where you can buy all your school clothes and school supplies and all these things tax-free. Well, they linked an outreach effort and that a huge a state-wide outreach blitz for the Children's Health Insurance Program in Florida. They linked it to that tax-free back-to-school week, which I thought that was really clever. It didn't really cost them anything to do it. It just--while people were thinking about what they have to do to get back to school, it was, oh, you also need to make sure your child has health insurance covered. So, it's just a clever, clever idea.

The other thing I learned about recently was in the county surrounding Tampa Bay. They have created these, sort of, disaster preparedness reserve corps, physicians and nurses and other health personnel that can be deployed in the event of an emergency. Well, they wanted to test out how well was this going to work. So, they said what could we have them do that needed to be done quickly and involved a lot of people? And they got the idea to have them do the health physicals for the children coming back to school. So, it was a way to test the

readiness and the ability of these guys to come together in over a period for a couple days, do physical exams on all the schoolchildren, and it also got all the schoolchildren examined, so that we could determine what health needs they had before they went to school. Another really clever idea.

Now, here's the real message here. Where did I learn about these? The first I learned of by attending the Florida Public Health Association meeting. How many of you go to your state public health association meetings on a regular basis? See? Not all of you do. You should. Whether there's an MCH program or not, you really ought to go because you'll learn a lot.

The second thing I learned, I go to the quarterly meetings of the 10 county health administrators around Tampa Bay, I go every quarter. I'm--they asked me if I have anything for the agenda, and sometimes I do and sometimes I don't, but they let me come and listen to what they're doing. I learned on Friday, I was at the meeting, that they've enlisted someone in one of the counties interested in moving this in other counties, where they're trying to come up with best practice models by picking an area within public health, and they examine everyone providing that service, and they look for benchmarks, and they try to figure out what's the best practice among everyone doing it. So, it's not like a gold standard best practice, it's the best practice today among everyone doing this thing. And then they benchmark everybody against it, and then they drill down to figure out what are the processes that make that one more successful than the

others. And then they can go back and tell people very directly. Well, the reason you aren't as successful is because you're doing your appointment scheduling like this, while the best practice group is doing it like this. So, it's a much more-- it's more intuitive and it's more direct. It's not some, well, I can never do that kind of standard, it's real. If somebody down the road could do it, then the theory is everybody else should be able to do it too. Again, that's why you're here, if someone in Oklahoma can do it, why can't I do it, where I am?

So leadership is often as simple as just being there, being out there, and I thank Cassie Lauver for this one. Leadership is about attitude, optimism is contagious, so is pessimism, by the way, but we don't need to spread any more of that around. I was coming into work one morning and I heard on the radio that if I as the boss come into the office, and I am walking fast and I'm looking down, and I don't say good morning. Okay, and there could be any number of reasons for that. I was in an accident, I got in a fight with my kids, it takes three hours for that staff to recover. Even though it didn't have anything to do with them, but they don't know that. How do you feel when someone walks in the room and doesn't look at you? Their grunts in your direction? You think it was you. It takes them three hours to recover from that. Well, that's three hours of not only potentially lost productivity but stomach upsets and headaches, and we don't need that. We've got to remember that leading by example is maintaining that very positive, optimistic outlook.

Leadership's about everyone else thinking it was their idea, right? It's the easiest way to get people to change is to let them think that they figured that out themselves, let them be the champions. It's also like giving everybody else credit, we don't need credit, let everybody else have credit. And this extends to other agencies and other programs, if somebody else can do the job let them do it, we don't have to do it all. And this leadership across all these agencies, that's a part of what it's about. When we take our data, and we take our good ideas, and we go to the Medicaid Agency or the Department Of Education or the child mental health program, that's what we're doing, we're trying to get them to do the right thing. We don't have to do it all, we can't do it all.

Never forget that data is your friend. All of this begins, we can't lead by example if we don't understand what's going on in our communities. We have to thoroughly understand what's going on in our Maternal and Child Health population. It's good to get a report like we got from Peter because hopefully it makes you think, "Hmm, I wonder what that looks like back in my state. Have I looked at that lately?" Some of you will not be doing as poorly, some of you will have seen greater improvements, but we need to know those things, so that we can be effective.

And part of this is making sure that your needs assessment operations don't stop. We don't only do them every five years, we do them all the time. The five-year mark is just an opportunity to bring everybody together, but in the off years

you still have to be doing needs assessment. You've got to be doing surveillance because you've got to know what's changing out there. It's a time for you to focus on particular areas, geographic areas or particular populations that you can't do in the broad five-year needs assessment. It's an opportunity to focus on emerging issues.

How many of you looked at obesity trends in your last needs assessment?

Okay, so some of you did, some of you didn't. How many of you were looking at it five years before? Thank you Arkansas, that's because they have a governor that--But if you think about this, is this a new--did this just happen? Did this just happen? Did someone flip a switch and all our kids are fat? No, this has been going on for a long time. Why did we not know this? Well, one reason we didn't know it is we didn't have a data system to alert us to this. We don't collect heights and weights on all our kids and monitor that. We need to, but we haven't been. Now that I live in Florida my data is the beach. And when you go to the beach, it's very scary. You don't need the creature from the Black Lagoon to scare you. You just--and I think, "I don't remember the beach looking like this when I was younger." Now, I'm sure I'm contributing, too, but are you out in your communities looking at what's happening? And then saying, "Why don't I have any data telling me about this? How do I know what's going on? I've got to know what's going on."

Set your priorities and stick to them. It's good that we have to set priorities. It allows us to work on change, getting rid of things that don't work, adopting new models that do, but as I've said, we got to be open to opportunities, which is why you got to get out there, you got to listen, you got to learn all the time. But remember to always be true to our mission. Our mission is a precious one. It's one that has withstood the test of time, there's no reason to change it. It's what it is, assuring the health of all mothers and children. It's our job. It's our responsibility. It's our mission. We never want to let that go.

And in being responsive to that mission, you will have to be innovators. There's no other way about it. You will have to continue to model good behavior, always. Embrace your role as a leader. Don't shy away from it. Let history and longevity sustain you. They're great building blocks. When you're feeling down and like nothing's going to work, remember that other people have fought these battles and survived. Be a partner. We really are in this together, which means take every advantage of the moments that you have here, get to know people that you haven't met before, learn what they're doing, get their e-mail address. Now, with technology, it's so much easier to keep in touch with people than it used to be. You don't have to wait for the next meeting to follow up and get some of these ideas.

Some of you were at the last MCH Leadership Skills Institute, and we did an exercise the last day where we asked people to just think as boldly and broadly

as they could about an ideal vision for children and families. And we had everything from world peace to a smoke-free world where what people were thinking. So they really were thinking broadly and boldly, and after we, sort of, sighed about, "Wouldn't it be nice to have a peaceful and smoke-free world?" There were a number of themes that emerged. We don't have to wait for world peace and a smoke-free world. There are things we can do today.

People talked about the importance of infrastructure and that's what we're here talking about. In a lot of ways, our building blocks are what keep us going. The importance of systems and the relationships among the parts. This notion of inner agency leadership came through loud and clear. The role of data. We now understand this. If we didn't before, we understand it. We know how important our data is. The essential role of our constituents as partners, and I'm happy to see on your agenda here today about youth advisory councils, how other people participate, and the importance of having a vision that you don't let go of. Always looking out on the horizon. What is it we want to do? These are all things you can do right now. You don't have to wait for world peace because you'll wait a long time.

I want to thank you all for giving me some moments this morning. You are the future of MCH when we talk about models, building blocks, for new partnerships, you're it. You are our building blocks. We need to learn from each of you. Enjoy

your time here. Use it wisely. And I've really enjoyed being back among all of my great friends in MCH. Thank you so much.