

**Federal/State Maternal and Child Health Partnership**

**Title V 2010 Needs Assessment**

**Technical Assistance Meeting**

**MCH Needs Assessment:**

**Concepts to Catalyst – Capacity to Competency**

**Opening Remarks**

February 25-26, 2009

PETER C. VAN DYCK: Thanks, Cassie. Good morning, everybody.

UNIDENTIFIED SPEAKER: Good morning.

PETER C. VAN DYCK.: Good morning, staff. Good to see everybody here bright and early. I'm going to talk about the budget and this is current as of 5:00 last night when I went back to the office and updated my slides. So, you don't have my slides, so you're going to have to take the - take some notes if you want to take some notes. But we'll try to make sense out of the budget then we'll talk about the stimulus a little bit, and then there'll be time at the end for some questions. So, that's kind of the agenda that I'd like to do this morning.

We're going to talk about budget. And it reminds me of the story of the two budget experts who were going to go away on a fishing trip. These were federal experts. They weren't state experts. They're - these are federal experts, people

we've had to deal with. And they rent all the equipment, going to go on a fishing trip. So, they rent all the equipment - the reels, the rods, the hooks, the wading suits, the row boat, the car, even the cabin in the main woods. They're going to have a great time. This is their time away in between congress- congressional session.

The first day, they get out, put all the stuff on, go fishing, don't catch a thing. Come back and commiserate, figure out they're going to a different place the next day. They go out the next day, fish all day, don't catch a thing. Third day goes the same. Fourth day goes the same. Reminds me of a vacation I took when I was in medical school where I went to Fort Lauderdale for four days because that's all I could afford because I was a poor student. And it rained the first day, so I stayed the second day looking forward. It rained the second day, rained the third day, rained the fourth day. This is true. I had no more money but I had a Texaco charge card, gas charge card. I called - I remember I was so desperate for sun I called Texaco and said, "Can I charge another day at the hotel on the Texaco gas card?" Well, what they say? Of course, it's a charge for them. Anyway, it rained the fifth day too. So, these poor guys were out fishing, and on the fourth day, didn't catch anything. Fifth day, when they had to go home, they finally caught a fish. One fish. It was nice. One fish.

And as they were driving home, they were depressed and sullen and kind of pissy, and one guy turned to the other, one budget expert turned to the other and

said, "Do you realize this one lousy fish cost us \$1,500?" And the other guy said, "Boy, it's a good thing we didn't catch any more."

Poor Martha Stewart. I can't - I ran across this in my file when I was looking for something else, and I just had an internal chuckle and I could not pass it out. This is Martha Stewart's 1997 calendar for the month of January. And I'll just read a few of them, not to bore you. January 1st, catch up on your gardening. Sew leaves back onto the trees, and do all the cooking for 1997. January 4th, drain the city reservoir, refill with mulled cider, orange slices and cinnamon sticks. January 8th, culture ancient DNA into dinosaurs for your nieces and nephews. January 11th, organize spice racks by genus and phylum. January 14th, replace air in minivan tires with Glade air freshener in case tires are shot out at the mall. And the last, and the one I love the best, received delivery of new phonebooks. Old ones make ideal personal address books. You simply cross out the names of the people you don't know.

Make it fun to talk about budget finally, huh? Okay. This chart has the fiscal year 2007 appropriations. These are actual numbers for fiscal year 2007. Can you see that all right? Maybe if we lower the lights just a little bit. It looks dim to me too actually. Is it getting better?

UNIDENTIFIED SPEAKER: Yes.

PETER C. VAN DYCK: Okay. Fiscal year 2007, these are actual numbers. Fiscal year 2008, these are actual numbers. Fiscal year 2009, these was the House mark. This is what the House works out as their best budget estimate. This is Senate 2009. So, you have the House and the Senate. Then it usually goes to conference, and the conferees decide on something, and then it goes to the House and the Senate for floor vote. Well, instead, what we have this year is an omnibus bill. So, it really never went to conference in a formal conference. It just - people got together and kind of decided. And an omnibus bill means that they put into one bill, education, health, ACF, all the agencies together and pass one bill, and it's everybody's budget. So, this is what came out Tuesday, let's see, what's today, Wednesday - Monday night. The House is going to take this to a floor vote probably today, maybe tomorrow. And the Senate will work on it next week. And by the end of next week, which is March 6th, which is when the continuing resolution expires, we expect to have a budget. So, House, floor vote today or tomorrow, Senate floor vote next week some time before March 6th, giving every agency a budget.

So, these are the numbers that they're going to vote on. Now, everything is not as simple as that as you might imagine. So, remember last year when autism was taken out of the SPRANS line and the result is complication because we spent \$20 million in SPRANS for autism activities. That was removed and put into a separate line, and so we now have an autism line, which is on another slide. Well, they did the same thing this year for newborn screening. So, they

took - and we'll get to this, I'm just trying to give you an overview so when I explain it in detail, it'll be easier to understand. They took \$5 million out of the SPRANS line, which is what we basically suggested we were spending on newborn screening from SPRANS dollars. And you know we have the regional collaboratives and we have the genetics advisory committee, and we have the national resource center in Texas. Well, these are all newborn screening activities, and we have a few grants.

So, they took 5 million out of the SPRANS line. They added to that 5 million the \$1.9 million in newborn screening money that was an earmark. And that gives you 6.9 million. Then they gave us 3 - that was 6.9, then they gave us 3.1 million new dollars to total \$10 million. So, we now we have a separate line for newborn screening that equals \$10 million. But because they took money out of SPRANS, which comes out of the block grant, it changes what - how these numbers look. So, we can go back and forth on these a few times, but just to give you a feeling for it. So, the block grant is now at 662. In 2008, it was at 666, except you've got to add that 6.9 to this number to make it comparable to 2008 because they took 6.9 out for newborn screening. What Congress does, and if you see the sheets that MCHIP produced, which is what Congress produces, this number is decreased by \$6.9 million and becomes 559.2. That's not really what we had, but in the budget charts, that's what called comparable. So, this number for 2008, if you're looking at budget pages officially from Congress, will be 559.2, which

means the difference between that and 662 is \$2.6 million, which means the block grant has an increase of \$2.6 million.

The other way to do it and the way I prefer is to add 6.9 to this number, which gives 669, which when subtracted 662 equals 2.6 million. And you get there either way, but that's the way the increase works. Now the state portion is 556 and goes to 559. And that's a \$2.6 million increase to the state grants. Now this is before TAPs and the little percentage here and there that's taken off at the department, et cetera. But there's a 2.8 increase in the state line. SPRANS, you can see, has decreased by \$5 million, but it's really flat, remember, because \$5 million was taken out for newborn screening and put in a separate line. So, we have the \$5 million, it's just in another place. So, SPRANS is flat. CISS is 10.4. That stays the same. And this last line is just the total of the earmarks. And we can come back to this in a minute after we go through the others if you want to revisit it.

Now, basically, we got an increase in everything, some increase. So, we got an increase, a small increase but an increase nevertheless, in the block grant. A small increase in the state portion, flat SPRANS and CISS, but increases in all these earmarks. So, you can see the Healthy Start was 997 in 2008. These are the House and Senate marks and it looks like they basically split the difference, and Healthy Start will have a \$102.4 million. So, that's an increase. You can see the increase is about \$3 million. Hearing screening, from 11.8 to 19. So, really, a

significant increase in the newborn hearing screening line, and I would anticipate - we have talked about this, Bonnie - but I would anticipate that some of this, a significant portion would go to follow up, increasing follow-up activities and improving follow-up activities.

EMSC, Emergency Medical Services for Children, increased very slightly. TBI, traumatic brain injury, went from 8.8 to 9.9. So that would, again, generate an increase in your grants probably in the states, a small increase. Sickle cell, and we have a small number of regional sickle cell grants, went from 2.7 to 4.3. Again, these are fairly significant increases in a tough economic times. Family to Family is funded already at \$5million. And so, those grants to all 50 states will continue this year. We don't know yet about next year's funding. Autism went from 36.4 to 42 million, so a nice sizable increase there, which we did anticipate. And then newborn screening went to \$10 million, and I already told you how we get to 10 million. We had 5 million reduced, moved from SPRANS, added to 1.89, which is the earmark, and then 3.1 million new dollars to make \$10 million. Now, that 10 we talked about - yesterday we talked about the Newborn Screening Saves Lives Act. This money then becomes under the authority of the Newborn Screening Saves Lives Act. So, this \$10 million will have to be spent according to that law. So, when you hear Jim Kelly talk so passionately and Jennifer Howse talk so passionately about getting the bill passed, it may be authorized at 30 or \$40 million, but getting new dollars and 10 million - and originally, the money was restricted to one section of that law. This

comes without any restrictions to the laws, so we can spend it for any of the provisions in the law. But mostly it'll be for educational and service grants to states, the increase.

So, that's what we call - these are our - the public health, basically, public health items in the budget. And then we have the earmarks. And these are earmarks from SPRANS. And again, sorry, and again, if we start with the 2008 column, we can see that oral health earmarks - and these are the grants to states basically, many of them were grants to states for oral health activities - got a small increase from 4.7 to 4.86. Sickle cell, same amount of money, and there was a sickle cell on the other page too, and these two are different things. So they're both sickle cell activities. Epilepsy was increased from 2.83 to 3.42. Newborn screening, the 1.89 went to zero because it got added to the Newborn Screening Saves Lives Act line, remember? Mental Health didn't get funded again. Fetal alcohol has been funded at about \$1 million and went to half a million. First-time motherhood, which are grants that some of you may have, from 4.9 to 4.96. And the doula birth program went from 1.5 to 1.5. Now, that's interesting because I had - in my haste to do these last night, I left off a line, and it's a new funding. And it goes on this chart here under newborn screening, and it's called congenital disability, and it's funded at \$1 million. And it is new money that, if this all gets voted in, we will get. And let me read to you what we get from that money. I got too many papers here. "The bill includes \$1 million to establish a congenital disabilities program, which will provide information and support services to families receiving a

diagnosis for Down syndrome, spina bifida, dwarfism, or other prenatally or postnatally diagnosed conditions. Competitive grants may be made to states and territories, localities and non-governmental organizations who's acting with expertise in these conditions." Now, there is a bill, an authorizing bill, that we think was passed last year that this money will have to be spend under. And if you want to see that bill or take a quick look at it, I think I have one in my folder here today. So, this is something new – it's not much money, but it will provide some grants, again, to provide information and support services that is medically accurate to families and providers of children or newborns or pre-newborns, for that matter, fetuses, who've been prenatally or postnatally diagnosed with one of these conditions, congenital disabilities. So, that's the budget.

Should we take questions on the budget now just before we go ahead while it's fresh in your mind, if there happen to be any? So, for us – and the staff may be seeing these for the first time, too, because we just did these last night, and obviously an ordinary person can't do this. It takes our budget people to do all this. So, we're all seeing this for the first time now, and we feel pretty good for the 2009 budget in these difficult economic times to get these kinds of increases. Although they're small, some are very significant. The autism line, the 36 to 42, says two million of the six million increase must be spent for LEND programs not less than two million, and not less than two million is for the research program. So, that leaves another 1.6 or so leftover for other activities which could include

grants to states or other activities. Any questions on the budget? I hope it's fairly clear. Yes?

UNKNOWN SPEAKER: Peter, do these new dollars need to be spent in the '09 fiscal year so that [inaudible]?

PETER C. VAN DYCK: They need to be obligated in '09. So, as long as we have grants out or contracts or whatever, then they can be spent into 2010. So, we just need to get them obligated and get the grants awarded. Yes, Dick.

DICK: Does this [inaudible] relationship to the stimulus package?

PETER C. VAN DYCK: : To what?

DICK: To the stimulus package?

PETER C. VAN DYCK: : No. And I'm going to talk about the stimulus package now. So, the stimulus package is entirely separate from the 2009 budget. I guess I shouldn't say entirely separate, but they're two separate documents and two separate laws. So, while there may be some overlap in the activities in some way, stimulus money may add to grants funded in the 2009 budget. They are separate laws and have separate rules. Now, [Inaudible] stimulus now. Yes? And I can't – I'm sorry, I can't see who's talking. It's...

UNKNOWN SPEAKER: Your last comment about autism [inaudible] is that the additional LEND program over the [inaudible] awarded in the last few months?

PETER C. VAN DYCK: I'm not prepared to say because we've just got these numbers in the last day, and we'll have to sit down with our program folks. And our LEND program is a combination of several bureaus and we'll have – or several divisions, and we'll have to get together and decide how to fund it.

LENDs, there were new LENDs funded and there was additional money given to half of the LENDs or so for autism activities. And there'll be some combination of new LENDs or giving money to existing LEND programs, and that's not been decided. Yes?

UNKNOWN SPEAKER: You mentioned that the congenital disability [inaudible], is that in addition to the bill in Congress? Or is that part of the [inaudible]?

PETER C. VAN DYCK: Okay. The question was I mentioned that the congenital disability's \$1 million was under the newborn screening law. What I meant was, on the chart, it was the line under.

UNKNOWN SPEAKER: Oh, okay.

PETER C. VAN DYCK: Not that it was under – in law. So, that's a good question. I'm sorry, it shows the importance, the use of words. Bonnie?

BONNIE: Well, I would just like to make a comment. And I think it's [inaudible] the economy. But if you notice, the SPRANS discretionary dollars have been significantly decreased. And while they are talking up how to place this with increase, it's diminishing how flexible SPRANS ability. And so, I would say [inaudible] to get this funding in several specific areas, it's diminishing our ability to be very flexible in a way these [inaudible] I know it's a bad word -- infrastructure. But...

PETER C. VAN DYCK: Yeah. And I think that's a really important comment. We, still, in the bureau push for increases in the Block Grant first because the increase in the Block Grant gives us a greatest flexibility. You get your 85 percent in the states and we get 15 percent for SPRANS and certain percentage for CISS, which gives us flexibility in how we design our whole SPRANS operation and those thousand grants or so that are given to multiple organizations to help benefit the Block Grant and to benefit kids and moms. So, we lose flexibility when we don't get additional money in the Block Grant. That's always our first wish. That's not always what ends up getting to downtown. But that's the bureau's first desire. Now, we're also smart enough not to turn away other money when it comes our way, but just recognize that's where our priority is, and I think that's where AMCHP's priority has been as well, as a way as it is with the friends of

HRSA. Other comments on the budget? I don't want to elaborate too much, but this is the good chance to talk about it. Yes?

UNKNOWN SPEAKER: Still for the state grants, is it safe assume [inaudible] at this level of funding?

PETER C. VAN DYCK: So, the question was at least for the state grants, can we presume level funding? And I would think that would be true, realizing that this isn't passed yet, okay? So – other question? Here? Oh, there. Okay.

UNKNOWN SPEAKER: [Inaudible]. Could you take off the list of the special conditions that were under that congenital disabilities [inaudible] Down syndrome [inaudible]?

PETER C. VAN DYCK: Okay. Could I go through the list of conditions that were on the disabilities? Those were examples.

UNKNOWN SPEAKER: Oh.

PETER C. VAN DYCK: So, they were, as I remember, it was Down syndrome, spina bifida—

UNKNOWN SPEAKER: Dwarfism.

PETER C. VAN DYCK: What?

UNKNOWN SPEAKER: Dwarfism.

PETER C. VAN DYCK: Dwarfism. But then it says, “and other prenatally or postnatally diagnosed congenital anomalies,” or something like that. So, it’s meant to cover all things. Now, clearly, for \$1 million, we’re going to have to set priorities, we’re going to have to decide. In the bill itself, there’s a lot of things they’d like us to do with that money, setting up our registry and producing accurate materials. And I don’t think we can do all that stuff with \$1 million. So, we’ll have to set our priority on what we can do first. Anything else? And we can always come back to it. I don’t want to – how am I doing on time here? Okay. Let’s talk about the stimulus. The stimulus – and I’m just going to talk about the health part. It’s called the American Recovery and Reinvestment Act. It is passed. It was passed a couple of weeks ago. All agencies are working on it. And there are two kinds of money that we probably need to talk about. One is money that’s allocated, say, to community health centers, specifically to community health centers for a purpose.

And then there’s another piece of money that’s discretionary with the secretary of Health and Human Services. And so, that money does not come saying you have to fund a community health center or a National Health Service Corps or an

education program. It says, generally speaking, there's health information technology that needs to be funded, give us some ideas of opportunities that can be done quickly and will benefit people, and will create jobs, and have a significant impact. And then we'll compete against other agencies in HHS for those moneys, whoever has the best projects or whoever sought to have the best projects or whatever somebody in power wants to do. So, I'm just going to go through this quickly, and these are the titles of the talking points. Accelerating Adoption of Health Information Technology Systems to Modernize the Health Care System, Save Billions of Dollars and Reduce Medical Errors and Improve Quality. "And this is to modernize the health care system by catalyzing the adoption of health information technology by 2014. The bill reduces health costs for federal government by over 12 billion over 10 years." And this is to create electronic medical records. You know what this, you know, what it's supposed to do. The second piece, to protect health care coverage of millions of Americans during this recession. And some of these are meant to help states. And I know your states are bleeding right now, especially with state money, and you're getting reductions. And some of these are meant to shore up the state money and they'd be helpful to you in MCH. "The legislation provides 87 billion" – we're now talking about this protecting health care coverage – "in the form of temporary increase – to temporary increase the Federal Medical Assistance Percentage, which is the Medicaid match, so that no state has to cut eligibility for Medicaid and SCHIP because of budget shortfalls, 87 billion. And this investment will protect roughly 20 million people whose eligibility might otherwise be at risk."

Providing health care coverage for seven million Americans, the bill will provide Americans who lose their jobs a new 65 percent tax credit to keep their health insurance through COBRA. And this provision will help provide coverage for seven million Americans, so that may mean people who come to your clinics still have an ability to pay if you happen to bill for some of those clinics. Providing evidence-based prevention to Americans -- this is a significant piece of this bill. It will provide \$1 billion for proven clinical preventive services and community-based prevention programs. Because more than half of Americans, over 150 million, go without flu vaccine, this plan makes a significant investment in immunizations. Further, given that one in three adults have a chronic disease, this plan tackles obesity, smoking and other health risks by expanding prevention programs that operate in communities across the nation. So, we see an opportunity here. And of this \$1 billion or so, three to 400 million of it is discretionary with the secretary. And so, as we speak, we have our heads together, as do other agencies, on clever ways that would have a quick impact and can be powerful programs that would move our MCH goals onward. We are going to compete for some of this money. So, those will end up probably being in -- by grants to states, or grants to counties, or grants to universities. So, root for us as we write these proposals.

And we may end up in needing to call some of you for some information or to get an idea of what something costs. But this is very fast track. The stimulus money, I should add, has to be -- the money is -- needs to be obligated in six months from

the date of passage of the bill. Is that the right word, John, obligated? So, the grants need to be awarded, or the vehicle needs to be in place that obligates the money. So, we talk about fast track, we're talking fast track, because that means the announcements – grant announcements are made, you apply, and they get reviewed and awarded by basically five months from now, and we don't even have the plan yet. So, that's why we're scouring this week and next week to write this plan. So, this is a real fast track. And then the money needs to be spent within two years from the passage of the bill. So, you get grants and then you have a quick turnaround to spend the money in the next year and a half. So, this providing prevention-based – evidence-based prevention to Americans is an area where we'll be trying to get some of that money. And we maybe successful, we may not.

Strengthening the health workforce, the president believes that a strong health workforce, including doctors, nurses, community health workers and public health practitioners are the lynchpin to an effective health care system. Five hundred million dollars is meant to support programs like the National Health Service Corps -- and you know that program, and that's one of HRSA's programs -- to place providers in underserved communities. And further, it will fund existing workforce programs, which we call Title VII and VIII, fund nurses and primary care physicians from our Bureau of Health Professions, another HRSA program, which are critical for education and training of the next generation doctors, nurses. So that money has already pegged for National Health Service Corps

and for Title VII and VIII, which is the training of nurses and primary care doctors. National Institutes of Health gets \$10 billion, and that is to fund a backlog of valid research projects that have been on hold due to inadequate budgets.

Compared to the effect in this research, another important area, and one with we're interested in, and the bill invests a little over a billion dollars in comparative effectiveness research, provides patients and providers with better information on relative merits of different treatment options. You know the discussion of cancer treatment or breast cancer treatment or colon cancer treatment or certain drugs for -- I lost my chain of thought, but you know the idea. In emergency medical services for children, we did a study on effectiveness of steroids, I think, in bronchiolitis, in kids brought to emergency rooms that some of your programs participated in. Treatments that are effective clearly are better to do than those that aren't, and in many times they save money and are less expensive. So this is to investigate various effective treatments in the clinical realm that will better serve mothers and children as well as adults. So this money has, again a three or \$400 million dollar discretionary piece, and we will be writing the project proposals for this piece.

Community health centers, \$2 billion dollars to community health centers to support renovations and repairs, investments in health information technology and critical needed health care services. Many of you have relationships with community health centers. There are some states that run community health

centers, so this is a big chunk of money to community health centers for a two-year period. And then there's some money for the Indian Health Service. It provides half a billion or \$500 million to modernize health clinics and hospitals -- and many of you work with the Indian Health Service -- support investment and health information technology. And again, you can see how these words keep repeating. You get a feeling for what's going to be important in the new administration. And allow for contract health services for Native Americans and Alaskan natives. And the last is a small chunk of money -- small in these terms, 50 million, gigantic to us, but small in stimulus -- to the Department of Health and Services to improve security now that we're talking about all these electronic medical records, et cetera.

So those are the pieces to the stimulus, and that helps you understand a little bit where we have an opportunity for some funding, and a little discussion about the quickness of that funding. So let me go on and we'll come back to questions. I just have another slide or two. The DGIS -- you're going to hear from Chris about the TVIS, the Title V Information System. You do know the discretionary grant, DGIS, Discretionary Grant Information System. It was released to the public in April 2008. It is the performance measurement system for all of our SPRANS and other grants. It represents about a thousand grants, and it's an attempt to provide harmonization of all our data across the bureau, whether they're Title V programs or public health service programs like Healthy Start or EMSC. It was released in 2008. You know that -- those of you who have SPRANS grants know you have to

fill up performance measures and similar forms to the TVIS. Data collection began in October 2004. We have nearly two years, now a little more than two years of complete data and it is available at the Web site. And I mentioned it because we are now in the final week or two of developing a new OMB package with new and revised and better performance measurements for the Discretionary Grant Information System. And you know the process 'cause you've been through it with Cassie for the TVIS, and you know that that package is in OMB right now. But we have to do the same thing for DGIS, and this was an opportunity to improve performance measures, discard those that haven't been used, and to write a couple others that are more sensitive to gathering information around infrastructure. So that process is in its final activity, and we thank some of you for serving on those committees.

And just so you know, you ought to go to the DGIS, you can get to it on the same page of the bureau that you get to the TVIS. You ought to scan it because it's a little different from TVIS, has a little different information despite a little differently, but you'll have the same kind of look and feel. So you ought to visit it at least and get a feeling for what's there. And it only gets new data posted all the time. Maribeth, when are we posting Healthy Start as that?

MARIBETH BADURA: At the end of the summer [inaudible].

PETER C. VAN DYCK: Okay. So all Healthy Start data will go up this year, and there are other pieces of data going up are on going basis. Well, that's my update for this morning. I'm glad I had the chance to discuss with you some of these things. And I will take a couple of questions until 9:00, if you would like, about anything. And I've got wonderful staff here that can answer. Yes?

UNKNOWN SPEAKER: Considering the fast track [inaudible] some possible uses of the [inaudible], would it assist you if the states gave you some points on what we've got ready to go as far as plans when they're all funded in those areas?

PETER C. VAN DYCK: In the areas I discussed?

UNKNOWN SPEAKER: Yes.

PETER C. VAN DYCK: Yeah. If there -- probably a phone call would be better because we are on a fast track. John, can I have him call you? So just call my office and talk to John Nelson who's coordinating this. We all have a role, but John is kind of coordinating it all. And share with him your ideas. And that may help us formulate ours. But this is very fast track, so some of these things are already in in draft form. So this is something you'd have to do when you get home before the end of the week or certainly by Monday next week. And we appreciate that, and any ideas or if you know the staff people of division director

is better, it's fine to call them. But because it's such a fast track, it's probably better to call John. Yes?

UNKNOWN SPEAKER: Am I directed [inaudible] there was no specific money for intervention [inaudible] to the stimulus.

PETER C. VAN DYCK: That question was, am I right, in presuming that there is no specific money for the prevention block grant in the stimulus bill, and I think that's correct.

UNKNOWN SPEAKER: Do you know [inaudible] included in the Omni bill passed on Monday, do you happen to know...

PETER C. VAN DYCK: Yes. They were included, and I may have that in my folder.

UNKNOWN SPEAKER: All right. I'll check.

PETER C. VAN DYCK: Is that Cathy?

UNKNOWN SPEAKER: Yeah.

PETER C. VAN DYCK: It's hard for me to see. I have the lights in my eyes. Yes, ma'am?

UNKNOWN SPEAKER: [Inaudible] can't believe that they're all [inaudible] actually [inaudible].

PETER C. VAN DYCK:: The presumption is that all of that prevention and wellness money I talked about, which is \$1.1 billion or so, goes to CDC. Some of it is assigned to CDC, about two-thirds of it. But one-third is left at the discretion of the secretary, and that's the money that we're talking about that is discretionary that we feel we have an opportunity to apply for. Now, the money that goes to CDC also says something like they should work with other agencies within the department to assure non-duplication, et cetera, something like that. So it's not exclusively CDC, and they have been reaching out for ideas. So it is a chance for us to work together, good question. Are there other questions? Now is your chance, folks. It doesn't have to be about what we talked about.

UNKNOWN SPEAKER: What are some of the ideas that you're thinking about [inaudible]?

PETER C. VAN DYCK: The question was tell us some of the ideas you're thinking about. And I'm sorry I can't. It's not because we don't have any ideas,

but because they're preliminary budget, internal stuff. I'm sorry I can't talk about them. I gave you some hints. Yes?

UNKNOWN SPEAKER: [Inaudible]

PETER C. VAN DYCK: I have that on the chart, in my folder, so come up and see me. I'll be here through lunchtime. Yes?

UNKNOWN SPEAKER: Dr. Van Dyck, one of the largest investments most of our states [inaudible] for sometime are [inaudible]. There goes a lot of IT for record information. The linkages between the Health Departments, the community health centers -- a lot of those things are pretty challenging, so if there are any ways that that's [inaudible] encourage that to form linkages with your [inaudible] go out to sleep, because there's just so much energy going on [inaudible], and for us to do the [inaudible] conversation, it's going to be less federal support.

PETER C. VAN DYCK: Great idea -- it's a great comment. To summarize, we in states have a lot of opportunity to work together with community health centers, and it would be wonderful to begin to harmonize the records, medical records between newborn screening and immunization and other clinical records in the Departments of Health with the clinical records in the community health centers, and I might add with other clinics as well and with private physicians offices. IT is all through this stimulus stuff, and the money going to community health centers

has also encouraged some of it to be spent on IT things. We are not blind to the fact that I am -- when I mentioned before that IT is in almost every one of these things. So this is clearly on the table. It's clearly an important piece and we're not unaware of that, but it helps to hear you say it. Thank you. Yes, Bill?

BILL: Given that thing to your [inaudible], I recollected a very large [inaudible] vaccine program [inaudible] is that correct?

PETER C. VAN DYCK: Yes.

BILL: And most of us who [inaudible] there's linkage [inaudible] the banking systems quite quickly get tangled up and [inaudible] to say. That would be a very good [inaudible] investment [inaudible] community and [inaudible].

PETER C. VAN DYCK: So the -- summarize Bill's comment, vaccine is another area where there's a lot of need for harmonization of records within the community, and that there is money in the stimulus package in a couple of places for that. You know, one of the two bad things is that things have to be done so quickly. But you know that's the way it is sometimes and you just have to rise to it and do it and do what you can when the opportunity arises. So these ideas are very helpful because we obviously are not going to be able to think of everything that we can glean from a group like this. So these are great ideas. Yes?

UNKNOWN SPEAKER: Dr. Van Dyck, it's very concerning [inaudible] discuss where that [inaudible] come to the problem [inaudible].

PETER C. VAN DYCK: Question was it's distressing that there is no funding for mental health. Now, you mean in the budget I presented in the earmarks, that just represents MCH earmark for mental health, so it's not all mental health funding. That money was an earmark. It was put in there because a small number of maybe one legislator had a particular interest in mental health. That did help fund our depression booklet, our perinatal depression activity. So it was really money well spent. That depression booklet now -- and I'm thinking you know it well -- is been translated into Spanish, so it's available in Spanish and English. And it is the best-seller, although it's free, of all pamphlets now in the Ask HRSA system, in the HRSA clearing house. So, I mean, there's hundreds of thousands of copies of that out. So that money went largely to develop that and to promote it. So it did have use. We're sad we don't have it. Maybe we'll get it again in some point, but whoever put that in originally didn't feel strongly about it or got elected out of office perhaps. Yeah. Yes? I mean, SAMSA has the large mental health programs in the department. Dick?

DICK: There seems to be a lot of [inaudible] electing and building around [inaudible]. I'm wondering if some of those [inaudible].

PETER C. VAN DYCK: Question was there's a lot of interest in preconceptional and interconceptional health. Is there some thought being given to these for stimulus money? And I will say yes. And there is a lot of activity and interest in preconception and interconceptional health, I agree, and appropriately. Well, thank you very much. I'll be here through noon. If you have questions or specific things or you want to look at these numbers, I have them with me. I'll be happy to share them with you. Thanks very much, folks. Have a wonderful noon.