

Federal/State Partnership Meeting

Special Remarks

October 25 to 27, 2009

MARY K. WAKEFIELD: Well, good morning. I want to, once again, thank all of you for participating in our Maternal Child Health Partnership meeting. Before Dr. Van Dyck and Cassie Lauver make their closing remarks, I, of course, want to introduce you to a very special guest. We are extremely pleased that Secretary of the U.S. Department of Health and Human Services, Secretary Kathleen Sebelius, could join us this morning. Many of you have seen Secretary Sebelius on the Nightly News and the Sunday morning talk shows and in many of your states. She's been out promoting President Obama's health care reform plan and explaining the federal government's enormous effort in responding to the health threat of the H1N1 flu virus. But Secretary Sebelius came to us, came to HHS from Kansas where she was governor from 2003 until just earlier this year. When President Obama called her to join his cabinet -- apparently, you have some fans from Kansas here.

KATHLEEN SEBELIUS: Just doing a little [inaudible].

MARY K. WAKEFIELD: Is that -- that's what they do out there, apparently. Okay. I can see what is in my future. As governor, she helped to create jobs to ensure economic stability for more Kansas families and helped to make sure that every child in her state had a quality education. Of particular interest to those of us in the room, she expanded

Kansas' newborn screening. She put a renewed emphasis on childhood immunizations and increased eligibility for children's health coverage. In fact, more than 59,000 additional children were enrolled in affordable health plans during her time in that office. Throughout 25 years of public service, Kathleen Sebelius has emerged as a strong and unwavering voice for health care reform, always keeping the welfare of children and families at the top of her agenda. And we, now, are very proud to call her our secretary. Please join me again in welcoming Secretary Kathleen Sebelius.

KATHLEEN SEBELIUS: Thank you. Thank you. Sit down, please. Thank you. And if you think that counts for your exercise for today, get over it. But thank you for that incredibly warm introduction and for that warm greeting from all of you. And more importantly, thank you for the incredible work you do each and every day even in these really challenging budget times. I told a lot of people this new title of madam secretary is a little hard to get my arms around. No one would've ever hired me to be the secretary for anything at any time because I didn't have the skills, and I never wanted to be a madam so, you know, now I'm both. I -- who knew? But I am thrilled to be part of this administration and enormously honored to have the opportunity to be the secretary of health and human services at this historic time. I'd like to tell people that in the Department of Health and Human Services, we've got some good news. Health and human services are back. We believe in health and human services.

And I know you've had a chance to spend some time with one of our great new leaders in the department, Mary Wakefield. Mary actually preceded me to HHS. She got here in

February and I didn't join her until the end of April. But Mary and I have known each other, really, since the early '90s when we served on a national commission together, and I couldn't be more thrilled that she's here. And, as you know, Mary knows about health care from her very personal level as a nurse in North Dakota to now, highest level discussions on presidential commissions and with the Institute of Medicine, so we are fortunate to have somebody with her background and experience leading HRSA at this critical time. And I'm also delighted to have a chance to work once again with a long-time friend, Cassie Lauver, who worked with me in Kansas, and now is, again, preceded me at HRSA. But it's nice to have some friends who I know have been doing a good job all along. Cassie and I go back a long way. When I was insurance commissioner of Kansas, she was directing our state bureau of children, youth, and families. And actually, we applied for HRSA grants and got them at that point in time, so we've been on both receiving end and now on the other end. I can't imagine any more important work to be involved in than the work on maternal and child health. It really is about the future of our country, and there are a lot of people who give lip service to that, but you all do that each and every day. And whether it's the block grant funds that are being administered in states around the country or the direct medical care that is delivered to help with transportation, getting to the doctor, help with respite care to make sure that families with special needs kids can actually continue to provide the help and care they need, the whole series of services that are provided through the maternal and child health programs are just absolutely critical to families across this country. Nutrition assistants from WIC, the special education IDA funds. Every place I look, you know, you're touching lives in a very important way.

You know, I started public service as a state legislator in Kansas, was elected in 1986 and spent eight years in the Kansas House. And one of my most satisfying moments during that eight years was always when I could meet with families who were having various struggles and provide kind of wraparound services where we brought the folks responsible for different streams together and figured out a way to really make government work for families and for their children. And a lot of that effort is what you all do each and every day. Now, I know it's not uncomplicated. Eighteen different performance measures and national assessment every five years, but I think that that kind of accountability, that kind of measurement also gives public an assurance that these dollars are being well spent, well supervised. It gives confidence in the program, and it's one of the areas, I think, that people can point to time in and time out.

No question that all of you around the country are experiencing very tough budget times. I was governor up until the end of April this year. And I not only had to redo the 2010 budget a few times but looked at the 2011 budget. And I know, and not only Kansas, which had, frankly, some less budget challenges than some of you are experiencing because we weren't one of the states with the huge housing boom, we didn't have the housing buzz. We weren't one of the states with, you know, a big jump. We still were looking at extremely difficult times. So I know that you are now being asked to do more with less. And while that's an interesting phrase, it means you're working twice as hard and getting paid less, and you have fewer people to rely on for that health and support. But again, the services that you are responsible for are even

more critical than they've ever been because often they are the lifeline that helps to hold families and children together.

We are definitely, you know, working in an area, and you all are working in an area that support health system reform. One of the reasons that I think the battle is so ferocious at this point on the whole change in the health system is because we are really closer to fundamental change than we've been in 70 years in this country. If we weren't on the verge of success, frankly, there wouldn't be as much conversation as there is right now. But there are a lot of folks invested in the status quo, who are just fine, thank you very much, and don't want to see fundamental, transformational change.

But I just want to talk for a minute about how what's being discussed can really impact a lot of the work that you all do. First of all, a large number of the clients that you deal with are women. And there's no doubt that the current insurance system disadvantages women at the front of the line. And women are often in jobs where they don't have access to employer-based coverage or they're underinsured so they're paying a lot more out of pocket for the services and help that they need, or they are able legally to be charged significantly more than their male colleagues and friends for exactly the same coverage.

So, whatever point women are in the system, they're often getting a worse deal. Only about 30 percent of the insurance plans currently offered in the open market cover maternal health and pregnancy at all. Only about 40 percent of the plans cover birth

control and family planning services. Now, 90 percent of the plans cover Viagra. What's that about? If you look at an essential need for families moving forward, I've never quite understood that whole -- but to me it's just another example of even the fact that people have insurance doesn't mean necessarily that they have access to services and essential services that are important. So reforming the insurance piece of the system is certainly one of the areas that Congress is considering.

But there are a couple of other really critical areas that aren't necessarily as high on the public radar screen but that you all know about very well and that are an essential part of transforming the health care system that we have. There is a huge emphasis in bills in both the House and the Senate on prevention and wellness. For the first time ever really having a very serious discussion about changing from what we have currently in this country, a sickness care system to, really, a health care system. Right now, that's 75 cents of every health care dollar is spent on chronic disease management, and about 8 cents of every dollar is on prevention. And we frankly have to do a much better job at beginning intervening early on in the systematic patterns that cause chronic disease rather than waiting till people have them and then spending a lot of money treating people with chronic disease.

Obesity is at the front of that line, and the obesity challenge is one that I think all of us have to take very seriously and we're taking very seriously in the department. We're now at a point where one out of three children in this country are overweight or obese. And we spend more as a nation on obesity-related health care, \$147 billion a year,

than on all the cancers put together, which is at about \$90 billion a year. So, whether it's cause or quality of life, a lot of people feel that this is somehow a conversation about cosmetics. Nothing could be further from the truth. This is about health and prosperity moving forward. We have the first generation of American children who are predicted to have shorter lifespan than their parents. If we don't do something about the alarming rate of diabetes that often accompanies obesity in kids, and in fact health care providers no longer use the term adult onset diabetes because there are way too many children who are presenting with type 2 diabetes. So that term is -- which used to be commonly used a decade ago has ceased to exist.

So, one of the challenges is, and it will involve a lot of effort with working with moms and working with kids and family education and grassroots effort, is figuring out what works, which is why there's a major investment in the recovery act, in prevention and wellness that will be driven at the grassroots level. Some of your communities will be applying for grants and participating in this, and you need to be actively involved and at the table. We need your expertise and your knowledge to inform these initiatives as we look at how to address one of the most serious health problems we have. But because it doesn't present itself off and until later in life, people tend not to take it as seriously.

If a third of our children right now in America had cancer or pre-cancer conditions, you can bet that the alarm bell would be sounded across this country and people would be up in arms. When you say that about obesity and overweight, people say, "Oh well, you know, that's -- it'll be okay." The reality is it won't be okay. And we know that probably

nothing affects kids' behavior more dramatically than what their moms do. So this has got to be a maternal and child effort starting at the grassroots and moving along. And I look forward to working with all of you on that initiative.

The other challenge that we're dealing with front and center right now is, you know, is one of the public health challenges that was delivered to me at the beginning of my tenure, which is the H1N1 flu virus. And again, there are a lot of people that say, "Well, it's the flu, you know? We get the flu year in and year out." That's true. 36,000 people die every year of the flu. A couple hundred thousand people are hospitalized every year. This is different. And the difference is that pregnant women and children are particularly targets of this flu.

And while any loss of life is tragic and we need to do what we can to prevent it, I would suggest that there's a great deal of difference in sort of the public psyche and in the community psyche between an 85-year-old in frail and ill condition with a lot of underlying health conditions, having the flu is kind of the final disease that ends a life, and a six-year-old who is healthy up until the point that he or she got the flu dying in a community. And that's really the scenario that we're facing. I know that you all might wonder if I have a purse full of vaccine and I don't. We have definitely had some challenges that I know reverberate through state and local health departments who are trying to be extraordinarily courageous partners in dealing with a shorter supply than we wish we had right now. But the supplies are there and we've been having a great deal of collaboration with state and local health departments on how to get the vaccine as fast

as possible to the target populations, how to keep people alert, how to make sure that people understand.

If you don't currently have on your state Web site, and you might check this out or even on any Web sites that you use, flu.gov. We have widgets available that you can put it on a Web site. Flu.gov is the kind of one-stop shop. And among other things by -- it not only has a vaccine locator on the Web site, so you can put in your local area and get information from home about where and when vaccinations will be available, but by the middle of next week, we will have a zip code tool in that vaccine locator. So we will be much more specific about where people can go. So we don't -- hopefully we'll minimize that kind of lines where people stand in line only to find out that it is not available.

But again, anything that you all can do to help us spread the message and particularly the message to some of your clients about the fact that this is a critical issue. It is not only about the safety and security of their kids. We have a vaccine that's being made exactly the same way seasonal flu has been made year in and year out. So we got a new virus, but a vaccine made over a process that we are very confident, has enormously high marks and safety standards. So people worry about when they hear something is new. It's the virus that's new, not the way the vaccine is being made. We have a hundred million people a year who get seasonal flu shots including children, pregnant women, all the target populations with no adverse health effects.

So when we say it's safe and secure, it's not just the weeks of clinical trials done on this particular vaccine, it's really years of that data that has been compiled. But letting people know, not only is it important to them, but pregnant women, the only way -- not only they can protect themselves but to protect their newborn baby is to get vaccinated, because babies under the age of six months are not recommended for vaccine themselves. So caregivers of infants are a priority group, and that's a twofer for pregnant women. I mean, they need to protect themselves, but they also need to protect their babies. And over age of six months, children should definitely be in the priority group.

Finally, I just want to mention the fact that not only do we have great opportunities nationally, but we are reengaging in the international community around maternal and child health issues. I can't tell you in how many countries whose health ministers I've had the opportunity to meet in my first six months doing this job, whose number one priority for their health system is the improvement of maternal and child health. It comes out over and over and over again, whether it's the prime minister's wife in Great Britain, Sarah Brown, who's leading a maternal and child health initiative, or some of the developing countries who understand that this is the best way to put their countries on a path toward prosperity.

Maternal and child health is seen as the lynchpin for the future. We currently, as a global community, lose 500,000 women each and every year over pregnancy-related deaths. Half a million women die on what is basically preventable deaths, preventable

situations year in and year out. And there are nations who are eager to know what we know, who are eager to pick up the ideas that work in America. And it's one of the reasons that President Obama has identified a \$63 billion five-year international initiative focused on maternal and child health so that we will once again be partners with countries around the world helping to build health capacity, helping to share what works and what doesn't work, helping to -- help them identify gaps and improve the lives of children and families. So your good work now will have an opportunity to be spread not only around the country but around the globe. And that is, I think, a very important step forward.

You know, we're about to celebrate the 75th anniversary of Title V, where Franklin Roosevelt was prescient and understanding that the public health infrastructure was a critical part of the Social Security Act. And that for a full range of medical services, for children and families, these needed to be an essential part of the puzzle, and then paid for doctors and dentists and public health nurses, medical social workers, nutritionists when the Social Security Act was first put in place.

And I just want to leave you with a quote that President Roosevelt used at a White House conference on children when he described the rationale for Title V at the beginning of his administration. And he said, "All the lectures on nutrition are worth nothing unless there's food for a child to eat. A law for compulsory school attendance is one thing and a chance to go to school is another. Prenatal instruction cannot ensure healthy babies unless the mother has access to good medical and nursing care when

it's time for the baby's arrival is at hand." So President Roosevelt knew that you needed to actually walk the walk along with talking the talk, that you needed the kind of infrastructure that has been in place for the 75 years that you all helped to administer each and every day. Those were good reasons for maternal and child health programs in 1935 and they're very good reasons here in 2009. And again, I want to just thank you for the incredibly important work you do, to assure you that you have partners in HHS who want to help propel your work forward to make sure that it reaches more children and families. And you have a -- an administration that's very committed to doing that. So thank you very much. Thank you for having me. Good day.

MARY K. WAKEFIELD: Well, I think as you could glean from her comments, she has a tremendous commitment, really a passion for the issues that are important to all of you, that is the health of the nation's mothers, infants and children. And as you can also tell, given the incredibly tight schedule that she is on, she was unable to take time for questions, which is actually fairly rare for her. When she can stay, she absolutely does. But also given her schedule, we are very appreciative that she was able to be with us this morning too. So with that, I'm going to turn it back to either Cassie or Dr. Van Dyck.

CASSIE LAUVER: Well, this is certainly an exciting close to this year's meeting. I felt very good, very energized with the direction that we've been going, looking at -- I have to say, in the almost going on 10 years that I've been here and in this position, this is the first time that we've had the secretary of the department. And there certainly have been times when we didn't have the HRSA administrator as part of our group and

certainly talking the talk of what we're doing. So that is exciting for us to experience. And Dr. Van Dyck, why don't I turn it back over to you before we close out?

PETER VAN DYCK: Well, I think this has been a great meeting. I don't know if you know who these people were that walked in the room. They're in your session. But I quipped to Mary and the secretary that, boy, she has a big entourage when she traveled. These are folks from the -- working with the HIV/AIDS Bureau on data collection. They have a -- so they have a concomitant meeting just down the hall and we thought they'd benefit from having a chance to hear the secretary, so --

UNKNOWN SPEAKER: Thank you so much for having us.

PETER VAN DYCK: Welcome to all of you. Well, Cassie and her staff deserve a great round of applause. And I'm really excited about considering embracing the life course approach. We really are truly in the infancy stage -- don't believe anything else -- or pre-infancy in our exploration and we need help conceptualizing. And I think you heard me say that because I've been getting pieces of paper and scrolls and it's wonderful. And I really appreciate the input. Not only do we want it, we need it, and please give it to us over the next couple of weeks. Do it while it's fresh in your mind. On the airplane, draw some things. We'll take anything. Let's keep it going for a while, shall we? Let's make an opportunity from our new administration to try to get something done.

I'm going to leave you -- just leave you with a saying from James Baldwin. "For nothing is fixed, forever and forever and forever, it is not fixed; the earth is always shifting, the light is always changing, the sea does not cease to grind down rock. Generations do not cease to be born, and we are responsible to them because we are the only witnesses they have. The sea rises, the light fails, lovers cling to each other, and children cling to us. The moment we cease to hold each other, the sea engulfs us and the light goes out." Cassie, thank you very much.

CASSIE LAUVER: Thank you, Peter. And thank you for setting the stage yesterday morning in terms of where we want to go in the bureau and work. So please join me in thanking Dr. Van Dyck. Good job. And I particularly liked hearing you say, "And let's go out and do it," which must mean he's going to be here for a little while longer to be able to do that, if one picks up on cues. So I also want to thank -- I think this was a great meeting. I hope you think so too. We had a wonderful planning committee. I don't want to go through the list, but you can find it under tab 18 in your folders, in your binders. So thank you very much for all of the help and work that so many people did to put this meeting together. And I want to leave just with three quotes. I'm looking at quotes, and we've heard a lot of quotes here, but it's about change. And that's how we started, I think, in looking at a change in the framework in terms of the work that we've done for a very long time.

You heard Secretary Sebelius for the first time recognized, at least where I've been, the 75th anniversary this coming year of the Social Security Act and therefore Title V of the

Social Security Act. So I think you're going to see a lot of opportunity for us to join together this year and celebrate their 75 years and look to see where we're going in the future and looking at change. And some of those quotes are: "When patterns are broken, new worlds emerge, so we shouldn't be afraid to break old patterns and move forward. We must learn to view change as a natural phenomena, to anticipate it and plan for it. The future is ours to channel in the direction we want to go. We must continually ask ourselves what will happen if, or better still, how can we make it happen?" And finally, "The reality is that changes are coming. It must come and you must share in bringing a change."

So thank you very much. Thank you for joining us this week at the -- in Washington for this partnership meeting. And have a safe journey home.