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Megan: Hello, everyone and welcome to the Understanding the Role of Community Health Workers in Healthy Start Special Initiative webinar. I'm Megan Hiltner, I'm with the Healthy Start EPIC Center and I'll be moderating today's webinar. We have approximately 60 minutes set aside and the webinar is being recorded. The recording, along with the transcript and slides, will be posted to the Healthy Start EPIC Center website following the webinar. In a moment, I'm going to turn it over to Ms. Katie DeAngelis, who's the evaluation lead with the Healthy Start EPIC Center, to give you an overview of the webinar and the Community Health Workers Special Initiative.

But before that, I'm going to make a couple of housekeeping reminders for you all. We really want your participation during the webinar today and though you're in listen-only mode, if you have questions or comments, please chat them in at the bottom left corner of your screen. We will be taking those questions and comments, so feel free to share. We also wanted to let you know if we don't get to all your questions, we will be including them in a "Frequently Asked Questions" document that we'll post with the webinar materials on the Healthy Start EPIC Center's website.

The only other reminder I wanted to make is that we want your feedback about this webinar and others. Please complete the evaluation survey that you'll be prompted to complete at the end of the webinar. We really do appreciate your feedback. So without further ado, I'm going to turn it over to you, Katie, for your opening remarks.

Katie: Great. Thanks, Megan. Hi and welcome, everyone. Again, my name is Katie DeAngelis. I'm with the Healthy Start EPIC Center. Today, I'm going to introduce this special initiative for Healthy Start, an organizational survey of community health workers. This presentation will provide some background information on the survey and an opportunity for us to hear from you how you think the results will be helpful to the Healthy Start community. Immediately following this webinar, all Healthy Start project directors will be receiving a link that's specific to your organization with the survey to complete.

So we're going to start with an introduction from Dr. Hani Atrash of the Division of Healthy Start and Perinatal Services. He'll provide the division's perspective on why this initiative is important. Then I'll provide an overview of the study, including our objectives and some of the development process. Then we are incredibly lucky today to be joined by Rebeca Guzman of Healthy Start Detroit. Rebeca has provided some key insights throughout the development of the survey and joins us today to give her thoughts and engage you all in a discussion of what you'd like to learn from the results of the survey. I'd like to extend a special thanks to her for joining us during her vacation in Denver. Then we'll close this on logistics and next steps for completing the survey. At this point, I'm going to turn it over to Dr. Atrash to give the division's perspective.

Dr. Atrash: Good afternoon. Thank you, Katie. Good afternoon, everyone. On behalf of the Division of Healthy Start and Perinatal Services, I'd like to welcome you to today's webinar focusing on community health workers on the survey, in particular. The survey supports the division's goal of strengthening the Healthy Start workforce and is the first step towards understanding the core competencies needed for Healthy Start community health workers to provide quality health services to program participants.

As you all know, we are now moving in a direction where we want to ensure minimum skills and competencies for anybody working in Healthy Start. We are more and more being asked and being held accountable for implementing evidence-based practices which require a competent workforce to understand those evidence-based practices and are able to implement them with fidelity to the models that have been developed.

This survey is a partnership between Dr. Paul Osterman of MIT, JSI, and our division. However, the final product could not have been developed without the assistance and hard work of individuals from the Healthy Start community. Specifically, the survey was designed with input from five Healthy Start

programs' projects -- Detroit, Philadelphia, Cleveland, Boston and Camden. I would like to thank all of them for their contribution. We do appreciate the time they have dedicated to this initiative. This is exactly along the lines that we started working with, which is having the Healthy Start community help us guide the program nationwide and relying on the Healthy Start COIN and the grantees themselves to work with us in developing guidelines and practices that are relevant, appropriate and feasible for the rest of the community to implement.

There is also the survey will be presented during the convention in the fall. The grantees will also assist the EPIC Center in defining core competencies and basic skills for all Healthy Start community health workers as we move forward. The division hopes that each of you will find value in this particular webinar. The project's success is clearly dependent upon all of us working collaboratively as a team. So your full participation is needed. Again, as Katie said, your feedback is extremely important to us and your continuing participation and reactions and comments and input into everything we do will help us move forward in a more successful way.

Thank you very much. Katie, back to you.

Katie: Great. Thanks so much for that introduction, Dr. Atrash. So our goal today is to introduce you to this survey of community health workers in Healthy Start and how we at EPIC Center plan to use the results. We hope that by the end of today's webinar, you will see the value in participating and will be able to identify one person from your organization who can complete the survey by August 7th.

We'll start by providing just a bit of context for how this survey came about. First, it became evident at the November convention that community health workers are a critical team member in Healthy Start sites across the country. From the preliminary workforce questionnaire that we circulated in November, we learned that approximately 37% of all Healthy Start staff are community

health workers. We know from the increasing literature on community health workers, that there is variation in what roles community health workers play, the background and experience they bring, the training they receive, as well as the status of certification in each state. So we saw an opportunity to define who community health workers are, specifically in the Healthy Start context, in order to develop a competency-based training program specifically tailored for Healthy Start community health workers.

On top of this identified need and opportunity, the Healthy Start EPIC Center was approached by an outside researcher with interest in workforce issues, Dr. Paul Osterman, who was able to support the study of community health workers. We would like to express a special thanks to him for supporting this initiative as well.

With that context in mind, we have defined our study goal as to understand and describe who are the community health workers in Healthy Start? This includes describing their background, education, experience, what role they play for Healthy Start programs. Our second goal is to be able to use those results from the survey to develop a standardized training program that we will offer and make available to all Healthy Start grantees.

Before diving into the details of what the study results will tell us, I thought it would be helpful to touch on how we got to where we are today. So at the November convention, several grantees expressed interest in working on this initiative. We then conducted a series of informal interviews with those grantees and then used those interview findings to draft a questionnaire. We asked our working group to test the draft version before finalizing it into the version that will be distributed today.

I wanted to take a minute to second what Dr. Atrash said and recognize the grantees who have helped support this process by providing their input. A special thanks to Boston Healthy Start Initiative, Camden Healthy Start, Cleveland Moms First, Healthy Start Detroit and Philadelphia Healthy Start.

What we learned from the informal interviews with our working group was that there was an interest among grantees to understand a number of things, including what roles community health workers play in the specific Healthy Start context; what training is provided to community health workers when they begin and then what continuing education opportunities are offered; what the core competencies of community health workers are for Healthy Start; what the expectations are for community health workers in terms of roles and ability to impact Healthy Start performance measures; what models are used for managing community health worker programs; how community health workers are integrated into care teams; what opportunities for career advancement there are with a special interest towards community health workers who are former participants in Healthy Start. The certification process that's happening in each state and specifically what role community health workers have had in moving those state policies forward.

There was also a consensus among our interviewees that a community health worker training program that was specifically tailored to the Healthy Start program would be valuable.

So these interview findings really informed how we structured the survey, which is split into six modules. For the purpose of this survey, we're asking you to include information on all individuals, whose duties may include outreach, health coaching, health education, home visitation, care coordination, helping with navigation, patient advocacy and/or community engagement. You may use a different title for these individuals at your organization, although we use the term "community health worker" for simplicity.

For this survey, we are also interested in all community health workers who interact with your Healthy Start program participants, regardless of whether they are direct employees or contracted from other agencies. So Part A of the survey is just a general overview, which includes numbers of community health workers, their background, titles, things of that nature. Part B looks at training

received, including initial and continuing training opportunities, whether training differs by whether a community health worker is contracted or not and the content of that training. Part C is about defining what those Healthy Start community health worker core competencies are. You can see two questions from that section here.

The list of competencies on the right hand side of the screen is based on lists of competencies used in other settings provided to us by our interviewees. We ask you to rate how essential each particular role is for your community health workers. We also ask you to rate how essential the roles of health education, health coaching, care coordination and case management are.

We also just want to say, we recognize that some organizations might have community health workers that do different things. In which case, we just ask you to think on average across all community health workers, both hired and contracted, when answering these questions.

Part D looks at career advancement. Where do community health workers go when they leave their position, both within the organization and externally, demonstrated by the two questions here on your screen. Part E looks at the potential impact that community health workers can have on Healthy Start benchmarks, which we'll look at in a second. Finally, Part F looks at certification, namely, what is the current status of certification in your state, whether certification is considered a desirable outcome and how have community health workers had a role in moving things forward in your state.

From the FOA, we know what the desired outcomes are for the Healthy Start program. So in Part E, we ask, "What role, if any, do you think community health workers can play in achieving specific outcomes for the program?"

So now, you've seen the layout and the content of the survey, I would like to bring in Rebeca Guzman to the discussions. We were hoping to engage you all in some dialogue about how the result of this survey could be relevant to you.

So as I mentioned, Rebeca is with Healthy Start Detroit. Rebeca, would you mind beginning with a brief overview of who you are and your background and then weigh in on your answers to these questions?

Rebeca: Sure. Thank you. Thank you for having me. My name is Rebeca Guzman and again, I'm from Detroit, the Healthy Start project in Detroit. My role there is as the education and training coordinator for Healthy Start. I've been with Healthy Start since it began and have been working with CHWs -- community health workers -- and training them since the late 1980s.

My work with community health workers has been extensive. Most recently, I've been working at the statewide level with the Michigan Community Health Workers Alliance, which is working towards creating a statewide certification for CHWs here in Michigan.

So that's my background. What my response to the first question, which is how understanding CHW help you or help us . . . I think that the discussion . . . being clear about the roles and the scope of services for CHWs is really going to be very helpful and that's a discussion that's going on throughout here in the state and nationally as well. Because we know that CHWs or the utilization of CHWs is a best practice, but how people interpret CHWs, the roles and what they should be doing really varies from program to program, state to state. So I think helping us get a clear understanding and having a clear definition of what a CHW is within Healthy Start would really help not only us utilize the CHWs more efficiently within Healthy Start, but will help, I think, drive the work that's going on in our individual states as well.

That's my initial response to that first question. The second one is why is understanding the roles of CHWs in Healthy Start important? I think it's very similar to what Dr. Atash has mentioned, was utilizing CHWs is a recognized best practice. However, in order to ensure fidelity of the model, we need to really be able to understand the role of the CHWs and make sure that they're utilized equitably across the board.

That really does lead into what I hope will come out of this survey, and that is that we will be able to see the level of usage of CHWs across the board. How are the different programs utilizing CHWs? Where are the consistencies and where are the inconsistencies in terms of role definition, the things that we had mentioned earlier -- training, the core competencies, obviously. So I think that that would be very helpful and very interesting to see the results of this survey.

The other thing, I think, would be very important to see is how much variation there is in terms of preparation for CHWs as they come into the organization or transfer from one role of the organization to another. Again, they may start out as a program participant, where the expectation is one way and our interaction with them is defined in a certain way and then changes with time, then become a staff person or a peer volunteer or a CHW in another capacity. So I think it would be very interesting to see what the results of that are. Again, I think the benefit of that is always . . . the more clarity we have, I think the better data we will have in terms of being able to actually interpret our efficacy in terms of using the CHWs and our meeting of project expectations. Again, how is it that we can best utilize our CHWs in what's a more efficient way of integrating them into our programs.

That's my response to these discussion questions. I think it would be a good point now . . . I don't know if this is the point, Katie, where you wanted to open it up and get some feedback?

Katie: Yes. At this point, we would really love to hear from you all, your responses to any or all of these questions. Maybe particularly, what you're

interested in seeing coming out of the results of this survey and what results you think would be of particular interest or helpful to you. I am going to encourage you to enter your responses in the chat box in the lower left of your screen and we would love to share those thoughts out to the rest of the group.

Additionally, the last two questions, if there are questions about . . . maybe less about the logistics at this point, we can get to those at the end, but your more general high-level questions, we'd certainly be happy to take those.

I'll give people just a couple of seconds to . . .

Megan: Katie, there have been a couple of comments that have come in. I do want to mention to everybody on the line that there are over 100 people on this webinar. So it's great to see so much interest and demand for this. The first question that came in was, "What education level of community health workers is recommended -- a high school diploma, a GED or associate's degree?"

Katie: I'll jump in with a thought from the survey's perspective and then maybe turn it to Rebeca for her perspective, too. But I think as far as recommended, I'll maybe leave that to Rebecca. But part of the survey is we would like to capture what the reality is on that question -- what is the educational level of community health workers that you are using and whether a certain level of education is desired, you see as important or a facilitator. So we hope to capture that information on the survey.

As far as recommended, Rebeca, do you have a comment on that?

Rebeca: I think it goes back to "What is the expectation? What is the scope of service that we're expecting from our CHWs?" It's recruitment and enrollment. Then we need CHWs that may not necessarily have a higher level of academic achievement, but are members of their community that can engage clients. So

that could be a GED and it could be a high school diploma and it could be an associate's degree, but the factor that would weigh more, I would think, would be the level of engagement and the ties to the community as opposed to the academic achievement.

Megan: Go ahead, Katie.

Katie: I was going to jump in and say Hani wanted to weigh in also. I wanted to bring him in.

Dr. Atrash: I saw those questions in the chat box. That's exactly what we're trying to answer. It's more, to me, the functions and the skills than the degree itself. We know what we expect the community health worker in Healthy Start to do or we're trying to better define it. Once you define it, you make sure that people have the skills and competencies to do those tasks and if they have them because based on their experience of training, then they could be certified or referred to as Healthy Start community workers. If they are missing one or two competencies, then we'll offer the training that will qualify them to be able to do the job.

To me, it's again, the ability to do the job well rather than the piece of paper they get from the university. Some of them may have that already and some may not. Our challenge today is when Healthy Start was talking about community health workers [inaudible 00:23:18] huge interest in community health workers at Healthy Start and we stepped forward and said, "We have the largest number of community health workers in Healthy Start." The problem is we couldn't count anything because we have social workers and health educators and [inaudible 00:23:33] and community health workers, etc.

We would like to reach a place where we say we have 700 community health workers who have all the skills and competencies required to provide the services that Healthy Start is trying to provide. So we really don't have any

definitions today, but also try to move away from, say, you need a bachelor's degree or nursing degree or whatever. It's more of to qualify as a community health worker at Healthy Start, here are the skills and competencies that are needed. That will emerge from the survey that we're trying to work with you in completing. You're going to tell us what it will take to be a good community health worker able to do the job.

Megan: Thank you, Dr. Atrash and Katie and Rebeca for weighing in. Back to the chat box. In response to your question about results of the survey, someone else had chatted in that they would love to see an alliance of Healthy Start working on statewide community health worker certification to share best practices for accomplishing this and sharing data. Would you like to comment on that at all?

Rebeca: This is Rebeca. That was one of my key points, too. I would love to see that. Many of us are already working within our states to further the CHW profession. To work together is always much better than to recreate the wheel over and over again and so, yes, I could really see us working with our states and coming to a more uniform core competency and just general outcomes.

Dr. Atrash: I hope that the Healthy Start program, as a whole nationally, will set a good example to the rest of them like the community health workers in HIV and chronic diseases and every field. I was reviewing stuff for APHA on the science committee and the community health worker group at APHA is totally against certifying community health workers because it's a huge variety of people with different backgrounds and expertise and that's why the push is to say not on the community health worker, but a Healthy Start community health worker because there is an HIV community health worker and chronic disease and etc.

So if we define and clearly identify what the Healthy Start community health worker, define the competencies and the skills that are needed, then you can go at the state level or even nationally and say, "Here's how you could meet the

requirements to become a certified community health worker." You have the general physician and then you have a specialist. To me, there are basic skills that everybody must have. In addition to that, if you're in NCH, you need the following skills. If you're in chronic disease, you need that and so on and so forth.

I think, eventually, each of you may go up to the state level and work with the state to do that. But we need to define our house internally first before we get there and some of you may have done that within your states already.

Megan: It looks like through the chat box, four other people have echoed this point about the benefits of having core competency results from this and even a specific training curriculum that could result out of this. One person even pointed out that it would be beneficial for community health workers to help with outreach and recruitment and retention and to become liaisons between the program and the community.

Katie, I think that those were the general comments that have come in. There have been some questions, but I think that you would . . . would you like to continue with some of the logistics, and then we get into some of the folks' questions that have come in?

Katie: Sure, yes. I see a couple of comments, too, on also bringing in the kind of medical sectors' perspective here as a way of integrating community health workers into the care teams and that being an important issue. Great to see a bunch of comments coming in, suggesting that a core competency training module would be something that you're excited about and that would be helpful. Although, I did see on there, too, understanding what different trainings are available across Healthy Start grantees because we know you're already training them is also going to be an interesting thing to learn. Rebeca, did you have anything else you wanted to . . . any lingering thoughts you wanted to weigh in here and we can circle back to at the end, if that makes sense?

Rebeca: Yeah, I think we're good. I think we can move forward.

Dr. Atrash: Let me throw in a comment that's general, not just here. We hear you; we will take everything into consideration. But for this to be successful, we need you to participate in responding to the survey. Previous survey participation has not been perfect. It's been good, but not perfect. The more people participating in this survey and answering those questions, the more informed we will be in how to proceed. Let me thank you in advance for responding to the survey when it comes to you.

Katie: Great. I just want to say thank you, everyone, for your participation. The chat box is very active and there's a lot of excitement, which is great to see. Moving to some of the logistics which were some of the questions that we got . . . so hopefully, these will answer most of the questions there, but definitely, there will be an opportunity at the end to ask any other logistics questions.

As Hani mentioned, we are aiming for 100% participation in this survey to get the fullest, most comprehensive picture of community health workers that we can get. So if there's anything we can do to support your participation, please let me know. I'm going to ask Megan to throw my e-mail in the chat box to everyone so that it's there and you can e-mail me directly.

Megan: In you go.

Katie: Great. Thanks, Megan.

Megan: Sure.

Katie: After this webinar concludes, as I mentioned, every Healthy Start project director will be getting a link and it's specifically linked to your Healthy Start site. That way, we can track who's responded and extend you encouragement to respond if you haven't already.

We're asking that the project director then forward this link to the right person at your organization who can answer the questions that we just walked through and now they have a sense of what the questions are going to be; hopefully, that will help you identify the right person.

Only one person can complete the survey from each organization. However, you can save and come back to your responses. It can be a group effort, but it just has to . . . it can only be completed once. We expect the survey will take about 30 minutes and we are requesting that all responses be in by August 7th.

I also just wanted to mention a comment that just came in, coming in from our last conversation that another potential result of the survey could be a quarterly meeting of a community health network specific to Healthy Start. I think that sounds like a pretty cool idea. I wanted to get that out there.

As far as the immediate next steps for you all, it'd be great if you think you're the right person at your organization, to contact your project director so they know where to send it. You can begin filling out the survey today once you get it. Certainly, don't hesitate to contact me again if there are any questions.

In terms of the next steps for the Healthy Start EPIC Center, we will compile the results in August and communicate those results back to you at the November convention. In addition, we recognize the importance of getting the community health worker perspective directly. So thanks to Rebecca's great suggestion, Healthy Start EPIC Center would like to host three to four focus groups of community health workers at various grantee sites to ask community health workers directly about their experience, barriers, facilitators and their

recommendations for what to include in the training program for Healthy Start community health workers.

If you think you might be able to help us locate participant community health workers and host this focus group, please e-mail me directly. We would be very appreciative and would love to have a diverse perspective on that.

Finally, we will move forward with developing the customized training program that includes and incorporates both the quantitative survey data, as well as qualitative interview data. We anticipate that this customized training program will be a series of prerecorded, online eLearning modules that community health workers can view at their convenience. Also, we are committed to working closely with grantees and community health workers to ensure that this content and format of the training program does meet the needs of the Healthy Start program while minimizing burden on staff.

That concludes what we wanted to share with you today. I'm happy to open it up for questions in the chat box again. Again, you're welcome to e-mail me at any time with questions about the survey as you're working your way through it or about helping to host or finding community health workers for our focus groups.

Dr. Atrash: Katie, there was a comment on the chat box about APHA's work in community health workers. We actually have looked at all of those. There are several states actually who had developed guidelines, definitions, standards for community health workers across the country. [inaudible 00:34:26], that natural six months and reviewed all of those things. I think the difference here is that what we are trying to develop is based . . . I know that the rest of them is aware of those things. What we're trying to do here is develop material that's specific for Healthy Start and the services that Healthy Start is providing, taking into consideration all those guidelines that were developed by APHA and the states around the country.

So the input from those, this survey will be used not in a vacuum, but building on what has been done around the nation already. I know there have been lots of discussions in many places and organizations, including within Healthy Start, across community health centers and rural services, etc.

Katie: Great, thank you. Megan, do we have any logistics . . .

Megan: I was just kind of combing back through some of the questions that were submitted before. Early on, somebody asked about the survey being done online and you did answer that that yes, it will be done online. Then, there was another question here. I feel like you've gone into detail about the categorization of community health workers and their roles and responsibilities. That's, hopefully, going to come out of this survey.

Katie: I had noticed there was a question about just how we're defining community health workers. Again, we're kind of casting a broad net here and we want you to respond on anyone who does outreach, health coaching, health education, home visitation, care coordination, helping with navigation, patient advocacy and/or community engagement, with the caveat that these are probably going to be unlicensed individuals. So if you have a nurse or someone doing this, we also want to know that and we'll capture that on the survey, but that's where we draw the line in terms of the definition.

Megan: There was a question about the way the survey is being disseminated and you talked about that going to the project directors. Let's see. Folks can e-mail you directly as well.

Katie: I see there's a question about, "Have we established what the core competencies are?" Certainly not, that's a real main purpose of the study. We would like to get your input on that by asking you what the community health

workers do, what roles they play, how often, what percent of their time to have that be the way we prioritize and map out what those core competencies are.

Megan: There was a comment and I don't know if this was more a comment in response to what folks were hoping to learn from this work or a question, but the person asked about, "What's the liability risk of a community health worker not being certified to give advice to the community on health issues?"

Katie: I think that's an interesting question.

Megan: I do, too.

Katie: Rebeca, if you have a thought on that, but certainly, we can put that on our list of things to explore and maybe that's a question that we can pursue.

Rebeca: If you could repeat that question, I'm sorry.

Megan: Sure. So the person was asking about liability. I'm scrolling back up here. "What is the liability risk of a community health worker not being certified to give advice to the community on health issues?"

Rebeca: Well, I know that in Michigan, in the curriculums that we use here, talking about liability is one of our training topics. Really, it does speak to a scope of service and making sure that the CHWs are clear of what their role is. I think that that's incorporated into it. It can be incorporated into training to make it very clear.

Megan: A couple more questions did come in. One person commented that they're nurses and social workers through case management and they're not community health workers. Should they be describing their work in the survey?

Katie: I'll just clarify. When I was describing what the definitions are, we would not include those individuals as community health workers. Clearly, we do ask who, if not a community worker, performs some of the roles that sometimes are performed by community health workers, specifically at your organization.

Megan: One person did kind of want just to get some clarification that the intent of this webinar is really just to give an overview of this initiative that is being rolled out in order to . . . there isn't already a scripted definition of "community health workers", but this is really the initiative that will begin to inform that process. So I just wanted to clarify that this webinar isn't intended to define community health workers at this point.

Katie: Right, because that's what we need your help with.

Megan: Exactly. Then another great comment about thinking about how CMS and reimbursement for community health workers plays into all of this. Have we sort of thought about that?

Katie: I think that that would be something we would definitely want to raise up to once we have the results of the survey, potentially when there has been a working group or some systems established based on what the results are. We see that as definitely a long-term goal and of course, it's desirable, so we would love to get there. It would be great to have everyone's participation to help us get there.

Megan: We have a couple more minutes left. Let me just remind folks of just one upcoming webinar for this month and then we can revisit the chat box to

see if there were any other questions. But let me just let folks know that on July 14th, from 3:00 to 4:00 Eastern time, there is a webinar on "Safe Sleep Best Practices -- What Healthy Start Grantees Need to Know". You can go to the Healthy Start EPIC Center website and register for that webinar or just pass that information on to any staff you think would be interested, please do so.

It doesn't look like we have any more questions. So Katie, do you have any closing remarks? Rebeca or Dr. Atrash, do you have any closing remarks you'd like to make?

Dr. Atrash: I would like to thank everybody for being in the webinar. I also, again, in advance, would like to thank all of you for responding to the survey. Again, you raised lots of important questions and lots of important issues. We can only answer those questions and issues by looking at your input and feedback.

Clearly, we are not trying to define the role of community health workers nationally. We are trying to define the roles of community health workers in Healthy Start and be clear about what competencies and skills and capacities they need to do the job they're supposed to be doing. Thank you again and thanks to JSI and everybody for organizing this seminar.

Rebeca: This is Rebeca. I would just like to say that I'm very excited to see so much enthusiasm and interest around the issues of CHWs in Healthy Start. I really do hope that we are able to continue to share our thoughts and ideas in a meaningful way and format that we can all continue to contribute and enhance the work of Healthy Start to promote it as definitely a model of service that we provide throughout the nation. Thank you.

Megan: Okay. Well, thanks to you all for your participation and questions and comments. Thanks to all the speakers and presenters. We look forward to your

involvement in this in the future. That closes the webinar for today. Thanks and thanks for your participation.