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Folder ID Number: 13813-007

Folder Title:
Maternal and Infant Health Care Event 5/11/92 [OA 7573]

Stack:	Row:	Section:	Shelf:	Position:
G	26	22	5	3

To Michele

Date 5/11 Time 8:55

WHILE YOU WERE OUT

M Daniel Casse

of

Phone

Area Code Number Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message

Acknowledgement:-

Dr. James Mason - (Jim)

Asst. Sec. for Health. (HHS)

RA

Operator

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09

COUPON CODE

COMEBACK COUPON

~~Kemp~~

Sullivan ✓

~~Headlines~~

Kids → participants Healthy

Mother →

Congress Becky Anderson

Dale Bumpers

~~Leaders~~ Reps

✓ Bill Roper CDC enters

Director

Dr.

Ack

- Sullivan, introducing
- Members of Congress
- Bill Roper, director of CDC
- Dr. Jim Mason, Asst. Sec. for Health
- Kids > Participants
- Mothers
- Reps of Ad Council

~~2 Senators~~

~~Sen~~ Cong Tom Bliley D Adv

Sen Dale Bumpers

2 Coats

Benson

7734

HEALTH RESOURCES AND SERVICES ADMINISTRATION

FACT SHEET

OFFICE OF COMMUNICATIONS • Telephone 301-443-2086 • Fax 301-443-1989 • MAY 1992

Healthy START

HEALTHY START is a Presidential demonstration program to reduce infant mortality in 15 urban and rural communities with high rates of infant death. With grants administered by the Health Resources and Services Administration, these communities are developing innovative approaches to helping babies get a healthy start in life. Strong coalitions of local and state government, the private sector, schools, religious groups, and neighborhood organizations are working to develop effective medical and social services for women and their babies.

A national public information and education program is an important part of Healthy Start. These efforts will raise awareness about infant mortality, the importance of early and regular prenatal care, and programs like Healthy Start that need public involvement.

Facts About Infant Mortality

- In 1991, the provisional infant mortality rate was 8.9 per 1,000 live births in the United States.
- The United States ranks 22nd among industrialized countries in the number of babies who die in their first year.
- Of a total of 4.1 million babies born in the U.S. in 1991, 38,500 babies died before their first birthday.
- In 1989, the infant mortality rate of African American babies was 17.7 per 1,000 live births, compared to 8.2 per 1,000 for white babies.
- Low birth weight is a leading cause of infant death; it is also the most preventable. Low birth weight babies (less than 5.5 pounds) are 40 times more likely to die in their first month.
- The rate of babies born at low birth weight increased from 6.9 percent to 7 percent between 1988 and 1989, and is the highest level observed since 1976. This placed the United States behind 30 other nations.
- In 1989, 13.2 percent of African American babies were born at low birth weight, double the percentage for white babies.
- Low birth weight children suffer twice as much from behavioral problems (e.g., learning disorders, hyperactivity) than normal weight children.
- Half of the children born at extremely low birth weight (less than 3.5 pounds) have IQs under 85 (IQs lower than 70 are considered retarded). Extremely low birth weight children need special education at four times the rate of those born at normal weight.
- In 1990, the hospital-related costs of caring for all low birth weight infants during the neonatal period totalled more than $2 billion, or approximately $21,000 per baby (normal delivery average: $2,842).
- Prenatal care can reduce the incidence of low birth weight. Babies born to women who received no prenatal care are three times more likely to be born at low birth weight and four times more likely to die than those whose mothers received first trimester care.
- In 1989, 25 percent of all women in the U.S. received no prenatal care in their first trimester. Among African American women, over 40 percent received no first trimester prenatal care.
- In 1989, 20 percent of mothers smoked during pregnancy and were twice as likely to have infants of low birth weight. White mothers were more likely (20 percent) to smoke than were African American mothers (17 percent).

Healthy START

FACT SHEET

■ **The health care costs during the first year for babies born at low birth weight due to their mothers' smoking during pregnancy are estimated to be $1 billion to $1.5 billion** (in 1986 dollars).

■ **Alcohol consumption during pregnancy, especially heavy drinking, is associated with miscarriage, mental retardation, low birth weight and a cluster of congenital defects called Fetal Alcohol Syndrome (FAS).** The most recent data available show that over 60 percent of all pregnant women, or 2.5 million women, drink alcohol during pregnancy, and approximately 8 percent of pregnant women drink at levels placing infants at risk.

■ According to one recent estimate, **nearly 20 percent, or 738,200 pregnant women annually use one or more illegal substances at some point during their pregnancies.**

The Healthy Start National Public Information and Education Campaign

The Healthy Start public information and education program is a comprehensive communication effort to increase awareness of infant mortality issues and programs designed to address these issues. The program will:

- **Raise national awareness** about how serious and preventable the problem of infant mortality is;
- **Encourage behaviors** needed to give all babies a healthy start;
- **Encourage pregnant women to obtain health care** for themselves and their babies; and
- **Signal the public that everyone can play a part** in reducing infant mortality. Programs like Healthy Start are available in many communities and need support and involvement from everyone.

Components of the Campaign

- **Public service advertising:** A five-year nationwide television, radio and print campaign produced for the U.S. Public Health Service by the Advertising Council, a nonprofit organization representing volunteer talent from top advertising agencies and media organizations. For the first year, messages will be directed to the general public (to raise awareness); male partners of pregnant women (to encourage them to get women to prenatal care); and women (to encourage them to obtain early and regular prenatal care.)
- **National public relations activities:** Efforts will be launched to acquaint health professionals and the media about infant mortality and programs like Healthy Start.
- **Local public information and education assistance:** Media outreach and education activities will focus on equipping the fifteen urban and rural Healthy Start communities to conduct communications programs locally.

The first year of the public service advertising component will include PSAs—television, radio, and print—targeted to the general public, male influencers, and women. This strategy is based on a variety of research steps, including literature reviews, Healthy Start site visits, and guidance from organizations familiar with infant mortality issues and service programs.

Three PSAs are being produced in 1992.

PSA #1. "This is America"

Target Audience: General Public

Objective: Create awareness of: infant mortality, the link between infant mortality and lack of prenatal care, and programs like Healthy Start.

Research has shown that the American public believes maternal and child health issues are important, but the needs of pregnant women and children are viewed as receiving little attention by the country (Johnson & Johnson, 1992). Health communications campaigns regarded as most successful in tackling health problems are those that address public awareness and include an appeal to the public for support.

Action Response: PSA includes national post office box number for viewers to write for more information: Healthy Start, P.O. Box 826, Merrifield, VA 22116.

Healthy START
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People who write will receive a brochure, *Every Child Deserves a Healthy Start*, with information about infant mortality, what every pregnant woman needs, what everyone can do to become involved, and organizations to contact.

Release Date: June 1992

PSA # 2. "What Is a Man?"

Target Audience: Male influencers, including fathers, partners of pregnant women, or others.

Objective: Encourage more men to take a role in helping women to obtain early and regular care. Research indicates that male partners can be influential and that they will respond to non-judgmental action steps.

Format: :30 television, radio and print

Action Response: Tie-in with March of Dimes national 800 number. Callers will receive brochure from the March of Dimes about male involvement.

Release Date: Summer 1992.

PSA #3. (Message for Women)

Target Audience: Women who are at-risk of receiving inadequate prenatal care.

Objective: Encourage women to seek early prenatal care.

Format: :30 PSA, radio, print, outdoor

Action Response: To be determined (women will be directed to appropriate hotlines).

Release Date: Winter 1993 (When Healthy Start communities are fully operational.)

The 15 Healthy Start Communities

The 15 Healthy Start communities are engaged in comprehensive planning for programs aimed at reducing infant mortality.

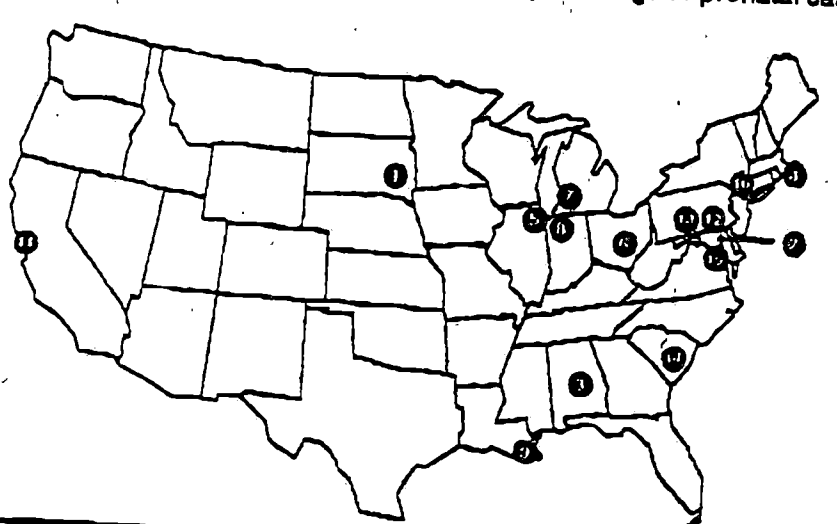
Federal grants, administered by the Health Resources and Services Administration, were awarded to communities with high rates of infant death and a demonstrated capacity to involve state and local government, the private sector, schools, religious groups and neighborhood organizations.

The success of Healthy Start relies on collaborative efforts to provide medical and social services, community support and economic development initiatives.

For example:

- **Making medical care more accessible**, from streamlining forms to finding mothers rides to care or babysitters;
- **Offering stop-smoking classes**, nutrition classes, alcohol and drug abuse counseling;
- **Improving participation** of the eligible in Medicaid and WIC (Women, Infants and Children nutrition program);
- **Employing outreach workers**, often from the neighborhood, to locate and educate women about the importance of early and regular prenatal care.

1. Northern Plains Reservations (S.D., N.D., Iowa, Neb.)
2. Baltimore, Md.
3. Birmingham, Ala.
4. Boston, Mass.
5. Chicago, Ill.
6. Cleveland Ohio
7. Detroit, Mich.
8. Lake County (Gary), Ind.
9. New Orleans, La.
10. New York, N.Y.
11. Oakland, Calif.
12. Pee Dee Region, S.C.
13. Philadelphia, Pa.
14. Pittsburgh, Pa.
15. Washington, D.C.



Healthy START

FACT SHEET

Profiles of Healthy Start Community Activities

Baltimore, Maryland

The Healthy Start program is situated among multiple urban neighborhoods with an IM* of 20.1. Health advocates will be identified from within these neighborhoods, trained and employed by the Healthy Start program. Partners of pregnant women will participate in the prenatal care process.

Press Contact: Tom Coyle 410-396-9995

Birmingham, Alabama

Within its 12 Healthy Start neighborhoods, the IMR is 18.4. Community groups will participate in designing a system of care which may include home visits, health education, outreach, and follow-up. For residents living in the Healthy start neighborhoods, there will be a job training and a location focus.

Press Contact: Debra Housch 205-930-1375

Boston, Massachusetts

The Healthy Start program is located in four neighborhoods with distinctive and varied cultural populations. The IMR is 17.1. The project focus will be a community empowerment model, encouraging dialogue among state, city and community-based agencies and residents with a goal of improved access, service delivery and use that reflects its diverse population base.

Press Contact: June Cooper 617-534-4757

Chicago, Illinois

Within the six Chicago neighborhoods participating in the Healthy Start program, there is an IMR of 19.6. Chicago will work toward streamlining the application process for all forms of government health care, and removing transportation barriers for pregnant women by establishing maternal and child health centers in housing projects and other convenient neighborhood locations. Community economic development will be highlighted.

Press Contact: Linda Miller 312-814-1583 / 217-782-0554

Cleveland, Ohio

The sixteen Healthy Start neighborhoods have an IMR of 21.3. Strategies will include using neighborhood residents as outreach workers and members of the Healthy Start consortium in partnership with health and social service providers to reach pregnant women.

Press Contact: Jackie Chakirelis 216-579-2520

Detroit, Michigan

The Healthy Start neighborhoods have an IMR of 20.3. Three "magnet" centers will offer families increased access to prenatal and infant care. Regionalized "mobile service teams" will provide outreach and support.

Press Contact: Wilhelmina Jennings 313-577-0979

Lake County, Indiana

The four Lake County urban areas, which includes Gary, have an IMR of 16.2. The Healthy Start program will develop comprehensive services for mothers and their infants. Community health planning and recruitment of local businesses are key factors in making prenatal care available to uninsured pregnant women.

Press Contact: Dr. Rebera Foston 219-882-2133

New Orleans, Louisiana

New Orleans brings the Healthy Start program to its ethnic and diverse urban neighborhoods. The IMR is 23.3. Volunteer workers called "Na'Nans", the New Orlean's term of endearment roughly equivalent to "godmother," will identify, visit and refer pregnant women to prenatal care.

Press Contact: Jinx Brousseard 504-565-6580

New York, New York

The Healthy Start program is located in three ethnically diverse neighborhoods with an IMR of 19.4. The program seeks to better coordinate access, services and health education. Community development activities such as job training, mentoring and housing initiatives are important program components.

Press Contact: Michele Drayton 212-566-5940

Northern Plains Indian reservations (North Dakota, South Dakota, Iowa and Nebraska)

Healthy Start spans 19 communities in four states with an IMR of 18.7. Primary care services which offer health, social service and nutrition programs will be shifted from hospitals to community settings and will involve strong community input.

Press Contact: Cindy Smith 701-777-3081

Oakland, California

Healthy Start's urban community has an IMR of 17.9. Six family resource centers will be created. Neighborhood networking, community mobilization and empowerment will be employed to encourage use of health, social service and nutrition programs.

Press Contact: Mildred Thompson 510-268-7921

** IMR = Infant mortality rate [the number of deaths per 1,000 live births (average 1984-1988)]*

Healthy START

FACT SHEET

Pee Dee Region, South Carolina

The Healthy Start program spans six rural counties with an IMR of 16.1. This program is characterized by its collaborative efforts linking service providers and the communities with a common goal of developing a holistic health care system for pregnant women.

Press Contact: Roger Poston 803-929-1002 (Columbia)
803-662-1482 (Florence)

Philadelphia, Pennsylvania

The Healthy Start neighborhoods have an IMR of 22.3. Community-based outreach and service enhancement strategies, such as increasing clinic hours and staff, will be combined to make it easier for pregnant women to receive care. The site also places a high value on empowering its service community. To accomplish this, planning and implementation will involve the sharing of both resources and responsibility with community organizations and consumers.

Press Contact: Robert K. Ross, M.D. 215-686-5000

Pittsburgh, Pennsylvania

The six Healthy Start neighborhoods have an IMR of 20.2. Each neighborhood will concentrate on providing care coordination and outreach services reflecting the diverse population needs.

Press Contacts: Carol Synkewecz 412-578-8003
Dr. Tanya Raggio 412-244-4700

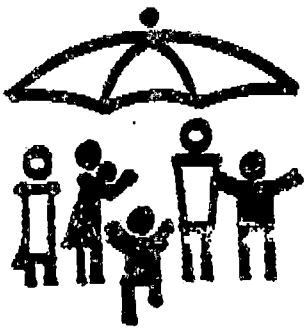
Washington, D.C

The Healthy Start neighborhoods have an IMR of 23.2. Outreach workers and health care providers will work in service centers called "Healthy Corners" in non-traditional sites (housing projects, the mayor's empowerment centers and recreational centers) to reach pregnant women. Once located, pregnant women are taken to the health care centers via the "MOM-van", D.C.'s Healthy Start transportation system.

Press Contact: Barbara Hatcher 202-372-7212

Division of Immunization

Center for Prevention Services
Centers for Disease Control



Facsimile Transmission

To: JOE DUGGAN	From: ROGER BERNIER
	Freeway Park Mail Stop E05 1600 Clifton Rd., NE Atlanta, GA 30333 USA
FAX No. 202 456 Phone No. 6218	
Date:	FAX No. (404) 639-1433 Phone No. (404) 639-1867
No. of Pages (Not Including This Form)	[FTS Exchange 236]

Comments:

FROM ROGER BERNIER CDC ATLANTA

PLEASE PASS TO JOE DUGGAN, ASAP

PAGE 1

Today we're taking some vital steps forward to help American mothers, their children, and their families. We're releasing new Standards for Pediatric Immunization Practices, calling for community-based immunization Action Plans nationwide, and launching a new federal interagency plan for childhood immunization. And we're beginning a new public service...

...I was pleased to be part of the visit to San Diego in February, and I am happy that representatives from Philadelphia, Detroit, Dallas, Maricopa County Arizona, and South Dakota are here today. Based on what we learned in these 6 communities, we have extended their highly successful grassroots planning efforts nationwide to include all 50 states, 13 terrtories, and 24 urban areas. We are making available $46 million this year to help support early implementation of the best community plans to vaccinate at least 90% of children by their second birthday. And my Administration's federal budget for immunization continues to increase in response to the need--for fiscal year 1993 we're seeking $349 million, a more than $50 million increase over the current year's budget.

PAGE 3

... With the new Standards in place, we'll see reductions in the long waiting times for immunizations, we'll see more convenient hours and locations for immunizations, and we'll see fewer prerequisites to be eligible to get a shot. The federal Centers for Disease Control, joined by professional organizations such as the American Academy of Pediatrics, will urge practitioners and clinics around the nation to adopt the new Standards.

WHERE APPROPRIATE

Success in immunization will depend on the forging of new partnerships between public and private sector groups and between different government agencies.

I'm talking about partnerhips such as the one between the health department and the welfare program in Dallas where Doris Donner invited a health department nurse to provide immunizations in a new welfare office being opened in an area hard hit by measles.

Also, I'm talking about partnerships such as the one created by the San Diego health department and the Aetna Foundation in which Dr. Linares who is here today from Aetna persuaded his company to donate $50,000 to hire a coordinator to oversee implementation of the San Diego Immunization Action Plan.

It's people and partnerships like these that will make sure our children are vaccinated at an early age when protection from vaccines can do the most good.

TOTAL PAGES

4 +

COVER SHEET

DEPARTMENT OF HEALTH & HUMAN SERVICES

A fax message from:

Debbie Messick

Deputy Assistant Secretary for Public Affairs

Phone: (202) 245-1853 Fax: (202) 245-5673

To: Joe Dugan

Fax: 456-6218 Phone: _____

Date: _____ Total number of pages sent: _____

Comments:

More info . . . FYI . . .

May is National Physical Fitness and Sports Month.

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

HEALTHY START

- President Bush has placed infant mortality at the top of the national health agenda. Our goal is to provide every child in America a Healthy Start in life. Towards this end we've launched a new demonstration program -- the Healthy Start Initiative -- by awarding $65 million to 15 communities with stubbornly high infant mortality rates.

- The philosophy behind Healthy Start is to concentrate funds and resources where they are most needed -- some rural and inner-city communities have twice as many babies dying as the national average. Sadly, most of these deaths are preventable.

- Why do babies die in the United States? Lack of pre-natal may be the most lethal agent. After steady progress during the 1970s, there was absolutely no improvement between 1980 and 1989 in the proportion of mothers who received prenatal care in the first trimester. Sometimes the problem is as simple as not having transportation to doctor's appointments.

- The fact that four out of every ten black mothers do not receive prenatal care (compared with two out of ten white mothers) is part of the reason that black babies are 2.5 times more likely than white babies to die before their first birthday.

- Other root causes stem from unhealthy and unwise behavior patterns of expectant parents. Often times, ignorance is our worst enemy. In 1985 -- only 7 years ago -- only half of women in America knew that smoking and alcohol can mean low birthweight and possible death of the baby. Ignorance is deadly. 1 in 5 infant deaths is directly attributable to use of cigarettes, alcohol or drugs by the mother.

- Many of our at-risk mothers are children themselves. Every 64 seconds, a teenager in the U.S. has a baby. And the death rate for babies of teen mothers is 1.5 times higher than that of mothers over the age of 20. Our teens -- and our preteens -- must hear the truth that, contrary to what they hear on MTV, it is healthy and it is smart to delay sexual activity and childbearing until they are mature enough to commit to marriage, to commit to child rearing, and to be able financially to provide for children.

- Overcoming these medical, economic and behavioral hurdles will require the involvement of the whole community. When I say the whole community I mean that we must include: experienced mothers to counsel teen moms; male mentors to work with teen fathers; volunteers to transport mothers to appointments; doctors and nurses willing to make hours for prenatal care appointments more convenient; and churches, schools and civic organizations willing to open their doors to educate our young people about health issues.

- Every Healthy Start community has organized a broad-based coalition of community leaders committed to working together. These local coalitions are empowered with funds from the Federal government and private groups. Grantees are given flexibility to create their own mix of services depending upon the specific needs of their community. Grantees are also given flexibility in funding.

- What will the Healthy Start funding buy us? Even as we speak, Healthy Start communities are putting into practice innovative strategies for saving babies. For example:

- In Aberdeen, South Dakota (where 18 out of every 1000 babies die in their first year) 19 Indian communities lead by the Santee Sioux Tribe are beating back the cultural resistance of Native Americans to existing help. They are also helping to provide transportation in the vast Northern Plains.

- In Boston (where there are census tracts with more than 24 deaths per 1000 births), the Healthy Start coalition involves churches in health promotion activities; they are also establishing outreach programs to guide fathers back to the family.

- In Detroit (where there are census tracts with more than 26 deaths per 1000 births) 70 percent of babies do not receive post-natal care. Local advisory boards have designed Mobile Service Teams which make house calls in low-income neighborhoods.

- In the rural Pee Dee Region of South Carolina, youth mentors are being trained in grades 10-12. Local merchants have been tapped to offer discount coupons to mothers who keep prenatal care appointments.

- And in the nation's capital, Washington D.C., the local Healthy Start coalition recognized that at-risk mothers were also very hard to reach. So they decided to move the services to the mothers -- prenatal care and maternal education courses are being offered in neighborhood churches, in schools and in public housing.

- These are just a few examples of the innovative strategies being implemented. Our plan is to carefully evaluate what works and what does not. We will then use the successful demonstration grants as models for communities across the country with similar demographics and geography.

####

(Duggan/Nix)
May 8, 1992
Draft Six
Prenatal

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
ROSE GARDEN
MONDAY, MAY 11, 1992
11:10 a.m.

[Acknowledgments] Yesterday, on Mothers' Day, millions of Americans took time to appreciate the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today we're taking some vital steps to help American mothers, their children and their families. We're announcing improved standards and a new action plan for immunization. And we're beginning a public service ad campaign to promote an innovative prenatal care program called Healthy Start.

Every year in America, thousands of babies are delivered at dangerously low birth weights. Too many of these babies die or suffer chronic ill health as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases -- and some even die. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem, we are mobilizing the nation's best ideas and resources. Last June I stood here in the Rose Garden with Secretary Sullivan to call for a stronger immunization effort. We sent out teams to six areas of our country to determine how we can do better. And we learned lessons we're now applying nationwide. I was pleased to be part of the visit to

San Diego in February, and I am happy that representatives of all six communities are here. \\

Today we're announcing a new action plan to get our children vaccinated when it makes the greatest difference -- before the age of two. The plan requires more effective coordination to promote vaccination among the various federal agencies that serve children. We're helping states and localities with their own immunization plans. And my Administration's budget for immunization continues to respond to the need -- for fiscal year 1993 we're seeking an increase to $349 million. We're also announcing new Standards for Pediatric Immunization -- the work of an expert panel representing many private and public sector organizations. They'll help clinics improve their methods to provide vaccinations to kids who need them most.

I salute the leaders of the Advertising Council for all the volunteer time and talent you have organized for this cause. I know that programs such as this work: Think of the success of other Ad Council campaigns for kicking the smoking habit, for seat-belt use, for screening for cancer. All such efforts help people show greater responsibility in their own behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Ad

Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, targets the general public. It calls on all of us for action. The theme you'll soon be hearing on television is this: We must not accept high rates of infant deaths -- because "this is America." \\

The second announcement will impress upon men the importance of their role. Whether a man is an unborn child's father, or another family member or friend, there is much he can and should do to help an expectant mother. We cannot understate male responsibility. The third announcement will tell women that proper care begins long before the baby is born. Consider this: Babies born after a pregnancy with no prenatal care are four times more likely to die than those whose mothers receive care beginning in the first trimester. The full series assures pregnant women in need that they are not alone. Care is available -- and good neighbors are being mobilized to help.

The Healthy Start approach represents what we should be doing to solve our social problems: local solutions, local control, local accountability. The first 15 Healthy Start communities were chosen from a long list of applicants -- and I understand that representatives of each community, from around

the nation are here today.\\ God bless you for your good work.\\

We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

Healthy Start's successes will come from people who see neighbors in need and ask: What can I do to help? And they follow through on their generous impulses. \\ And they keep noticing and helping more people. \\

I'm talking about people like Minnie Thomas in Oakland, California. An energetic grandmother, she was helping drug abusers when she learned there was no facility for drug abusers who became pregnant. So she opened her own facility, called Solid Foundation. Forty-seven kids have been born to mothers at Solid Foundation -- and not one suffered from low birth weight.

Here in Washington, Tawana Fortune-Jones is the woman with the "Mom Van." She knocks on doors in neighborhoods where infant mortality is high. She's enlisted the cooperation of doctors and clinics to establish a Healthy Start Pregnancy Register. And she drives the "Mom Van." Each morning at seven, she begins picking up women and taking them to doctors' offices. Afterwards, she takes them home -- and then she shuttles another group in the afternoon. \\ She's a friend to women who have no other friends. She's saved and bettered the lives of hundreds of babies. And she's here with us today: Tawana, good neighbors are the heroes

of our cities -- and you're the model of a good neighbor. \\

Unbelievable as it may seem, the innovations of Healthy Start ran into resistance in Congress, where they're still too much wedded to the old bureaucratic ways of doing things. I'm optimistic, though. I believe our approach for empowering people with new ideas is the way of the future.

Our crusade for preventive health care for infants and expectant mothers will move a step further when we reform our health insurance system. I've proposed making every American able to afford a basic health insurance plan of his choice, using credits or vouchers. Through the market system, we would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are in some ways technical -- but we must not see them as concerns only for professionals. The well-being of our youngest and most vulnerable is everyone's concern. We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to play with him, read to him. No child without someone to call him by his name. Healthy Start is a vital part of a larger effort to create a better society. Yes, we'll continue to need government action for public health -- and we must strive to make it more imaginative, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all. # # #

(Duggan/Nix)
May 8, 1992
Draft Five
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
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MONDAY, MAY 11, 1992
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Every year in America, thousands of babies are delivered at dangerously low birth weights. Too many of these babies die or suffer chronic ill health as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases -- and some even die. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We're working to educate, encourage and assist Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little

ones stay healthy through their earliest, formative years.

Last June I stood here in the Rose Garden with Secretary Sullivan. We said we needed a stronger immunization effort. We said we would send out teams to six areas of our country to determine how we can do better. I was pleased to be part of the visit to San Diego in February, and I am happy that representatives of all six communities are here today.

And today, as a result of this study, we're announcing a new action plan to get our children vaccinated at the critical time when it can make the greatest difference -- before the age of two. The action plan requires more effective coordination to promote vaccination among the various federal agencies that serve children. This comprehensive approach involves, for instance, our housing, education, and nutrition programs as well as our health programs. We're helping states and localities with their own immunization action plans. And my Administration's federal budget for immunization continues to increase in response to the need -- for fiscal year 1993 we're seeking $349 million.

We also are announcing new Standards for Pediatric Immunization Practices. The standards are the work of an expert panel representing many private and public sector organizations. They'll help clinics improve their organization and management to provide vaccinations to kids who need them most.

The new standards incorporate some of the common-sense principles that are helping competitive businesses all across America improve quality and enhance customer satisfaction. With

the new standards in practice, we'll see more special immunization clinics in communities that need them -- and we'll see improved services in general clinics, such as "express lanes" for immunizing walk-in patients. The federal Centers for Disease Control, joined by professional organizations, will urge clinics and practitioners around the nation to adopt the new standards.

[Placeholder for examples of innovative community immunization programs from HHS]

I salute and thank the leaders of the Advertising Council for all the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Think of the success of other Ad Council campaigns for kicking the smoking habit, for seat-belt use, for screening for cancer and high blood pressure. All such efforts help people show greater responsibility in their own behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Ad Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is financially needy or without a husband or family to support her,

it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the general public. It will stress that the crisis of infant mortality and illness calls on all of us for action. The message appeals to the values and cooperative spirit that made this country great. It echoes with the theme that we must not accept high rates of infant deaths -- because this is America. \\

The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. We cannot understate male responsibility. The third announcement in the series will tell women of the importance of early prenatal care -- that proper care begins long before the baby is born. Consider this statistic: Babies born after a pregnancy with no prenatal care are four times more likely to die than those whose mothers receive care beginning in the first trimester. The Ad Council campaign will point out how readily this care is available. The full series assures pregnant women in need that they are not alone. Family, friends and neighbors are being mobilized to help.

The Healthy Start approach represents what we should be doing to solve our social problems: local solutions, local control, local accountability. The first 15 Healthy Start communities were chosen from a long list of applicants -- and I

understand that representatives of each community, from North to South and coast to coast, are here today.\\ God bless you for your good work.\\

We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

Healthy Start's successes will come from people who see neighbors in need and ask: What can I do to help? And they follow through on their generous impulses. \\ And they keep noticing and helping more people. \\

I'm talking about people like Minnie Thomas in Oakland, California. An energetic grandmother, she already was helping drug abusers try to put their lives back together when she discovered there was no facility for drug addicts who became pregnant. So she opened her own facility. She calls her program Solid Foundation. Since 1987, her residential program for drug addict women and their babies has grown from housing six women with their babies to more than 30 women and their babies. Forty-seven kids have been born to mothers at Solid Foundation -- and not one of them suffered from low birth weight. Minnie Thomas is a pioneer who's inspired other communities to follow her model.

In New Orleans, Healthy Start will work with teams of outreach workers called Na'Nans -- in Louisiana French, that translates roughly as "godmothers." And here in Washington, D.C.

Tawana Fortune-Jones is known as the woman with the "Mom Van." She knocks on doors in housing projects and other neighborhoods where infant mortality is high. She's enlisted the cooperations of doctors and clinics and hospitals to establish a Healthy Start Pregnancy Register -- to identify pregnant mothers whose babies are at risk. And she drives the "Mom Van." Each morning at seven, she begins picking up women and taking them to medical appointments. Afterwards, she takes them home -- and then she shuttles another group of women in the afternoon. \\ She's a friend to frightened women who have no other friends. She's saved and bettered the lives of hundreds of helpless babies. And she's here with us today: Tawana, good neighbors are the heroes of our cities -- and you're the model of a good neighbor. \\

Unbelievable as it may seem, the innovations of Healthy Start ran into resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. I expect the forces of change sweeping this country to give us a new Congress next year that's more willing to help people at the grass roots make the most of their ideas.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we enact the major reforms I have proposed for our health insurance system. My proposal would allow every American to afford a basic health insurance plan of his choice, using credits or vouchers. By

working through the market system, we would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without someone to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more efficient, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

# # #

(Duggan/Nix)
May 7, 1992
Draft Three
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
~~EAST ROOM~~ Rose Garden
MONDAY, MAY 11, 1992
~~2:00 p.m.~~ 11:10 ~~p.m.~~ a.m.

Dan Casse

[Acknowledgments] Yesterday, on Mothers' Day, millions of Americans took time to appreciate the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today we're taking some vital steps forward to help American mothers, their children and their families. We're announcing improved standards and launching a new action plan for childhood immunization. And we're getting going with a new public service ad campaign to help move forward an innovative program for prenatal care called Healthy Start.

Alixe Glen HHS

Every year in America, thousands of babies are delivered at dangerously low birth weights. Too many of these babies die or suffer chronic ill health as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases -- and some even die. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We're working to educate, encourage and assist Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little

ones stay healthy through their earliest, formative years.

Today we are taking an important step to make this a better country for our children. Last June I stood in the Rose Garden with Secretary Sullivan. We said we needed a stronger immunization effort. We said we would be sending out teams to six areas of our country to determine how we can do better. I was pleased to be part of the visit to San Diego in February, and I am happy that representatives of all six communities are here today.

And today, as a result of this study, we're announcing a new action plan to get our children vaccinated at the critical time when it can make the greatest difference -- before the age of two. The action plan requires more effective coordination to promote vaccination among the various federal agencies that serve children. This comprehensive approach involves, for instance, our housing, education, and nutrition programs as well as our health programs. We're helping states and localities with their own immunization action plans. And my Administration's federal budget for immunization continues to increase in response to the need -- for fiscal year 1993 we're seeking $349 million.

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I salute and thank the leaders of the Advertising Council for all the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Think of the success of other Ad Council campaigns for kicking the smoking habit, for seat-belt use, for screening for cancer and high blood pressure. All such efforts help people to show greater responsibility in their own behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Ad Council's new campaign will have strong and positive results.

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financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the general public. It will stress that the crisis of infant mortality and illness calls on all of us for action. The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. We cannot understate male responsibility. The third in the series of announcements will tell women of the importance of early prenatal care -- that proper care begins long before the baby is born. Consider this statistic: Babies born after a pregnancy with no prenatal care are four times more likely to die than ~~babies who~~ those whose mothers receive care in the first trimester. The Ad Council campaign will point out how readily this care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

Healthy Start Communications Wendy Child (301) 443-3376

A very exciting part of Healthy Start is the ~~new~~ demonstration program to help people in communities with high infant mortality rates attack the problem. [While we've made progress in most communities, too many poor, minority neighborhoods face a very high rate of infant mortality.]

Our approach represents what we should be doing to solve our social problems: local solutions, local control, local

Overall infant mortality rate has declined, however, many comm like these Healthy Starts sites are way over national average

 Fact sheet

accountability. The first 15 Healthy Start communities have been selected from a long list of applicants -- and I understand that representatives of each community, from North to South and coast to coast, are here with us today. \\ Let me say: God bless you for your good work. You're doing your country a world of good.\\

Dan Alice Glen

We are <u>not</u> weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to <u>empower</u> neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

Healthy Start's successes will come from people who see neighbors in need and ask: <u>What can I do to help?</u> And they <u>follow through</u> on their generous impulses -- and they keep noticing and helping more people as they expand the horizons of their neighborhood.

I'm talking about people like <u>Minnie Thomas</u> in Oakland, California. An energetic grandmother, she already was helping drug abusers try to put their lives back together when she discovered there was no facility for drug addicts who became pregnant. So she opened one. She calls her program Solid Foundation. Since 1987, her residential program for drug addict women and their babies has grown from housing six women with their babies to ~~28~~ 30 plus women and their babies. Forty-seven kids have been born to mothers at Solid Foundation -- and not one of them suffered from low birth weight. Minnie Thomas is a pioneer who's inspired other communities to follow her model.

Lori Green (510) 482-3217

In New Orleans, Healthy Start will work with teams of outreach workers called Na'Nans -- in Louisiana French, that translates roughly as "godmothers." And here in Washington, D.C. Tawana Fortune-Jones is the maestro of the "Mom Van." She knocks on doors in housing projects and other neighborhoods where infant mortality is high. She's enlisted the cooperations of doctors and clinics and hospitals to establish a Healthy Start Pregnancy Register -- to identify pregnant mothers whose babies are at risk. And she drives the "Mom Van." She starts work at seven in the morning, picking up women and taking them to medical appointments. Afterwards, she takes them home -- and then she starts an afternoon shift in the "Mom Van." \\ She's here with us today: Mrs. Jones, you're proof that we don't really need to look to the history books to find heroes. Every day, you're doing life-saving work -- with the courage of a hero. \\

Unbelieveable as it may seem, the innovations of Healthy Start ran into resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. And I'm expecting the forces of political change sweeping the country will give us a new Congress that's more willing to let individuals and communities make the most of their good ideas and initiatives.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we put into effect the major reforms I have proposed for our health insurance

system. My proposal, using credits or vouchers, would allow every American to afford a basic health insurance plan of his choice -- and through more efficient market systems it would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. [I want us to become an America where no child -- born or unborn -- will be rejected: Think of the irony -- we have so many abortions in this country even when there are hundreds of thousands who want to adopt those children.] We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without parents to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more efficient, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

# # #

THE WHITE HOUSE

WASHINGTON

May 7, 1992

MEMORANDUM FOR DAN McGROARTY

FROM: JOHN HERRMANN JH

SUBJECT: Presidential Remarks: Maternal and Infant Health Event

The Office of Policy Development staff has reviewed the attached remarks and have noted several suggested changes on the draft. Roger Porter is travelling with the President and has not seen these suggestions.

Please let us know if you have any questions or if we may help in any other way.

cc: Phillip D. Brady

Document No. 326550SS

WHITE HOUSE STAFFING MEMORANDUM

HANNS

DATE: 5/7/92 ACTION/CONCURRENCE/COMMENT DUE BY: 4:00PM, TODAY, MAY 7

SUBJECT: PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
EAST ROOM
MONDAY, MAY 11, 1992

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	✓	HORNER	✓	☐
SKINNER	☐	✓	MCBRIDE	☐	☐
SCOWCROFT	☐	☐	MOORE	✓	☐
DARMAN	✓	☐	PETERSMEYER	✓	☐
BRADY	☐	✓	PORTER	✓	☐
BROMLEY	☐	☐	ROGICH	☐	☐
CALIO	✓	☐	ROLLINS	✓	☐
DEMAREST	✓	☐	SMITH	✓	☐
FITZWATER	☐	✓	YEUTTER	☐	✓
GRAY	✓	☐	FINDLAY	☐	✓
HOLIDAY	✓	☐	KAUFMAN	☐	✓
			FIRESTONE		✓
			MARTINEZ	✓	

REMARKS:

Please provide comments on the attached directly to Dan McGroarty, Rm. 122, x2930, with a copy to this office NO LATER THAN 4:00PM, TODAY, THURSDAY, MAY 7. Thank you.

RESPONSE:

TO: John
Fr: Hanns

PHILLIP D. BRADY
Assistant to the President
and Staff Secretary
Ext. 2702

(Duggan/Nix)
May 7, 1992
Draft Two
Health

92 MAY 7 A11 : 11

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
EAST ROOM
MONDAY, MAY 11, 1992
[TIME]

[Acknowledgments]

Yesterday, on Mothers' Day, millions of Americans took time to show their appreciation for the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today I am proud ~~to be part of~~ a vital ~~new~~ effort focussed on American mothers, their children and their families. We call our effort Healthy Start.

Every year in our country, thousands of babies are delivered at dangerously low birth weights. Many of these babies die or suffer chronic ill health as a result. Thousands of America's young children ~~die or~~ suffer crippling effects each year from measles and other communicable childhood diseases. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We are launching a promising new program of public service advertising. ~~And we are adding impetus~~ to national and local public health programs for providing needed health care to expectant mothers and young children. Through each of these actions, we will educate, encourage and assist

Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little ones stay healthy through their earliest, formative years.

I salute and thank the leaders of the Advertising Council for all the funds and the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Frequently I'm given updates on the success of a program that had similar beginnings -- the media campaign of the Partnership for a Drug-Free America. Thanks to this effort, more and more of our teenagers are saying no to drugs. This advertising campaign is helping our young people take heed of the consequences of using illegal drugs -- and as a result they are showing greater responsibility in their behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Advertising Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the general public. It will stress that the ~~crisis~~ problem of infant mortality and illness calls on <u>all</u> of us for action. The second announcement will impress upon <u>men</u> the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. We can't understate male responsibility. The third in the series of announcements will tell women of the importance of early prenatal care -- that proper care begins long before the baby is born. It will point out how readily such care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

Today we are also making another step in our efforts to ~~be~~ make a better country for our children. Last June I stood in the Rose Garden with Secretary Sullivan. We said we needed a stronger immunization effort. We said we would be study out teams to 6 risk areas ~~I~~ our country to determine if how we can do better. I was pleased to be part of the visit to San Diego in February.

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The new standards incorporate some of the common-sense principles that are helping competitive businesses all across America improve product and service quality and enhance customer satisfaction. With the new standards in practice, we'll see more special immunization clinics in communities that need them -- and

we'll see improved services in general clinics, such as "express lanes" for immunizing walk-in patients. The federal Center for Disease Control, joined by professional organizations, will disseminate the new standards widely and will encourage clinics and practitioners to adopt them.

A third part of Healthy Start may be the most exciting of all. We've launched a new demonstration program to help people in communities with high infant mortality rates attack the problem. We are distributing $65 million in federal funds to our first 15 Healthy Start communities -- selected from among 45 communities which applied to take part in the demonstration. We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

[Examples, anecdotes about real volunteers and their innovative ideas and efforts]

These grants are a beginning, but I want to point out that I asked Congress for nearly twice as much money for the Healthy Start demonstration projects. I faced powerful resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. And I'm expecting the forces of political change sweeping the country will give us a new Congress that's more

willing to let individuals and communities make the most of their good ideas and initiatives.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we put into effect the major reforms I have proposed for our health insurance system. I'll have more to say on this ~~tomorrow~~ Wednesday, but let me say now that my proposed system, using credits or vouchers, would allow every American to afford a basic health insurance plan of his choice -- and through more efficient market systems it would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. I want us to become an America where no unborn child will be rejected as unwanted: One of the consequences of widespread abortion on demand is that adoption agencies cannot find babies for hundreds of thousands of qualified American families who want to adopt. We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without parents to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more

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# # #

OMB comments

(Duggan/Nix)
May 7, 1992
Draft Two
Health

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MONDAY, MAY 11, 1992
[TIME]

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[Acknowledgments] Yesterday, on Mothers' Day, millions of Americans took time to appreciate the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today we're taking some vital steps forward to help American mothers, their children and their families. We're announcing improved standards and launching a new action plan for childhood immunization. And we're getting going with a new public service ad campaign to help move forward an innovative program for prenatal care called Healthy Start.

Every year in America, thousands of babies are delivered at dangerously low birth weights. Too many of these babies die or suffer chronic ill health as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases -- and some even die. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We're working to educate, encourage and assist Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little

ones stay healthy through their earliest, formative years.

Today we are taking an important step to make this a better country for our children. Last June I stood in the Rose Garden with Secretary Sullivan. We said we needed a stronger immunization effort. We said we would be sending out teams to six areas of our country to determine how we can do better. I was pleased to be part of the visit to San Diego in February, and I am happy that representatives of all six communities are here today.

And today, as a result of this study, we're announcing a new action plan to get our children vaccinated at the critical time when it can make the greatest difference -- before the age of two. The action plan requires more effective coordination to promote vaccination among the various federal agencies that serve children. This comprehensive approach involves, for instance, our housing, education, and nutrition programs as well as our health programs. We're helping states and localities with their own immunization action plans. And my Administration's federal budget for immunization continues to increase in response to the need -- for fiscal year 1993 we're seeking $349 million.

We also announcing new Standards for Pediatric Immunization Practices. The standards are the work of an expert panel representing many private and public sector organizations. They'll help clinics improve their organization and management to provide vaccinations to kids who need them most.

The new standards incorporate some of the common-sense

principles that are helping competitive businesses all across America improve product and service quality and enhance customer satisfaction. With the new standards in practice, we'll see more special immunization clinics in communities that need them -- and we'll see improved services in general clinics, such as "express lanes" for immunizing walk-in patients. The federal Centers for Disease Control, joined by professional organizations, will disseminate the new standards widely and will encourage clinics and practitioners to adopt them.

I salute and thank the leaders of the Advertising Council for all the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Think of the success of other Ad Council campaigns for kicking the smoking habit, for seat-belt use, for screening for cancer and high blood pressure. All such efforts help people to show greater responsibility in their own behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Ad Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is

financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the general public. It will stress that the crisis of infant mortality and illness calls on all of us for action. The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. We cannot understate male responsibility. The third in the series of announcements will tell women of the importance of early prenatal care -- that proper care begins long before the baby is born. Consider this statistic: Babies born after a pregnancy with no prenatal care are four times more likely to die than babies who receive care in the first trimester. The Ad Council campaign will point out how readily this care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

A very exciting part of Healthy Start is the new demonstration program to help people in communities with high infant mortality rates attack the problem. [While we've made progress in most communities, too many poor, minority neighborhoods face a very high rate of infant mortality.]

Our approach represents what we should be doing to solve our social problems: local solutions, local control, local

accountability. The first 15 Healthy Start communities have been selected from a long list of applicants -- and I understand that representatives of each community, from North to South and coast to coast, are here with us today. \\ Let me say: God bless you for your good work. You're doing your country a world of good.\\

We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

Healthy Start's successes will come from people who see neighbors in need and ask: What can I do to help? And they follow through on their generous impulses -- and they keep noticing and helping more people as they expand the horizons of their neighborhood.

I'm talking about people like Minnie Thomas in Oakland, California. An energetic grandmother, she already was helping drug abusers try to put their lives back together when she discovered there was no facility for drug addicts who became pregnant. So she opened one. She calls her program Solid Foundation. Since 1987, her residential program for drug addict women and their babies has grown from housing six women with their babies to 28 women and their babies. Forty-seven kids have been born to mothers at Solid Foundation -- and not one of them suffered from low birth weight. Minnie Thomas is a pioneer who's inspired other communities to follow her model.

In New Orleans, Healthy Start will work with teams of outreach workers called Na'Nans -- in Louisiana French, that translates roughly as "godmothers." And here in Washington, D.C. Tawana Fortune Jones is the maestro of the "Mom Van." She knocks on doors in housing projects and other neighborhoods where infant mortality is high. She's enlisted the cooperations of doctors and clinics and hospitals to establish a Healthy Start Pregnancy Register -- to identify pregnant mothers whose babies are at risk. And she drives the "Mom Van." She starts work at seven in the morning, picking up women and taking them to medical appointments. Afterwards, she takes them home -- and then she starts an afternoon shift in the "Mom Van." \\ She's here with us today: Mrs. Jones, you're proof that we don't really need to look to the history books to find heroes. Every day, you're doing life-saving work -- with the courage of a hero. \\

Unbelieveable as it may seem, the innovations of Healthy Start ran into resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. And I'm expecting the forces of political change sweeping the country will give us a new Congress that's more willing to let individuals and communities make the most of their good ideas and initiatives.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we put into effect the major reforms I have proposed for our health insurance

system. My proposal, using credits or vouchers, would allow every American to afford a basic health insurance plan of his choice -- and through more efficient market systems it would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. [I want us to become an America where no child -- born or unborn -- will be rejected: Think of the irony -- we have so many abortions in this country even when there are hundreds of thousands who want to adopt those children.] We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without parents to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more efficient, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

# # #

DEPARTMENT OF HEALTH & HUMAN SERVICES

A fax message from:

Debbie Messick

Deputy Assistant Secretary for Public Affairs

Phone: (202) 245-1853 Fax: (202) 245-5673

To: Joe Duggan
WH SPEECHWRITING

Fax: 456-6218 Phone: _____

Date: 5-7-92 Total number of pages sent: 11

Comments:

May is National Physical Fitness and Sports Month.

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

HHS NEWS

DRAFT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
May 11, 1992

Contact: PHS Press Office
(202) 245-6867

CDC Press Office
(404) 639-3286

President Bush today announced an interagency early childhood immunization plan harnessing eight agencies of the federal government -- including the Departments of HHS, Agriculture, Education, and Housing and Urban Development -- in an effort to get American children vaccinated by age 2.

The President said the effort can "save our children from unnecessary disease, disability and death." To support the plan, he said, an all-time high in federal immunization funding is in place -- and more is being sought for next year.

In addition, he said, efforts will be carried out involving all 50 states, 13 territories and 24 large cities to develop community-based immunization action plans. Some $46 million in immunization grant funds is available this year to help support early implementation of these plans.

The White House ceremony today was also the occasion for announcing new immunization standards. A working group of federal, state, local and private organizations developed the "Standards for Pediatric Immunization Practices" based on a recommendation of the Public Health Service's National Vaccine Advisory Committee. These standards are designed to help health care professionals take advantage of all opportunities to screen and vaccinate children.

- MORE -

The President said efforts begun last June by the Administration and six target communities have shown that these barriers to early immunization can be attacked and eliminated -- through such steps as offering immunizations at more convenient hours and walk-in clinics, at public housing facilities and in connection with other health and social service programs.

Four further steps were outlined today:

o A "Plan to Improve Access to Immunization Services" was released, prepared by the Interagency Committee on Immunization. The committee includes representatives of eight federal agencies which serve pre-school aged children in any way, and the plan is meant to ensure that programs are used to help reach children who need to be vaccinated. The plan has 120 activities designed to improve children's access to immunization services through:

1) strengthening coordination between federal health, income, housing, education and nutrition programs -- i.e., adding an opportunity for vaccination whenever or wherever various programs interact with kids;

2) making vaccine delivery systems more "user friendly" by removing policy and management barriers, such as inconvenient hours or locations; and

3) enhancing the vaccine delivery infrastructure -- supplementing the facilities and personnel, often lost or neglected in some urban areas -- to provide immunization services.

o As a major state and local component of the national initiative, HHS is extending implementation of "Immunization Action Plans" to 63 immunization projects in all states and U.S. territories and 24 major cities in FY 1992. The new IAP's follow the "phenomenally successful" demonstration of the approach in six cities during the past year, said HHS Secretary Louis W. Sullivan, M.D. The Immunization Action Plans were first implemented from September 1991 to February 1992 in Dallas; Maricopa County (including Phoenix); South Dakota; Detroit; San Diego County; and Philadelphia. These initial plans are serving as models for guiding the remaining areas in developing their own.

Those areas competing for an award from the $46 million reserved for Immunization Action Plan implementation must submit their requests to CDC by July 17. Awards will be announced by Sept. 30, 1992. Similar funding is anticipated in FY 1993. While federal funding is expected to help communities implement their plans, in-kind and financial contributions also must come from the state and local communities themselves if the plans are to be fully implemented.

Secretary Sullivan said, "These state and local plans are the cornerstone for improving immunization levels among our children. State and local agencies must get involved in developing sound and comprehensive plans to meet differing local needs -- and to achieve our overall national goals."

o New "Standards for Pediatric Immunization Practices" have been recommended by the National Vaccine Advisory Committee. The standards were developed by a 35-member working group drawn from 23 different public and private sector organizations and from numerous state and local health departments. The primary objective of the Standards is to provide guidance to health care professionals on how to eliminate missed opportunities for vaccination and how to make immunization services free of all barriers by defining and standardizing good immunization practices.

Secretary Sullivan urged health care providers involved in immunizations "to adopt and use these Standards as a primary means of eliminating barriers to immunization and reducing missed opportunities, the greatest contributors to underimmunization in this country."

o The Centers for Disease Control is undertaking a new "National Preschool Immunization Public Information Campaign" as a major component of its overall information and education strategy. The purpose of the campaign is to (1) raise the public's (including health care providers) awareness and knowledge of the underimmunization problem in this country, and (2) create an appropriate demand for early childhood immunization that is coordinated with public and private sector health care systems that deliver these services. The new campaign will include TV, radio and print public service announcements and other information materials for both national and local use.

"Our guiding principle is to reach out to parents and young children to ensure proper vaccination, and to make our immunization services as convenient and user-friendly as possible," Secretary Sullivan said.

Dr. Sullivan said federal spending on immunizations has increased sharply, with FY 1992 spending of $297 million. The President's request for FY 1993 is $349 million, or 3-1/2 times the FY 1988 amount.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 13, 1991

REMARKS BY THE PRESIDENT
ON CHILDHOOD IMMUNIZATION

The Rose Garden

9:26 A.M. EDT

THE PRESIDENT: Let me just say at the outset of these remarks how proud I am of our Secretary, who is taking the lead in matters like immunization, the subject at hand today, and so many others. Going across this country, the message of hope, recognizing our shortcomings, but also outlining programs that are essential to the health of this nation.

I'm delighted to see Chairman Whitten here, long interested in the health of our children, and Congressman Norm Lent and three Senators whose passion is this kind of caring for others. And I'm talking about Senator Bumpers, Senator Hatch and Senator Chaffee, all with us here today.

And I also want to just second the motion as to what Lou said about Assistant Secretary Mason and Surgeon General Novello, and, of course, our old associate here who now heads the Center for Disease Control, Bill Roper. Welcome back, Bill. Glad to have you here.

And let me also salute, because this is vital to success of a program like this, the state and local health officials. And I'd be remiss if I didn't signal out this dressy bunch of kids here in the front row. They look great and there's a certain symbolism of having them with us today. And thank you -- their teachers and their families -- for bringing them our way. To them I say I'll try to be brief. (Laughter.) As with immunization, this will only hurt a little. (Laughter.)

When we announced our national education goals, the very first was that by the year 2000 all children in America will start school ready to learn. And that's one reason we put such emphasis on our Healthy Start Initiative. Every child deserves a chance. And in the 1990s, no child in America should be at risk to deadly diseases like diptheria and polio or the one that Lou was stressing here today, measles.

A decade ago, we hoped to eradicate these threats. And thanks to those of you here today and many others across our country, we have made remarkable progress. And on behalf of a grateful nation then, let me thank all of you and others like you for what you have done by being in the leadership role in these important questions.

I urge you to get on now with the job at hand because,

We've got to find out what works and make sure the word spreads so that the disease does not. By getting to kids at an earlier age, by educating parents and finding creative ways to get them into the clinics, we can see that no child is left vulnerable without a vaccine for preventable childhood diseases.

My budget for '92 calls for an additional $40 million for the CDC immunization program, targeted especially to communities where the need is the greatest. Overall, federal funding for immunizations has more than doubled since '88. But a problem like this one won't be solved by directives out of the White House, or out of HHS, or out of NIH, or wherever. We've got to assault it from all angles and levels with public health efforts with creative partnerships between the nonprofits and the private sector with conscientious action on the part of parents, teachers and citizens.

And we have plenty of vaccines. But we must do the hard work of logistics, of planning, of coordination to get the medicine to kids who need it, especially in the urban neighborhoods.

So let me thank all of you here today, singling out a few points of light in this effort -- the Junior Leagues, the Children's Action Network, and many other organizations and individuals who have been committed to childhood immunization programs for years. You've been doing the Lord's work for years, long before we've got the proper focus on it here at the federal government. Your remarkable work to build awareness will get results. And I'm certain of that.

Throughout our health policy programs, we're putting new emphasis on prevention. America's a humane and caring society that cannot condone unnecessary suffering. And what's more, to remain a vital society, we can't afford to waste human resources either. Disease prevention represents our best opportunity to reduce the ever-increasing portion of our resources that we now spend to treat preventable illnesses.

For the sake of children who need protection from childhood diseases, we need to try creative ideas like "One-Stop Shopping" for health care, and escorted referral for "express lane" immunization at clinics. By encouraging all health care professionals never to miss a chance to give a shot, we'll have a fighting chance to get ahead of these diseases.

Along with all who serve in health care, today I call on every parent everywhere in America: Don't take a chance. The facilities are there. The vaccines are available. Call your local public health official or your own physician. Please, make sure your child is immunized.

A deadly plague called polio threatened my generation -- darkened the fun of summers and crippled and killed kids. But American ingenuity, fantastic research, stopped that killer. And while some say each generation repeats the mistakes of the last, no generation in America should suffer the plagues of the past.

American decency demands that we not let complacency lead to contagion -- and never let apathy lead to epidemic. So with the efforts of people like you, with the help from these five congressmen and many members of Congress and many others -- Chairman Whitten

I urge you to get on now with the job at hand because, despite our successes, 1990 brought the largest number of measles cases since 1977 -- 1977 -- a 50-percent increase over '89. And that's why I, again, commend the Secretary of HHS Dr. Sullivan, and Dr. Mason, Surgeon General Novello and Mr. Roper and others for performing their HHS SWAT team to visit six major cities -- Lou gave you the names -- work with state and local officials -- some of you here today.

And they want to learn why kids aren't getting immunized. And they want to get every community mobilized. And out of this testing they'll come forward with ideas that I hope will help this nation's health.

MORE

and many members of Congress and many others -- Chairman Whitten, Norm Lent, Senator Bumpers, Senator Hatch and Senator Chafee -- the help of these leads -- Who else did I miss? Where is Arlen? Now, Senator Specter has done something he normally doesn't do, he's blended in with the crowd back there. (Laughter.) But you should be sitting up here so I could finger you. But stand up, because I want these other -- or you could come up with us. But Senator Specter has been a leader in this whole quest for helping kids.

So it's a cooperative effort. And I'm going to approach it that way as we -- I hope our department is. I know Lou Sullivan is. And it's not just the members of Congress, nor the President of the United States. It's all of you. Many of you have been out front

long before we have. But I thank you. I salute you. And now let's go out and get the job done. And thanks for coming to the White House on this beautiful day.

And, Arlen, if you all would come up, let me just get one quick picture with our health professionals here.

Thank you all very, very much. (Applause.)

Q Mr. President, who will submit your health package to Congress? Who will submit it, sir?

THE PRESIDENT: -- piece by piece. You're hearing a very important part of it right now.

END 9:37 A.M. EDT

News Release

CIGNA Corporation

Hartford, CT 06152
(203) 726-6000

CIGNA

For Release:

IMMEDIATE

Contact: Amy DeMarco
(203) 726-4450

AMERICAN BUSINESS PAYING BILLIONS IN MATERNAL/INFANT COSTS WHEN EFFECTIVE PRENATAL CARE COULD SAVE LIVES AND LOWER COSTS

WASHINGTON, D.C., APRIL 30, 1992 -- Two studies released today by CIGNA Corporation reveal that problem births -- involving preterm delivery or other significant health problems for the newborn -- are costing American business billions of dollars a year at a time when more effective prenatal care could save lives and lower that bill.

Within their own health benefits programs, American business and their employees will pay an estimated $5.6 billion in health care costs for mothers and infants, a group in which a surprising one out of 22 pregnancies results in infants with severe health problems. And, American businesses will pay more than an estimated $4 billion this year for uncompensated health care costs incurred by America's poorest mothers and their newborn babies.

"The studies released today highlight the need for employers to move beyond simply providing coverage," said G. Robert O'Brien, CIGNA executive vice president, who is actively involved in the national health care reform policy discussion.

(more)

CIGNA Corporation itself is not an insurance company. Insurance products and services are sold only by the Corporation's insurance company subsidiaries.

"Both studies suggest that increased access to strong prenatal education and care programs for all women will ultimately save billions of dollars, and more importantly, save thousands of infant's lives."

According to a Georgia State University study, "Corporate Costs of Poor Birth Outcomes," approximately one out of four of the babies born to insured women had health problems ranging from mild to severe. If the rate of poor birth outcomes had been 12 percent rather than 25 percent, the total cost of maternal and infant care would have dropped 10 percent — an annual savings of nearly $3 billion.

Researchers at Georgia State University analyzed CIGNA employer group indemnity claims from nearly 60,000 mother-infant pairs nationwide between September 1, 1989 and August 31, 1991.

Further analysis of the data conducted by CIGNA showed four and one-half percent, or one out of 22, of these infants had very severe health problems — ranging from respiratory distress syndrome to extreme immaturity — primarily caused by a premature birth. Eight percent, or one out of 12 infants, had moderate problems — ranging from perinatal infections to respiratory illnesses.

This study found that on average these problem births cost about $20,500 for prenatal, delivery and post-delivery care for infants and their mothers, slightly more than double the cost associated with their healthy counterparts. Infants born with extreme immaturity — before 28 weeks or weighing less than 1,000 grams — had some of the most severe medical problems. These infants averaged initial health care costs of about $77,000, and hospital stays of 37 days.

Six percent of the study group infants were born prematurely, a rate that closely tracks the seven percent national rate that includes the uninsured population.

A second study, "Impact of Uncompensated Maternity and Infant Care Costs on Employers," conducted by the Center for Health Policy Studies in Maryland, analyzed birth outcomes in New York for mothers with Medicaid coverage for maternity care — and mothers with no maternity care coverage at all. The uncompensated costs for maternal and infant health care in New York — the amount not covered by the patient, Medicaid or some other government program — totaled more than $216 million in 1989. Nationwide, the uncompensated costs totaled almost $3 billion in 1989 and is estimated to be $4 billion this year.

"Improving infant health among all American mothers — poor and affluent — is a complex challenge, involving the mothers themselves, their families, physicians, employers and a variety of support systems," Mr. O'Brien said. "It's a challenge that should be met together by the public and private sectors."

The studies were released at the Corporate Summit for Children, convened in Washington, D.C. today. The Summit seeks to stimulate American businesses to promote improved infant and maternal health. Sponsored by CIGNA, this unique forum is an opportunity for business leaders, policymakers, healthcare providers and educators to work together to develop blueprints for action that can be implemented in the workplace, in the community and in the public policy arena to make a difference for families.

The CIGNA companies are leading providers of insurance, health care, employee benefits, pension and investment management and related financial services to businesses and individuals worldwide.

Copies of both studies released today are available by calling (203) 726-8340.

###

To Michele

Date _____ Time 11:00

WHILE YOU WERE OUT

M Tony Benedi

of _____

Phone 7560

Area Code Number Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message call ASAP

Bobby

Operator

AMPAD EFFICIENCY® 23-021 CARBONLESS

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of the Secretary

Washington, D.C. 20201

MEMORANDUM TO ROBIN CARLE

FROM: ALIXE GLEN ARG

SUBJECT: MAY 11 CHILD HEALTH EVENT SPEECH

Just a few comments on the draft we received:

- There are three separate announcements to be made here: Healthy Start Advertising campaign; Immunization Action Plan; and, Immunization Standards. Immunization does not "fall under" Healthy Start Initiative.
- Information on immunization is sorely lacking. I've included our new draft release which should make the immunization programs much clearer.
- There should be a reference to the fact that last June in a Rose Garden ceremony, President Bush called on Sec. Sullivan and health leaders to visit 6 cities where they would learn more about what would work to solve the immunization crisis..(see attached POTUS speech). They visited the cities and as a result multi-faceted plan was developed involving public and private sectors. Plans in every state and community are currently being developed based on this model. Representatives from each of the six cities will be attending. ✓
- Representatives from each Healthy Start site will be in the audience, they should be recognized.
- Reference to the Partnership for a Drug Free America should be deleted. They are in direct competition with the Ad Council for public service space. Instead, refer to health campaigns like DOT's seatbelt campaign, anti-smoking efforts, high blood pressure campaign, cancer screening, mammography, nutrition education as success stories.
- Specifically, on page 2, delete in the first paragraph, Ad council "funds", we pay for Ad Council Services, they volunteer talent.
- On page 4 -- talking about distributing $65 million in grants is very old news.....
- But, the part of that paragraph discussing empowerment, etc. is GREAT.

- All reference to abortion must go....this is not the correct audience for that message....and, no matter how healthy our target audience's babies are, they would never, under any circumstances, give their children up for adoption. Its culturally incorrect.

See page 3 for Bush accomplishments

April 29, 1992

DRAFT

TALKING POINTS

WHITE HOUSE PRESS AVAILABILITY
ON
PRESCHOOL IMMUNIZATION

- **The Bush Administration recognizes the underimmunization problem in our children from 2 months to 2 years.**

  - Children in the U.S. between 2 months and 2 years of age should routinely receive vaccinations against nine diseases: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, measles, mumps, and rubella and, since 1992, hepatitis B. In many areas in the country, particularly in large cities, less than 50 percent of children between the ages of 2 months and 2 years are appropriately vaccinated.

  - Our immunization delivery system, aided by school laws, has the capacity to appropriately vaccinate more than 95 percent of children by the time they enter school. We have not been able to extend this capacity to assure that these children are vaccinated sooner and in accordance with the age-specific schedule. In other words, we have failed to assure "series complete" immunizations for children by their second birthday.

  - Despite exceptional progress made in the control of measles since 1963, the Nation has experienced a marked resurgence in measles cases and a number of urban measles epidemics during 1989-91. From 1989 through 1991, over 55,000 measles cases and 150 measles-related deaths have been reported to the Centers for Disease Control (CDC). In 1990 alone, CDC data showed the highest number of cases reported since 1977 and the highest reported deaths since 1971.

  - Studies reveal no change in the effectiveness of the vaccine during recent years. The vaccine, licensed and in use since 1963, protects about 95% of those who receive it. About three fourths of the nearly 28,000 measles cases during 1990 were unvaccinated. For this unvaccinated group of almost 23,000 cases more than 12,000 cases could easily have been prevented with the currently available highly safe and effective vaccine.

DRAFT

- It only takes 4-5 trips to the provider to assure that a 2-year-old child is up to date with his/her shots, i.e., series complete. Fourteen to 15 immunizations with five different vaccines are required by age 2 to protect a child against nine diseases that can maim and kill. Many of these can be given at the same time.

- Parents have been well educated about the need for immunizations by the time a child enters school. However, of the 16-18 immunizations required for school entry, over 80 percent are really needed in the first 2 years of life.

- In 1990-91, the Centers for Disease Control (CDC) with state and local assistance, conducted surveys in nine cities to provide estimates on the number of children who were fully immunized by their second birthday. Alarmingly, according to the surveys, immunization levels in these nine cities are between only 10 and 42 percent.

- During the measles outbreaks of 1989-91, Hispanic and Black preschool children, particularly those residing in some urban areas, experienced a 4 to 9 times greater chance of contracting measles than white children of comparable age. Also, lower immunization levels overall have been documented in minority children.

- The principal cause for epidemics like the measles epidemic of 1989-91 is not failure of the vaccine to protect but failure to administer the vaccine to susceptible children at the recommended ages.

- <u>The Nation's goal and challenges are clear.</u>

  - Our goal by the year 2000 is to have at least 90 percent of our children under 2 years of age "series complete," that is, have received all of their shots by the ages recommended.

  - The challenge is to find ways to assure that every child under 2 years old is afforded the opportunity for protection against nine vaccine-preventable diseases.

  - To meet our goal, we must improve access to services, and motivate parents of children at risk to take their children for their immunizations <u>on time</u>. The key problem is a system that is not "user friendly." A system that requires appointments for immunization or physical examinations prior to immunization when such examinations may take months to obtain, or operates at inconvenient hours for working parents or in

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inconvenient locations. Cultural and language barriers still exist today between local providers and the populations they serve. Also, providers are missing opportunities to immunize children and their younger siblings. They miss opportunities for immunization because they do not give all the needed vaccines at the same time, while the child is there, or they defer immunizations because of minor illnesses.

An inadequate public awareness and a lack of public demand for immunizations contributes to the problem. In some communities, the low demand for immunization and a limited appreciation of the importance of beginning immunization in infancy has been reported among parents who may be isolated from the health care system because of language, cultural or economic reasons. Low demand for immunization by such parents further reduces immunization coverage levels.

- The charge is clear. We must find new ways to work together and new ways to encourage each American to help reach the goal. We need to educate providers about the need to take advantage of every opportunity to immunize these children. We need to form new partnerships between public and private sectors and health care systems, and link public health with social service programs like WIC, AFDC/Welfare, and Medicaid. We need to improve coordination and service delivery by opening more doors at more convenient hours and locations. We must educate parents about when immunizations are needed and where to go for them, and we must work with new partners in the private and voluntary sectors to more effectively reach parents of at-risk children. The solution depends on each of us doing our part.

- <u>The Bush Administration, through HHS and CDC, is addressing the problem with a multi-faceted approach.</u>

  - An unprecedented all-time high level of funding is in place to address the issue:

    -- The immunization budget for FY 92 is $297 million.

    -- The budget increase proposed for FY 93 is expected to be approximately $52 million.

    -- In FY 93, the budget is expected to reach an all-time high of $349 million or 3-1/2 times the 1988 budget.

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- **Interagency Committee on Immunization (ICI)**

An Interagency Committee on Immunization (ICI) has been formed with members from various Public Health Service (PHS) and other agencies. The ICI has prepared a "Plan to Improve Access to Immunization Services," soon to be published in Public Health Reports.

-- The Plan is comprised of 120 action steps designed to improve children's access to immunization services through:

1) improved coordination between Federal health, income, housing, education and nutrition programs;

2) making delivery systems more user friendly by removing policy and management barriers; and

3) by enhancing the vaccine delivery infrastructure.

-- A primary purpose of the ICI is to ensure that every Federal agency and office that serves preschool-aged children coordinates services to assure that they are appropriately vaccinated.

- **Immunization Action Plans**

Directed by President Bush in a White House Rose Garden ceremony on June 13, 1991, the Nation's top level health officials -- HHS Secretary Louis W. Sullivan, Dr. James O. Mason, Assistant Secretary for Health, Surgeon General Antonia C. Novello, and Dr. William L. Roper, Director, CDC -- and other high level federal officials visited six areas between September 1991 and February 1992.

-- The primary purpose of the initial visits was to review six Immunization Action Plans (IAP's) developed by Dallas City and County, Maricopa County (including Phoenix) AZ, South Dakota, Detroit, San Diego County, and Philadelphia.

-- These comprehensive community-wide plans will help areas reach the year 2000 goal of assuring that at least 90 percent of their children are series complete by their second birthday.

-- The plans contain actions to be taken with existing resources and actions that will require additional resources in order to be implemented.

4-4-4

Healthy Start communities include: Baltimore, MD; Birmingham, AL; Boston, MA; Chicago, IL; Cleveland, OH; Detroit, MI; Lake County (Gary), IN; New Orleans, LA; the Northern Plains Indian reservations in SD, ND, IA, and NE; New York, NY; Oakland, CA; the Pee Dee Region of eastern SC; Philadelphia, PA; Pittsburgh, PA; and Washington, DC.

The campaign offers a free brochure describing the problem of infant mortality and providing names of organizations to contact for information on getting involved. Write to: Healthy Start, P.O. Box 826, Merrifield, VA 22116.

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HEALTH RESOURCES AND SERVICES ADMINISTRATION

FACT SHEET

OFFICE OF COMMUNICATIONS • Telephone 301-443-2086 • Fax 301-443-1989 • MAY 1992

Healthy START

HEALTHY START is a Presidential demonstration program to reduce infant mortality in 15 urban and rural communities with high rates of infant death. With grants administered by the Health Resources and Services Administration, these communities are developing innovative approaches to helping babies get a healthy start in life. Strong coalitions of local and state government, the private sector, schools, religious groups, and neighborhood organizations are working to develop effective medical and social services for women and their babies.

A national public information and education program is an important part of Healthy Start. These efforts will raise awareness about infant mortality, the importance of early and regular prenatal care, and programs like Healthy Start that need public involvement.

Facts About Infant Mortality

■ **In 1991, the provisional infant mortality rate was 8.9 per 1,000 live births in the United States.**

■ **The United States ranks 22nd among industrialized countries in the number of babies who die in their first year.**

■ **Of a total of 4.1 million babies born in the U.S. in 1991, 36,500 babies died before their first birthday.**

■ In 1989, the infant mortality rate of African American babies was 17.7 per 1,000 live births, compared to 8.2 per 1,000 for white babies.

■ **Low birth weight is a leading cause of infant death; it is also the most preventable.** Low birth weight babies (less than 5.5 pounds) are 40 times more likely to die in their first month.

■ **The rate of babies born at low birth weight increased from 6.9 percent to 7 percent between 1988 and 1989, and is the highest level observed since 1976.** This placed the United States behind 30 other nations.

■ **In 1989, 13.2 percent of African American babies were born at low birth weight, double the percentage for white babies.**

■ Low birth weight children suffer twice as much from behavioral problems (e.g., learning disorders, hyperactivity) than normal weight children.

■ **Half of the children born at extremely low birth weight (less than 3.5 pounds) have IQs under 85** (IQs lower than 70 are considered retarded). Extremely low birth weight children need special education at four times the rate of those born at normal weight.

■ **In 1990, the hospital-related costs of caring for all low birth weight infants during the neonatal period totalled more than $2 billion, or approximately $21,000 per baby** (normal delivery average: $2,842).

■ **Prenatal care can reduce the incidence of low birth weight.** Babies born to women who received no prenatal care are three times more likely to be born at low birth weight and four times more likely to die than those whose mothers received first trimester care.

■ **In 1989, 25 percent of all women in the U.S. received no prenatal care in their first trimester.** Among African American women, over 40 percent received no first trimester prenatal care.

■ **In 1989, 20 percent of mothers smoked during pregnancy and were twice as likely to have infants of low birth weight.** White mothers were more likely (20 percent) to smoke than were African American mothers (17 percent).

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■ **The health care costs during the first year for babies born at low birth weight due to their mothers' smoking during pregnancy are estimated to be $1 billion to $1.5 billion** (in 1986 dollars).

■ **Alcohol consumption during pregnancy,** especially heavy drinking, **is associated with miscarriage, mental retardation, low birth weight** and a cluster of congenital defects called **Fetal Alcohol Syndrome** (FAS). The most recent data available show that over 60 percent of all pregnant women, or 2.5 million women, drink alcohol during pregnancy, and approximately 8 percent of pregnant women drink at levels placing infants at risk.

■ According to one recent estimate, **nearly 20 percent, or 738,200 pregnant women annually use one or more illegal substances at some point during their pregnancies.**

The Healthy Start National Public Information and Education Campaign

The Healthy Start public information and education program is a comprehensive communication effort to increase awareness of infant mortality issues and programs designed to address these issues. The program will:

- Raise national awareness about how serious and preventable the problem of infant mortality is;
- Encourage behaviors needed to give all babies a healthy start;
- Encourage pregnant women to obtain health care for themselves and their babies; and
- Signal the public that everyone can play a part in reducing infant mortality. Programs like Healthy Start are available in many communities and need support and involvement from everyone.

Components of the Campaign

- **Public service advertising:** A five-year nationwide television, radio and print campaign produced for the U.S. Public Health Service by the Advertising Council, a nonprofit organization representing volunteer talent from top advertising agencies and media organizations. For the first year, messages will be directed to the general public (to raise awareness); male partners of pregnant women (to encourage them to get women to prenatal care); and women (to encourage them to obtain early and regular prenatal care.)
- **National public relations activities:** Efforts will be launched to acquaint health professionals and the media about infant mortality and programs like Healthy Start.
- **Local public information and education assistance:** Media outreach and education activities will focus on equipping the fifteen urban and rural Healthy Start communities to conduct communications programs locally.

The first year of the public service advertising component will include PSAs—television, radio, and print—targeted to the general public, male influencers, and women. This strategy is based on a variety of research steps, including literature reviews, Healthy Start site visits, and guidance from organizations familiar with infant mortality issues and service programs.

Three PSAs are being produced in 1992.

PSA #1. "This is America"

Target Audience: General Public

Objective: Create awareness of: infant mortality, the link between infant mortality and lack of prenatal care, and programs like Healthy Start.

Research has shown that the American public believes maternal and child health issues are important, but the needs of pregnant women and children are viewed as receiving little attention by the country (Johnson & Johnson, 1992). Health communications campaigns regarded as most successful in tackling health problems are those that address public awareness and include an appeal to the public for support.

Action Response: PSA includes national post office box number for viewers to write for more information: Healthy Start, P.O. Box 826, Merrifield, VA 22116.

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People who write will receive a brochure, *Every Child Deserves a Healthy Start*, with information about infant mortality, what every pregnant woman needs, what everyone can do to become involved, and organizations to contact.

Release Date: June 1992

PSA # 2. "What Is a Man?"

Target Audience: Male influencers, including fathers, partners of pregnant women, or others.

Objective: Encourage more men to take a role in helping women to obtain early and regular care. Research indicates that male partners can be influential and that they will respond to non-judgmental action steps.

Format: :30 television, radio and print

Action Response: Tie-in with March of Dimes national 800 number. Callers will receive brochure from the March of Dimes about male involvement.

Release Date: Summer 1992.

PSA #3. (Message for Women)

Target Audience: Women who are at-risk of receiving inadequate prenatal care.

Objective: Encourage women to seek early prenatal care.

Format: :30 PSA, radio, print, outdoor

Action Response: To be determined (women will be directed to appropriate hotlines).

Release Date: Winter 1993 (When Healthy Start communities are fully operational.)

The 15 Healthy Start Communities

The 15 Healthy Start communities are engaged in comprehensive planning for programs aimed at reducing infant mortality.

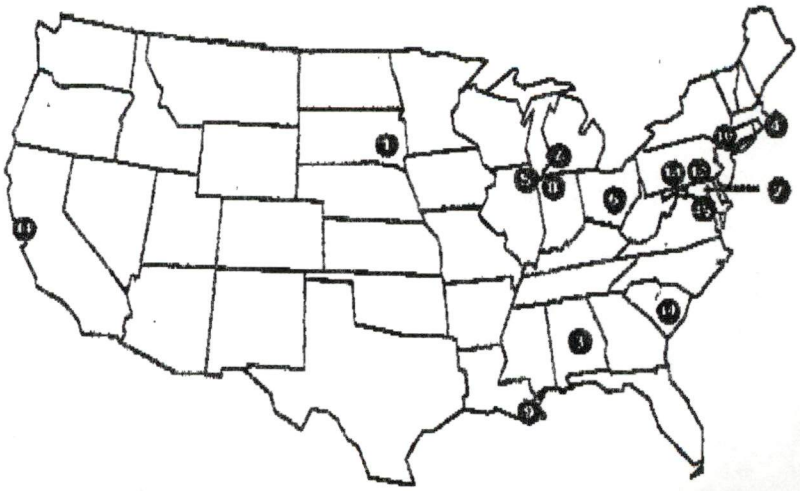
Federal grants, administered by the Health Resources and Services Administration, were awarded to communities with high rates of infant death and a demonstrated capacity to involve state and local government, the private sector, schools, religious groups and neighborhood organizations.

The success of Healthy Start relies on collaborative efforts to provide medical and social services, community support and economic development initiatives.

For example:

- **Making medical care more accessible**, from streamlining forms to finding mothers rides to care or babysitters;
- **Offering stop-smoking classes**, nutrition classes, alcohol and drug abuse counseling;
- **Improving participation** of the eligible in Medicaid and WIC (Women, Infants and Children nutrition program);
- **Employing outreach workers**, often from the neighborhood, to locate and educate women about the importance of early and regular prenatal care.

1. Northern Plains Reservations (S.D., N.D., Iowa, Neb.)
2. Baltimore, Md.
3. Birmingham, Ala.
4. Boston, Mass.
5. Chicago, Ill.
6. Cleveland Ohio
7. Detroit, Mich.
8. Lake County (Gary), Ind.
9. New Orleans, La.
10. New York, N.Y.
11. Oakland, Calif.
12. Pee Dee Region, S.C.
13. Philadelphia, Pa.
14. Pittsburgh, Pa.
15. Washington, D.C.



Healthy START

FACT SHEET

Profiles of Healthy Start Community Activities

Baltimore, Maryland

The Healthy Start program is situated among multiple urban neighborhoods with an IM* of 20.1. Health advocates will be identified from within these neighborhoods, trained and employed by the Healthy Start program. Partners of pregnant women will participate in the prenatal care process.

Press Contact: Tom Coyle 410-396-9995

Birmingham, Alabama

Within its 12 Healthy Start neighborhoods, the IMR is 16.4. Community groups will participate in designing a system of care which may include home visits, health education, outreach, and follow-up. For residents living in the Healthy start neighborhoods, there will be a job training and a location focus.

Press Contact: Debra Housch 205-930-1375

Boston, Massachusetts

The Healthy Start program is located in four neighborhoods with distinctive and varied cultural populations. The IMR is 17.1. The project focus will be a community empowerment model, encouraging dialogue among state, city and community-based agencies and residents with a goal of improved access, service delivery and use that reflects its diverse population base.

Press Contact: June Cooper 617-534-4757

Chicago, Illinois

Within the six Chicago neighborhoods participating in the Healthy Start program, there is an IMR of 19.6. Chicago will work toward streamlining the application process for all forms of government health care, and removing transportation barriers for pregnant women by establishing maternal and child health centers in housing projects and other convenient neighborhood locations. Community economic development will be highlighted.

Press Contact: Linda Miller 312-814-1583 / 217-782-0554

Cleveland, Ohio

The sixteen Healthy Start neighborhoods have an IMR of 21.3. Strategies will include using neighborhood residents as outreach workers and members of the Healthy Start consortium in partnership with health and social service providers to reach pregnant women.

Press Contact: Jackie Chakirelis 216-579-2520

Detroit, Michigan

The Healthy Start neighborhoods have an IMR of 26.3. Three "magnet" centers will offer families increased access to prenatal and infant care. Regionalized "mobile service teams" will provide outreach and support.

Press Contact: Wilhelmina Jennings 313-577-0979

Lake County, Indiana

The four Lake County urban areas, which includes Gary, have an IMR of 16.2. The Healthy Start program will develop comprehensive services for mothers and their infants. Community health planning and recruitment of local businesses are key factors in making prenatal care available to uninsured pregnant women.

Press Contact: Dr. Rebera Foston 219-882-2133

New Orleans, Louisiana

New Orleans brings the Healthy Start program to its ethnic and diverse urban neighborhoods. The IMR is 23.3. Volunteer workers called "Na'Nans", the New Orlean's term of endearment roughly equivalent to "godmother," will identify, visit and refer pregnant women to prenatal care.

Press Contact: Jinx Brousseard 504-565-6580

New York, New York

The Healthy Start program is located in three ethnically diverse neighborhoods with an IMR of 19.4. The program seeks to better coordinate access, services and health education. Community development activities such as job training, mentoring and housing initiatives are important program components.

Press Contact: Michele Drayton 212-566-5940

Northern Plains Indian reservations (North Dakota, South Dakota, Iowa and Nebraska)

Healthy Start spans 19 communities in four states with an IMR of 18.7. Primary care services which offer health, social service and nutrition programs will be shifted from hospitals to community settings and will involve strong community input.

Press Contact: Cindy Smith 701-777-3081

Oakland, California

Healthy Start's urban community has an IMR of 17.9. Six family resource centers will be created. Neighborhood networking, community mobilization and empowerment will be employed to encourage use of health, social service and nutrition programs.

Press Contact: Mildred Thompson 510-268-7921

** IMR = infant mortality rate [the number of deaths per 1,000 live births (average 1984-1988)]*

Healthy START

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Pee Dee Region, South Carolina

The Healthy Start program spans six rural counties with an IMR of 16.1. This program is characterized by its collaborative efforts linking service providers and the communities with a common goal of developing a holistic health care system for pregnant women.

Press Contact: Roger Poston 803-929-1002 (Columbia)
803-662-1482 (Florence)

Philadelphia, Pennsylvania

The Healthy Start neighborhoods have an IMR of 22.3. Community-based outreach and service enhancement strategies, such as increasing clinic hours and staff, will be combined to make it easier for pregnant women to receive care. The site also places a high value on empowering its service community. To accomplish this, planning and implementation will involve the sharing of both resources and responsibility with community organizations and consumers.

Press Contact: Robert K. Ross, M.D. 215-666-5000

Pittsburgh, Pennsylvania

The six Healthy Start neighborhoods have an IMR of 20.2. Each neighborhood will concentrate on providing care coordination and outreach services reflecting the diverse population needs.

Press Contacts: Carol Synkewecz 412-578-8003
Dr. Tanya Raggio 412-244-4700

Washington, D.C

The Healthy Start neighborhoods have an IMR of 23.2. Outreach workers and health care providers will work in service centers called "Healthy Corners" in non-traditional sites (housing projects, the mayor's empowerment centers and recreational centers) to reach pregnant women. Once located, pregnant women are taken to the health care centers via the "MOM-van", D.C.'s Healthy Start transportation system.

Press Contact: Barbara Hatcher 202-372-7212

(202) 373-7212

Will be at event

Speech

Washington, DC's Healthy Start outreach worker, Tawana Jones is behind the wheel of the MOM van 4 days a week scouring the Healthy Start neighborhoods for pregnant women. When Tawana finds preganant women, she talks to them about the vital role of seeking early prenatal care and eases the process to care by transporting women to hospital based and outpatient prenatal clinics.

New Orleans, LA's Healthy Start site distinguishes it by using Na'Nans as outreach workers. Na'Nans are not another Cajun spice rather they are an important ingredient in the Cajun culture. Roughly translated Na'Nan means godmother. Serving as outreach workers, they will locate pregnant women, impress upon the importance of prenatal care, and help refer them to care.

Oakland, California's Healthy Start program relies on one of its best-known grandmother's, Minnie Thomas to encourage women with substance abuse problems to join her residential treatment program. Under Minnie's sage guidance, these pregnant women may lower the seemingly insurmountable obstacles to experiencing a healthy pregnancy and delivering a healthy baby.

Minnie Thomas
Solid Foundation
510 - 482-3217
268-2525

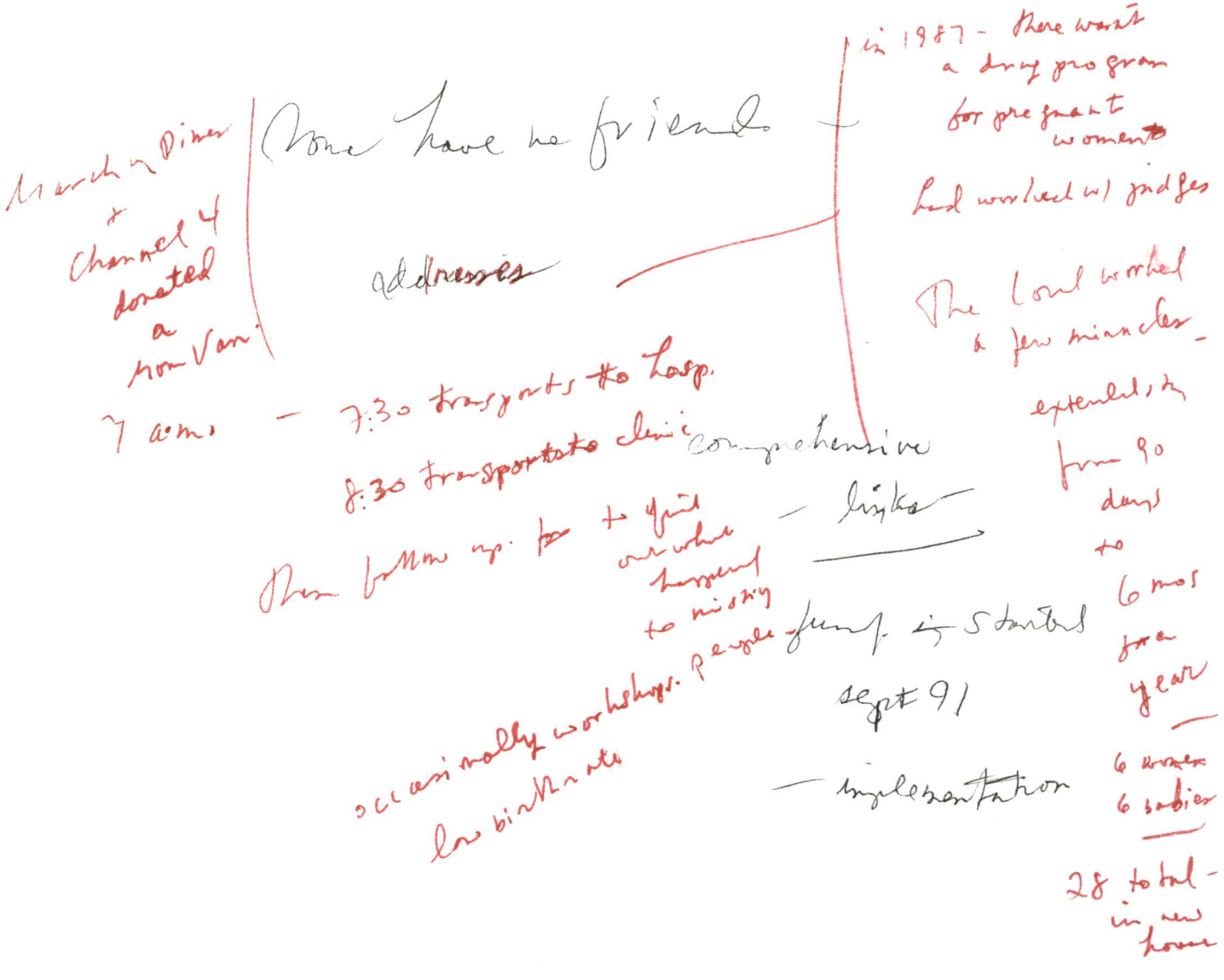
Questions for Tawana Jones, representative of Na'Nans, and Minnie Thomas:

--can we get more vivid, "quotable" descriptions from them about how they see their mission, about their experiences, about the experiences of those whom they help, about the results of their efforts.

-- are they really able to reach and improve care for very many pregnant women as early as the first trimester?

-- are many of these babies put up for adoption?

-- for teenage girls who carry the babies to term and don't put them up for adoption, do Healthy Start people help with any sort of "mentoring" -- i.e., experienced mothers helping prepare the young women for becoming parents?



See Madigan will be in audience

(Duggan/Nix)
May 8, 1992
Draft Four
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
ROSE GARDEN
MONDAY, MAY 11, 1992
11:10 a.m.

[Acknowledgments] Yesterday, on Mothers' Day, millions of Americans took time to appreciate the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today we're taking some vital steps forward to help American mothers, their children and their families. We're announcing improved standards and launching a new action plan for childhood immunization. And we're beginning a new public service ad campaign to promote an innovative program for prenatal care called Healthy Start.

Every year in America, thousands of babies are delivered at dangerously low birth weights. Too many of these babies die or suffer chronic ill health as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases -- and some even die. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We're working to educate, encourage and assist Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little

ones stay healthy through their earliest, formative years.

Last June I stood herein the Rose Garden with Secretary Sullivan. We said we needed a stronger immunization effort. We said we would send out teams to six areas of our country to determine how we can do better. I was pleased to be part of the visit to San Diego in February, and I am happy that representatives of all six communities are here today.

And today, as a result of this study, we're announcing a new action plan to get our children vaccinated at the critical time when it can make the greatest difference -- before the age of two. The action plan requires more effective coordination to promote vaccination among the various federal agencies that serve children. This comprehensive approach involves, for instance, our housing, education, and nutrition programs as well as our health programs. We're helping states and localities with their own immunization action plans. And my Administration's federal budget for immunization continues to increase in response to the need -- for fiscal year 1993 we're seeking $349 million.

We also are announcing new Standards for Pediatric Immunization Practices. The standards are the work of an expert panel representing many private and public sector organizations. They'll help clinics improve their organization and management to provide vaccinations to kids who need them most.

The new standards incorporate some of the common-sense principles that are helping competitive businesses all across America improve quality and enhance customer satisfaction. With

the new standards in practice, we'll see more special immunization clinics in communities that need them -- and we'll see improved services in general clinics, such as "express lanes" for immunizing walk-in patients. The federal Centers for Disease Control, joined by professional organizations, will urge clinics and practitioners around the nation to adopt the new standards.

I salute and thank the leaders of the Advertising Council for all the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Think of the success of other Ad Council campaigns for kicking the smoking habit, for seat-belt use, for screening for cancer and high blood pressure. All such efforts help people show greater responsibility in their own behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Ad Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the

general public. It will stress that the crisis of infant mortality and illness calls on all of us for action. The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. We cannot understate male responsibility. The third in the series of announcements will tell women of the importance of early prenatal care -- that proper care begins long before the baby is born. Consider this statistic: Babies born after a pregnancy with no prenatal care are four times more likely to die than babies who receive care beginning in the first trimester. The Ad Council campaign will point out how readily this care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

A very exciting part of Healthy Start is the new demonstration program to help people in communities with high infant mortality rates attack the problem. [While we've made progress in most communities, too many poor, minority neighborhoods face a very high rate of infant mortality.]

Our approach represents what we should be doing to solve our social problems: local solutions, local control, local accountability. The first 15 Healthy Start communities were chosen from a long list of applicants -- and I understand that representatives of each community, from North to South and coast

to coast, are here today.\\ God bless you for your good work.\\

We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

Healthy Start's successes will come from people who see neighbors in need and ask: What can I do to help? And they follow through on their generous impulses. \\ And they keep noticing and helping more people. \\

I'm talking about people like Minnie Thomas in Oakland, California. An energetic grandmother, she already was helping drug abusers try to put their lives back together when she discovered there was no facility for drug addicts who became pregnant. So she opened her own facility. She calls her program Solid Foundation. Since 1987, her residential program for drug addict women and their babies has grown from housing six women with their babies to 28 women and their babies. Forty-seven kids have been born to mothers at Solid Foundation -- and not one of them suffered from low birth weight. Minnie Thomas is a pioneer who's inspired other communities to follow her model.

In New Orleans, Healthy Start will work with teams of outreach workers called Na'Nans -- in Louisiana French, that translates roughly as "godmothers." And here in Washington, D.C. Tawana Fortune Jones is the known as the woman with the "Mom Van." She knocks on doors in housing projects and other

neighborhoods where infant mortality is high. She's enlisted the cooperations of doctors and clinics and hospitals to establish a Healthy Start Pregnancy Register -- to identify pregnant mothers whose babies are at risk. And she drives the "Mom Van." She starts work at seven in the morning, picking up women and taking them to medical appointments. Afterwards, she takes them home -- and then she starts an afternoon shift in the "Mom Van." \\ She's a friend to frightened women who have no other friends. She's saved and bettered the lives of hundreds of helpless babies. And she's here with us today: Mrs. Jones, good neighbors are the heroes of our cities -- and you're the model of a good neighbor. \\

Unbelieveable as it may seem, the innovations of Healthy Start ran into resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. I expect the forces of change sweeping this country to give us a new Congress next year that's more willing to help people at the grass roots make the most of their ideas.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we put into effect the major reforms I have proposed for our health insurance system. My proposal, using credits or vouchers, would allow every American to afford a basic health insurance plan of his choice -- and through the market system it would provide needy

Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. We must become a society where no child goes without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without someone to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more efficient, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

# # #

April 29, 1992

See page 3 for Bush accomplishments

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TALKING POINTS

WHITE HOUSE PRESS AVAILABILITY
ON
PRESCHOOL IMMUNIZATION

- The Bush Administration recognizes the underimmunization problem in our children from 2 months to 2 years.
  - Children in the U.S. between 2 months and 2 years of age should routinely receive vaccinations against nine diseases: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, measles, mumps, and rubella and, since 1992, hepatitis B. In many areas in the country, particularly in large cities, less than 50 percent of children between the ages of 2 months and 2 years are appropriately vaccinated.
  - Our immunization delivery system, aided by school laws, has the capacity to appropriately vaccinate more than 95 percent of children by the time they enter school. We have not been able to extend this capacity to assure that these children are vaccinated sooner and in accordance with the age-specific schedule. In other words, we have failed to assure "series complete" immunizations for children by their second birthday.
  - Despite exceptional progress made in the control of measles since 1963, the Nation has experienced a marked resurgence in measles cases and a number of urban measles epidemics during 1989-91. From 1989 through 1991, over 55,000 measles cases and 150 measles-related deaths have been reported to the Centers for Disease Control (CDC). In 1990 alone, CDC data showed the highest number of cases reported since 1977 and the highest reported deaths since 1971.
  - Studies reveal no change in the effectiveness of the vaccine during recent years. The vaccine, licensed and in use since 1963, protects about 95% of those who receive it. About three fourths of the nearly 28,000 measles cases during 1990 were unvaccinated. For this unvaccinated group of almost 23,000 cases more than 12,000 cases could easily have been prevented with the currently available highly safe and effective vaccine.

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- It only takes 4-5 trips to the provider to assure that a 2-year-old child is up to date with his/her shots, i.e., series complete. Fourteen to 15 immunizations with five different vaccines are required by age 2 to protect a child against nine diseases that can maim and kill. Many of these can be given at the same time.

- Parents have been well educated about the need for immunizations by the time a child enters school. However, of the 16-18 immunizations required for school entry, over 80 percent are really needed in the first 2 years of life.

- In 1990-91, the Centers for Disease Control (CDC) with state and local assistance, conducted surveys in nine cities to provide estimates on the number of children who were fully immunized by their second birthday. Alarmingly, according to the surveys, immunization levels in these nine cities are between only 10 and 42 percent.

- During the measles outbreaks of 1989-91, Hispanic and Black preschool children, particularly those residing in some urban areas, experienced a 4 to 9 times greater chance of contracting measles than white children of comparable age. Also, lower immunization levels overall have been documented in minority children.

- The principal cause for epidemics like the measles epidemic of 1989-91 is not failure of the vaccine to protect but failure to administer the vaccine to susceptible children at the recommended ages.

- <u>The Nation's goal and challenges are clear.</u>

  - Our goal by the year 2000 is to have at least 90 percent of our children under 2 years of age "series complete," that is, have received all of their shots by the ages recommended.

  - The challenge is to find ways to assure that every child under 2 years old is afforded the opportunity for protection against nine vaccine-preventable diseases.

  - To meet our goal, we must improve access to services, and motivate parents of children at risk to take their children for their immunizations <u>on time</u>. The key problem is a system that is not "user friendly." A system that requires appointments for immunization or physical examinations prior to immunization when such examinations may take months to obtain, or operates at inconvenient hours for working parents or in

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inconvenient locations. Cultural and language barriers still exist today between local providers and the populations they serve. Also, providers are missing opportunities to immunize children and their younger siblings. They miss opportunities for immunization because they do not give all the needed vaccines at the same time, while the child is there, or they defer immunizations because of minor illnesses.

An inadequate public awareness and a lack of public demand for immunizations contributes to the problem. In some communities, the low demand for immunization and a limited appreciation of the importance of beginning immunization in infancy has been reported among parents who may be isolated from the health care system because of language, cultural or economic reasons. Low demand for immunization by such parents further reduces immunization coverage levels.

- The charge is clear. We must find new ways to work together and new ways to encourage each American to help reach the goal. We need to educate providers about the need to take advantage of every opportunity to immunize these children. We need to form new partnerships between public and private sectors and health care systems, and link public health with social service programs like WIC, AFDC/Welfare, and Medicaid. We need to improve coordination and service delivery by opening more doors at more convenient hours and locations. We must educate parents about when immunizations are needed and where to go for them, and we must work with new partners in the private and voluntary sectors to more effectively reach parents of at-risk children. The solution depends on each of us doing our part.

- <u>The Bush Administration, through HHS and CDC, is addressing the problem with a multi-faceted approach.</u>

  - An unprecedented all-time high level of funding is in place to address the issue:

    -- The immunization budget for FY 92 is $297 million.

    -- The budget increase proposed for FY 93 is expected to be approximately $52 million.

    -- In FY 93, the budget is expected to reach an all-time high of $349 million or 3-1/2 times the 1988 budget.

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- **Interagency Committee on Immunization (ICI)**

  An Interagency Committee on Immunization (ICI) has been formed with members from various Public Health Service (PHS) and other agencies. The ICI has prepared a "Plan to Improve Access to Immunization Services," soon to be published in Public Health Reports.

  -- The Plan is comprised of 120 action steps designed to improve children's access to immunization services through:

     1) improved coordination between Federal health, income, housing, education and nutrition programs;

     2) making delivery systems more user friendly by removing policy and management barriers; and

     3) by enhancing the vaccine delivery infrastructure.

  -- A primary purpose of the ICI is to ensure that every Federal agency and office that serves preschool-aged children coordinates services to assure that they are appropriately vaccinated.

- **Immunization Action Plans**

  Directed by President Bush in a White House Rose Garden ceremony on June 13, 1991, the Nation's top level health officials -- HHS Secretary Louis W. Sullivan, Dr. James O. Mason, Assistant Secretary for Health, Surgeon General Antonia C. Novello, and Dr. William L. Roper, Director, CDC -- and other high level federal officials visited six areas between September 1991 and February 1992.

  -- The primary purpose of the initial visits was to review six Immunization Action Plans (IAP's) developed by Dallas City and County, Maricopa County (including Phoenix) AZ, South Dakota, Detroit, San Diego County, and Philadelphia.

  -- These comprehensive community-wide plans will help areas reach the year 2000 goal of assuring that at least 90 percent of their children are series complete by their second birthday.

  -- The plans contain actions to be taken with existing resources and actions that will require additional resources in order to be implemented.

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-- CDC will monitor the progress of the initial six IAP's through dialogue and written reports. Dr. Roper will revisit each of the six areas around the first anniversary of their locally-developed IAP's to review progress first hand, note outstanding IAP achievements, and participate in local events to sustain the momentum behind each IAP.

-- CDC is extending IAP development to 63 immunization projects in all states and U.S. territories and 24 major cities in FY 92.

-- CDC is awarding $46 million in FY 92 for supporting implementation of the best state and locally-developed IAP's nationwide.

-- These funds are not intended to fully fund each IAP. Full implementation of IAP's is dependent upon additional funding from state and local areas, in-kind contributions from planning participants and contributions from the private sector, voluntary organizations and philanthropic institutions.

o New "Standards for Pediatric Immunization Practices" have been developed in 1992.

-- The Standards were developed by a 35-member working group drawn from 23 different public and private sector organizations and from numerous state and local health departments.

-- The primary objective of the Standards is to provide guidance to providers on how to eliminate missed opportunities for vaccination and how to make immunization services more "user-friendly" by defining and standardizing what are good clinic practices.

-- CDC will disseminate them widely and strongly encourage providers to adopt and implement them voluntarily. It is expected that most providers will adopt them and that, as a result, barriers and missed opportunities will be significantly reduced.

o A long-term "National Preschool Immunization Public Information Campaign" is to be launched in FY 92-93.

DRAFT

-- The campaign will include TV, radio, and print public service advertisements (PSA's), and other information materials designed for national and local use.

-- The purpose of the campaign is to raise public awareness of the underimmunization problem in this country and to educate parents and providers about what they need to do to help solve the problem.

- **Calls to Action:**

EVERYONE should get involved.

- **FEDERAL AGENCIES AND OFFICIALS** must continue to strive for efficient coordination of services and seek innovative ways to better integrate programs.
- **STATES AND LOCAL COMMUNITIES** can play an important part in improving immunization levels by sponsoring, developing and implementing local IAP's that are truly comprehensive and innovative.
- **ELECTED OFFICIALS/DECISION MAKERS** can facilitate the development and implementation of locally-developed IAP's and help assure appropriate policies and resources for effective IAP implementation.
- **PUBLIC AND PRIVATE PROVIDERS** can help overcome barriers and missed opportunities best by adopting the new "Standards for Pediatric Immunization Practices."
- **PARENTS AND GUARDIANS** have primary responsibility for ensuring that their children under 2 years old are protected by bringing them for immunizations **on time, every time**.
- **VOLUNTEERS** can make important contributions by committing their services in local IAP's to both create an appropriate demand for immunization services and to make more immunization sites available in their communities.

DRAFT

EMBARGOED RELEASE
11:00 AM
MONDAY, MAY 11, 1992

CONTACT: Rose Mary Romano
(301) 443-2086

Washington, D.C. - At the White House today, President Bush unveiled a major national public information and education campaign about infant mortality and programs working to combat it. The campaign is part of Healthy Start, a Federal demonstration program to reduce infant mortality by 50 percent over the next 5 years.

The President made an urgent appeal to the public to listen to the campaign message about the serious preventable tragedy of infant death in the United States. [Quote from president, such as: "36,500 American babies die before their first birthday. This is an American travesty. The motivation for all of us," said the President, "is that many of these babies could have been saved."] The most recent Federal statistics show that the incidence of low birth weight -- babies born weighing less than 5.5 pounds -- increased for the first time since 1978. Low birth weight can be prevented with early and regular prenatal care, good nutrition, and avoiding tobacco, alcohol, and drug use.

In September of 1991, the Department of Health and Human Services funded 15 urban and rural Healthy Start communities to

-more-

develop local coalitions of public and private agencies, neighborhood groups, and religious organizations that will provide innovation social and medical services and economic development programs to help women have healthier babies. [Quote from President, such as: "Healthy Start, and programs like it all over the country, invest new hope and energy in community solutions that all of us can support," said Bush. "Public commitment to these programs will make a life or death difference for these babies."

The public information and education campaign unveiled today featured the first of three public service announcements (PSA) being produced in 1992 for Healthy Start by The Advertising Council, a nonprofit organization representing volunteer talent of major advertising agencies and media organizations. The first PSA is designed to increase awareness that infant mortality is a problem. Recent research conducted by Johnson & Johnson indicates that Americans are concerned about infant mortality and prenatal care; however, the survey also shows that the public believes that the needs of pregnant women and children receive little attention. The Healthy Start PSA, entitled "This Is America" points out that the United States ranks 22nd in the world in infant mortality, behind 21 industrialized nations. The ad also tells viewers about programs like Healthy Start and urges

the public to find out how to get involved. Two more television PSAs, along with radio and print materials, are also being produced this year. They will be targeted to male partners of pregnant women to encourage them to help women obtain early and regular care. The third PSA will be aimed at women and will be released when the Healthy Start communities are fully operational in late 1992.

[Quote from Secretary Sullivan, such as: "By tackling public ignorance of infant mortality and getting more people involved with programs like Healthy Start, we take an important step toward reducing the toll that infant death takes on our nation," said Health and Human Services Secretary Louis Sullivan.]

$25 million in funding for the 15 Healthy Start communities was announced by President Bush in September 1991. The grants are administered by the Health Resources and Services Administration (HRSA), a part of the U.S. Public Health Service and Department of Health and Human Services. HRSA Administrator Robert Harmon noted, "This investment in the Healthy Start communities will generate a return that will help every American learn how each of us can do something in our own communities to give babies a healthy start."

4-4-4

Healthy Start communities include: Baltimore, MD; Birmingham, AL; Boston, MA; Chicago, IL; Cleveland, OH; Detroit, MI; Lake County (Gary), IN; New Orleans, LA; the Northern Plains Indian reservations in SD, ND, IA, and NE; New York, NY; Oakland, CA; the Pee Dee Region of eastern SC; Philadelphia, PA; Pittsburgh, PA; and Washington, DC.

The campaign offers a free brochure describing the problem of infant mortality and providing names of organizations to contact for information on getting involved. Write to: Healthy Start, P.O. Box 826, Merrifield, VA 22116.

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REVISE + STAFF BY THURS. A.M.

(Duggan/Nix)
May 6, 1992
Draft One
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
EAST ROOM
MONDAY, MAY 11, 1992
[TIME]

[Acknowledgments]

Yesterday, on Mothers' Day, millions of Americans took time to show their appreciation for the miracle of motherhood. We thanked the mothers who ~~bore and nurtured us~~ brought us into this world -- who taught us our first lessons about life and love and character.

Today I am proud to be part of a vital new effort focussed on American mothers, their children and their families. We call our effort Healthy Start.

Every year in our country, thousands of babies are delivered at dangerously low birth weights. Many of these babies die or suffer chronic ill health as a result. Thousands of America's young children die or suffer crippling effects each year from measles and other communicable childhood diseases. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We are launching a promising new program of public service advertising. And we are adding impetus to national and local public health programs for providing needed health care to expectant mothers and young children. Through each of these actions, we will educate, encourage and assist Americans in taking the simple steps to assure that more of our

babies are born strong and healthy -- and that our little ones stay healthy through their earliest, formative years.

I salute and thank the leaders of the Advertising Council for all the funds and the volunteer time + talent you have organized for this cause. I know that public service programs such as this work. Frequently I'm given updates on the success of a program that had similar beginnings -- the media campaign of the Partnership for a Drug-Free America. Thanks to this effort, more and more of our teenagers are saying no to drugs. This advertising campaign is helping our young people take heed of the consequences of using illegal drugs -- and as a result they are showing greater responsibility in their behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsiblity -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Advertising Council's new campaign will have strong and positive results.

The Ad Council's messages will emphasize that the health of pregnant women and their unborn babies is a matter of concern to every member of a civilized society. When an expectant mother is financially needy or without a husband or family to support her, it is all the more urgent for good neighbors to show they care.

The Ad Council's first message, therefore, will target the general public. It will stress that the crisis of infant

mortality and illness calls on all of us for action. The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. The third in the series of announcements will tell women of the importance of prenatal care -- and point out how readily such care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

I also want to applaud today's announcement of new Standards for Pediatric Immunization Practices. The standards are the work of an expert panel representing many private and public sector organizations. In brief, these standards will help clinics improve their organization and management to meet the goal of delivering the full series of major immunizations to all of our children ~~in the time-frame where it counts~~ AT THE CRITICAL TIME WHEN IT CAN make a life-or-death difference -- before the age of two.

The new standards incorporate some of the common-sense principles that are helping competitive businesses all across America improve product and service quality and enhance customer satisfaction. With the new standards in practice, we'll see more special immunization clinics in communities that need them -- and we'll see improved services in general clinics, such as "express lanes" for immunizing walk-in patients. The federal Center for Disease Control, joined by professional organizations, will

disseminate the new standards widely and will encourage clinics and practitioners to adopt them.

A third part of Healthy Start ~~is perhaps~~ may be the most exciting of all. We've launched a new demonstration program to ~~get~~ help people in communities with high infant mortality rates ~~show that they can indeed~~ attack the problem. We are distributing $65 million in federal funds to our first 15 Healthy Start communities -- selected from among 45 communities which applied to take part in the demonstration. We are not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers and local governments to invent effective new ways to help save babies' lives -- and keep babies and their mothers strong and healthy.

[Examples, anecdotes about real volunteers and their innovative ideas and efforts]

These grants are a beginning, but I want to point out that I asked Congress for nearly twice as much money for the Healthy Start demonstration projects. I faced powerful resistance in Congress, where we have too many old thinkers wedded to worn-out, bureaucratic ways of doing things. I am confident, though, that our approach for empowering people with new ideas is the way of the future. And I'm expecting the forces of political change sweeping the country will give us a new Congress that's more willing to let individuals and communities make the most of their good ideas and initiatives.

Our crusade for preventive health care for infants and expectant mothers will be advanced further when we put into effect the major reforms I have proposed for our health insurance system. I'll ~~have scheduled another speech entirely on this topic for tomorrow,~~ but ~~briefly~~ let me say now that my proposed system, using credits or vouchers, would allow every American to afford a basic health insurance plan of his choice -- and through more efficient market systems it would provide needy Americans better health care than they now receive.

The efforts we're highlighting today are quite specific and in some ways technical -- but Americans must not look upon them as concerns only for professionals. The well-being of our youngest and most vulnerable must be everyone's concern. I want us to become an America where no unborn child will be rejected as unwanted: One of the consequences of widespread abortion on demand is that adoption agencies cannot find babies for hundreds of thousands of American families who want to adopt. We must become a society where no child must go without a family. No child denied parental guidance for forming character. No child without someone to hold him, play with him, read to him. No child without natural or adoptive parents to call him by his name.

We must therefore look upon Healthy Start as a vital part of a larger effort to make America a better society. Yes, we'll continue to need government action for public health -- and we must strive to make government programs more imaginative, more

efficient, more effective. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

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(Duggan/Nix)
May 7, 1992
Draft Two
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
EAST ROOM
MONDAY, MAY 11, 1992
[TIME]

[Acknowledgments]

Yesterday, on Mothers' Day, millions of Americans took time to show their appreciation for the miracle of motherhood. We thanked the mothers who brought us into this world -- who taught us our first lessons about life and love and character.

Today I am proud to be part of a vital new effort focussed on American mothers, their children and their families. We call our effort Healthy Start.

Every year in our country, thousands of babies are delivered at dangerously low birth weights. Many of these babies die or suffer chronic ill health as a result. Thousands of America's young children die or suffer crippling effects each year from measles and other communicable childhood diseases. But the saddest fact of all is: Most of this death and disease is easily preventable through immunization and better prenatal care.

To attack this problem anew, we are mobilizing the best ideas and resources of America's private enterprises, volunteers, and government agencies. We are launching a promising new program of public service advertising. And we are adding impetus to national and local public health programs for providing needed health care to expectant mothers and young children. Through each of these actions, we will educate, encourage and assist

Americans in taking the simple steps to assure that more of our babies are born strong and healthy -- and that our little ones stay healthy through their earliest, formative years.

I salute and thank the leaders of the Advertising Council for all the funds and the volunteer time and talent you have organized for this cause. I know that public service programs such as this work: Frequently I'm given updates on the success of a program that had similar beginnings -- the media campaign of the Partnership for a Drug-Free America. Thanks to this effort, more and more of our teenagers are saying no to drugs. This advertising campaign is helping our young people take heed of the consequences of using illegal drugs -- and as a result they are showing greater responsibility in their behavior.

I've often thought that the same sort of diligent use of marketing science and communications talent could help motivate Americans to address other social problems involving personal responsibility -- for instance, keeping families together, encouraging responsible sexual behavior, and other matters of personal and family well-being. So I am confident that the Advertising Council's new campaign will have strong and positive results.

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The Ad Council's first message, therefore, will target the general public. It will stress that the crisis of infant mortality and illness calls on all of us for action. The second announcement will impress upon men the important roles they can play. Whether a man is an unborn child's father, or a pregnant woman's father, or another family member or friend, there is much he can and should do to help an expectant mother care for herself and her baby. The third in the series of announcements will tell women of the importance of prenatal care -- that proper care begins long before the baby is born. It will point out how readily such care is available. The entire series assures pregnant women who need help that they are not alone. Family, friends and neighbors are being mobilized to help.

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[Examples, anecdotes about real volunteers and their innovative ideas and efforts]

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(Duggan/Nix)
May 6, 1992
Draft One
Health

PRESIDENTIAL REMARKS: MATERNAL AND INFANT HEALTH EVENT
EAST ROOM
MONDAY, MAY 11, 1992
[TIME]

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efficient. But government programs can never substitute for the generosity, the nurturing, the love that flow from individuals and families who take their responsibilities to heart. Thank you, and God bless you all.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 11, 1992

REMARKS BY THE PRESIDENT
AT MATERNAL AND INFANT HEALTH EVENT

The Rose Garden

11:16 A.M. EDT

THE PRESIDENT: Thank you, Lou -- thank you, Secretary Sullivan. And welcome, everyone. Let me just pay a special thanks to Senator Dale Bumpers and to Congressman Tom Bliley, who have been spearheading many of our prenatal and immunization initiatives on Capitol Hill. They are true leaders for this cause and we're delighted to see you all here today.

Also to Jim Mason, our Assistant Secretary for Health; Bill Roper from Atlanta, doing a superb job as our Director at CDC. And a warm welcome to representatives of the Advertising Council and to all the very special mothers and children who are with us today.

Yesterday, on Mother's Day, millions of Americans took time to appreciate the miracle of motherhood. And we thank the mothers who brought us into this world, who taught us our first lessons about life and love and character. And today we're taking some vital steps to help American mothers, their children and their families. We're announcing improved standards and a new action plan for immunization. And we're beginning a public service ad campaign to promote an innovative prenatal care program called Healthy Start, the program Dr. Sullivan referred to.

Every year in America thousands of babies are delivered at dangerously low birth weights, and too many of these babies die or suffer chronic illness as a result. Thousands of our young children suffer crippling effects each year from measles and other communicable childhood diseases, and some even die. But the saddest fact of all is this: most of this death and disease is easily preventable through immunization and through better prenatal care. And to the extent they are preventable they too often reflect bad health choices stemming from ignorance of good health behavior or absence of a defined sense of personal responsibility by the parents.

All of our maternal and child health programs are being improved, integrated, and developed to promote the principles of innovation, of community involvement and personal responsibility. We are using new and creative approaches to bringing high-risk women into care. To attack this problem we are mobilizing the nation's best ideas and resources. The hallmarks of our plan can be summed up in two words: immunization and action.

Last June I stood here in the Rose Garden with the Secretary to call for a stronger immunization effort. We sent out teams to six areas of our country to determine how we could do it better. And we learned lessons that we're not applying nationwide. I was pleased to be a part of the visit to San Diego in February, and happy that representatives of all six communities that we looked at are here with us today.

Today we're announcing a new action plan to get our children vaccinated when it makes the greatest difference -- before the age of two. The plan requires more effective coordination to

promote vaccination among the various federal agencies that serve children.

We're helping states and localities with their own immunization plans. And our administration's budget for immunization continues to respond to the need for Fiscal '93. We're seeking an increase to $349 million.

We're also announcing new standards for pediatric immunization -- the work of an expert panel representing many private and public sector organizations. And they're going to help clinics improve their method to provide vaccination to kids who need them the most.

I salute the leaders again of the Advertising Council for all the volunteer time and talent that you have organized for the cause of infant mortality. And I know that public service ad campaigns such as this work. Think of the success of other Ad Council campaigns for kicking the smoking habit, for seatbelt use, for screening for cancer. All such efforts help people show greater responsibility in their own behavior.

Now, I've often thought that the same sort of diligent use of marketing science and communications talents could help motivate Americans to address other problems involving personal responsibility -- for instance, in keeping families together, encouraging responsible sexual behavior and other matters of personal and family well-being. And so I'm confident that the Ad Council's new campaign will have strong and positive results.

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The Ad Council's first message, therefore, targets the general public. And it calls on all of us for action. The theme that you'll soon be hearing on television is this: We must not accept high rates of infant deaths because this is America.

The second announcement will impress upon men the importance of their role. Whether a man is an unborn child's father or another family member or friend, there is much he can and should do to help an expectant mother. We cannot understate male responsibility.

The third announcement will tell women that proper care begins long before the baby is born. Consider this: Babies born after a pregnancy with no prenatal care are four times more likely to die than those whose mothers received care beginning in the first trimester.

The full series assures pregnant women in need that they are not alone. Care is available. And good neighbors are being mobilized to help.

The Healthy Start approach represents what we should be doing to solve our social problems -- local solutions, local control, local accountability. The first 15 Healthy Start communities were chosen from a long list of applicants. And I understand that representatives of many of these communities from around the nation are here today. And thank you all for your good work.

We're not weighing down these community initiatives with burdensome federal mandates and command-and-control regulations. We're seeking to empower neighborhood volunteers in local governments to invent effective new ways to help save babies lives and keep babies and their mothers strong and healthy.

Healthy Start successes will come from people who see neighbors in need and ask, what can I do to help? And they follow through on their generous impulses. And they keep noticing and helping more people. I'm talking about people like Minnie Thomas in Oakland, California -- an energetic grandmother, she was helping drug abusers when she learned there was no facility for drug abusers who became pregnant. So she opened her own facility called Solid Foundation. And 47 kids have been born to mothers at Solid Foundation and not one suffered from low birth weight.

Here in Washington, Tawana Fortune-Jones is the woman with the Mom Van, and she knocks on doors in neighborhoods where infant mortality is high. She's enlisted the cooperation of doctors and clinics to establish a Healthy Start Pregnancy Register. And she drives the Mom Van. And each morning at 7:00 a.m. she begins picking up women and taking them to doctors offices. And afterwards she takes them home and then she shuttles another group in the afternoon. She's a friend to women who have no other friends, and she's saved and bettered the lives of hundreds of babies.

And she's here with us today -- Tawana where are you now? Right over here -- Tawana, good neighbors are the heroes of our cities and you're the model of a good neighbor. (Applause.) And thank you for what you do.

Unbelievable as it may seem, the innovations of Healthy Start ran into resistance up in Congress, where they are still too much wedded to the old bureaucratic ways of doing things. I'm optimistic, though. I believe our approach for empowering people with new ideas is the way of the future. And our crusade for preventive health care for infants and expectant mothers will move a step further when we reform this -- overall reform of the health insurance system. I've proposed making every American able to afford a basic health insurance plan of his choice, using credits or vouchers. And through the market system, we would provide needy Americans better health care than they now receive.

These two efforts represent a new way of solving our problems in infant mortality and immunization. Our guiding principle is to reach out -- and reach out to young parents, make sure they know what they need to do and then help them to do it. Reach out to community organizations. Reach out to the private sector. And reach across the artificial lines in our government so that any program that touches young children and their parents will become an opportunity point for better health.

We have new kinds of problems and so we've got to think in new ways. And we need to think about all the opportunities that we have to draw in young families who may be left out today, to help them, to inform them. We need to enlist them and enlist our communities to work together to help them. All the community organizations have a tremendous role to play. It's already worked in our six demonstration immunization cities, and I am confident that it's going to work in Healthy Start and in more immunization communities all around this great country.

Thank you all for your leadership. Again, my respects to the two members of Congress here. Thank the doctors here and thank all of you working in the communities to make life just a little better for the kids and for the families out there. Thank you all for coming. (Applause.)

END 11:27 A.M. EDT