

## Celebrating 75 Years of Partnership to Promote Healthy Children and Families

*On October 20, 2010, the Health Resources and Services Administration's Maternal and Child Health Bureau celebrates the 75th Anniversary of Title V of the Social Security Act—the only Federal program that focuses solely on improving the health of all mothers and children. Visit <http://www.hrsa.gov/ourstories/mchb75th> for information about local, state, and national activities to commemorate this landmark legislation.*

As anyone working with young children knows, child health and development are not separate domains but are intricately related. Early childhood, even prenatal, experiences and exposures can have long-term effects on physical, social, and emotional development and are major contributors to adult health and wellbeing. A broad range of environmental factors can create enduring physiological changes that manifest in poor physical, cognitive, and behavioral outcomes—parental substance abuse, maternal depression, toxic chemicals in paint, toys, or food, to name just a few. The early childhood period offers equal opportunity for positive exposures that prime young children for healthy development, such as breastfeeding, responsive and consistent caregivers, and nutritious food. Although a wealth of scientific evidence supports the biological basis for links between health and development, as well as the effectiveness of programs and practices that integrate health and developmental services, funding mechanisms and programmatic structures often serve as barriers to addressing child health and development in a comprehensive manner.

As the only governmental program responsible for ensuring the health and wellbeing of all women and children in the nation, Title V is uniquely poised to bridge the array of programs and service systems that promote children's healthy development. At its core, the Title V program is about building capacity for comprehensive, integrated systems of prevention, early intervention, and specialized care. This overarching function is evident in the Maternal and Child Health (MCH) pyramid, which illustrates Title V's focus on infrastructure building, population-base services, and enabling services that expand the capacity of multiple service systems and optimize the health benefits of a broad range of programs. Title V also supports gap-filling direct services that are not otherwise available through other mechanisms.

### Shared History, Shared Goals

The history of the MCH and child development fields are deeply interwoven. Both have roots in early 20th-century efforts to eradicate child labor and improve the living conditions of desperately poor families, conditions that too often curtailed their children's opportunities to grow into healthy, productive members of society. Those efforts took shape in the federal government with the 1912 creation of the Children's Bureau in the Department of Labor to

#### Title V Fast Facts

**Federal home:** Maternal and Child Health Bureau of the Health Resources and Services Administration, U.S. Department of Health and Human Services

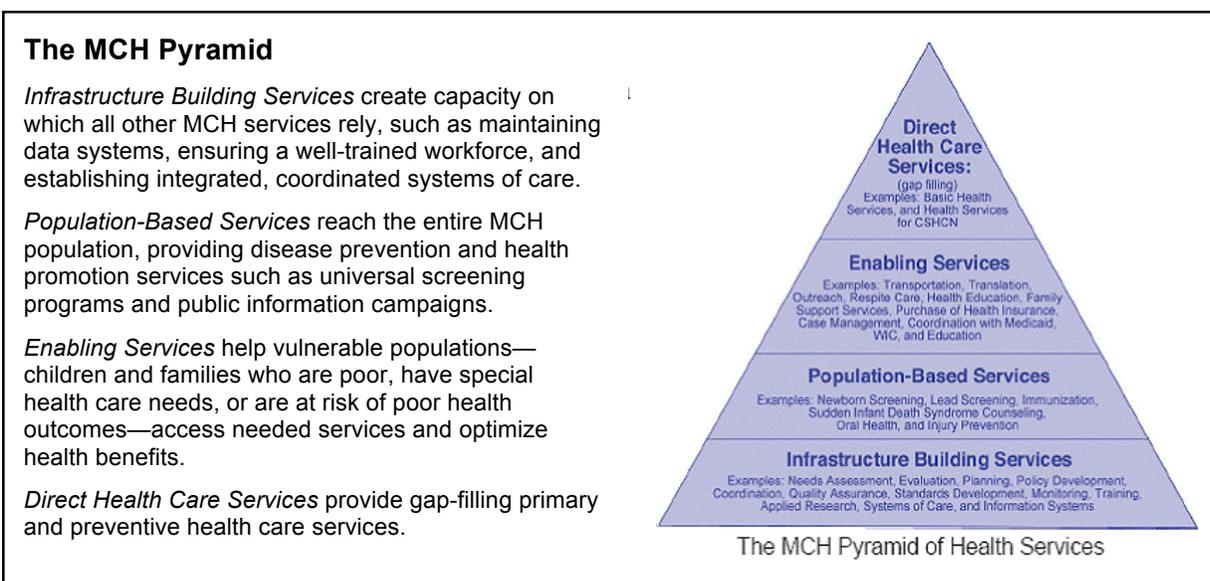
**State administration:** State health agencies administer programs supported by the Title V MCH Services Block Grant; in some states, Title V Children with Special Health Care Needs (CSHCN) services are administered by another state agency or a university

**Funding:** In 2008, \$557 million in federal dollars and \$2.7 billion state dollars supported Title V services to women and children.

**Numbers served:** Over 40 million pregnant women, infants, and children, including nearly 2 million CSHCN

"investigate and report upon all matters pertaining to the welfare of children and child life among all classes of people." In 1935, the federal government made a commitment to supporting the health and wellbeing of the nation's women and children with the enactment of Title V of the Social Security Act, which at the time included MCH services, services for "crippled children," child welfare services, and vocational rehabilitation. Over time, the health-related responsibilities originally housed in the Children's Bureau moved to different federal agencies. Today, Title V MCH services are administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration, while child development programs are supported by the Administration for Children and Families, Substance Abuse and Mental Health Services Administration, and MCHB in the Department of Health and Human Services, as well as the Department of Education.

Despite their different administrative homes and funding streams, MCH and child development programs continue to share much the same concerns, populations, and science base. They are guided by similar principles, such as the important of engaging families as partners. Family involvement is a key element of the Title V Children With Special Health Care Needs (CSHCN) program, and national performance monitoring for the program includes measures of family involvement. State CSHCN programs engage families at all levels of decision making, from individual treatment plans to state-level program planning and evaluation. Programs use a variety of methods to assist family members in being advocates and leaders, often working in partnership with state chapters of Family Voices, a national network of organizations promoting family-centered care and family-professional partnerships to better serve children with special needs. CSCHN programs frequently employ a parent advocate to assist in family involvement and development of policies and services.



## Collaboration between Title V and Child Development Programs

The relationship of state Title V MCH and CSHCN programs to child development programs can be illustrated by the links between Title V and Part C Early Intervention Programs for Infants

and Toddlers with Disabilities. Title V and Part C programs serve many of the same children and families, and they share many of the same challenges, from the rise in prevalence of Autism Spectrum Disorders to the insufficient numbers of professionals providing infant and early childhood mental health and developmental services. The two programs are often housed together in state health agencies and collaborate on outreach, care coordination, and quality assurance efforts.

Part C and CSHCN eligibility requirements overlap, and recipients of Part C services may benefit from direct services and/or infrastructure supported by CSHCN. Title V and Part C often collaborate to promote medical home models of comprehensive, coordinated pediatric care. Title V parent staff members may work for Part C as well. Many Title V and Part C programs conduct joint quality improvement initiatives, developing practice guidelines and performance indicators, and integrating data systems to enable service coordination and performance monitoring. They also may collaborate in efforts to increase workforce capacity and quality through professional education and financing mechanisms. For instance, state Title V programs may play a role in negotiating Medicaid reimbursement policies for early intervention services.

### **Cross-System Capacity Building**

Despite its broad mandate, Title V funding is relatively modest, even when accounting for required state matching dollars. To be effective with limited funding, Title V serves as a bridge among private sector clinical care, public health population-based programs, and other governmental agencies that promote child and family health and wellbeing. Title V programs promote healthy development and expand the capacity of child- and family-serving programs through state- and community-level coordination, capacity building, and quality oversight. For example, Title V:

***Expands the capacity of early care and education providers and programs.*** Many state Title V programs collaborate with other state agencies to establish mental health consultation services for child care providers. Title V programs also provide health and safety consultation to child care providers through the Healthy Child Care America program, a collaborative effort of MCHB, the Child Care Bureau of the Administration for Children and Families (ACF), and the American Academy of Pediatrics. MCHB also has a long-standing partnership with ACF for the development of Head Start health requirements and provider training.

***Trains a broad range of professionals.*** MCHB supports over 150 MCH Training Programs at institutions of higher learning across the United States, educating MCH professionals in disciplines such as social work, developmental-behavioral pediatrics, nutrition, neurodevelopmental disabilities, and communication disorders. In states and communities, MCH programs sponsor numerous professional education opportunities, such as training Family Planning, Early Intervention, WIC, and Home Visiting providers to screen for and respond to maternal depression and intimate partner violence.

***Promotes early screening, assessment, and intervention.*** State Title V programs ensure that every newborn is screened for heritable disorders and hearing loss and, when necessary, receives further evaluation and treatment. At the state and national levels, Title V promotes the

integration of developmental screening, assessment, and referrals in pediatric well-child care. Title V funds supported the development of Bright Futures health supervision guidelines, which have a strong focus on healthy child development (see sidebar). State Title V programs coordinate with Medicaid to implement the Early Periodic Screening, Diagnosis, and Treatment program, which provides health, mental health, and developmental services to all Medicaid-enrolled children.

**Connects families with needed services.** Every state Title V program operates a toll-free information line to help families find health care and other services. State Title V programs conduct outreach to enroll eligible pregnant women and children in Medicaid and the State Children’s Health Insurance Program, and they support local health agencies in providing gap-filling primary and preventive care for underserved and low-income women and children.

**Enhances parents’ knowledge and skills.** The national “Back to Sleep” initiative educates parents and caregivers about putting infants to sleep on their backs to reduce the risk of Sudden Infant Death. “Stop Bullying Now!” provides information and tools for children and adults to recognize, prevent, and respond to bullying. Title V-supported home visiting programs promote healthy social and emotional development by increasing parenting skills, enhancing parent-child relationships, and helping parents create a safe and stimulating home environment.

**Provides support for vulnerable children and families.** Title V serves all children and families, but has a special focus on the most vulnerable, including families caring for a child with special needs or living in poverty. In addition to ensuring access to specialized clinical services, the CSHCN program provides care coordination and respite care for families. MCHB supports Family-to-Family Information Centers in every state and the District of Columbia; these family-run organizations provide information, education, training, outreach, and peer support to families of children and youth with special health care needs and the professionals who serve them. State Title V programs offer numerous community-level services to support at-risk families, including home visiting, school-based health services, and adolescent pregnancy prevention. Title V works with Healthy Start to support community-level efforts to prevent infant mortality and eliminate racial and ethnic disparities in health outcomes.

#### Bright Futures: A Partnership for Quality Assurance

Launched by MCHB in 1990 and implemented in partnership with the American Academy of Pediatrics and Georgetown University, Bright Futures is a major initiative to improve the quality of health promotion and preventive services for infants, children and adolescents by:

- Enhancing health care providers’ knowledge and skills to help them practice developmentally-appropriate, preventive health care in the context of family and community,
- Developing and disseminating educational materials for health professionals and families,
- Fostering partnerships among families, health professionals, and communities, and
- Encouraging family participation in health promotion and disease prevention activities.

The cornerstone of the initiative is *Bright Futures Guidelines for Health Supervision for Infants, Children and Adolescents*, a set of comprehensive health supervision guidelines addressing health promotion and disease prevention in infancy, early childhood, middle childhood, and adolescence.

States have used Bright Futures to develop policies, programs, and performance measurement systems that improve the quality of children’s health care and lead to better health outcomes. Bright Futures materials are incorporated into professional education and training activities for health care providers who work with children, adolescents, and families. At the national level, the Bright Futures initiative produces tools and resources for clinical practice and family education.

The recently enacted Patient Protection and Affordable Care Act requires insurers to cover the services outlined in the Bright Futures pediatric health supervision guidelines, at no out-of-pocket cost to families.

***Builds capacity for integrated, coordinated service systems.*** The Early Childhood Comprehensive Systems (ECCS) Initiative supports states and communities in building integrated early childhood service systems that promote access to comprehensive health services and medical homes, social-emotional development and mental health of young children, high quality early care and education, parenting education, and family support. Thirty percent of Title V funds are earmarked to implement community-based, family-centered systems of care for CSHCN.

***Supports research to inform programs and policies.*** The Title V legislation also provides for the MCH Research Program, which funds studies that have potential for application to MCH practice and policy. Current areas of interest for funding are eliminating health disparities within MCH populations, increasing quality of care, promoting healthy development, and improving the effectiveness of service systems.

In addition, the National Survey of Children's Health and the National Survey of Children with Special Health Care Needs, conducted in alternating years, provide a wealth of data about child health and wellbeing at the state and national levels. The Combating Autism initiative funds research on interventions to improve the physical and behavioral health of children and adolescents with Autism Spectrum Disorders and other developmental disabilities. This initiative also supports state demonstration projects to improve early identification, diagnosis, and service systems for ASD.

### **Partnership for the Future**

Child health and development professionals have long understood that children's healthy development—physical, cognitive, social, and emotional—is largely dependent on healthy families. Increasingly, both fields have turned attention to the role of communities in supporting healthy families, by providing safe homes, places to play, and jobs; neighborhoods where residents feel safe and have access to healthy, affordable food and good schools; high-quality child care and preschools; and specialized services for families when problems arise. If funding streams and programmatic structures have been slow to adapt to family-centered care, comprehensive approaches to addressing community-level factors that influence healthy development have been even slower to reach fruition. Notable exceptions, such as the Harlem Children's Zone, have garnered praise and attention, but remain out of reach for most communities across the country.

Barring sizable infusions of resources to implement such large-scale programs nationwide, child health and development professionals and institutions will need to find new ways to translate scientific knowledge into effective practices and system reforms. Coordination of services is necessary but not sufficient to make significant progress. Research by Shonkoff (2010)<sup>1</sup> suggests the need to overcome the persistent fragmentation that typifies current health, education, and human services systems, and strive instead for an integrated approach built on a shared understanding of the early childhood roots of readiness to learn, social and emotional

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<sup>1</sup> Shonkoff JP. Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development*. 2010;81(1):357-367.

wellbeing, and physical health. The partnership between the MCH and child development fields focuses efforts on prevention and intervention during the early years, when they will have the greatest and most enduring effects. The fields have a long history of integrating services around a shared vision for children's healthy development. This partnership has the potential to drive further innovation in the organization of service systems to better reflect the realities of children's and families' lives—progressing toward a future where every family and community provides opportunities for all children to develop to their full potential.