75 Years of Commitment to Maternal and Child Health

Much like today, 1935 was a time characterized by social uncertainty and significant economic challenges. With the effects on families of economic insecurity becoming evident, Congress and President Franklin Roosevelt created a national program to ensure child and family health in every state. The longest-standing public health legislation in the United States, Title V of the Social Security Act continues today as the only national program accountable for comprehensive systems of preventive, primary care, and specialty services.

The Title V program touches the lives of every infant, child, and family in the United States in important ways that often go unrecognized. Every newborn is screened for heritable disorders before leaving the hospital. Infants and toddlers are vaccinated against preventable diseases. Mothers are assessed for postpartum depression and receive breastfeeding support. Millions of young children in child care benefit from their caregivers' health and safety training. School children with no other access to dental care receive sealants and oral health screenings. Children with special health care needs (CSHCN) and their families have access to high quality, specialized medical care and supportive services that allow children full integration in family and community life.

States have flexibility to design Title V-funded activities to meet their communities' needs, while demonstrating progress toward national and state-identified health objectives. The Maternal and Child Health Bureau (MCHB), which administers Title V at the federal level, complements and supports state efforts with interdisciplinary training to assure a workforce well-equipped to serve children and families, applied research to create new knowledge about MCH issues and interventions, and demonstration programs to translate scientific knowledge into effective community services.

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

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 children with special health care needs

Numbers trained: 26,803 trainees funded by the MCH Training Program in 2008

Numbers of publications: MCH Training Programs produced 3,923 publications, reports, and educational products in 2008

All data is for federal fiscal year 2008. Source: http://mchb.hrsa.gov/data

Coordination, Capacity, and Quality

Title V is the only governmental program responsible for ensuring the health and wellbeing of *all* women and children in the nation. Despite this broad mandate, Title V funding is just a fraction of that devoted to public insurance programs, even when accounting for required state matching dollars. To be effective in its broad mission with such modest funding, Title V serves as a bridge among private sector medical care, public health population-based programs, and other governmental agencies that promote child and family health and wellbeing. Title V plays a critical role in forging state- and community-level coordination, capacity building and quality oversight. For example, Title V:

- **Works closely with other MCHB-funded programs.** Title V works with Healthy Start to support community-level efforts to prevent infant mortality and eliminate racial and ethnic

disparities in health outcomes. Title V collaborates with the Emergency Medical Services for Children program to ensure that every community can provide emergency medical care for children that is appropriate to their body size and developmental stage.

- **Establishes regionalized systems to provide access to specialized clinical care that would otherwise not be available in every community**. Regionalized perinatal systems ensure that high risk deliveries occur in the hospitals best equipped to optimize outcomes. Hemophilia Diagnostic and Treatment Centers provide access to high quality hemophilia services that are not supportable in individual communities due to the rare occurrence of the disease.
- **Connects people with needed services.** Statewide toll-free information lines 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 "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.
- **Partners with professional organizations and healthcare providers to promote quality assurance.** Fetal and Infant Mortality Review Programs conduct multi-disciplinary reviews of individual cases of fetal and infant death to identify and address community-level medical, social, and service system factors that influence birth outcomes. Nationally and at the state level, Title V and MCHB help formulate guidelines for comprehensive services to promote child health and development (see *Bright Futures* sidebar).
- **Builds capacity for integrated, coordinated services systems.** The Early Childhood Comprehensive Systems Initiative supports states in building integrated early childhood service systems that promote access to medical homes, healthy development and mental health of young children, high quality early care and education, parenting education, and family support. Thirty percent of Title V Block Grant funds are earmarked to implement community-based, family-centered systems of care for children with special health care needs.

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 heath 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.

Title V also builds capacity for data collection and analysis, recognizing the importance of surveillance and assessment for effective program planning, policy development, and accountability. The use of data and assessment to inform policy and programs has been a hallmark of the Title V program since its inception. The origins of Title V can be traced to the creation of the Children's Bureau, which was established in 1912 to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." Today, state Title V programs are required to conduct comprehensive needs assessments every five years. The National Survey of Children's Health and the National Survey of Children with Special Health Care Needs provide a wealth of data about child health and wellbeing at the state and national levels. A majority of state MCH programs use the CDC's Pregnancy Risk Assessment Monitoring System to track indicators of maternal and infant health. Using all of these sources of data, state Title V programs report yearly on performance measures and population health outcomes; progress toward performance targets is tied to program activities and resource allocation.

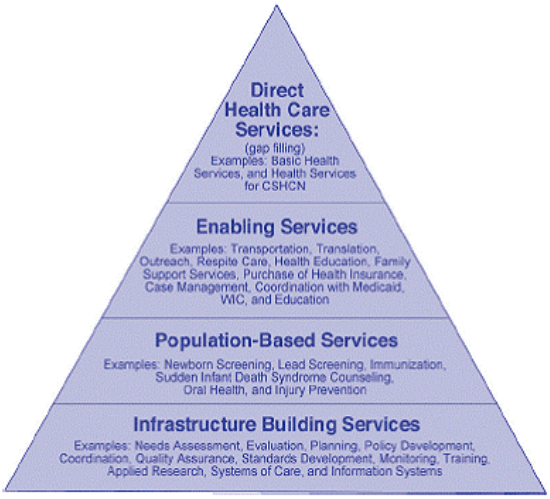
The MCH Pyramid

Title V's emphasis on connection and capacity building is evident in the MCH Pyramid that illustrates the four focus areas of Title V services.

Infrastructure Building Services form the foundation of the program. These services create the capacity on which all other MCH services rely, such as maintaining data systems, ensuring a well-trained workforce, and establishing integrated, coordinated systems of care.

Population-Based Services reach the entire MCH population, providing disease prevention and health promotion services such as universal screening programs and public information campaigns.

Enabling Services help vulnerable populations—children and families who are poor, have special health care needs, or are at risk of poor health outcomes—access needed services and optimize health benefits.



The MCH Pyramid of Health Services

Direct Health Care Services provide gap-filling primary and preventive health care services that would not otherwise be available through other funding sources or providers.

Changing Context of Maternal and Child Health

Many health problems that were priorities when Title V was enacted are no longer significant concerns. Severe child malnutrition and crippling conditions resulting from polio are things of the past. The incidence of spina bifida dramatically decreased following national campaigns to improve folic acid intake before and during pregnancy. Recent decades have seen significant improvements in neonatal survival due to advances in medical care and technology (e.g., surfactant replacement therapy, Neonatal Intensive Care Units) and public health efforts such as the regionalization of perinatal care.

Other problems persist, while new ones are emerging. These days, few child injury deaths are caused by farm work, but motor vehicle injuries are the leading cause of death for U.S. children.

Breastfeeding rates lag behind national objectives, and few women have workplaces that accommodate lactation. Childhood obesity has reached epidemic levels. Childhood asthma rates more than doubled in the 1980s and 1990s, and asthma remains a major cause of childhood disability, emergency department visits, and hospitalizations. The prevalence of autism is rising, while the causes are still poorly understood. We are only just beginning to recognize the developmental effects of chemicals that are ubiquitous in our food, water, and consumer products. And while we have made great strides over the decades in reducing rates of infant mortality, African American infants still die at more than twice the rate of non-Hispanic white infants.

New Approaches to Evolving Challenges

Our understanding of the complex web of factors affecting health, and the relationship of health to other aspects of wellbeing like success in school and the workforce, continues to expand, fueled by research in disciplines as diverse as genetics, molecular biology, economics, and child development. Current research sheds light on the long-term physiological effects of early—even prenatal—exposures; the cumulative effects of physical, emotional, and social experiences over time; and the sensitivity of particular stages of development to both protective and risk factors. Access to high quality medical care will not, on its own, solve the public health challenges we face now and in the future. Ensuring health and wellbeing throughout the lifespan, from one generation to the next, and across communities and population groups, will require attention to a much broader context, from the built environment to economic and social factors.

This kind of holistic approach has been central throughout the history of MCH services in the United States. As early as 1889, with the establishment of the Hull House Settlement in Chicago, MCH pioneers forged links between health, education, housing, and social services; recognized the importance of addressing poverty and economic opportunity; and engaged communities in problem solving. Though the particular challenges and health concerns have changed, these principles are still relevant today.

Even as Title V MCH services have evolved to adapt to changes in populations, scientific advances, and the social and political context, certain core functions have endured: Coordinating and integrating services, conducting surveillance and assessment, training future leaders in clinical and population-based health services, and assuring the quality of services and systems. Throughout its history, Title V has maintained a strong focus on building state and community capacity through partnerships across service sectors. This focus will sustain new approaches as Title V seeks to ensure health and wellbeing across the life course and eliminate health inequities.