Celebrating 75 Years of Maternal and Child Health Services

On October 20, 2010, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) celebrates the 75th Anniversary of Title V of the Social Security Act—the Maternal and Child Health Services Block Grant to the states. Visit http://www.hrsa.gov/ourstories/mchb75th for information about local, state, and national activities to commemorate this landmark legislation and 75 years of successfully ensuring the health of our nation's women, infants, and children.

When Title V of the Social Security Act was signed into law in 1935, it was both a progressive change for the future and a continuation of long-standing public health traditions. It represented a new and unique commitment of the federal government to support states in improving the health and wellbeing of all women and children in the nation. At the same time, it extended a path begun decades earlier, when the Children's Bureau was established in 1912 to "investigate and report upon matters pertaining to the welfare of children and child life among all classes of people." The principles and methods institutionalized in the Children's Bureau carried through into the Title V program, most notably the importance of the health of mothers and children to the health of the nation, and the use of data and assessment to inform policy and programs. Over the course of its 75-year history, the Title V program has adapted to changing needs and new scientific knowledge, but its founding principles and functions have endured, setting the stage for further innovation based on sound scientific and management principles.

Connection and Capacity Building

As the only governmental program responsible for ensuring the health and wellbeing of the entire population of women, infants, and children, the Title V program plays a critical role in coordination, capacity building, and quality oversight at the community and state levels. By connecting people to services, programs to programs, and agencies to agencies, Title V programs reduce fragmentation and duplication, maximize resources, and increase quality and effectiveness.

The emphasis on collaboration is built into the Title V legislation, which requires MCH programs to collaborate with major programs such as Special Education, Family Planning, and Medicaid. Title V programs conduct outreach to enroll eligible pregnant women, infants, and children in WIC, Medicaid, and the State Children's Health Insurance Program. Title V coordinates with Medicaid to maximize use of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, which screens Medicaid-enrolled children and adolescents for health, developmental, vision, and hearing problems and provides treatment before needs become more severe. To coordinate and strengthen community systems for MCH services, Title V programs work closely with other MCHB-funded programs such the Emergency Medical Services for Children program and Family-To-Family Information Centers.

Title V plays an important gap-filling role by supporting primary and preventive care for underserved and low-income women and children, including preconception and prenatal care, dental services, and home visiting programs. MCHB funds Healthy Start programs in nearly 100 communities, providing outreach, case management, health education, and other health and social services women in areas with high rates of infant mortality.

Other ways Title V is at work in communities:

- Screening every newborn for genetic, metabolic, and hearing disorders.
- Coordinating care for children with special health care needs.
- Providing toll-free information lines to help families find health care and other services.
- Educating employers about supporting breastfeeding mothers in the workplace.
- Engaging families and providers of health, education, and social services to prevent childhood obesity.
- Sponsoring public information and education campaigns such as car seat checks, education about dating violence, "Back to Sleep" (educating caregivers about putting infants to sleep on their backs to reduce the risk of Sudden Infant Death), and bullying prevention programs.
- Supporting school-based oral health initiatives that provide preventive dental care such as sealants and fluoride rinses to low-income children.
- Training community providers to conduct child health assessments and screen for domestic and sexual violence.

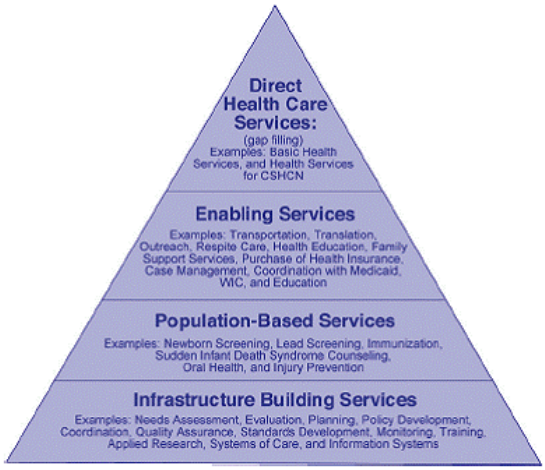
The MCH Pyramid

The MCH Pyramid 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. Title V programs work closely with Medicaid and Local Health Agencies to provide Direct Health Care Services such as prenatal care and family planning. For children with special health care needs, these services ensure access to specialty and sub-specialty care not typically available in most communities.

[Your Organization] and Title V

Insert information about how your organization works with the Title V Program to improve the health and wellbeing of women, children, and families. For example:

Through a cooperative agreement with the Maternal and Child Health Bureau, NACCHO has undertaken a number of activities to support the efforts of Local Health Departments to improve the health of women, children, and families, including:

- Providing information and analyses in areas of importance to local health officials;

- Sponsoring workshops to increase knowledge of major MCH issues;
- Developing and maintaining relationships with MCH-related and relevant private sector organizations to share information among local health officials, MCH providers, policymakers, and those designing systems to serve the MCH population; and
- Developing and maintaining relationships with local MCH leaders to respond appropriately to their needs.

(Adapted from http://www.naccho.org/topics/HPDP/mch/overview.cfm)

The Changing Context of Maternal and Child Health

Flexibility with Accountability. The Omnibus Budget Reconciliation Act (OBRA) of 1981 consolidated several categorical programs into the Maternal and Child Health (MCH) Services Block Grant, giving states more flexibility to direct Title V resources to their areas of greatest need. The 1989 OBRA called for greater accountability in states' use of funds, requiring regular needs assessments and annual progress reports. The Act also mandated a focus on family-centered, community-based, and coordinated care. In 1990, the Maternal and Child Health Bureau (MCHB) was established in the Health Resources and Services Administration of the U.S. Department of Health and Human Services and given responsibility for Title V.

In response to the Government Performance and Results Act of 1993, MCHB further developed its framework for accountability, establishing National Performance Measures to guide the use of state-level population health data in performance assessment and program planning. In 2008, the Title V MCH Services Block Grant was awarded the highest possible rating on the Office of Management and Budget's Performance Assessment Rating Tool, an achievement shared by only 19 percent of federal programs.

Enduring Functions. Though the program has changed in many ways since 1935, it still adheres to the same broad functions. Then, as now, the Title V program:

▲ Supports assessment and surveillance to inform policy and program development.

For example: 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 State Systems Development Initiative provides funding to improve the quality and integration of child health data systems. A majority of state MCH programs use the CDC's Pregnancy Risk Assessment Monitoring System to track indicators of maternal and infant health.

▲ Sponsors research into persistent and emerging MCH problems.

For example: The MCH Research Program 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. 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.

▲ Supports innovation and demonstration projects to meet regional and state needs.

For example: A portion of Title V funds is set aside for Special Projects of Regional and National Significance (SPRANS) grants, which fund innovative approaches to health promotion and disease prevention in a wide range of areas, including early intervention, adolescent health, oral health, and nutrition. The Healthy Tomorrows Partnership for Children Program, a collaborative effort of MCHB and the American Academy of Pediatrics, provides funding to communities to identify and address local problems that influence child and family health.

▲ Establishes specialized systems of care for targeted needs.

For example: Regionalized systems of perinatal care direct high-risk deliveries to hospitals best equipped to provide the necessary level of care, significantly improving the quality of care accessible to high-risk pregnant women and newborns in underserved and rural areas. The Hemophilia Diagnostic and Treatment Centers program is another such regionalized system, providing access to high quality hemophilia services that are not supportable in individual communities due to the low prevalence of the disease.

▲ Supports interdisciplinary training to expand the capacity of the MCH workforce.

▲ *For example:* MCHB's MCH Training Program supports graduate education for MCH professionals in a variety of disciplines, including public health, adolescent health, neurodevelopmental disabilities, behavioral pediatrics, and social work. The training program also sponsors ongoing learning and skills building opportunities for MCH practitioners through certificate programs, training institutes, and distance learning courses. Recent training program focuses have included leadership development, data skills, and systems of care for children with autism. Provides technical assistance and capacity-building resources to expand and promote effective practices and programs.

For example: The National Medical Home Learning Collaborative facilitates the implementation of the medical home model in pediatric and primary care practices and strengthens the relationship of state MCH programs to private providers. The Early Childhood Comprehensive Systems Initiative creates 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.

▲ Promotes quality assurance and accountability.

For example: Fetal and Infant Mortality Review Programs conduct multi-disciplinary reviews of individual cases of fetal and infant death to identify and improve community-level medical, social, and service system factors that contribute to infant mortality. Local agencies, programs, and providers are important partners in the needs assessments that state Title V programs are required to conduct every five years. Based on those needs assessments and other data, Title V programs report yearly on performance measures and population health outcomes; progress toward performance targets is tied to program activities and resource allocation.

Looking to the Future

Connection, collaboration, and capacity building will be as instrumental in the future of the Title V program as they were in the past, even as population health concerns and the environment for addressing them evolve. Today, chronic conditions are affecting more people and beginning at earlier ages. Childhood obesity has reached epidemic levels. 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.

At the same time, our understanding of the complex web of factors affecting health—and the interconnectedness of health with 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. This emerging knowledge points to the inevitable limitations of health improvement efforts that focus exclusively on increasing access to and quality of medical services. 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.

Title V will need to continue to expand its partnerships to support states and communities in developing innovative, multi-sectoral responses to these evolving and complex challenges. At the local level, future efforts might involve, for example:

- Enhancing relationships between health agencies and housing, public transportation, law enforcement, and other agencies and organizations that affect families' living conditions.
- Integrating referral and data systems to ensure there is "no wrong door" for families to enroll in needed programs.
- Providing preventive health care in nontraditional settings like child care, public housing, schools, and domestic violence centers.
- Increasing attention to the transition to adulthood for children with special health care needs.
- Using Health Impact Assessments in community development and land use planning processes.

MCH programs have been leaders in implementing the community-oriented public health approaches that have evolved over recent decades, from social determinants and neighborhood effects to community engagement in research and program planning. Scientific knowledge and public health tools will continue to evolve, as will population health concerns. For 75 years, the Title V program has built capacity around a core set of functions that will continue to serve its mission of ensuring the health of women, infants, children, and adolescents in every U.S. state and community.