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 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.

Changing Context for Maternal and Child Health Services

Title V has always operated as a partnership between the federal and state governments. 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. Two years later, 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 MCH Epidemiology Program, a collaborative effort of MCHB and the Centers for Disease Control and Prevention, assigns MCH epidemiology specialists to

state public health agencies, significantly expanding their capacity to collect and analyze MCH data. The National Survey of Children's Health and the National Survey of Children with Special Health Care Needs are conducted every two years in alternating years, providing 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.

▲ 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 evidence-based 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: Healthy Behaviors in Women provides funding for new approaches to address the relationship between women's healthy eating and mental health during and after pregnancies, particularly in communities with limited access to preventive health services and high percentages of overweight/obesity. State Grants for Perinatal Depression fund projects that establish a continuum of services to promote maternal, infant, and family mental health. MCHB's oral healthcare projects support states in developing and implementing strategies to improve oral health in underserved populations, including low-income families and children with special health care needs.

▲ Establishes specialized systems of care for targeted needs.

For example: State MCH programs establish regionalized systems of perinatal care to ensure access to the appropriate level of care for high-risk deliveries and low birthweight newborns. Seven Regional Genetics and Newborn Screening Collaborative Groups help states make genetics and newborn screening services accessible to all local communities.

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

For example: The 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 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.

▲ Promotes quality assurance and accountability.

For example: The MCHB-funded National Initiative for Children's Healthcare Quality Learning Collaborative engages state teams in developing and implementing quality improvement initiatives to improve systems of care for Children with Special Health Care Needs. Recent state collaboratives focused on Title V screening and follow-up services for hearing loss and epilepsy. State Fetal and Infant Mortality Review and Maternal Mortality Review Programs conduct multi-disciplinary reviews of individual cases of fetal, infant, and maternal death to identify and address community-level medical, social, and service system factors that influence perinatal outcomes. State Title V programs are required to conduct needs assessments every five years and report yearly on performance measures and population health outcomes. MCHB provides technical assistance to assist states in conducting rigorous needs assessments and applying the results to program planning, such as the 2004 report *Promising Practices in MCH Needs Assessment: A Guide Based on a National Study.*

In addition to these capacity-building functions, Title V is charged with providing or ensuring direct services for vulnerable populations, such as children and families living in poverty, population groups disproportionately experiencing adverse health outcomes, and children with special health care needs. State MCH programs support local health agencies in providing gap-filling primary and preventive care for underserved and low-income women and children, including preconception and prenatal care, family planning, and home visiting programs. Thirty percent of Title V funds are earmarked to implement community-based, family-centered systems of care for children with special health care needs.

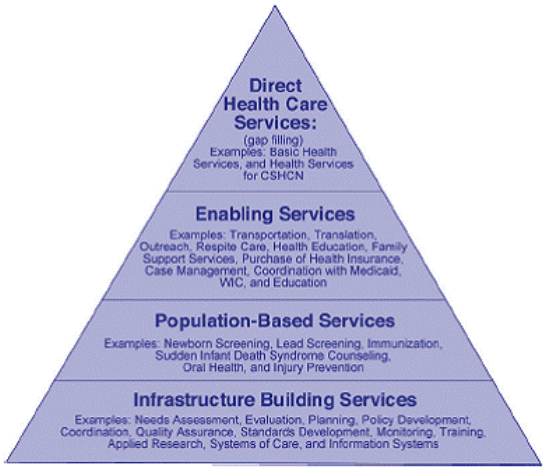
The MCH Pyramid

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.

Connection and Capacity Building

As the only governmental program with responsibility for the entire population of women, infants, and children, the Title V program plays a critical role in coordination, collaboration, and capacity building for comprehensive systems of care at the state and local levels. Title V has a long history of collaboration with other public heath programs, medicine, public and private insurers, and education. Increasingly, Title V partnerships have expanded to integrate public health with other sectors like law enforcement, housing, and transportation.

An 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 perform a valuable outreach function, linking vulnerable populations to needed services like food stamps, WIC, Medicaid, and the State Children's Health Insurance Program. 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.

Examples of Title V partnerships:

Medicine: medical home models, childhood immunization registries, newborn screening, professional education

Child development: early intervention outreach, child care health and safety consultants

Law enforcement: injury and violence prevention programs

Education: school health services, obesity prevention, bullying prevention

Housing: lead poisoning prevention, co-location of health services

Transportation: air quality initiatives, public transportation to health services

Business: employee health promotion (e.g., workplace support for breastfeeding, obesity prevention), access to supermarkets and healthy food options in poor neighborhoods

[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.

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.

The Title V program of the present—and future—can build on its experience integrating disciplines and service systems in order to expand its partnerships and support states and communities in developing innovative, multi-sectoral responses to complex challenges. The knowledge and tools may continue to evolve, as the population health concerns surely will. But over the past 75 years, the Title V program has built capacity around a core set of functions that provide a solid foundation for the ongoing work of promoting the health of women, infants, children, and adolescents in every U.S. state and territory.