Title V’s Role in Supporting Leading the Core Functions of Public Health

MCHB Title V Staff Professional Development Webinar
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December 13, 2017
“The story of a world with no children and no future”
Learning Objectives

• Describe the core functions of public health
• Place MCH squarely (centrally?) in the public health space
• Appreciate our history and how it gives us strength
• Analyze the role of Title V in giving shape to the core functions
• Embrace our legacy of leadership for public health
Public Health and the Core Functions

- Described in 1988 by the Institute of Medicine
  - ... what we do as societies to create conditions in which we all can be healthy ...
- Core Functions
  - Assessment
  - Policy Development
  - Assurance
Without you there is no us

- MCH is public health
- Or stated another way, public health is what we do in MCH programs to assure the future of humanity
- After quarantine and nuisance control to reduce the spread of communicable diseases, MCH is the reason we even have a public health infrastructure in the United States
MCH began in the War Against Child Labor

Florence Kelly, leader of the National Child Labor Committee
And in The Progressive Era

• In the early 1900’s, the Progressive Movement, borne out of Hull House in Chicago, led by Jane Addams and the Henry Street Settlement House in New York, led by Lillian Wald believed that bringing science to bear on various social problems, coupled with the political will to address them, would result in positive change.
MCH Creates Public Health

The US Children’s Bureau was the first office of its kind in the world

They embarked on a dizzying array of research studies, data gathering efforts, educational programs, and advocacy

They systematically brought data (evidence?) to bear on the advocacy efforts they engaged in to create social change

To investigate and report upon all matters pertaining to child life and welfare among all classes of our people . . .
The Children’s Bureau was led by (fierce!) women until 1968, when it was restructured.
Core functions in action
“Newsies”, young boys selling newspapers outside the US Capitol Building, circa 1912

The Children’s Bureau studied Child Labor and advocated for the passage of the Keating-Owen Act of 1916 that banned it; the law was later ruled unconstitutional and repealed in 1918.
The Children’s Bureau created the US Birth Registration System. They also weighed and measured millions of children to create pediatric growth charts.

Baby being weighed by a nurse, circa 1912
The Children’s Bureau studied infant mortality, child malnutrition, and published wildly popular pamphlets on infant and child care, reaching over half the population.
Infant Mortality Studies, circa 1923

Infants getting recommended fresh air and sunlight, circa 1946
The Children’s Bureau also studied foster care and orphanages and ultimately advocated for a system of private adoption. They also studied juvenile delinquency and devised several preventive strategies designed to curb youth crime.
The Children’s Bureau also sought to professionalize the workforce – these are child welfare workers in Minnesota, circa 1920.

They developed a variety of training programs that continue to this day in pediatrics, obstetrics, adolescent health, nurse-midwifery, nursing, social work, nutrition and public health.
Throughout its history, the Children’s Bureau continued to advocate for a national response to the health, development and well-being of all children, hosting decanal White House Conferences on Children and advocating for children’s issues.
Children’s Bureau Advocacy for MCH

• 1918, legislation introduced to provide federal funds to states to establish preventive programs for women
  – Opposed by the medical community because it would have placed responsibility for a health program under the “non-medical” Children’s Bureau

• 1921, Maternity and Infancy Care Act was ultimately passed
  – Passed this time because of growing evidence (organized by the Children’s Bureau) that the US was faring badly in its maternal and infant health indicators AND because women had just been granted the right to vote and Congress feared a backlash from women voters
Victory for MCH leads to State Health Departments

• The Sheppard-Towner Act, named for the sponsors (from Texas and Iowa respectively), provided the first grants-in-aid to states, requiring several to create health departments so they could receive the money, and established the infrastructure for MCH within each State

• Opposition continued to mount, from the AMA, the Catholic Church and the Public Health Service and in 1929 it was allowed to sunset

• Too bad; what else happened in 1929?
Our Practice Is Our Passion
The power of data

- The Children’s Bureau continued to conduct its research, build data capacity, invest in training, educate the public and advocate for the national response they believed the nation’s children deserved.
- This was particularly important during the early 1930’s and the Great Depression, which impoverished 40% of the nation’s population.
The Social Security Act

• Roosevelt’s interest in doing something for “the deserving poor” included children, which enabled the Children’s Bureau to craft two important pieces of the Social Security Act of 1935:
  – Title IV: Aid to Dependent Children - provided cash payments to woman who had lost father’s support for their children
  – Title V: Maternal and Child Health - included preventive Maternal and Child Health Services previously supported under Sheppard-Towner, Services for Crippled Children, Child Welfare Services, and Vocational Rehabilitation Services
• Funds for Title V were allocated via a formula which took into account not only the population size in each state, but the relative levels of poverty and included incentives for the states to locate and treat children in need
MCH as Social Security

• As part of “social security” within MCH we have
  – Preventive programs for mothers and children
  – Clinical care for children with special health care needs
  – With responsibility centered in the States in partnership with the federal government

• As such, in every state since 1935, MCH has existed at the nexus of community-based prevention and clinically-based intervention with responsibility for the entire population of mothers and children
Social Security as Public Health

- Having a point of responsibility for Maternal and Child Health in every state allowed for other emergent or focused efforts to be added to it
  - Emergency Maternity and Infancy Care Act added in 1943
  - Community grants for mental retardation added in 1954
  - Title XIX (Medicaid) added to the SSA, linked to Title V in 1965
  - Demonstration projects in maternal and infant health, children and youth health, dental health, family planning and neonatal intensive care followed
  - Later, categorical programs in Hemophilia, SIDS, Lead-Poisoning Prevention, Genetic Diseases, SSI Disability Services and Adolescent Health were added
Block Grants and State’s Rights

• Early in the Reagan administration, 21 federal health programs were consolidated into 4 Block Grants
• Maternal and Child Health was one of them
• Funds and requirements were reduced in exchange for greater state latitude in determining direction and programmatic efforts
  – Many states cut data capacity under pressure to maintain direct services
• Advocates continued to use data to argue for additional resources and greater accountability
What we learned in the 80’s

• No data? No problems!
• What gets measured gets changed
• Without data yours is just another opinion

Here's a little song I wrote. You might want to sing it note for note. Don’t worry, be happy.
— Bobby McFerrin —
1988: The Core Functions of Public Health

- Assessment
- Policy Development
- Assurance
Public Health Restores MCH

- OBRA 1989 restored the spirit of the Children’s Bureau charge
  - “to assure the health of all mothers and children”
  - Added requirements for periodic needs assessments, priority setting and annual reporting
  - Said another way, the new language required MCH programs to engage in assessment, policy development and assurance
  - Specified expenditure levels
    - 30% for preventive and primary care for children
    - 30% for children with special health care needs
    - No more than 10% for administration of the program
Is MCH Public Health?

- Not part of the public health core curriculum
- Difficult to find in public health agencies
- Chronically underfunded given the enormity of its mandate
- Majority of its constituents don’t vote
- Pediatric and Family Practice providers are the lowest paid
- “That’s just mothers and babies”
MCH is Public Health

• Title V is the only enduring part of the original Social Security Act
• MCH is often the primary activity of local health departments and depending on the state, may be the largest component of the health department
• We’ve been in the core functions business since 1912!
• Life-course paradigm and life-course research makes evident the importance of preventive interventions early in life
• “Increasing quality and years of healthy life” starts in utero, if not earlier
Performance and Accountability

• As a model for accountability and outcomes, MCH was the first to respond to the Government Performance and Results Act of 1993
• Federal programs were to develop a set of performance measures toward building accountability for the dollars allocated to them
• Though eager to jump in, in MCH this was made challenging by the natural tension between federal and states’ interests and by the historic tension between easily counted clinical services and the somewhat more amorphous preventive services
Our Practice Is Our Passion

Maternal and Child Health Pyramid of Health Services

The conceptual framework for the services of the Title V Maternal and Child Health Block Grant is envisioned as a pyramid with four tiers of services and levels of funding that provide comprehensive services for mothers and children. The pyramid also displays the uniqueness of the MCH Block Grant, which is the only federal program that consistently provides services at all levels of the pyramid.

DIRECT HEALTH CARE SERVICES
(gap filling)
Basic health services and health services for children with Special Health Care Needs (CSHCN)

ENABLING SERVICES
Transportation, translations, outreach, respite care, health education, family support services, purchase of health insurance, case management coordination with Medicaid, IHC, and Education.

POPULATION-BASED SERVICES
Newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education.

INFRASTRUCTURE-BUILDING SERVICES
Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.

Available at http://facehrp.cdc.gov/hrp/training/understandingTitleV/grant.htm (last accessed December 11, 2008)
Model for Public Health?

• Since 1998, states have been reporting on performance
• The performance measurement model was recently updated
• Respects and optimizes the federal-state partnership
• Allows tailored local options
  – Encourages innovation, creation of new models, natural experiments
Model for Public Health?

- The Federal-State partnership also sets aside funds for pre- and post-professional training and leadership development.
- Training in needs assessment, performance measurement, evaluation and accountability has been in place for over 25 years.
- Programs developed in this framework are based on logic models, evidence-based strategies, navigating the science and the politics, advocacy, critical analysis and systems design.
- All driven toward outcomes.
Model for Public Health?

• Legacy of data-driven policy development and advocacy
• Historic and enduring mission to assure the health of the entire population of mothers and children
• Federal-state partnership that provides collective attention to national goals while encouraging local innovation to meet unique state challenges
• Assessment, performance measurement and accountability systems that stress collaborative, systems-level efforts that benefit individuals, institutions and communities
The long view . . .

“Unlike previous plans, (we) started with birth and ended with pregnancy reversing the order typically used in improving birth outcomes...this reordering has the effect of creating a continuum starting at birth and ending at pregnancy that highlighted the cumulative effects of risks, health and social determinants at interim life stages . . . the resulting product created an imperative to take a different approach to services at both the individual and community levels”

“Our children are living messages to a future we will never see”
MCH is the ultimate core function of public health

• And so, as we have always done, we have to model good behavior and put the core functions of public health to work for MCH
  – Assessment
  – Policy Development
  – Assurance
Thank you!