In September 2008 the Title V Maternal & Child Health (MCH) Services Block Grant received the highest rating possible on the White House Office of Management & Budget’s Performance Assessment Rating Tool (PART). Programs such as the MCH Block Grant that receive the highest PART rating of “effective” clearly show ambitious goals, achieve results, are well managed, and improve efficiency. Only 19% of all Federal programs earn the designation of “effective.”

The review found that the Title V MCH Block Grant has had a “positive impact.” It has contributed to reductions in the infant mortality rate and increases in the percentage of pregnant women who receive prenatal care in the first trimester. The report also found that “the program has strong and effective collaborations with other groups concerned about MCH. The program collaborates with a wide range of Federal, State, local, and private-sector partners. Needs and priorities are identified, resources are leveraged, and linkages are forged to help the MCH population receive needed coordinated care and support services.”

Despite its highest rating, funds for the MCH Block Grant have been reduced by over $60 million over the last six years while healthcare costs and demand for MCH services have been steadily increasing. AMCHP calls on Congress and the Administration to fully fund the MCH Block Grant at its authorized level of $850 million and invest in this crucial public health program.

The MCH Block Grant is one of only a handful of Federal programs to receive the “effective” PART rating. The program demonstrates results, and makes a difference in the lives of America’s women and children. Shouldn’t we invest fully in this national success?

- Michael Fraser, PhD
AMCHP Chief Executive Officer

Under a successful partnership, states fully participate by providing $3 for every $4 of Federal funding. In FFY2008 the MCH Block Grant was appropriated $666 million. With the state match and overmatch, this represents a total investment in MCH Block Grant related activities of $3.1 billion.

The purpose and mission of the MCH Block Grant is to improve the health of all mothers, children, and their families by:

- assuring access to quality care,
- reducing infant mortality and the incidence of preventable diseases,
- providing prenatal and postnatal care to women,
- increasing the number of children receiving health assessments,
- implementing community-based, family-centered care for children with special health care needs, and
- providing preventive and primary care service to mothers and children.

**OUR VISION**
Healthy children, healthy families in healthy communities
All states annually report on 18 national performance measures. They also conduct comprehensive needs assessments every five years to determine the top priority health issues facing women and children. In recent years, states have identified pressing issues such as addressing obesity, injury, mental health, autism, and oral health as some of their priority needs. However, state MCH programs have been severely hampered in responding to these and other growing needs due to the erosion in federal MCH Block Grant funding.

These cuts put tremendous pressures on states to maintain the health of women and children. Vital health programs are being forced to make critical choices about the number of families they are able to serve and what services they are able to offer. With economic pressures escalating, now is not the time to force states to cut services to women, children, and families. Congress and the Administration should make the health of our nation’s most vulnerable an immediate priority and fully fund the MCH Block Grant.

For more information about the MCH Block Grant, contact the Association of Maternal & Child Health Programs Government Affairs staff at (202) 775-0436 or visit www.amchp.org.

REFERENCES

1 For more information on government program PART ratings, see www.ExpectMore.gov

2 To view reports on states’ MCH Block Grant performance measures, see http://mchb.hrsa.gov/data/.