

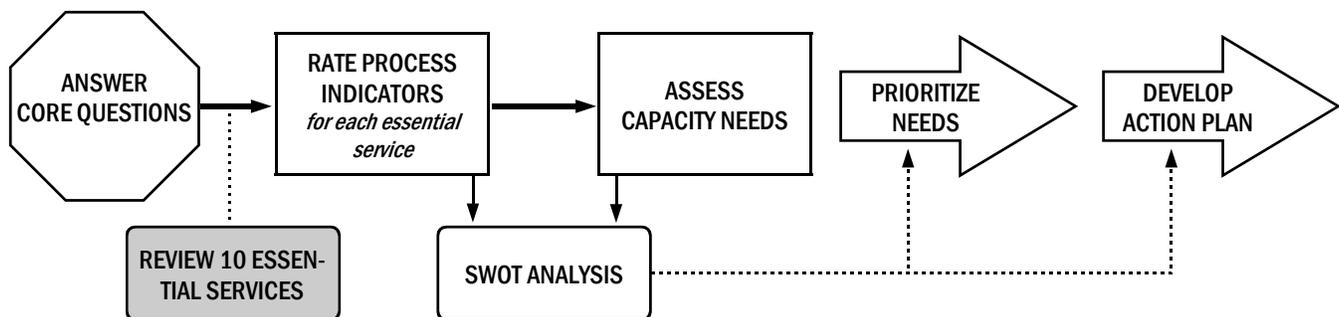
Review of the 10 MCH Essential Services

CAST-5 Second Edition

A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center

Capacity Assessment for State Title V (CAST-5) is a set of assessment and planning tools for state Title V Maternal and Child Health Services Block Grant programs interested in examining their organizational capacity to carry out key MCH program functions. For more information on CAST-5, visit www.amchp.org/cast5.

The CAST-5 Process



The Review of the 10 MCH Essential Services is an interim step used to create a common understanding of core maternal and child health program functions.

Instructions

This tool provides an opportunity for the state's CAST-5 assessment team members to begin the CAST-5 process with a common understanding of the 10 MCH Essential Services. If a subset of the Essential Services will be assessed, rather than all 10, this tool may help in determining which Essential Services should serve as the focus.

All assessment participants should read this document at the outset of the assessment process. Title V program staff should become familiar with both the 10 MCH Essential Services and the more detailed public MCH program functions that are described in bulleted sub-points on pages 2 through 5. External participants in the CAST-5 process could be given just the list of the 10 MCH Essential Services that appears on page 6.

The 10 MCH Essential Services are described in more detail in *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America* (Grason and Guyer, 1995), which can be viewed on the Women's and Children's Health Policy Center's web site at www.jhsph.edu/WCHPC/publications/pubmchfx.pdf.

10 MCH Essential Services and Public MCH Program Functions

1. Assess and monitor maternal and child health status to identify and address problems.

- A. Develop frameworks, methodologies, and tools for standardized MCH data in public and private sectors.
- B. Implement population-specific accountability for MCH components of data systems.
- C. Prepare and report on the descriptive epidemiology of MCH through trend analysis.

2. Diagnose and investigate health problems and hazards affecting women, children, and youth.

- A. Conduct population surveys and publish reports on risk conditions and behaviors.
- B. Identify environmental hazards and prepare reports on risk conditions and behaviors.
- C. Provide leadership in maternal, fetal/infant, and child fatality reviews.

3. Inform and educate the public and families about maternal and child health issues.

- A. Provide MCH expertise and resources for informational activities such as hotlines, print materials, and media campaigns, to address MCH problems such as teen suicide, inadequate prenatal care, accidental poisoning, child abuse and domestic violence, HIV/AIDS, DUI, helmet use, etc.
- B. Provide MCH expertise and resources to support development of culturally appropriate health education materials/programs for use by health plans/networks, MCOs, local public health and community-based providers.
- C. Implement, and/or support, health plan/provider network health education services to address special MCH problems—such as injury/violence, vaccine-preventable illness, underutilization of primary/preventive care, child abuse, domestic violence—delivered in community settings (e.g., schools, child care sites, worksites).
- D. Provide families, the general public, and benefit coordinators reports on health plan, provider network, and public health provider process and outcome data related to MCH populations based on independent assessments.

4. Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.

- A. Provide needs assessment and other information on MCH status and needs to policymakers, all health delivery systems, and the general public.
- B. Support/promote public advocacy for policies, legislation, and resources to assure universal access to age-, culture- and condition-appropriate health services.

5. Provide leadership for priority-setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

- A. Develop and promote the MCH agenda using the Year 2000 National Health objectives or other benchmarks.
- B. Provide infrastructure, communication structures and vehicles for collaborative partnerships in development of MCH needs assessments, policies, services, and programs.
- C. Provide MCH expertise to, and participate in the planning and service development efforts of, other private and public groups and create incentives to promote compatible, integrated service system initiatives.

6. Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their well-being.

- A. Ensure coordinated legislative mandates, regulation, and policies across family and child-serving programs.
- B. Provide MCH expertise in the development of a legislative and regulatory base for universal coverage, medical care (benefits), and insurer/health plan and public health standards.
- C. Ensure legislative base for MCH-related governance, MCH practice and facility standards, uniform MCH data collection and analysis systems, public health reporting, environmental protections, outcomes and access monitoring, quality assurance/improvement, and professional education and provider recruitment.
- D. Provide MCH expertise/leadership in the development, promulgation, regular review and updating of standards, guidelines, regulations, and public program contract specifications.
- E. Participate in certification, monitoring and quality improvement efforts of health plans and public providers with respect to MCH standards and regulations.
- F. Provide MCH expertise in professional licensure and certification processes.
- G. Monitor MCO marketing and enrollment practices.
- H. Provide MCH expertise and resources to support ombudsman services.

7. Link women, children and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

- A. Provide a range of universally available outreach interventions (including home visiting), with targeted efforts for hard-to-reach MCH populations.
- B. Provide for culturally and linguistically appropriate staff, materials, and communications for MCH populations/issues, and for scheduling, transportation, and other access-enabling services.
- C. Develop and disseminate information/materials on health services availability and financing resources.
- D. Monitor health plan, facility, and public provider enrollment practices with respect to simplified forms, orientation of new enrollees, enrollment screening for chronic conditions/special needs, etc.
- E. Assist health plans/provider networks and other child/family-serving systems (e.g., education, social services) in identifying at-risk or hard-to-reach individuals and in using effective methods to serve them.
- F. Provide/arrange/administer women's health, child health, adolescent health, Children with Special Health Care Needs (CSHCN) specialty services not otherwise available through health plans.
- G. Implement universal screening programs—such as for genetic disorders/metabolic deficiencies in newborns, sickle cell anemia, sensory impairments, breast and cervical cancer—and provide follow-up services.
- H. Direct and coordinate health services programming for women, children and adolescents in detention settings, mental health facilities and foster care, and for families participating in welfare waiver programs that intersect with health services.
- I. Provide MCH expertise for prior authorization for out-of-plan specialty services for special populations (e.g., CSHCN).
- J. Administer/implement review processes for pediatric admissions to long-term care facilities and CSHCN home- and community-based services.
- K. Develop model contracts to provide managed care enrollees access to specialized women's health services, pediatric centers of excellence and office/clinic-based pediatric subspecialists and to community-site health services, (school-based health clinics, WIC, Head Start, etc).
- L. Provide expertise in the development of pediatric risk adjustment methodology and payment mechanisms.
- M. Identify alternative/additional resources to expand the fiscal capacity of the health and social services systems by providing MCH expertise to insurance commissions and public health care financing agencies, pooling categorical grant funding, and pursuing private sector resources.

8. Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.

- A. Provide infrastructure and technical capacity and public health leadership skills to perform MCH systems access, integration, and assurance functions.
- B. Establish competencies, and provide resources for training MCH professionals, especially for public MCH program personnel, school health nurses and school-based health center providers, care coordinators/case managers, home visitors, home health aides, respite workers, and community outreach workers.
- C. Provide expertise, consultation, and resources to professional organizations in support of continuing education for health professionals, and especially regarding emerging MCH problems and interventions.
- D. Support health plans/networks in assuring appropriate access and care through providing review and update of benefit packages, information on public health areas of concern, standards, and interventions, plan/provider participation in public planning processes and population-based interventions, technical assistance, and financial incentives for meeting MCH-specific outcome objectives.
- E. Analyze labor force information with respect to health professionals specific to the care of women and children (e.g. primary care practitioners, pediatric specialists, nutritionists, dentists, social workers, CNMs, PNs, FFPs, CHNs/PHNs)
- F. Provide consultation/assistance in administration of laboratory capacity related to newborn screening, identification of rare genetic diseases, breast and cervical cancer, STDs, and blood lead levels.

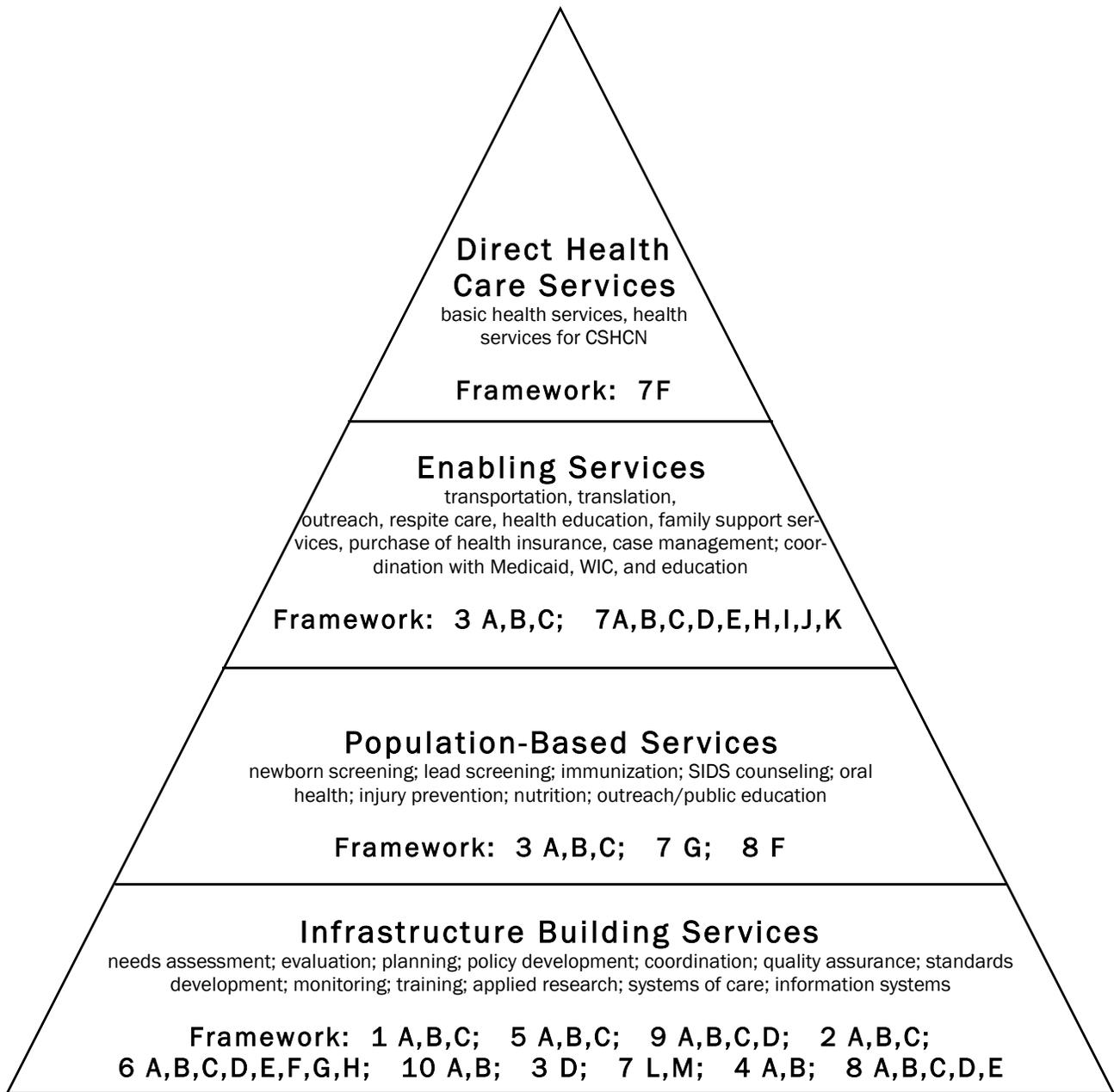
9. Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

- A. Conduct comparative analyses of health care delivery systems to determine effectiveness of interventions and to formulate responsive policies, standards, and programs.
- B. Survey and develop profiles of knowledge, attitudes and practices of private and public MCH providers.
- C. Identify and report on access barriers in communities related to transportation, language, culture, education, and information available to the public.
- D. Collect and analyze information on community/constituents' perceptions of health problems and needs.

10. Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

- A. Conduct special studies (e.g., PATCH) to improve understanding of longstanding and emerging (e.g., violence, AIDS) health problems for MCH populations.
- B. Provide MCH expertise and resources to promote "best practice" models, and to support demonstrations and research on integrated services for women, children, adolescents, and families.

Relationship of the 10 MCH Essential Services to the Title V Pyramid



The conceptual basis for Title V Maternal and Child Health program activities is illustrated as a pyramid with four levels of services. The 10 MCH Essential Services and the 4 levels of the Title V Pyramid are different ways of categorizing the same public MCH program functions. In the above graphic, the number/letter combinations refer to an Essential Service and its subsections, as outlined in the previous section.

10 Essential Public Health Services to Promote Maternal and Child Health in America

- 1) Assess and monitor maternal and child health status to identify and address problems.
- 2) Diagnose and investigate health problems and health hazards affecting women, children, and youth.
- 3) Inform and educate the public and families about maternal and child health issues.
- 4) Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
- 5) Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.
- 6) Promote and enforce legal requirements that protect the health and safety of women, children and youth, and ensure public accountability for their well-being.
- 7) Link women, children and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
- 8) Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.
- 9) Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.
- 10) Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

Source: Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: The Women's and Children's Health Policy Center, The Johns Hopkins University.
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