PUBLIC MCH PROGRAM FUNCTIONS FRAMEWORK:

Essential Public Health Services To Promote Maternal and Child Health in America

Prepared By

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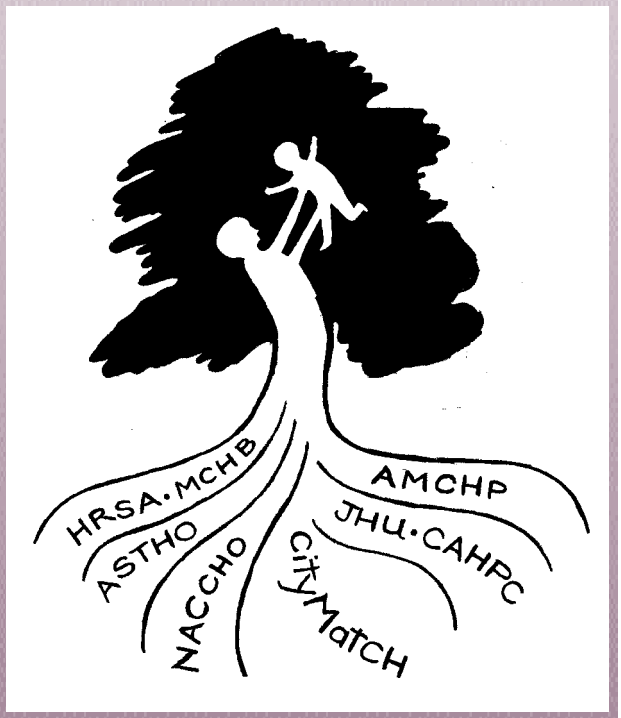

For The

Health Services and Resources Administration, DHHS

Maternal and Child Health Bureau

and the

Association of Maternal and Child Health Programs

Association of State and Territorial Health Officials

CityMatCH

National Association of County and City Health Officials

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The Child and Adolescent Health Policy Center (CAHPC) at The Johns Hopkins University was established in 1991 by the federal Maternal and Child Health Bureau as one of two Centers to address new challenges found in amendments to Title V of the Social Security Act (MCH Services Block Grant) enacted in the Omnibus Budget Reconciliation Act (OBRA) of 1989. The purpose of the Center is to draw upon the science base of the university setting to help identify and solve key MCH policy issues regarding the development and implementation of comprehensive, community-based system of health care services for children and adolescents. Projects are conducted to provide information and analytical tools useful to both the federal MCH Bureau and the State Title V Programs as they seek to meet the spirit, intent and content of the Title V legislation and the challenges of addressing the unique needs of MCH populations and programs in health care reform.

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Introduction

In recent years, the health care system in the United States (U.S.) has undergone close scrutiny and marked changes. Major transformations are occurring in the public and private sectors of the Nation's health care financing and delivery systems. In the near future, managed care and integrated service delivery networks promise to be the predominant means by which individuals in the U.S. access and receive their health care.

From the outset of this renewed attention and restructuring, experts and advocates concerned with maternal and child health have attempted to identify and assure inclusion of measures focusing on the needs of women, children, youth, and their families.[1,2,3,4] These measures have included not only specific characteristics of the health care financing and delivery system, but also necessary public health functions aimed at improving the health of the entire population consistent with national health objectives. A 1988 Institute of Medicine (IOM) Report, *The Future of Public Health*[5] characterized these core functions as assessment, policy development, and assurance.

As the public health community mobilized to meet the challenges of this IOM report and to join with others to advocate for reform of health care financing and delivery,[6,7,8] public sector Maternal and Child Health (MCH) leaders worked to define the elements of personal and public health systems and services necessary to assure appropriate focus on the needs of women, children, and youth. This document is part of that effort.

The purpose of this publication is to operationalize the core public health functions vis-a-vis maternal and child health. These functions are not unique to maternal and child health: they represent the foundation of all public health activities at the state, local, and federal levels. However, given the unique needs of women and children and the efforts necessary to enhance public sector capacity to respond to these needs, it is necessary to delineate the core functions in the specific context of maternal and child health.

This framework is intended to function as a tool for state, local, and federal MCH programs as they serve their communities, provide leadership in addressing public health problems, create linkages and partnerships with other agencies and organizations, educate policymakers, and prepare strategic plans for the future. Where more specific tools are needed, this document could be adapted to produce assessments of organizational structure and personnel necessary for implementation of the functions, training and continuing education plans and curricula, policy briefs, and other instruments to assist public health agencies and programs in meeting the needs of women, children, and their families. Developed through a partnership between the Maternal and Child Health Bureau (MCHB), the Association of Maternal and Child Health Programs (AMCHP), the National Association of County and City Health Officials (NACCHO), CityMatCH, The Association of State and Territorial Health Officials (ASTHO), and The Johns Hopkins Child and Adolescent Health Policy Center, (JHU·CAHPC), and with the concurrence of key working groups of the United States Public Health Service, this consensus document represents the collaborative efforts throughout the MCH community.

Basic Tenets and Underlying Assumptions

As early as 1912, with the establishment of the Children's Bureau, the United States recognized the special vulnerability of women, infants, children, and adolescents. The unique social, biological, developmental, and dependency factors that characterize this population create correspondingly unique needs for societal response. When these needs are not met, communities suffer. Dependent upon the MCH population for present and future social and economic advancement, communities that loose the contribution of women, children, and families through death, illness, or injury, may loose their strength and promise.

Given the dramatic changes in the Nation's health care financing and delivery system, women, infants, children, and adolescents remain vulnerable. Working with communities — cornerstones of the process by which problems are defined and by which responses are generated, implemented, and evaluated — the public sector

is uniquely poised to play a vital role in protecting and promoting the health of the MCH population. Local, state, and federal agencies must be the key players in assuring that the needs of all women, infants, children, and adolescents are addressed, and that policies, programs, and resources are applied and distributed equitably. To adequately promote maternal and child health, the unique strengths and scope of activity at each level of government must be brought to bear in collaborative efforts with private sector health providers, purchasers, and community leaders.

The development of this functions framework was guided by concepts under development that focus on assuring the quality of the health system in caring for women and children — including both personal health and public health.[9] Thus, the functions are based on the following five basic premises:

1. **separate standards for women and children are needed** — as a stage of human development, childhood differs significantly from the subsequent years of an individual's lifespan.[10] Further, the health of women is influenced by unique biological and social determinants. An approach that addresses the unique needs of the MCH population, and provides for MCH expertise within both the private and public sectors of the health system must be assured;

2. **shifts in cultural and ethnic makeup of the population** demand special attention in health services design and delivery. Demographic trends portray significantly increasing diversity within the child population over the next 50 years due to differential fertility, net immigration, and age distribution among race and Hispanic-origin groups.[11] The provision of culturally competent services will be dependent upon provider understanding of different cultural meanings of health and health seeking behaviors among the diverse population of families they serve;[12]

3. **quality needs to be addressed at three (3) levels** within the personal and public health system:[13] (1) at the level where services are provided to individual women and children by individual or teams of health care providers; (2) at the level of integrated provider networks that organize and deliver an array of medically necessary health care for enrollees, including the plans that pay for them; and (3) at the level of the community, where individuals learn about and exhibit health-related behaviors, where many social, educational, recreational, and other systems converge to affect individual/family health, and where personal and population health is influenced by the physical and social environment;

4. **governmental mechanisms are essential to assure responsiveness of the system to the unique needs of women, children and families** — analyses of international approaches to maternal and child health services document improved health outcomes in countries where governments implement a universal approach in assuring that women, children, and their families have access to preventive and curative personal and population-based health services.[14,15,16] This role includes disseminating objective information to the public, assuring accountability and providing community-based preventive services such as health screening, home visiting, and tracking and follow-up to help secure adequate health care for women and to promote parental participation in assuring that their children receive appropriate care;

5. **a long period of transition will ensue** — restructuring of the U.S. system of health care delivery and financing is occurring at a rapid pace, yet will continue to evolve over a number of years. Thus, the framework incorporates maintenance of certain public health activities while the private sector develops capacity to perform them, and while the capacity of the private sector to sustain these roles is assessed. This notion also indicates the need for public health expertise within the private sector and the development of mutually beneficial public-private partnerships.

Moreover, characteristics of the maternal and child health population point to several key considerations that are fundamental to assuring quality health care and optimal health for women, children, and families, including:

- the numerous opportunities and great need to emphasize prevention in order to ameliorate or diminish the long-term impact and costs of illness;

- the relatedness of health and development, and consequent need for coordination of health care, educational, and social services, and for special attention to social and physical environmental influences;

- the central role of parents, families, and other caregivers in promoting the health of children: families must be able to access appropriate primary care, quality specialty perinatal, pediatric, and adolescent services and community resources. To do so, they need information, education, guidance, and support;

- the importance of advocacy within the health care system to protect children and promote adequate attention to women's health concerns — this must occur in the relationships between providers and clients/caregivers, and within organizational structures and authorities;

- the imperative to apply special pediatric and women's health knowledge in all aspects of system design and operation, including epidemiologic assessment and research.

These premises present a compelling argument for public responsibility for a population-based, system-wide focus on health and health services delivery. Clearly, individual providers and networks have roles and responsibilities in all aspects of MCH care. Governmental leadership and oversight of the system, however, is critical in providing direction for and facilitating effective interactions among the health system components to improve the health of the population. Moreover, accountability tools are necessary to assure that MCH specific needs are met, notwithstanding a focus on reducing health care costs through managed care arrangements.

Organization of the Framework

The MCH Functions Framework comprises three main components: (1) a list of the Ten Essential Public Health Services to Promote Maternal and Child Health in America (Part 1); (2) an outline detailing MCH Program Functions (Part 2); and (3) Examples of Local, State, and Federal Activities Implementing MCH Program Functions (Part 3). The components are complementary, each building on the one preceding. These sections, however, also are designed as stand-alone documents to facilitate their use for a variety of purposes and audiences.

The listing of the **Ten Essential Services to Promote Maternal and Child Health in America** is a MCH counterpart to, or translation of, the document *Public Health in America*, found in Appendix B.

The **MCH Program Functions** section outlines the important elements, or ***MCH content*** of the ten essential services. The list is not meant to suggest that all functions discussed must be conducted to implement MCH services successfully, nor do the functions outlined necessarily represent the optimal roles that MCH Programs could play in promoting the health of women, children, adolescents, and their families. Clearly, flexibility and adaptation will be needed to accommodate the significant variability in capacity, and in organizational and political contexts across the states, particularly at the community level. The functions addressed in the framework are intended to reflect those which are feasible for public MCH Programs to carry out with modest enhancements of their current capacity.

Specific activities to achieve the MCH Program Functions are detailed in the matrix of **Examples of Local, State, and Federal Activities Implementing MCH Program Functions.** These are ***intended as examples only,*** and should not be considered a comprehensive listing of all extant MCH activities or of all possibilities. Across and within the states, there is considerable variation in capacity to carry out certain activities. Likewise, in each state, the relative role of the local, state, and federal government differs. Additionally, some states operate without local health agencies, administering services to women and children on a regional and statewide basis. Acknowledging this diversity, the examples section is not intended to serve as a model for fulfilling the MCH functions. Rather, it provides a range of options and suggests possibilities, and demonstrates the complex interrelationships and significant interdependence of local, state, and federal health agencies.

PART 1

TEN 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 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.

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

A. Develop frameworks, methodologies, and tools for standardized MCH data collection, analysis, and reporting across public and private providers of services to women, children and adolescents (including CSHCN), and their families

B. Implement population-specific accountability for MCH components of data systems, including systems for tracking problems and hazards specific to women, children, and adolescents, such as:

- service use across health plans and public health and other community health and related programs (such as education, social services, etc.)
- vital events
- vaccine preventable disease / immunizations
- sentinel birth defects
- HIV in women and children, other STDs
- perinatal substance abuse
- genetic disorders / metabolic deficiencies in newborns
- at-risk infants and toddlers

C. Prepare and report information on the descriptive epidemiology of maternal and child health through trend analysis in order to inform needs assessment, planning, and policy development (including standard setting and intervention strategy design). Analyses should address:

- population demographics (e.g., age, race, ethnicity)
- economic (e.g., poverty and employment levels, insurance coverage) status
- behavioral and other health risks related to health problems associated with (for example) genetics, alcohol / tobacco / drug use, unprotected sex, child abuse, driving habits, etc.
- health status, including:
  - mortality rates (maternal, infant, child & adolescent)
  - morbidity rates (violence / injury, substance abuse, vaccine preventable illness, chronic disease, communicable disease)
  - fertility rates
- health service utilization, including in particular, rates of:
  - reproductive health care utilization
  - breast and cervical cancer screening
  - preventive & primary child health services utilization
  - ambulatory care sensitive hospital admissions
  - immunization coverage
  - school health services utilization
  - social services, mental health services, early intervention services, alcohol & drug abuse services utilization
- community / constituents' perceptions of health problems and needs, such as HIV / AIDS, lead poisoning, smoking, etc.

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 pertaining to:

- women (e.g., Behavioral Risk Factor Survey, Pregnancy Risk Assessment and Monitoring System)
- children (e.g., Pediatric Nutrition Surveillance System)
- adolescents (e.g., Youth Risk Behavior Survey)

B. Identify environmental hazards and prepare reports to inform the process of selecting and implementing community-level legislative and structural / physical interventions designed to mitigate health hazards to women, children, and youth, such as:

- roadway safety (pedestrian, bicycle, car restraints, DUI, etc.)
- playground safety
- lead poisoning
- product safety
- facility safety (school, child care facilities & adolescent worksites)
- inadequate fluoridation of public water supplies
- housing quality (falls, fire, etc.)

C. Conduct / provide leadership in maternal, fetal / infant, and child fatality reviews: analyze quantitative and qualitative data, and interpret findings across facilities, plans and jurisdictions; report results, and provide guidance for system improvements

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

A. Provide MCH expertise, and human and fiscal resources to support informational activities such as hotlines, development of print materials, media campaigns, etc., related to health promoting behaviors to address MCH problems such as teen suicide, inadequate prenatal care, accidental poisoning, child abuse and domestic violence, HIV / AIDS, DUI, helmet use, vaccine preventable illness, etc.

B. Provide MCH expertise and resources to support development of culturally appropriate health education materials / programs for use by health plans / networks, MCOs, individual providers, local public health providers, schools, community organizations, etc. that are linguistically and age appropriate

C. Implement, and / or support, health plan / provider network health education services designed 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 with information / reports regarding health plan, provider network, and public health provider process and outcome data related to MCH populations based on independent assessments of provider reports

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. Develop and implement materials and mechanisms to provide needs assessment and other information on MCH status and needs, and gaps in addressing them, 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. To accomplish this, programs:

- prepare and disseminate public policy and other information on MCH health problems and needs, and resources needed, including: annual reports on the status of women, children, youth, and families; MCH information incorporated in state health plan; and fact sheets, etc.
- provide human and material resources for MCH advocacy and consumer organizations

NOTE: See also, "Provide leadership for priority-setting planning, and policy development"...(function 5) below.

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 where national objectives have been achieved, or require adaptation.

B. Provide infrastructure/communication structures and vehicles for collaborative partnerships in deveopment of MCH needs assessments, policies, services, and programs through:

- mechanisms for routine communication (policy transmittals, MCH newsletters, conferences, etc.)
- convening constituent family/consumer and provider groups, business, community organizations, elected officials, and others to review health data and recommend priorities for legislation, program development and resources allocation
- convening and staffing MCH Commission/Advisory Committee with responsibility for oversight of MCH planning and public resource allocation
- providing funding and support for coalitions, parent networks, etc.

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. Representative activities are exemplified by: membership on advisory bodies; formal review and comment on proposed policies, legislation, or rules; development of interagency agreements; reciprocal training of staff; co-administration of projects, etc.

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 consistent/coordinated legislative mandates, regulation, and policies across family and child-serving programs

B. Provide MCH expertise in development of 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, organization/functions including MCH advisory body and planning structures
- MCH practice and facility standards (e.g., NICU)
- uniform MCH data collection and analysis systems
- public health reporting (e.g., child abuse)
- environmental protections (e.g., firearms control, environmental tobacco smoke)
- MCH outcomes and access monitoring
- MCH quality assurance/improvement
- MCH 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 pertaining to health services delivered/funded through the private and public sectors, with special attention to:

- family-centered, culturally-competent community MCH services and systems (which include prevention, enabling access, and parent support networks)
- age-, risk-, and health condition-appropriate health care
- public programs such as Title V, WIC, Title X, Title XIX, Part H (IDEA)
- requirements for provider reporting of diseases and emergency health conditions (e.g., measles, pertussis, child abuse/neglect, attempted suicide, etc.), as well as for routine collection, analysis, and reporting of health services process and outcomes data
- adequate and equitable distribution and mix of preventive, primary, specialty, and subspecialty providers needed within defined geographic areas (at community, regional, and state levels)
- health plan requirements with respect to: use of pediatric and perinatal specialist services/providers, and criteria for out-of-plan referrals; referral to community-based MCH support, and educational and social services (e.g., parent/family support, self-help groups, etc.), including uniform referral and assessment protocols across providers/agencies; quality improvement and consumer grievance processes; outreach, and health education programming

- regionalized specialty services / networks (perinatal, EMSC, low-incidence conditions)
- cultural competency capacity related to MCH services
- care coordination for special populations (CSHCN, at-risk perinatal, abused / neglected children, etc.)
- school health services and school-based health centers
- health and safety for children and adolescents in out-of-home settings, such as child care, foster care, youth detention settings, women in prison
- confidential access for adolescents, reproductive health services, and HIV and STD services

E. Participate in certification, monitoring and quality improvement efforts of health plans and public providers with respect to MCH standards and regulations (including rate–, record–, data / report–, and site reviews, and other audits).

F. Provide MCH expertise in professional licensure and certification processes, especially for special pediatric and women's health providers (e.g., PNPs, CNMs)

G. Monitor MCO marketing practices and enrollment practices

H. Provide MCH expertise and resources to support ombudsman services, through monitoring care plans, and through providing information and support with respect to grievances

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 such as homeless families, school drop-outs, linguistically and culturally and / or geographically isolated women and families

B. Provide for culturally and linguistically appropriate staff, resources, 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; facilitate health services utilization by providing information on health insurance resources and providers. Activities include, but are not limited to:

- toll-free telephone information / referral lines
- resource directories
- public advertising
- enrollment assistance

D. Monitor health plan, facility, and public provider enrollment practices with respect to simplified forms, orientation of new enrollees, screening at enrollment for chronic conditions / special needs, etc.

E. Assist health plans / provider networks and other child / family-serving systems (e.g., education, social services, etc.) 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, CSHCN specialty services (direct delivery / contractual arrangements) not otherwise available through health plans (e.g., rural areas, undocumented residents, services needed but not included in the benefits package) such as:

- care coordination
- school health services, including SBHCs
- special publicly financed health services (EPSDT or other enhanced wrap-around services, community long term care for CSHCN, etc.)
- public health nursing
- health care for homeless families
- family planning
- STD clinics
- MCH dental services
- Pediatric AIDS programs
- WIC
- immunization services and provider access to vaccine
- lead poisoning services, including abatement

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 for women / children with positive test results

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 (including rehabilitation), and to community-site health services, such as school-based health clinics, WIC, Head Start, and early intervention/special education health and rehabilitative health services

L. Provide expertise in the development of pediatric risk adjustment methodology and payment mechanisms

M. Identify alternative/additional resources to expand the capacity of the health and social services systems to improve the health and well-being of women, children, youth, and families by:

- providing MCH expertise to insurance commissions and public health care financing agencies in development of policies, legislation, programs, and resources (e.g., Medicaid Waiver Programs, wrap-around/enhanced services for women and children)
- pooling categorical grant funding to encourage comprehensive, co-located/linked service programming for families in community settings
- pursuing private sector resources such as corporate contributions of human and fiscal resources, private foundation grants, etc.

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 (i.e., data collection and analysis, population needs assessment, program evaluation) and public health leadership skills to perform MCH systems access, integration, and assurance functions

B. Establish competencies, and provide fiscal and human resources for training MCH professionals, and others concerned with the health of women, children, and adolescents and their families, especially for:

- public MCH program personnel
- School Health Nurses and School-Based Health Center providers
- care coordinators/case managers
- home visitors
- home health aides and respite workers for CSHCN
- community outreach workers

C. Provide expertise, consultation, and resources to collaborate with professional organizations in support of continuing education for health professionals, and others concerned with the health of women, children, adolescents, and their families, especially regarding emerging MCH problems and interventions

D. Support health plans/provider networks in assuring appropriate access and care through:

- review and update of package of covered benefits consistent with scientific evidence
- providing information on public health areas of concerns, standards and interventions
- soliciting health plan/provider participation in public planning processes and population-based interventions
- providing technical assistance
- providing financial incentives to encourage participation in population-based public health interventions, in meeting MCH-specific outcome objective targets, and in providing aggressive outreach, health education, and family support services
- establishing targets based on Year 2000 Objectives

E. Analyze labor force information with respect to health professionals specific to the care of women and children, including for example, primary care practitioners, pediatric specialists, nutritionists, dentists, social workers, CNMs, PNPs, FPNPs, CHNs/PHNs, and others

F. Provide consultation/assistance in administration of laboratory capacity related to screening for genetic disorders/metabolic deficiencies in newborns, identification of rare genetic diseases, breast and cervical cancer, STDs, 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 through trend analysis and reporting in order to determine effectiveness of interventions and to formulate responsive policies, standards, and programs

- As specified in 1. "Assess MCH status…", analyses should address population demographics, economic status, behavioral and other health risks related to health problems, health status, and health service utilization, and
- health resources, including inventories with profiles of operating characteristics (location, service charges, hours of service, etc.)

B. Survey and develop profiles of knowledge, attitudes, and practices of private and public providers serving women, children, and adolescents

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 within the health and social service delivery systems

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 development of "best practice" models, and support demonstrations and research on integrated services for women, children, adolescents, and families.

PART 3
EXAMPLES OF LOCAL, STATE, AND FEDERAL ACTIVITIES IMPLEMENTING MCH PROGRAM FUNCTIONS

LOCAL ROLES

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

A. Develop frameworks, methodologies, and tools for standardized MCH data collection, analysis, and reporting across public and private providers of services to women, children, and adolescents (including CSHCN), and their families.

- Collaborate with states, academic public health institutions, and with parent and provider groups, in the development and testing of methods a tools for data collection
- Collaborate with federal agencies (e.g., CDC) and with state efforts to develop regional and national data systems
- Serve as sites for testing methods and tools

B. Implement population-specific accountability forMCH components of data systems, including systems for tracking problems and hazards specific to women, children, and adolescents (e.g., immunizations, sentinel birth defects, HIV in women and children, genetic disorders/ metabolic deficiencies in newborns, etc.).

- Participate in federal and state working groups to design reporting formats, etc.
- Inform state programs of barriers encountered in use of the client data sys and recommend strategies for overcoming barriers
- Establish local partnership mechanisms involving parents, consumers, privat providers and public agencies to develop consensus on issues related to dat collection, analysis, and transmission
- Collect service programs data, implementing quality assurance checks, an report findings to community and state agencies
- Act as local registrar for the occurrence of health problems and health haza affecting women, children, and adolescents
- Provide timely and complete information on relevant indicators to local an state programs, providers, and to consumers, including parents
- Provide training and consultation to local provider groups in using MCH databases

C. Prepare and report information on the descriptive epidemiology of maternal and child health through trend analysis in order to inform needs assessment, planning, and policy development (including standard setting and intervention strategy design).

- Establish links with appropriate local and statewide databases (schools, private sector, etc.) to secure more comprehensive information on key health status indicators
- Collect data from emergency, drop-in and other non-medical facility servic that do not appear in larger databases
- Conduct surveys, polls, focus groups, and forums
- Develop reports on overall MCH health status in the community and on spe topic areas (e.g., injury, immunization, HIV/AIDS); provide these reports in timely manner to the state, and to community and local constituents, includ parent groups

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STATE ROLES	FEDERAL ROLES
:ollaborate with localities, academic public health institutions nd with parent and provider groups in the development nd testing of methods and tools for data collection :stablish common tracks for data collection and analysis and /ith existing systems (e.g., schools) .ssist local programs in standardizing data collection rocedures (e.g., use of encounter cards to profile rovider-client episodes) :ollaborate in national efforts to create MCH software ackages and computer networks for use at local, state, nd national levels :nsure private providers collect data that can be used t local, state, and federal levels	• Provide resources to academic public health institutions, states, and other groups to conduct research in data methods and tools development • Convene appropriate private and public groups to develop model MCH data sets with standard definitions across federal agencies and programs so information can be aggregated and compared • Provide resources for and participate in the development of MCH data collection and analysis software packages useful at local, state, and national levels • Assist with private sector efforts to identify national core reporting items for MCH (e.g., HEDIS, NHIS; health status indicators for CSHCN)
:ollaborate with MCHB in data design for core national system, nd with local health/providers to develop state adaptations s needed /ork with appropriate public authorities and health provider rganizations to ensure that private provider MCH data are ollected, reported, and made available to local and state public ICH agencies llocate resources to support local efforts to collect, analyze, and :port data nplement quality assurance reviews of local data rovide MCH expertise and resources for ongoing development nd operation of vital records and other public health tracking ystems at the state and local levels :ollaborate with vital records reporting system officials to assure ICH-relevant data is appropriate for local use and national analysis ssure quality of and appropriate access to vital records data for ICH analysis ssist localities in data system development and coordination across eographic areas so MCH data outputs can be compared romote integration of health, education, and other family-relevant ata systems	• Collaborate with NCHS, state and local MCH programs, and others to provide directionand guidance on Title V reporting requirements • Collaborate with private and public sector payors and providers to establish sentinel thresholds and data collection systems • Provide states and localities with resources and technical assistance to develop and utilize client data systems • Designate funds for the development and operation of state data tracking systems
:rovide training for local MCH professionals in needs .ssessment and planning :rovide local, state, and federal MCH data and analyses to ocal health organizations, consumer and community groups, and roviders, and provide technical assistance on local interpretation nd applications :onduct surveys, polls, focus groups, and forums)evelop information highways to enable electronic transfer of opulation-based, consumer/client data :repare and publish annual reports on the state's MCH status	• Disseminate information on MCH health status assessment "best practices" at the state and other levels • See also 4.A....prepare annual national report on MCH health status

:ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
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 pertaining to women, children, and adolescents (e.g., BRFS, PRAMS, PedNSS, YRBS).	• Maintain local surveillance of health conditions to improve local programmi and act as an early warning system for local and state programs; conduct population risk surveys as appropriate • Share state and local reports with local policymakers and follow-up to ensu identified needs are addressed • Provide local information and support state and national survey teams, ens that surveys address issues important to local officials and the public
B. Identify environmental hazards and prepare reports to inform the process of selecting and implementing community-level legislative and structural/physical interventions designed to mitigate health hazards to women, children, and youth (e.g., roadway and playground safety, lead poisoning, product safety, housing quality, etc.).	• Establish ongoing linkages with local environmental agencies for collabora in identifying and eliminating health hazards • Maintain local surveillance systems • Solicit citizens'participation in identifying hazards and/or clusters of importa health events (e.g., syndromes of specific symptoms), and provide epidemi teams to investigate those hazards or events the community identifies
C. Conduct/provide leadership in maternal, fetal/ infant, and child fatality reviews: analyze quantitative and qualitative data, and interpret findings across facilities, plans and jurisdictions; report results, and provide guidance for system improvements.	• Provide leadership in establishing and maintaining MCH expertise in fatal review processes and in the implementation of interventions as recomme • Assure that all fatality review processes provide information relevant to pu health practice • Analyze data from fatality reviews and use it for local systems improveme
3. Inform and educate the public and families about maternal and child health issues.	
A. Provide MCH expertise, and human and fiscal resources to support informational activities related to health promoting behaviors to address MCH problems.	• Provide MCH leadership in the development of non-biased, culturally appropriate health promotion messages and materials regarding sensitive M community issues (e.g., adolescent pregnancy, HIV/AIDS) • Educate local providers and consumers about the availability of health prom resources from community, state and federal sources (e.g., smoking cessat nutrition, etc.) • Pilot test educational materials developed at the local, state, and federal lev • Distribute pamphlets, brochures, and other materials on health education to community-based organizations, centers, agencies, and individuals to inform communities about health hazards • Encourage local media to publicize health promotion initiatives
B. Provide MCH expertise and resources to support development of culturally appropriate health education materials/programs for use by health plans/networks, MCOs, individual providers, local public health providers, schools, community organizations, etc. that are linguistically and age appropriate.	• Collaborate with community groups and families to identify the community-specific nature of needed health education materials • Collaborate with states to garner private sector funding support for materials • Provide low-literacy review capacity for community-based organizations • Participate in the legislative process for determining the content and standard school health education curricula • Provide technical assistance through local MCH staff and in collaboration with state health department officials to community/school/provider and MCO hea education programs

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onduct population risk surveys using adequate sample sizes to ssure relevant and valid data for local health organization use isseminate findings on risk conditions to health care providers for corporation into practice, to local health agencies to inform needs ssessments and program development, and to policymakers	• Conduct national surveys focusing on low prevalence conditions and special populations, and report results to state and local agencies in a timely manner • Share results of local, state, and national reports and surveys with policymakers • Provide technical assistance as needed • Advocate for the implementation and redesign of federally funded national surveys relevant to MCH in order to maximize their usefulness at the state and local levels
stablish ongoing linkages with environmental agencies for ollaboration in identifying and eliminating health hazards rovide leadership/infrastructure for statewide surveillance ystems ork with local agencies as they inform communities about health azards and plan interventions	• Collaborate with other agencies to assure that women and children are considered properly in analyzing environmental hazards • Collect data and prepare state-by-state reports on the incidence of environmental hazards and available interventions and technologies to reduce health consequences • Assist in dissemination of information to policymakers
stablish standard criteria for fatality review processes stablish and maintain MCH review committees and consultation n the conduct of fatality reviews and development of responsive ublic MCH recommendations nalyze data from fatality reviews and use it for systems nprovements at the local and state levels	• Provide resources for and participate in the development of models, technical materials, and instruments useful at local, state, and national levels • Provide consultation and training to states and communities to assure high quality fatality reviews • Aggregate findings from fatality reviews to define needs for system improvements at the local, state, and federal levels • Evaluate approaches to fatality reviews in order to improve the process • Expand the fatality review process to include morbidity as a consequence
rovide MCH leadership in the development of non-biased, ulturally appropriate health promotion messages and materials egarding sensitive MCH issues (e.g., child abuse and domestic iolence, HIV/AIDS) ducate local providers and consumers about the availability of ealth promotion resources from state and federal sources (e.g., nmunization, prenatal care) stablish a central clearinghouse of disease prevention and health romotion information with a toll-free telephone number evelop marketing campaigns, in collaboration with local entities, argeted to special populations or topics of particular significance e.g., promoting sexual abstinence and safer sex to adolescents, moke detectors, infant car seats, bike helmets, and limiting inor's access to tobacco, etc.)	• Provide MCH leadership in the development of non-biased, culturally appropriate health promotion messages and materials regarding sensitive MCH issues (e.g., adolescent pregnancy, HIV/AIDS) • Sponsor the development of national education campaigns and coalitions on key health issues • Provide resources for state programs to establish statewide clearinghouses and resources such as toll-free hotlines
rovide health education training to local public health providers nrough workshops and seminars ollaborate with local staff to garner private sector funding upport for materials articipate in the legislative process for determining the content nd standards of school health education materials curricula	• Support biomedical and social/behavioral research on disease prevention and sponsor demonstration projects to help identify effective health promotion strategies • Develop and disseminate cross-cultural health education materials for non-English speakers and with respect to low-incidence health conditions • Act as a clearinghouse for existing materials, and provide resources for, participate in the development of, and disseminate to agencies, policymakers, MCOs and other providers publications on model health education materials and programs

ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
3. Inform and educate the public and families about maternal and child health issues—continued	
C. Implement, and/or support, health plan/provider network health education services designed to address special MCH problems — such as injury/ violence, vaccine preventable illness, under-utilization of primary/preventive care, child abuse, domestic violence — delivered in community settings (schools, child care sites, worksites).	• Initiate partnerships with grassroots organizations, community-based coa and the corporate sector (e.g., neighborhood associations, tobacco-free coalitions, houses of worship, Girl Scouts) to organize health promotion activities/programs on topics of special local concern (e.g., tobacco consumption, bike helmet use) • Provide technical assistance to MCOs, health plans and other providers t assure the health education needs of non-English speaking and immigrar populations are met
D. Provide families, the general public, and benefit coordinators with information/reports regarding health plan, provider network, and public health provider process and outcome data related to MCH populations based on independent assessments of provider reports.	• Report on public health program outcome and process measures
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. Develop and implement materials and mechanisms to provide needs assessment and other information on MCH status and needs, and gaps in addressing them, to policymakers, all health delivery systems, and the general public.	• Collaborate with community organizations to prepare MCH needs assessme standardized format, and include methodologies that capture unique characteristics and needs of the community • Hold press conferences and other forums for policymakers to disseminate discuss needs assessment findings • Collaborate with other community entities, share information with local pa and use needs assessments as the basis for developing local public/priva partnerships for a community MCH plan
B. Support/promote public advocacy for policies, legislation and resources to assure universal access to age-, culture-, and condition-appropriate health services.	• Prepare and disseminate issue- and population-specific fact sheets, press releases, etc. to local public providers, elected officials, and the media • Convene and staff local MCH coalitions and bring MCH considerations into existing coalitions • Serve as representative of local agency on MCH issues at public hearings, t county boards of health, county and city elected officials, and at state-level meetings as needed • Influence state legislative decision-making by educating legislators and advo for the community • Develop/maintain collaborative relationships with local medical, nursing, soci work, other professional, and parent/consumer organizations and share/coop on agendas
5. Provide leadership for priority-setting, planning, and policy development to support community efforts to assure 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 where national objectives have been achieved, or require adaptation.	• Work with provider, consumer, and community groups to develop local MCH targets for objectives and implementation plans clearly tied to needs assessment • Incorporate MCH objectives into local workplans and budgets, and into MC grants and contracts, etc. • Work in conjunction with states and other sub-state jurisdictions to produce annual or bi-annual reports and other updates on progress in meeting obje

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orm partnerships with statewide organizations (e.g., health lans/networks) to promote consumer education about problems esignated as state MCH priorities rovide grants to local groups/organizations to implement health ducation activities/program models rovide grants and other incentives for health plans to collaborate ith public health in providing population-based health education	• Conduct media/education activities to increase public awareness and to provide a context for state and local health promotion events (e.g., designate specific days for national special focus on health issues — Child Health Day, National Injury Prevention Day, etc.) • Provide funding targeted specifically for community-based health promotion activities
onduct independent assessments of private provider eport cards" repare comparison reports and disseminate to public, to large nd small employers, State Insurance Commission, etc.	• Support design of standardized instruments to document MCH outcomes (e.g., guidelines for standardized consumer surveys) • Assess family choice and decision-making under managed care arrangements
rovide local health agencies with statewide and local data ffer guidance and standard format(s) for community MCH eeds assessments etermine the MCH-related data needs and preferred formats r use by private providers, policymakers, etc. and provide ppropriate reports repare statewide needs assessment based on local assessments, tate-collected data, and relevant research	• Collaborate with state and local MCH, and academic public health institutions to design standardized approaches to needs assessment and to assure training and technical assistance • Prepare an annual "State of MCH" report with summary briefs for policymakers; the private health care industry, public health and social organizations, and associations (e.g., ASTHO, NACCHO, NGA, NCSL)
repare and disseminate issue and population specific fact heets, press releases, etc. to provider associations, elected fficials, and the media rovide human and material resources, including technical ssistance, to coalitions/consumer groups erve as representative of SHAon MCH issues at public/legislative earings, to Governor's staff, etc. ncourage or require MCOs licensed in or contracting with the tate to establish consumer advisory boards evelop/maintain collaborative relationships with state medical nd other professional, and parent/consumer organizations	• Prepare/disseminate special reports on urgent MCH needs to policymakers, the media, and state and local MCH advocates • Serve as information clearinghouse to national media at conferences, etc. • Offer DHHS input on Congressional efforts, White House initiatives, commissions, etc. working on MCH-related projects • Develop and support for policymakers forums and ongoing communication processes specific to MCH issues
dapt national objectives to state level and draft implementation lan to guide state and community efforts ncorporate MCH objectives in state funding plans, MCH grants nd contracts, etc. ollaborate with local health providers and consumer groups in ddressing national objectives (convene forums, develop media ampaigns, etc.) ork with local agencies to produce annual or bi-annual reports and ther updates on progress in meeting objectives, including omparisons across providers/health plans and networks, and verall community data	• Staff workgroups and provide ongoing leadership in identifying, and monitoring progress on, MCH issues in Year 2000 National Health Objectives campaign • Solicit data and scientific information from academic and practice field to establish MCH objectives • Integrate new scientific information into ongoing activities to achieve Year 2000 National Health Objectives and related adaptations

ntation of the MCH functions.

EXAMPLES

LOCAL ROLES

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

B. Provide infrastructure/communication structures and vehicles for collaborative partnerships in development of MCH needs assessments, policies, services, and programs.	• Participate in state MCH Commission/Advisory Board, comment on workin documents and draft policies, etc. • Initiate and staff local MCH advisory/workgroups that include parent partici and community representatives; bring MCH focus and science into existing advisory/workgroups • Serve as an information clearinghouse for local coalitions • Work with other agencies to develop and adopt common definitions for integrated data systems, contracts, etc.
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.	• Participate in workgroups of other child/family-serving agencies • Convene teams of representatives from the community including parents/ guardians, and community leaders to jointly develop and implement progra • Join in state efforts to develop/revise public policies that foster culturally competent, compatible, integrated systems of care

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

A. Ensure consistent/coordinated legislative mandates, regulation, and policies across family and child-serving programs.	• Identify local coordination issues • Inform state and federal agencies serving women and families, and educa inform policymakers of coordination difficulties and other problems resultin inconsistencies in state and federal policies, legislation, and regulations (e invite policymakers to local agencies/programs) • Interpret/clarify federal and/or state regulations for providers and program managers
B. Provide MCH expertise in development of legislative and regulatory base for universal coverage, medical care (benefits), and insurer/ health plan and public health standards.	• Provide information to local, state, and national policymakers'offices on M needs, and bring scientific support to deliberations • Provide ongoing feedback to facilitate revision of statutes, regulations, an standards • Provide MCH expertise to county/city, state, and national bodies having ir into development of health delivery and/or financing legislation • Participate in local, state, and federal statutory, regulatory, legislative, and standards development initiatives
C. Ensure legislative base for MCH-related governance, organization/functions; MCH practice and facility standards; uniform data collection and analysis systems; outcomes and access monitoring; quality assurance/improvement; professional education and provider recruitment; public health reporting; and environmental protections.	• Propose needed legislative provisions to state MCH program and support state proposals • Initiate and promote local ordinances regarding MCH (e.g., water fluorida traffic)

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itiate and staff state MCH Commission/Advisory Committee and her workgroups that include broad provider and family/ onsumer representation onvene annual MCH Conference evelop, implement, regularly review and update interagency greements for joint needs assessment, planning and program nplementation with other child/family-serving programs (e.g., /IC, Medicaid) /ork with other agencies to develop and adopt common efinitions for integrated data systems, contracts, etc. rovide fiscal and human resources (technical assistance, aining) in MCH planning, community mobilization, etc. repare/disseminate MCH newsletter to state and local ealth/social services providers	• Support national public health, consumer, MCH professional, and other child/family serving organizations in communication with policymakers and with each other • Establish interagency agreements, workgroups, and initiatives to address issues relevant to women, children, adolescents and their families • Provide technical assistance and training (including materials/ models) on the scientific basis of MCH priority-setting, planning, and policy development
articipate in interagency workgroups; contribute staff to other gencies as appropriate/desirable (e.g., Part H, CASSP) :ollaborate with child/family-serving agencies to implement joint aining initiatives erve as the public MCH representative in private sector medical ommunity projects (e.g., state medical associations, hospital ssociations, etc.)	• Participate in federal interagency task forces, workgroups, etc. (e.g., FICC, FIWSH) • Support and fund interdisciplinary training models • Provide MCH expertise and resources, and work with other federal agencies in the development of model MOUs and of improved coordinated, and simplified federal funding directives
ddress local coordination issues in state MCH legislation nd rules ransmit local coordination issues to federal agencies and ongress, and promote review/revision of federal legislation olicit and provide input in the development of MCH and other hild/family related legislation and rules	• Promote and provide MCH leadership in routine review/analysis of legislative coordination issues • Review and provide comment on other child/family-related legislation and rules and solicit input of other federal agencies/programs in development and promotion of MCH legislation • Encourage lawmakers to coordinate legislative efforts that affect women, children and families
rovide information to local, state, and national policymakers' e.g., Governors'and state legislators'offices), and to regulatory gencies about MCH needs, and bring scientific support to eliberations rovide MCH expertise to national, state, and local bodies eveloping health care legislation and standards development itiatives	• Provide information to local, state, and national policymakers'offices on MCH needs, and bring scientific support to deliberations • Provide MCH expertise in public health to private buyer/provider organizations to assist in assuring appropriate MCH services • Provide MCH expertise in national health care legislation development, participating as the DHHS MCH representative on workgroups, task forces, and official oversight bodies
eview state health-related legislation routinely to ensure dequacy of MCH programming, resource allocation and eporting (e.g., firearms control, communicable diseases, hild and domestic abuse, suicide) standards itiate and promote legislative proposals	• Prepare, disseminate, and promote model MCH legislation for states • Periodically analyze and update roles of government agencies to ensure they complement each other, are coordinated and non-duplicative in duties

ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
6. Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and en public accountability for their well-being—*continued*	
D. Provide MCH expertise /leadership in the development, promulgation, regular review and updating of standards, guidelines, regulations, and public program contract specifications pertaining to health services delivered/funded through the private and public sectors.	• Collaborate with Medicaid in waiver applications and RFPand contract des providers, including incorporation of MCH outcome objectives • Provide support to federal level efforts to identify uniform standards for use with all public MCH-related programming • Join with state MCH program in the development of standards, etc. • Ensure state and federal level efforts address local level concerns about regulations, etc. • Provide stimulus for private sector performance and reporting consistent wi laws, rules, standards and outcome objectives through the use of fiscal and administrative incentives
E. Participate in certification, monitoring, and quality improvement efforts of health plans and public providers with respect to MCH standards and regulations (including rat, recod –, dat/ report – and site reviews, and other audits).	• Develop/adapt, disseminate instruments and methodologies • Act as catalyst in the community to assure reviews of quality of care, and explore and address identified problems • Investigate and refer non-compliance to state oversight agencies
F. Provide MCH expertise in the professional licensure and certification processes, especially for special pediatric and women's health providers (e.g., PNPs, CNMs).	• Participate in state and national efforts to revise and review licensure and certification processes
G. Monitor MCO marketing practices and enrollment practices.	• Track, through contact with community groups and other organizations, the extent to which marketing practices address the non-English-speaking chronically-ill, and other vulnerable populations • Participate in training of eligibility workers administering MMC enrollment
H. Provide MCH expertise and resources to support ombudsman services, through monitoring care plans, and through providing information and support with respect to grievances.	• Develop responsive grievance procedures for use by clients in public service programs and as models for private providers and health plans • Assure the existence of and provide, as necessary and appropriate, community-based ombudsman services

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ollaborate with Medicaid in waiver applications and RFPand ontract design for providers, including incorporation of MCH utcome objectives rovide support to federal level efforts to identify uniform standards r use with all public MCH-related programming efine perinatal regions, define standards, convene perinatal versight committees and conduct process and outcomes ata analysis romote incorporation (by reference) of MCH standards in state surance and Medicaid regulation, and in provider contracts rovide stimulus for private sector performance and reporting onsistent with laws, rules, standards and outcome objectives rough the use of fiscal and other administrative incentives et standards for school health services and for other special opulation/service programs	• Participate with HCFAin federal review of state Medicaid Waiver applications • Convene and support, with funds and staff, national workgroups to develop/review and revise MCH standards (e.g., Bright Futures, Content of PNC, Health and Safety in Child Care, Towards Improving the Outcome of Pregnancy, etc.) • Collaborate with state and local SHAs and MCH program leadership to develop standards for the national MCH program • Collaborate with private groups and professional organizations to establish, review, and revise performance measures and standards in order to assure the adequacy of quality assessment and assurance tools with respect to MCH populations and services (e.g., QARI, HEDIS, JCAHO)
evelop/adapt, disseminate protocols, instruments and method- ogies for use by health plans, insurance and other relevant ate and local agencies that promote a unified approach to MCH uality assurance onduct record and site reviews, and other audits of regional ealth providers and systems, and local health programs/agencies, nd contribute expertise and resources to explore and address entified problems onduct external audits of provider service and outcome data .g., report cards)	• Provide technical consultation on quality assurance/improvement measures and methods • Review State MCH Program plans, reports, etc. • Conduct state program site reviews
rovide MCH expertise in state efforts to review and revise censure and certification processes/guidelines	• Work with national professional boards to develop questions for board examinations • Assist in delineating professional disciplinary roles for various MCH program areas to inform the credentialling process
ork with Insurance Commission in review and approval of ritten material for prospective MCO members ollaborate with MCOs/Insurance Commission to develop tandardized marketing presentations that are ethically and ulturally appropriate	• Monitor national trends and serve as information/resource to state and local MCH programs
ollaborate with and provide resources to LHDs and/or ommunity groups to develop model grievance procedures and serve as health care advocates ork with Insurance Commission to establish MCH consumer anels regarding MCO practices	• Serve as national center for consumer information/resources to state MCH programs • Develop ongoing communications with national consumer support organizations • Work with HCFAto incorporate ombudsman concepts in federal regulations, guidance, and review processes for waivers

ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
7. Link women, children, and youth to health and other community and family support services, and assure access t 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 such as homeless families, school drop-outs, linguistically and culturally and/or geographically isolated women and families.	• Provide outreach services (e.g., home visiting), particularly to uninsured a other hard-to-reach populations • Serve as subcontractor for outreach services and home visiting for MCOs especially for special populations (e.g., drug-addicted pregnant women, school dropouts) • Implement innovative health service delivery strategies (e.g., mobile clinic
B. Provide for culturally and linguistically appropriate staff, resources, materials, and communications for MCH populations/issues, and for scheduling, transportation, and other access-enabling services.	• Disseminate culturally/linguistically appropriate outreach materials in community settings through public modes (eg., buses, etc.) • Ensure translation into other languages as an integral part of enabling ser • Collaborate with ethnic groups and community-based organizations and p providers to address training needs with respect to cultural competency a culture-specific health problems
C. Develop and disseminate information/materials on health services availability; facilitate health services utilization by providing information on health insurance resources and providers.	• Develop and disseminate community health services resource directories • Collaborate with agencies and private companies working to develop such materials on an ongoing basis • Provide/pay for assistance to culturally, linguistically, economically, or geographically isolated individuals/families in MCO/Medicaid enrollment
D. Monitor health plan, facility, and public provider enrollment practices with respect to simplified forms, orientation of new enrollees, screening at enrollment for chronic conditions/special needs, etc.	• Survey new enrollees in programs for feedback on adequacy of program procedures/services • Work with state agencies to develop model enrollment screening protocol • Collaborate with SHAs and community institutions (e.g., community colleg extension services) to develop training/education programs for consumers effective use of health care systems, such as managed care • Participate in training of eligibility workers administering MMC enrollment protocols
E. Assist health plans/provider networks and other child/family-serving systems (e.g., education, social services, etc.) in identifying at-risk or hard-to-reach individuals and in using effective methods to serve them.	• Provide information on available risk assessment instruments and strateg • Convene meetings of local family services providers to identify locally or agency-specific strategies for identifying and serving their at-risk clients
F. Provide/Arrange/Administer women's health, child health, adolescent health, CSHCN specialty services (direct delivery/contractual arrangements) not otherwise available through health plans (e.g., rural areas, undocumented residents).	• Directly operate services or contract with private sector health services providers as needs assessment indicates • Collaborate/provide school health services • Provide public health nursing services • Provide care coordination services for CSHCN, and other at-risk populatio
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 for women/ children with positive test results.	• Ensure timely and long-term follow-up care for women and infants with positive screens (eg., PKU) • Provide screening in schools, child care, Head Start, and other sites

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STATE ROLES	FEDERAL ROLES
romote the development of statewide or regional subcontracts ith MCOs for outreach and home visiting services rovide leadership and resources for development and nplementation of innovative, non-traditional methods of care elivery (e.g., mobile vans, mall/storefront health centers, esource Mothers)	• Coordinate with other federal agencies to develop efficient family-centered outreach approaches • Gather and disseminate to states and localities examples of effective outreach models • Provide resources for pilot demonstrations and evaluate approaches • Provide incentives/support for implementation of proven strategies
/ork with culturally representative community groups and LHDs prepare/provide resources for preparation of outreach materials, ıedia messages to reach certain audiences, disseminate through HDs and other community providers rovide leadership and resources for recruitment and retention persons of color in MCH service programs rovide training on cultural competency and health problems ssociated with particular ethnic groups	• Act as a clearinghouse for existing materials, and provide resources for, participate in the development of, and disseminate publications on model materials, communication strategies, and access-enabling services • Provide expertise and resources for the development of approaches to the measurement of cultural competence • Assist with national efforts to recruit persons of color into MCH-related professional training programs
perate toll-free information and referral services evelop and provide resources for LHDs to produce educational ıaterials for use/dissemination by LHDs (e.g., videos, TV spots, etc.)	• Collaborate with parent and provider organizations to produce information for consumers regarding expectations of the health care system • Support development and dissemination of materials (eg., videos, etc.)
Vork with Medicaid Agency, Insurance Commission/Health Care .uthority to review forms, etc., conduct audits, develop model nrollment screening protocols :ollaborate with local health entities to develop training/education rograms for consumers about effective use of health care systems, uch as managed care rack new enrollees'utilization, assure preventive care/evaluations /ithin first 6 months, or as appropriate 'articipate in training of eligibility workers administering MMC nrollment protocols	• Work with private sector buyers and health care providers to develop a consistent core of enrollment and screening protocols • Collaborate with other federal agencies and with private sector providers and purchasers to identify model practices and disseminate to state and local MCH programs
rovide technical assistance and training to state and local rovider/plans Gather information on "best practice'' strategies among local .gencies and disseminate to plans/providers statewide	• Develop national training program for adaptation by states and localities
rovide leadership and administer grant/contract funds rovide leadership for and oversight of regional systems of risk- ppropriate perinatal care, EMSC, and CSHCN specialty care rovide leadership and resources for development and of family upport groups/networks rovide for special formula, DME, home adaptations, etc. for CSHCN erve as MCO subcontractor for CSHCN services	• Encourage public-private collaboration to develop a seamless system of services • Identify those services that are better provided on a geographic/ population basis as opposed to a health plan basis • Support state/local efforts to create service collaboration
perate data/tracking system for newborn screening rovide resources and leadership for follow-up screening programs	• Support development of new screening technologies/approaches • Collaborate with the private sector and other agencies to integrate screening programs into health plan/network service systems

ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
7. Link women, children, and youth to health and other community and family support services, and assure access comprehensive, quality systems of care—*continued*	
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.	• Develop/implement collaborative projects/services with local judicial system and child welfare system in order to protect the health of women, children, and youth in out-of-home situations • Seek funds and offer sites for demonstration projects
I. Provide MCH expertise for prior authorization for out-of-plan specialty services for special populations (e.g., CSHCN).	• Provide local leadership for state and local working groups of public and private MCH advocates/experts to develop or adapt guidelines/protocols
J. Administer/implement review processes for pediatric admissions to long-term care facilities and CSHCN home and community-based services.	• In collaboration with other local public child-serving agencies, devise local standardized processes for review • Work with providers and families to identify and compile community resou information for use with hospital discharge teams
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 (including rehabilitation), and to community-site health services, such as school-based health clinics, WIC, Head Start, and early intervention/special education health and rehabilitative health services.	• Convene working groups to address key issues and devise responsive action plans
L. Provide expertise in the development of pediatric risk adjustment methodology and payment mechanisms.	• Provide data on population demographics and behavioral, health, and soc characteristics for risk adjustors • Provide representative staff on task forces/committees
M. Identify alternative/additional resources to expand the capacity of the health and social services systems to improve the health and well-being of women, children, youth, and families by: **a) providing MCH expertise to insurance commissions and public health care financing agencies in development of policies, legislation, programs, and resources (e.g., Medicaid Waiver Programs, wrap-around/enhanced services for women and children);** **b) pooling categorical grant funding; and** **c) pursuing private sector resources such as corporate contributions of human and fiscal resources, private foundation grants, etc.**	• Participate on advisory committees in state/local agencies developing polici related to MMC, etc. • Assist in the development of coverage policies based on accurate data • Develop interagency agreements to have a single entity determine eligibil for multiple programs • Form consortia with local private providers to support community-based services development • Collaborate with other community-based organizations, hospitals, and sch to develop and submit joint program proposals for state and federal funds • Initiate relationships with local business sector, and private philanthropic organizations, and community service organizations (e.g., Kiwanis, Chamber of Commerce) • Assist private community organizations and consortia in preparation/ submission of funding proposals • Prepare/submit funding proposals

The activities listed on these pages are selected examples only: variability in state and local government and health system organization, capacity and program priorities necessitates flexibi

STATE ROLES	FEDERAL ROLES
urvey localities and compile “best practices” information for tatewide distribution ollaborate with social services agencies to assure a health onitoring focus for welfare waiver evaluations eek funds for demonstration projects	• Prepare national studies and reports on the status of out-of-home/ institutional health care status and needs • Develop collaborative initiatives with appropriate federal programs serving populations for the purpose of creating a unitary approach to meeting health needs • Support state-based experiments
raw upon CSHCN program expertise to develop/adapt protocols, nplement training programs, and/or to serve as a contractor to MCOs upport establishment of cross-agency review teams rovide technical assistance as needed	• Convene meetings with insurers and CSHCN experts (including state and local public CSHCN programs) to establish model protocols, and training programs with respect to “medical necessity” • Identify model practices and share information with state programs
evelop authorities, resources, and infrastructure for nplementation ollaborate with MCHB on “best practices” materials rovide technical assistance as needed	• Identify model practices and disseminate information to states
onvene working groups of community health/developmental ervice providers and plan/network administrators to develop, r review and adapt model contracts which detail plans for oordination with specialized private sector and public health ervices rovide technical assistance as needed	• Collaborate with state and local public and private providers and buyers of care to develop model contracts for dissemination to and/or adaptation by state/local agencies • Establish core training packages on the basics of managed care for State MCH Programs’use
rovide program data on expenditures for perinatal and child ealth services, especially CSHCN specialty services for use in sk adjustment research	• Support study of variations in cost, utilization, treatment, and outcomes in different geographic areas, patient risk groups, provider and payor groups • Convene working groups to study/develop risk adjustment methodology and payment mechanisms
evelop routine communication with Insurance Commission nd Medicaid program dminister EPSDT, enhanced prenatal, Medicaid Waiver for SHCN community-based care services through interagency greements and/or contracts evelop combined program RFPs for LHDs and community roviders (including SBHCs) within MCH and across other child erving agencies rovide technical assistance and training in grantsmanship to ocal health agency personnel, and other groups repare/submit funding proposals	• Develop routine communication vehicles with HCFAto consider MCH needs, collaboration opportunities (e.g., MCH TAG) • Work with other federal agencies to create incentives for private health care system to expand services to previously neglected populations • Develop joint grant initiatives with other child/family-serving federal programs • Collaborate with other federal child/family-serving agencies and programs (e.g., ACF, MCH TAG) to promote enactment of legislative provisions enabling state and local collaborative MCH funding and program initiatives • Provide states/localities with guidance and technical assistance on accountable strategies for joint funding initiatives across categorical child/family-serving programs and collaborative administration • Develop routine communication mechanisms with corporate sector and philanthropy groups re: MCH needs and effective interventions • Provide technical assistance and training to state MCH programs in grantsmanship

ntation of the MCH functions.

EXAMPLES

	LOCAL ROLES
8. Assure the capacity and competency of the public health and personal health workforce to effectively and efficie address maternal and child health needs.	
A. Provide infrastructure and technical capacity (i.e., data collection and analysis, population needs assessment, program evaluation) and public health leadership skills to perform MCH systems access, integration, and assurance functions.	• Secure/retain staff with MCH clinical, administrative, and epidemiological expertise in local agency organization, quality improvement, health policy, information systems, and community systems building activities • Maintain integrated MCH management information system
B. Establish competencies, and provide fiscal and human resources for training MCH professionals and others concerned with the health of women, children, and adolescents, and their families.	• Assess capacity and competency needs and develop/implement plans to assure recruitment and staff development initiatives consistent with the pl • Monitor and provide relevant training for staff both on-site through use of distance learning and self-learning, and off-site, through attendance at conferences and training programs • Model training programs that take a multidisciplinary approach and that dr professionals from a wide range of backgrounds
C. Provide expertise, consultation, and resources to collaborate with professional organizations in support of continuing education for health professionals and others concerned with the health of women, children, adolescents, and their families, especially regarding emerging MCH problems and interventions.	• Act as advocate to state on behalf of the training needs of local health care providers in the community • Cosponsor continuing education programs in high needs areas
D. Support health plans/provider networks in assuring appropriate access and care.	• Provide consultation and technical assistance to private providers, commu based organizations, and MCOs in areas such as case management, and culturally competent care, and support involvement in public health initiativ such as disease outbreak investigations, immunizations, etc. • Facilitate MCO contracting with public programs (e.g., WIC, SBHCs, etc.) by providing information on the programs, convening meetings; use state ince program
E. Analyze labor force information with respect to health professionals specific to the care of women and children, including for example, primary care practitioners, pediatric specialists, nutritionists, dentists, social workers, CNMs, PNPs, FPNPs, CHNs/PHNs, and others.	• Analyze geographic distribution of providers and transportation systems • Participate in federal and state working groups that determine criteria and definitions for workforce shortage areas • Serve as source of community-based information on health care provider ne with particular emphasis on local area analysis of provider distribution and service delivery patterns • Identify service delivery patterns relating to out of area referrals • Recruit MCH health professionals into the local service system by working state-specific programs, NHSC, professional societies, and others, and by innovative strategies

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STATE ROLES	FEDERAL ROLES
ssess capacity and competency needs, and develop/implement lan to assure recruitment and staff development efforts onsistent with plan laintain relationships with academic health centers and schools f public health to build and enhance state and local MCH apacity and develop adequate infrastructure ddress shortages/maldistribution of health care providers, acilities, and services through financial and other incentives, nd other mechanisms (e.g., NHSC) ollaborate with state data center (or other designated unit) as epository for public and private sector MCH data	• Provide resources and federal leadership to assure national cadre of MCH professionals through linkages with academic health centers, schools of public health, and other appropriate undergraduate and graduate education programs • Develop and implement innovative strategies for promoting the field of maternal and child health and for recruiting young MCH professionals from a variety of cultural backgrounds and disciplines (e.g., epidemiology, social and behavioral sciences, biostatistics, economics, education) • Work with purchasers of health care to increase collection of data on preventive and other community-based health services • See also 8B
ggregate information on local needs to develop a state plan for ssuring appropriately trained practitioners in the state nsure access for staff to continuing education and training in ublic health skills and competencies lonitor and provide relevant professional training through use f distance learning, self-learning, and through attendance at onferences and training programs lodel training programs that take a multidisciplinary approach nd that draw on professionals from a wide range of backgrounds	• Identify core national MCH program competencies and capacity standards within SHAs • Provide discretionary resources for state and local MCH program personnel staff and leadership development programs • Provide resources supporting training of graduate and post-graduate MCH professionals and supporting continuing education • Collaborate with schools of public health to identify core competencies for MCH graduates • Model training programs that take a multidisciplinary approach and that draw on professionals from a wide range of backgrounds
ollaborate with state professional organizations in presentation f continuing education courses, especially with respect to special opulation needs (e.g., risk-assessment, respite/child care for SHCN, SIDS prevention, and counseling, etc.) rovide resources for and conduct training of state and local lCH professionals on new and emerging health care delivery ystems and strategies (e.g., MCOs, SBHCs, etc.)	• Collaborate with national health professional organizations and provide support for implementation of continuing education opportunities regarding MCH issues • Provide information to national professional boards on emerging MCH issues, problems and new practice approaches/technologies (including family-centered care, HIV/AIDS, immunization protocols) • Provide resources for and conduct training of federal, state and local MCH professionals on new and emerging health care delivery systems and strategies (e.g., MCOs, SBHCs, etc.)
repare and disseminate to payors and providers targeted nformation on public health concerns for MCH populations e.g., special newsletters, conferences, etc.) rovide financial incentives to MCOs achieving MCH target bjectives and/or targeted outreach, health education, and family upport services to special MCH populations/enrollees dvocate for and support the use of midlevel providers and lternative providers (e.g., lay health workers) rovide technical assistance to MCOs	• Prepare/disseminate policy transmittals on MCH topics to state MCH programs, SHAs, national professional organizations, and agencies and programs serving women and families • Routinely review benefits package(s) and recommend revisions in collaboration with NIH, CDC, states, and academic medical and public health groups • Work with state and local MCH programs, and representative MCO groups to develop model contracts for linking privately delivered health services and public health programs, and for assuring enrollee access to specialty services
ollect state labor force information to include site and haracteristics of practice, population served, and provider/ opulation ratios ollaborate with localities to identify workforce shortage areas nd transportation system inadequacies, and develop esponsive actions oordinate regional assessment of provider distribution when the egion is a more appropriate unit than individual local jurisdictions ecruit MCH health professionals into the local service system y working with state-specific programs, NHSC, professional ocieties, and others, and by using innovative strategies	• Develop methodologies for determining the adequacy of health professional labor force to meet the health care needs of specific population groups across geographic areas • Provide information to national health professional organizations and collaborate to develop effective recruitment strategies

ntation of the MCH functions.

EXAMPLES

LOCAL ROLES

8. Assure the capacity and competency of the public health and personal health workforce to effectively and efficie address maternal and child health needs—*continued*

F. Provide consultation/assistance in administration of laboratory capacity related to screening for genetic disorders/metabolic deficiencies in newborns, identification of rare genetic diseases, breast and cervical cancer, STDs, blood lead levels.	• Provide lab support for STD and communicable disease programs at the local level

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

A. Conduct comparative analyses of health care delivery systems through trend analysis and reporting in order to determine effectiveness of interventions and to formulate responsive policies, standards, and programs.	• Establish community health status baseline levels against which to set tar and measure achievement of quality benchmarks • Measure patterns of care and outcomes of treatment for specific conditions a in different service arrangements (e.g., poison control, lead abatement, low birthweight, etc.) • Develop and implement risk-based interventions and service delivery mod and evaluate their impact on health status
B. Survey and develop profiles of knowledge, attitudes, and practices of private and public providers serving women, children, and adolescents.	• Conduct surveys, analyze data across providers, and report to community and to state MCH program • Provide feedback to local providers/consumers
C. Identify and report on access barriers in communities related to transportation, language, culture, education, and information available to the public.	• Conduct surveys, polls, focus groups, community forums, etc. to identify barriers
D. Collect and analyze information on community/ constituent perceptions of health problems and needs, such as HIV/AIDS, lead poisoning, violence, smoking, etc.	• Provide leadership to and develop capacity of community organizations to obtain information on the local population's perceptions of health problems a needs • Conduct surveys, polls, focus groups, community forums to document comr perceptions • Include on local working committees representatives of varied ethnic groups of resident families (including parents/guardians)

The activities listed on these pages are selected examples only: variability in state and local government and health system organization, capacity and program priorities necessitates flexibi

STATE ROLES	FEDERAL ROLES
ollaborate with federal agencies on development of national uidelines for laboratory administration procedures rovide technical assistance and other supports as needed to nsure appropriate laboratory capacity	• Provide resources for national collaboration and training of state laboratories personnel • Serve as resource for development of national laboratory guidelines
rovide expertise and technical assistance on MCH community ealth status assessment to groups developingquality of care ndicators/benchmarks (e.g., NCQA) ssist local programs in identifying areas for priority and in acking specific interventions (process) and their impact on ealth status (outcome) erform comparative analysis between programs/interventions argeting the same health problems in a variety of populations nd service arrangements and report results to program anagers, and policymakers rovide timely data and analysis to local health agencies and echnical assistance on local interpretation and uses for program nd systems improvements	• Provide MCH expertise and resources to public-private initiatives (e.g., NCQA, JCAHO, QARI) establishing quality of care indicators/ benchmarks (e.g., NCQA) • Provide leadership and resources, and work with academic institutions, other research organizations, states, and parent and community organizations to conduct MCH-specific program evaluations, supplementing, where necessary, clinical quality assurance measures of outcome and satisfaction • Disseminate information on “best practices” at the state and other levels through computer (information highway) systems for rapid access
esign, adapt, adopt instruments, and provide to local ealth agencies nalyze survey data across providers and communities statewide ssist LHDs with surveys and provide analysis and translation	• Collaborate with academic public health programs and professional societies, and provide support for development of measurement tools and methodologies • Provide resources for state and local assessments, especially with respect to low incidence conditions
ollaborate with LHDs to develop surveys, conduct focus groups, nalyze information/data, and generate reports	• Provide funds to states and localities to conduct community assessments that identify barriers • Expand FIMR and CFR process to establish them as ongoing quality improvement mechanisms
ssist localities in designing surveys, compiling and analyzing ata, and disseminating findings llocate and advocate for funding for local and state efforts to ollect information on community/constituents’perceptions of ealth and health services system nclude on state working committees representatives of varied thnic groups and families (including parents/guardians) ving in the state Utilize community-level information on perceived health problems nd needs to augment health data analysis and planning efforts t the state level	• Provide resources for and participate in the development of models for determining health beliefs and perceptions • Provide funds for states and (as applicable) directly to community health agencies, to collect information on local perceptions of health and the health services system • Include on federal working committees representatives of varied ethnic groups and families (including parents/guardians) • Collect and analyze national consumer data sets with regard to individual perceptions of health problems and needs to provide a comparison source for state and local needs assessments • Aggregate state’s information on community perceptions to define national concerns and variations in regional needs

ntation of the MCH functions.

EXAMPLES

LOCAL ROLES

10. Conduct research and support demonstrations to gain new insights and innovative solutions to maternal and cl health-related problems.

A. Conduct special studies (e.g., ATOD, MCH) to improve understanding of longstanding and emerging (e.g., violence, AIDS) health problems for MCH populations.	• Function as active and integral participant in the identification of populatio and projects, in the planning, implementation and evaluation of special stu particularly in identifying characteristics of the population and subgroups t will impact on data collection and community participation
B. Provide MCH expertise and resources to promote development of "best practice" models, and support demonstrations and research on integrated services for women, children, adolescents, and families.	• Initiate community collaboration projects • Serve as "laboratory" for innovations and "best practices" research • Apply for financial support for local level research and demonstration proje that have an adequate evaluation component • Disseminate results of research and demonstration projects (e.g., literatur reviews, outcomes information)

The activities listed on these pages are selected examples only: variability in state and local government and health system organization, capacity and program priorities necessitates flexibi

STATE ROLES	FEDERAL ROLES
upport local efforts through resource allocation and technical ssistance in collection, analysis, and translation of data rchestrate multi-site studies within the state's jurisdictions	• Allocate resources to academic public health, states, etc., to support scientific investigation • Collaborate with other federal agencies (e.g., NIH, CDC) to assure MCH expertise in national research efforts • Support/fund research on health care delivery strategies
rovide MCH leadership and resources for local demonstrations articipate in national demonstrations and serve as a laboratory r innovations and "best practices" research isseminate results of research and demonstration projects .g., literature reviews, outcomes information, compilations of ICH related research and demonstration projects in the state)	• Allocate discretionary funds to support development and testing of model approaches to MCH services • Track "best practices" examples for replication • Disseminate results of research and demonstration projects (e.g, publications on federally-funded research and demonstration projects, literature reviews, outcomes information) and provide resources, as needed, for activities such as meta-analysis

ntation of the MCH functions.

Appendix A

ACRONYMS USED IN MCH PROGRAM FUNCTIONS MATERIALS

ASTHO:
Association of State and Territorial Health Officials

BRFS:
Behavioral Risk Factor Survey

CASSP:
Child and Adolescent Service System Program

CDC:
Centers for Disease Control & Prevention

CFR:
Child Fatality Review

CHN:
Community Health Nurse

CNM:
Certified Nurse Midwife

CSHCN:
Children with Special Health Care Needs

DHHS:
U.S. Department of Health and Human Services

DUI:
Driving Under the Influence (of alcohol)

DME:
Durable Medical Equipment

EMSC:
Emergency Medical Services for Children

EPSDT:
Early and Periodic Screening, Diagnosis, and Treatment Program

FICC:
Federal Interagency Coordinating Council

FIMR:
Fetal/Infant Mortality Review

FIWSH:
Federal Interagency Workgroup on School Health

FPNP:
Family Practice Nurse Practitioner

HEDIS:
Health Plan Employer Data and Information Set

HCFA:
Health Care Financing Administration

HIV:
Human Immunodeficiency Virus

JCAHO:
Joint Commission on Accreditation of Healthcare Organizations

LHD:
Local Health Department

MCH:
Maternal and Child Health

MCHB:
Maternal and Child Health Bureau

MCHTAG:
MCH/Medicaid Technical Advisory Group

MCO:
Managed Care Organization

MIS:
Management Information System

MMC:
Medicaid Managed Care

MOU:
Memorandum of Understanding

NACCHO:
National Association of County and City Health Officials

NCHS:
National Center for Health Statistics

NCQA:
National Committee for Quality Assurance

NCSL:
National Conference of State Legislatures

NGA:
National Governors' Association

NHIS:
National Health Interview Survey

NHSC:
National Health Service Corps

NIH:
National Institutes of Health

PATCH:
Planned Approach to Community Health

Part H:
Early Intervention Program for Infants and Toddlers under the Individuals with Disabilities Education Act (IDEA)

PedNSS:
Pediatric Nutrition Surveillance System

PHN:
Public Health Nurse

PKU:
Phenylketonuria

PNC:
Prenatal Care

PNP:
Pediatric Nurse Practitioner

PRAMS:
Pregnancy Risk Assessment and Monitoring System

QARI:
Quality Assurance Reform Initiative (Medicaid)

RFP:
Request for Proposal

SBHC:
School-Based Health Center

SHA:
State Health Agency

SIDS:
Sudden Infant Death Syndrome

STD:
Sexually Transmitted Disease

WIC:
Special Supplemental Food Program for Women, Infants and Children

YRBS:
Youth Risk Behavior Survey

Appendix B

PUBLIC HEALTH IN AMERICA

Vision: Healthy People in Healthy Communities

Mission: Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

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Source: Essential Public Health Services Work Group of the Core Public Health Functions Steering Committee

Membership:
American Public Health Association
Association of State and Territorial Health Officials
National Association of County and City Health Officials
Institute of Medicine, National Academy of Sciences
Association of Schools of Public Health
Public Health Foundation
National Association of State Alcohol and Drug Abuse Directors
National Association of State Mental Health Program Directors
U.S. Public Health Service
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Office of the Assistant Secretary for Health
- Substance Abuse and Mental Health Services Administration
- Agency for Health Care Policy and Research
- Indian Health Service
- Food and Drug Administration

Fall 1994

Appendix C

ORIGINS OF THE FRAMEWORK: METHODOLOGY, SOURCES, AND COLLABORATORS

The origins of this framework date back to the 1988 Institute of Medicine Report, *The Future of Public Health.*[1] In this publication, assessment, policy development, and assurance were set forth as the three public health functions necessary for improving the health of the entire U.S. population consistent with national health objectives. In subsequent years, public sector maternal and child health leaders sought to define the elements of personal and public health system reform necessary to assure appropriate focus on the needs of women, infants, children, and youth.

Through a Cooperative Agreement with the federal Health Services and Resources Administration's Maternal and Child Health Bureau (MCHB), in 1992 the Association of Maternal and Child Health Programs (AMCHP) published the "Maternal and Child Health Framework for Analyzing Health Care Reform Plans".[2] Developed through its membership of directors and staff of state health agency MCH programs in consultation with the MCH Bureau, the framework identified criteria for personal health services coverage and administration, as well as for MCH systems infrastructure. This latter component addressed population and system-wide characteristics necessary to improve the health status of women, children and families. AMCHP's subsequent work and strategic planning, which focused on health reform in 1994-1995, was guided by this Framework.

Consistent with the MCH Framework and its strategic plan, AMCHP and the MCH Bureau collaborated throughout 1994 to take additional steps to assure a focus on MCH in national and state reform efforts, and to enhance state program capacity to carry out core public health program functions. In January 1994, AMCHP issued "Beyond Security: The Need For A Maternal and Child Health Focus and Roles for Title V in Health Care Reform."[3] This paper made specific recommendations for building on the Title V MCH Services Block Grant Program to carry out key public health functions to improve the health of women, children, and youth.

At the March, 1994 AMCHP Annual Meeting, state MCH program leaders made a number of recommendations for organizational action.[3] Chief among these was to define core functions more clearly in order to strengthen the practice of maternal and child health in communities and at the state level; to improve understanding of the public and policymakers; and to help determine capacity — human, technical and fiscal resources — needed to implement the functions.

This direct request from the States gave urgency to one of the action items in AMCHP's strategic plan. In June 1994, AMCHP contracted with Holly Grason and Bernard Guyer of the Child and Adolescent Health Policy Center (CAHPC) at The Johns Hopkins University School of Hygiene and Public Health to draft a framework to classify and begin delineating core MCH Program functions. AMCHP requested that the CAHPC focus on specifying state level MCH Program functions to address the specific needs and interests of its membership, but to also outline in draft how the functions might be applied at federal and local levels. To be completed by September, 1994, the draft was to be reviewed by AMCHP's Executive Council and MCH Bureau leadership. In order to assure completion of revisions based on this input, as well as input solicited from the broader public health community at federal, state and local levels, the MCH Bureau directly funded the CAHPC to complete this document in 1995.

As various segments of the public health community had been working over several years to more clearly define and illustrate the core public health functions as identified by the IOM, the JHU CAHPC collected and reviewed applicable materials for use in developing MCH specific program functions consistent with the roles for Title V outlined in statute, and by AMCHP in "Beyond Security." Documents developed by component divisions of the Public Health Service,[4] by state health agencies and their MCH Program divisions,[a] by Schools of Public Health, and by organizations representing public health officials (the Association of State and Territorial Health Officials-ASTHO, and the National Association of County and City Health Officials-NACCHO)[5,6,7, 8,9,10] provided a strong foundation for identification of MCH functions and activities.

After consultation with AMCHP, a schema developed by Turnock and Handler [11,12] at the University of Illinois School of Public Health and Miller [13] at the University of North Carolina School of Public Health (with support from the Public Health Practice Office of the Centers for Disease Control and Prevention), was initially used as the conceptual framework for this document. Utilizing these sources as well as information from sentinel national reviews and reports on child health,[14,15,16,17] specific MCH Program activities were identified and classified within the 10 categories of public health practice identified by Turnock, Handler and Miller. The resultant September, 1994 draft document was reviewed and its general contents endorsed by AMCHP and MCHB leadership in November, 1994.

At the same time that CAHPC completed the initial draft of the MCH Program functions, a Core Public Health Functions Steering Committee comprised of U.S. Public Health Service (PHS) agencies, the Institute of Medicine, and national associations completed its work on "Essential Public Health Services". Through this committee, the eight core public health functions originally identified by the PHS were translated into a statement of ten essential public health services using terms that the public and policymakers might better understand. The resultant document entitled, *Public Health in America*,[18] was subsequently endorsed by all of the member organizations of the committee.

After consulting with AMCHP, MCHB, ASTHO, NACCHO, and the PHS Office of Disease Prevention and Health Promotion in early 1995, the CAHPC revised the MCH Program functions, adapting the material developed within the Turnock and Handler schema to an organization consistent with the Essential Public Health Services framework. The CAHPC also made revisions based on the preliminary review and written comments provided by members of all the named organizations, as well as CityMatCH, a network of urban health department MCH leaders.

The *Preliminary Edition of Public MCH Program Functions: Essential Public Health Services to Promote Maternal and Child Health in America*, published in March, 1995, was disseminated to all collaborating national organizations and federal agencies, to all schools of public health, and to all state MCH Program, and State Health Agency directors. In transmittal of the document, feedback on the document content, format and uses was invited in anticipation of further refinement, and planning for development of derivative documents and state policy and program assessment and implementation tools. Within this same timeframe, the framework was formally presented by the JHU Child and Adolescent Health Policy Center at a meeting of the Core Public Health Functions Steering Committee, and further work for its development was supported.

As state, local and federal MCH program personnel engaged in experimentation with the material provided in the *Preliminary Edition*, three (3) working meetings were convened to refine, and develop organizational consensus for formal publication of the document. These meetings included: 1) a Local Health Department Workgroup on MCH Functions held in June 29, 1995 under the auspices of NACCHO, which also included urban MCH Directors; 2) a working committee of program managers and administrators within the federal MCH Bureau (September 5, 1995); and 3) an organizational consensus meeting of officially designated MCHB, ASTHO, AMCHP, NACCHO, and CityMatCH representatives, held on September 22, 1995. Participants in each of the working meetings convened for development and refinement of the framework are listed in Appendix D.

[a] Primarily those provided by Arizona, California, Florida, Iowa, Illinois, Massachusetts, Minnesota, New York, South Carolina, and Washington.

Appendix D

FRAMEWORK DEVELOPMENT WORKGROUPS AND COLLABORATORS

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Deborah Klein Walker, EdD (MA)
Region I and Chair, Committee on Health of School Aged Children and Adolescents

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Gil Buchanan, MD (AR)
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David Schor, MD, MPH (NE)
Region VII

George Delavan, MD (UT)
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Appendix E
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