



Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health In America

State Applications

The *Public MCH Program Functions Framework: Essential Public Health Services To Promote Maternal and Child Health in America*¹ was created 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. The premise behind the framework is the specification for maternal and child health of the core public health functions promulgated by the U.S. Public Health Service.

Since the publication of the Public MCH Program Functions Framework in 1995, more than ten thousand copies have been disseminated nationally through the interorganizational consensus partners — Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), CityMatCH, the Johns Hopkins Women's and Children's Health Policy Center (WCHPC),² the Association of Maternal and Child Health Programs (AMCHP), and the federal Maternal and Child Health Bureau (MCHB). Additionally, the framework has been the topic of national and regional conference presentations, has been incorporated into the curricula of the MCH Leadership Institute, and is serving as a guide for state and local MCH programs in outlining their roles and priorities amidst the shifting landscape of the service delivery system for women, children and families.

In response to the widespread dissemination of the document, state and local MCH programs requested additional information on strategies for its use. A short survey was therefore fielded by the WCHPC in 1997 to gather information that could be shared across the MCH community. State MCH and CSHCN Program experiences to date in making use of the framework are provided in the form of this strategy brief to help generate new ideas and additional action in its application. Descriptions of these applications are capsulized only. To facilitate access to more detailed information from specific states, the program contacts have kindly agreed to provide their names and phone numbers (see back cover). They welcome your inquiries.

Addressing Reorganization Issues and Developing Strategic Plans

Current trends of downsizing and devolution of government, cost cutting mechanisms, and increasing movement of direct care services into managed care have required state and local health programs to evaluate and refocus their mission and role.³ State Title V Programs are using the framework as a tool for guiding this process. Specifically, **Missouri, North Carolina, South Carolina, Vermont, Hawaii, and Oklahoma** have used it as a foundation for revising statements of mission, developing strategic plans, and defining the roles, responsibilities, and policies for the State Health Agencies and Health Department Bureaus.

In the **Virgin Islands**, the materials are guiding program planning and developing strategies in areas not previously addressed, such as adolescent health. The Public Health Improvement Task Force in **Montana** used the framework to prepare its State Public Health Improvement Plan. In addition, copies were sent to each county with instructions for its use as a guide for local MCH plan development. The framework also was used in **Illinois** as part of a strategic planning conference held to examine how the core functions of MCH should be carried out at the state and local level. **Utah, South Carolina, and Kansas** use the framework for developing their Title V block grant applications, and the **Texas** Department of Health used the materials as a foundation piece for the Title V Futures Project, a comprehensive review of Title V and state general revenue programs. As a result, Texas has redirected funds towards population-based services contracts.

The **Kansas** Bureau for Children, Youth and Families relied on the framework extensively in their statewide advisory coalition’s strategic planning process. They found the materials to be an effective method for presenting the Health Advisory Coalition for Children, Youth, and Families (HACCYF) recommendations in a clear and concise manner that are consistent with the goals and objectives of the MCH program. Working groups were encouraged to use the document to identify their priorities and structure their strategic action plans. MCH staff classified HACCYF recommendations by function consistent with the Ten Essential MCH Services outline. HACCYF conference participants were subsequently presented with the MCH five-year plan which they had created.

Nebraska has drawn on the framework as a guide for examining state-level public health functions currently performed, for identifying gaps, and prioritizing functions for the State’s Family Health Division. It also is being used as a tool to assess the scope and adequacy of activities performed within the Division which includes the WIC, Immunizations, Perinatal and Child Health, Reproductive Health, Newborn Screening and Genetics, School and Adolescent Health, and the Commodity Supplemental Food Program. The assessment is being performed in conjunction with the Division’s Advisory Committee’s efforts to determine priorities and make resource allocation recommendations.

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 work force 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.

Ohio's Division of Maternal and Child Health used the material while planning for implementation of Medicaid Managed Care. The document provided information needed to develop models of organization that incorporated the core public health functions. The Department of Health subsequently reorganized, establishing a Division of Family and Community Health. The Bureau of Community Health Services and Systems Development, a new bureau, was developed using the core public health functions as a structural base. The goal of this organizational unit is to enhance community systems of care through community assessment and planning, consortium building, and so on.

The **Maryland** Department of Health and Mental Hygiene is drawing on the MCH functions documents to structure planning for an initiative to redesign their Title V CSHCN program, conduct brainstorming sessions with the Advisory Committee, and to develop key informant interview guides for program assessment at the local level. The Division of Family and Local Health in the **New York** State Department of Health (NYSDOH) has provided wide distribution both to local health agency MCH programs and "general" public health programs. The document also has been the focus of internal discussions as program staff re-formulate state-local health agency interactions. In addition, NYSDOH has embarked on a priority setting process, using local health agency-led community coalitions and a statewide priority document, *Communities Working Together for a Healthier NY*.

The MCH functions document is being used to help community members rapidly 'get up to speed' on maternal and child health programming. **Louisiana** staff use the framework to focus their activities and planning, and **Michigan** used the materials to create a comprehensive workplan for MCH data. Finally, in **Colorado**, the framework provided a model format for organizing the work of a state/local MCH workgroup that was considering the appropriate roles of MCH/Public Health given the impact of managed care on the health care environment. Program staff report that it contributed substantially to these discussions, resulting in a more comprehensive view of evolving roles.

Orienting New MCH Staff at the State and Local Levels

Several state and local health agencies have been using the *Public MCH Program Functions Framework* to orient their public health personnel and collaborators. In **Indiana**, the framework is now used to orient State Title V staff to appropriate state level functions. In **Wyoming**, copies of the "Ten Essential Public Health Services to Promote Maternal and Child Health Services" are distributed to introduce local agency personnel and partnering state agencies working in new paradigms of integrated human services — such as Medicaid — to the mission and functions of the MCH field. Slide presentations extracted from the document were prepared for orientation sessions across the state.⁴ **Louisiana**, **Montana**, and the **District of Columbia** include the document as part of their orientation packets for MCH staff and public health nurses, and **South Carolina** uses the framework as a model for structuring the position descriptions and training materials for new District Systems Developers to focus on core public health functions. The framework also has been distributed to Directors of Nursing in the local health agencies in **Colorado** with the goal of building a common base for on-going discussions and planning to support changing roles. Finally, all senior program managers (e.g., WIC, EPSDT, Public Health Nursing) and all twelve local health directors in **Vermont** have been provided with copies.

Framing and Developing Contractor Standards

Since managed care organizations are increasingly becoming the primary mechanism for providing direct personal health care services, it is necessary for public health agencies to monitor the quality of care and hold them accountable for services provided. The Division of Family and Community Health in the **Iowa** Department of Public Health have addressed the core functions of public health in their revised *Maternal and Child Health Performance Standards*, which were promulgated in October 1996. The *Performance Standards* are intended to facilitate maternal and child health program development and the design of services which are responsive to the needs of this population, as well as the certification basis for MCH service contract agencies.⁵

State Examples

State	Mission Statements/ Plan Development	Orientation of Personnel & Collaborators	Develop Program/ Contractor Standards	Develop Budget & Staffing Plans	Training/Teaching Materials
CO	✓	✓			
DC		✓	✓		
DE			✓	✓	✓
FL	✓	✓			✓
HI	✓			✓	
IA			✓		
IL	✓				✓
IN		✓			
KS	✓				✓
LA	✓	✓		✓	✓
MD	✓				
MI	✓				
MO	✓	✓	✓		
MT	✓	✓			✓
NC	✓				
NE	✓	✓			✓
NM					✓
NY	✓				
OH	✓				
OK	✓				
SC	✓	✓			✓
TX	✓				
UT	✓				
VA				✓	
VI	✓				
VT	✓	✓			
WA			✓		
WV			✓	✓	
WY		✓			✓

In **Washington**, a substantial shift in emphasis from direct service provision to the core health functions of assessment, policy development and assurance has been noted. This has been particularly true in MCH as Medicaid eligibility has expanded for pregnant women and children and as more of the eligible population is served through managed care service delivery systems. During this process, MCH contracts were modified to reflect this shift in focus. Current revisions are being planned to move toward a more integrated public health and performance-based approach. The *Public MCH Program Functions Framework* will be used as a resource that will be referenced as revisions are developed for the 1998 contract period.

West Virginia used the information to propose to the Medicaid Program functions to strengthen service delivery systems for Medicaid beneficiaries, and to stress the importance of referral, data, and care planning activities. They used the framework as guidance, providing state-specific information and examples to make the materials concrete for Medicaid personnel. Public health-MCH activities specifically identifying areas for MCH-Medicaid collaboration (e.g., recruiting, training, monitoring, etc.), for example, were outlined. In addition, MCH staff in West Virginia are negotiating with the public employees insurance agency to incorporate performance standards and collect data to support service needs. The Title V Program also is using the framework to establish policy for setting standards of care (such as assurances of services provided, enabling services, early identification, and statutory mechanisms for information feedback) and putting MCH “at the table.” **Missouri** is using the framework to set overall standards and develop guidelines to ensure consistency across managed care programs. The **District of Columbia** is drafting and negotiating an agreement with the Medicaid Agency using the framework to ensure inclusion of the core functions and clarify the roles of the Office of Maternal and Child Health.

Preparing Budget and Staffing Justifications

Due to reorganization and budget cutbacks, several states are using the framework to justify budgets as well as personnel capacity needs. This material was used during **Louisiana’s** most recent budget cycle to advocate for a shift toward core public health functions instead of an exclusive direct service focus. The Child and Adolescent Program in the **Virginia** Department of Health is using the framework as a basis for rewriting position descriptions for staff. **Delaware** used the framework as a base for analyzing current staffing allocations at the state and local level and the analysis predicted how staff would be appropriately reassigned as roles shift away from personal health services delivery. The Department of Public Health used the framework to illustrate the full array of functions demanding public health resources, present plans for reallocation to these core functions, and to begin a process for projecting staffing capacity needs to meet anticipated future demand for public health personnel within a system that integrates clinical care and public health services.⁴ The materials helped **West Virginia** outline ideas as to where local health departments fit in this evolving health care system over time and how they can survive without the income from direct patient care services. Finally, **Hawaii** is using it to prepare program justifications for review by legislative, and budget and finance committees and staff.

Training Future Public Health Professionals and Educating Constituents

In addition to orienting new program staff, MCH staff in a number of states teach courses at schools of nursing or public health and present at leadership institutes. Title V staff in **Montana** have incorporated the framework’s functions into a comparison document with Marla Salmon’s “Construct for Public Health Nursing” as a model around which community health nursing is taught. In Nebraska, the framework has been included as part of the training packet for newly appointed members of the Family Health Advisory Committee, and in **Louisiana** staff who are adjunct faculty at the Tulane School of Public Health use the framework for teaching.

The framework was used to design topics for **Illinois’** MCH Leadership Institute through the implementation of a curriculum content survey distributed to MCH and CSHCN program staff at local health departments and state regional offices, and also was used by the **Colorado**-based Resources for Enhancing Adolescent Community Health (REACH) Resource Center to organize the content of orientation seminars and materials for newly-hired State Adolescent Health Coordinators.⁴

The **Kansas** MCH staff incorporated concepts and information embodied in the framework for broad public awareness materials and events, such as Public Health Week. In **Florida**, where 30 community-based non-profit Healthy Start Coalitions were established to plan and direct expenditures of Title V MCH infrastructure funds, MCH staff and consultants from the University of South Florida School of Public Health used the framework as the structure and content of coalition staff and member training focusing on local roles in MCH problem solving and systems development.⁴ The **New Mexico** State Title V MCH program is using the framework to train teen leaders at the community level for participation in all public health assessment, planning, implementation, and evaluation activities related to adolescent health.⁴ Finally, the State of **Wyoming** plans to develop a state-specific presentation using the tables in the examples section of the *Public MCH Program Functions Framework* as a model.

Conclusion

As devolution continues and managed care arrangements expand, the roles and responsibilities of state and local health programs will continue to evolve and adapt to the contemporary landscape. The **Public MCH Program Functions Framework** has helped many states and localities to examine their programs, staff and budgets, and allocate resources in light of new visions and challenges. The interorganizational consensus partners will continue to provide information, training and presentation materials, as well as technical consultation to interested MCH professionals.

Notes

1. Grason, H.A., and Guyer, B. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: Child and Adolescent Health Policy Center, The Johns Hopkins University, December 1995.
2. As of December 1996, the name of the Child and Adolescent Health Policy Center (CAHPC) was changed to the Women's and Children's Health Policy Center (WCHPC) to reflect efforts being undertaken through a new cooperative agreement from the MCH Bureau.
3. Dievler, A., Grason, H., and Guyer, B. "MCH functions framework: A guide to the role of government in maternal and child health for the 21st century." *Maternal and Child Health Journal*, 1(1), 1997.
4. Grason, H.A. "Use of the MCH functions framework as a tool for strengthening public health practice." *Journal of Public Health Management and Practice*, 3(5), 1997.
5. Iowa Department of Public Health, Family Services Bureau. *Maternal and Child Health Performance Standards*, 1996.

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