Use of the MCH Functions Framework as a Tool for Strengthening Public Health Practice

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Following two years of conceptual and interorganizational consensus development, broad dissemination of Public MCH Program Functions Framework: Essential Public Health Services To Promote Maternal and Child Health in America commenced in May 1996. Since that time, the framework has been shown to have a number of important applications in public health practice; additional strategies for its use are continuing to emerge with each passing month. A number of applications were implemented early on by states and localities for which preliminary formulations of the framework were available. Such applications, including use in conceptualizing statewide strategic maternal and child health (MCH) planning, preparing state Title V MCH Block Grant Program applications, and in guiding Assessment Protocol for Excellence in Public Health activities in local health departments, have been detailed elsewhere. Clearly, the study by Mayer and colleagues, included in this issue (3:5), provides an important beginning for an action agenda in MCH practice assessment and capacity building.

We are pleased to report that even at this early stage in exposure within the broad public health community, local and state health agencies as well as national organizations have shown much creativity in both pragmatic and strategic uses. Brief descriptions of several examples follow.

In Delaware, the framework provided the basis for assessment of professional capacity needs in local health departments as managed care programming was broadly implemented for the Medicaid population and the demand for personal health care service provision in local health agencies diminished. The framework served as a base for analyzing current staffing allocations at the state and local levels and was used to predict how staff would be reassigned as service delivery demands shifted away from medical/clinical care. Prior to this analysis, the department and state budget office perceived that staff would no longer be needed under managed care when services were provided in the private sector. The Department of Public Health thus used the framework to illustrate the full array of functions demanding public health resources, present staff reallocations from personal health services to these core functions, and begin a process for projecting staffing requirements to meet the future demand for public health personnel within a health system that integrates clinical care and public health services.

As in a growing number of other states, major reorganization and consolidation of public agencies in Wyoming demanded tools that the state MCH program could use to introduce the mission and functions of the MCH field to local agency personnel working in new paradigms of integrated human services. Slide presentations extracted from the framework were prepared for orientation sessions statewide. Similarly, reorientation of the local and district level public health focus in South Carolina has been aided by use of the MCH Functions Framework to structure the position and duties of public health professionals hired as District Systems Developers.

Confronted with the pressing need to reexamine the structure and functions of its Title V Children

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The author is indebted to the many MCH professionals across the country who have contributed to the development and application of the MCH Functions Framework. Special thanks are extended to Doris Barnette (ODPHP-DHHS), Mariellen Barrett (DE), Nira Bonner (MD), Karen Gaylord (NM), John Harper (WY), Elia Holgren (SC), Magda Peck (CityMatCH), Barbara Ritchie (REACH), and Ralph Schubert (IL) whose work is described in this article.

with Special Health Care Needs program as implementation of the state's Medicaid Waiver Program gets underway, the Maryland Department of Health and Mental Hygiene is drawing on the framework as one of two major conceptual underpinnings for program redesign and strategic planning. The MCH Functions Framework is being used to structure planning for the redesign initiative, brainstorming sessions with the Redesign Advisory Committee, and key informant interview guides for program assessment at the local level.

Over the past year, a number of training and education applications of the framework also have been reported. These include use by the Illinois Department of Public Health staff and university faculty in implementing a curriculum content survey to inform design of its MCH Leadership Institute, and use by the Resources for Enhancing Adolescent Community Health Resource Center to organize the content of orientation seminars and materials for newly hired State Adolescent Health Coordinators. In Florida, where 30 community-based nonprofit (501c3) Healthy Start Coalitions were established to plan and direct expenditure of Title V MCH "infrastructure" funds, 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. Perhaps one of the more unique initiatives is underway in New Mexico, where the 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.

On the national level, CityMatCH, the organization of MCH program leadership in large urban health departments, developed and is fielding a survey to assess program/agency capacity. Based on these survey results, CityMatCH will pair those programs needing assistance in specific areas with "mentors" from colleague agencies with documented strengths in those identified areas.

Given the all-too-frequent turnover of personnel in public health agencies, and the intense burden on MCH programs for reorganization and redirection of efforts, it will be important to implement strategies to assure that the MCH community becomes well versed in the concepts embodied in the framework, and that there is prompt and ongoing access to instruction and consultation in its application as a management tool. Future MCH leaders and managers also will need to be conversant with the basic principles and content of the framework. Incorporation of this material into curricula and course materials in MCH graduate training programs is therefore an important component of advancing and strengthening the MCH work force of the future.

A survey of state Title V agencies is currently underway to learn more about implemented and potential uses of the framework. Survey responses will be used to inform a second stage initiative of the interorganizational partnership that guided the development of the original framework—the Maternal and Child Health Bureau of the Health Resources and Services Administration, the Association of State and Territorial Health Officials, the Association of Maternal and Child Health Programs, the National Association of County and City Health Officials (NACCHO), and CityMatCH. Initial plans have been outlined to reconvene representatives of these organizations with additional participation from the Association of Teachers of Maternal and Child Health and the MCH Continuing Education Institutes to provide leadership in development of a comprehensive plan and materials for ongoing follow-up dissemination and continuing and pre-professional training with respect to the MCH program functions. This work group will develop consensus on the specific content of training materials and presentations, and oversee development of instructional materials that would be produced and provided for ongoing use by these and other organizations.

In addition, as the need to communicate the "message" of the framework to new public health partners—such as managed care organizations—intensifies, the Women's and Children's Health Policy Center (WCHPC) at Johns Hopkins School of Public Health will be working with NACCHO and health purchasers and plans to translate the MCH functions framework into concepts and terms meaningful to the managed care industry.

REFERENCES
