

Establishing Public-Private Partnerships for Maternal AND Child Health

Established in 1935 under Title V of the Social Security Act, the Maternal and Child Health (MCH) Services Block Grant is one of the largest federal block grant programs and a critical source of flexible funding for public health. Commonly referred to as Title V, the MCH block grant is used to support core MCH public health functions in states, assess needs, and identify and address gaps in services. Title V provides a platform for statewide systems of care for *all* mothers and children and includes a special emphasis on children with special health care needs. While Title V represents a relatively small proportion of a state's budget for family health, when used effectively these dollars can have a big impact.

Grantmakers In Health (GIH) recently engaged in dialogues with Rosalyn Bacon, senior director of the Office of Birth Outcomes in the Georgia Department of Human Resources, and Terri Wright, program director for health at the W.K. Kellogg Foundation, to gather their perspectives on the importance and relevance of the MCH block grant to private funders. Bacon has been involved with Georgia's Title V state agency since 1988 and became the state's Title V director in 1998. Prior to joining the Kellogg Foundation, Wright served as the

women's health director for Georgia's Title V program and as Michigan's MCH health director.

TITLE V CONNECTS SERVICES AND CREATES SYSTEMS

Rosalyn Bacon: Title V represents a conglomerate of many programs serving women and children through a cohesive systems-level approach. Program efforts address broad population needs in maternal, child, women's, and adolescent health, as well as specific areas such as nutrition, lead poisoning, injury prevention, and health disparities. The program also provides surveillance data and health indicators, technical assistance to service providers, partnerships with various entities, and information dissemination.

In general, Title V is administered through health departments at both the state and local levels. The program defines itself through its "MCH pyramid," where infrastructure serves as the base from which all other services originate. MCH needs and priorities are primarily identified through comprehensive five-year assessments that pinpoint evolving priorities.

Title V can serve as the glue for systems because funding is not necessarily restricted to specific programs and there is some flexibility in addressing current and emerging needs within communities. This is a very "agile" grant that is instrumental, with the new economic downturn, in connecting and helping families obtain services and supports.

OPPORTUNITIES FOR FOUNDATIONS

Terri Wright: In the 1990s and periodically thereafter, Kellogg sought opportunities to engage with Title V related to our MCH work, mostly centered on improving access to prenatal care services. We found that many of our grantees in this area were also recipients of Title V funding. Recently we have not been as active in reaching out to the state Title V agency because our work in the past decade has been more in the policy arena.

Working with Title V in some capacity is important if MCH is a foundation priority or focused body of work or if a foundation wants to engage in efforts to benefit vulnerable populations. Connecting with the Title V agency can help leverage funding and other resources and increase funders' understanding of state and local MCH priorities and programs. Most funders actively seek to collaborate with others, and it can be strategic to collaborate with Title V, which can allow funders to complement and add value to what the agency is already doing.



Source: U.S. Department of Health and Human Services 2008b

The Association for Maternal and Child Health Programs is calling for \$850 million in Title V funding for fiscal year 2009. Funding has decreased by about 9 percent since peaking in fiscal year 2002 at \$731 million.

Ms. Bacon: In Georgia, funders can access information using an on-line system that identifies county- or city-level data useful for developing programs or providing funding to organizations. Grantmakers can also work at the state level to use research to inform and guide policy developments and revisions. For expertise on issues affecting women and children, Title V is a key entity that should be present for discussions and decisionmaking processes.

At the practice level, Title V can provide examples of evidence-based MCH programs and help develop specific requirements for documenting outcomes. Title V collects and reports on key performance measure data every year that pinpoint MCH priorities and issues. Title V also works with the National Institutes of Health and the National Center for Health Statistics to analyze additional data relevant to women and children. This information, collected every five years from each state, can be a goldmine of information that health funders can use to understand and document the unique needs of MCH populations in their states.

TITLE V IS FLEXIBLE, BUT NOT WITHOUT LIMITATIONS

Ms. Bacon: One of the biggest challenges is that Title V is a program that operates out of state governments, which generally move slowly. The program also may be hampered by bureaucracy or have limitations in hiring staff and getting work done in a timely manner. However, institutional knowledge, skill sets, and long-term accomplishments of the agency can be an incentive for cross-sectoral collaboration with funders.

Ms. Wright: Funders should keep in mind that a lot of Title V funding is already earmarked for various preset categorical allocations. These constraints may require creativity in developing workable solutions conducive to both the governmental sector and philanthropy.

Funders should also brave the “language” used by many governmental entities. Part of the challenge is the written language used for their rules and regulations. This language often appears complex, confusing, and overwhelming to someone unfamiliar with governmental lingo. However, funders should not allow this to become a deterrent to engage the public sector.

PHILANTHROPIC INVOLVEMENT STRENGTHENS TITLE V

Ms. Bacon: Foundations can often get more immediate attention and secure buy-in from key policymakers and decisionmakers than their government counterparts. Having some influence with higher-level individuals and key power brokers allows foundations to move processes more quickly than governmental agencies. Funders should (and often do) come in at the highest levels to get initiatives and processes going. Funders can also serve as conveners to bring together the right entities to get work done, build partnerships, and promote awareness and advocacy of key MCH issues.

EMERGING MCH PRIORITIES

Ms. Bacon: Work around improving health literacy is very important. Ongoing issues exist where families may interact with the health care system but not really understand the information and instructions given to them.

Mental health issues in young children are also finally starting to gain attention. For instance, Georgia has a relatively strong mental health system for children aged 0-5. However, major gaps and deficiencies exist during middle childhood (ages 6-9). Funders could be instrumental in exploring critical protective factors that need to be in place for this group. Opportunities also exist to work on provider capacity issues or improving reimbursement rates.

There also needs to be more focus on health disparities from a national perspective. When you look at tackling disparities affecting certain MCH populations, Title V is a good ally in understanding and reaching these groups. Disparities and the confounder of poverty also contribute to many poor health outcomes. However, all roads lead back to poverty. It is time to really assess and engage in meaningful action to lift people out of poverty.

Ms. Wright: Any funder working on child health issues should explore opportunities to engage with Title V. In the future, Kellogg will be working on infant mortality and improving birth outcomes, and we will explore synergistic opportunities with Title V.

Governmental entities often want to work with and learn from funders. It is important to consider how these types of partnerships can enhance the reach and impact of philanthropic dollars. As funders, we know that we cannot solve all problems. Therefore, what’s not to love about building partnerships to better serve people through our various missions and vision statements?

TITLE V RESOURCES

Association of Maternal and Child Health Program’s “Best Practices in Maternal and Child Health”:
<http://www.amchp.org/AboutAMCHP/BestPractices/Documents/Best%20Practice%20Posters.pdf>

Association of Maternal and Child Health Program MCH Data Resource Portal: <http://www.amchp.org/MCH-Topics/A-G/DataandAssessment/Pages/AMCHPMCHDataResourcePortal.aspx>

State Title V Profiles:
<http://www.amchp.org/Advocacy/LegislationPolicy/Pages/StateProfiles.aspx>

SOURCES

U.S. Department of Health and Human Services, *State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements, 2nd Ed* (Washington, DC: 2008a).