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Celebrating 60 Years of Title V

Then...

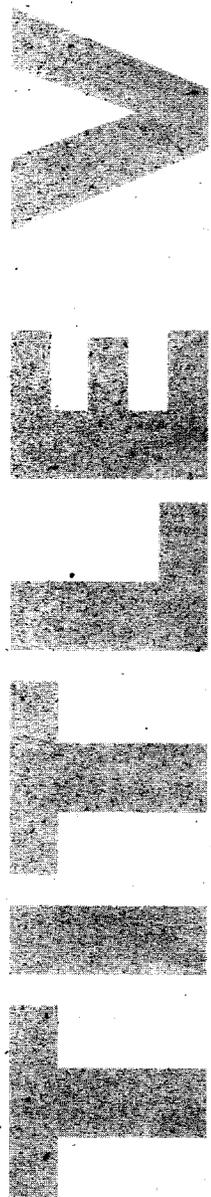
August 1935. In the face of the Great Depression, cutbacks in Federal health programs, and declining health for mothers and children, President Franklin Delano Roosevelt signs into law new legislation to promote and improve maternal and child health nationwide. Title V of the Social Security Act is born. Sixty years later, Title V remains the longest lasting public health legislation in our Nation's history. Created as part of a broad-sweeping *social* rather than *health* legislation, the legacies of Title V programs are deep and widespread. Here are just a few examples:

1935-40. Title V provides programs for maternity, infant, and child care, and a full range of medical services for children—including children with congenital disabilities. By 1938, every state but one has a Crippled Children's (CC) Program aimed at the social and emotional, as well as the physical, needs of these children. They represent the first medical care programs supported on a continual basis with Federal grants-in-aid money.

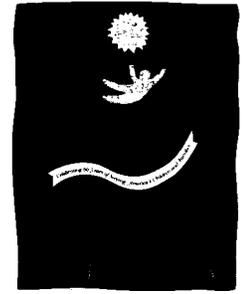
1940s. The Emergency Maternity Infant Care Program (EMIC), administered by the Maternal and Child Health Bureau and the State Title V agencies, establishes a service delivery system that provides free and complete maternity and infant health care for the wives and infants of the four lowest grades of servicemen. At the time of its implementation, EMIC represents the most extensive public medical care program in U.S. history.

1950s. New program initiatives are developed to respond to new information about infant mortality rates and risks and information that points to the movement of health care providers away from the cities and rural areas toward suburban areas. In addition, this decade sees the beginning of special funding for projects targeting "mentally retarded" children, later referred to as MR funds.

1960s-70s. The Maternal and Infant Care Programs (MIC) and Children and Youth Programs (C&Y) provide comprehensive child and reproductive health care services to millions of low-income women and children. The services developed by the programs for prenatal care; well-baby care, and family planning become models for the country.



Today...



- Title V funds support programs for children with special health needs to facilitate the development of family-centered, community-based systems of care.

- Title V supported programs provide prenatal care to more than 2 million women and primary health care to more than 11 million children, including almost 1 million children with special health needs.

- Special programs like the Healthy Start Initiative target underserved urban and rural areas with efforts at the community level that promote collaboration between public and private sector professionals, leaders, and health care providers.

- Many aspects of these programs survive to this day as key components of local and state systems of care.



1970s. The Improved Pregnancy Outcomes Program (IPO) promotes greater access to appropriate levels of care for pregnant women and infants in chosen geographic regions. The 34 States that participate in this program—including 13 that have very high rates of infant mortality—experience greater rates of decline in infant mortality than does the rest of the country.

1980s. States adopt injury prevention as a public health issue. The Emergency Medical Services for Children (EMSC) program is created in recognition of the fact that children have special needs when they are critically ill or injured. The program provides training and education in pediatric emergency health care, and influences the development of pediatric emergency equipment and standards.

1990s: The Maternal and Child Health Bureau and Title V remain dedicated to improving the health of all the Nation's women and children. Some of the areas addressed by research, training, and practice initiatives include:

- pediatric and adolescent AIDS
- injury and violence prevention
- health and safety in child care
- school-based and school-linked health services
- families as partners
- immunization
- sudden infant death syndrome
- genetics
- perinatal and women's health
- adolescent health
- substance abuse
- nutrition
- oral health
- information resources and services
- public/private partnerships for health promotion and provision
- infant mortality reduction
- hemophilia
- lead poisoning
- national preventive health standards and guidelines
- access to health care
- early discharge policies for childbirth
- public health training
- technical assistance and consultation
- special health needs
- data analysis and applied technology

- Title V-funded research, training, and demonstration programs continue to address the financial, social, behavioral, and structural barriers to health care faced by many women and children.

- Today, there is a new cadre of trained pediatric emergency specialists, more equipment suited to the special needs of children, and protocols to ensure that more young lives can be saved.

"Maternal and Child Health/Title V, by virtue of its population-based mission and locus of accountability for the maternal and child health population, is the cornerstone that cuts across education, health, and welfare, and has experience in operationalizing the reform principles already acknowledged by work going on today in the States. We are truly ahead of the reform curve."

Maxine Hayes, M.D., M.P.H.
President

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Health Programs

HMCSA