

# Title V Maternal Health

## Foundations and Funding Orientation

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# Objectives

- Describe the history of Title V
- Describe the history of maternal health practices
- Describe the principles of modern public health
- Describe the principles of modern Title V services
- Describe how history and current principles guide modern Title V maternal health work in Iowa

# Historical Impacts on Modern Day Maternal Health

1921 Sheppard–Towner  
Maternity and Infancy  
Protection Act

Historical maltreatment during  
medical research



**Mary Coley**

photo from [timeline .com](https://www.timeline.com), not otherwise sourced



National Portrait Gallery, Smithsonian Institution; gift of the Visiting Nurse Service of New York

# Brief History of Public Health Nursing

Lillian Wald and the Henry Street Settlement (1893)

The changing landscape of home care nursing

Learn more here:

[1\) What is a Public Health Nurse?](#)

[2\) The Origins of Public Health Nursing: The Henry Street Visiting Nurse Service](#)

[3\) No Place Like Home: A History of Nursing and Home Care in the U.S.](#)

# Pause and Discuss

- Need for cultural humility in practice
- Need for continuous growth mindset
- Need for community voice in our work
- What implications do you see for current maternal and infant mortality rates?
- Do you need to dig deeper?
- Where do your knowledge gaps lie?

# History of Title V

- The federal Maternal and Child Health program was authorized in 1935 under Title V of the Social Security Act . Its roots, however, go even further -- back nearly a century -- to the 1912 creation of the Children's Bureau.
- The Maternal and Child Health Block Grant is a federal-state partnership that supports the development of community-based solutions to health threats facing women, children, and families. (5)



# Funding-Federal

**Public Health Service**



**Department of Health and Human Services  
(DHHS)**



**Health Resources Services Administration  
(HRSA)**



**Maternal and Child Health Bureau  
(MCHB)**

# Funding- Iowa



Title XIX

Title V



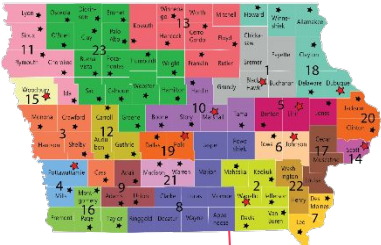
Interagency Agreement



Maternal Health Centers & Screening Centers Designation

Title V Contract

Local Title V MH & CAH Agencies



Subcontracts

Local Providers



# Title V in Iowa



Title V funds are distributed to grantees from 59 states and jurisdictions. The funds seek to create federal and state partnerships that support:

- Access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care
- Health promotion efforts that seek to reduce infant mortality and the incidence of preventable diseases, and to increase the number of children appropriately immunized against disease
- Access to comprehensive prenatal and postnatal care for women, especially low-income and/or at-risk pregnant women
- An increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children
- Access to preventive health care services for children as well as rehabilitative services for those in need of specialized medical care
- Family-centered, community-based systems of coordinated care for children with special healthcare needs
- Toll-free hotlines and assistance in applying for services for pregnant women with infants and children who are eligible for Medicaid

# Federal Goals



# State Goals



## National and State Performance Measures

- Needs assessment every 5 years
  - [Iowa Title V Needs Assessment Video](#)
- Current NPM/SPMs (From Summer 2019 needs assessment)

### Maternal Health

- NPM 14A: Percent of women who smoke during pregnancy
- SPM 1: The number of pregnancy-related deaths for every 100,000 live births

### Perinatal/Infant Health

- NPM 4B: Percent of infants' breastfed exclusively through 6 months (work/school/child care focus)
- NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

### Oral Health

- NPM 13A: Percent of women who had a preventive dental visit during pregnancy

# To learn more about NPMs/SPMs:

The MCAH Portal has videos from the 2020 Fall Conference with in depth descriptions and ideas for each NPM/SPM:

- <https://idph.iowa.gov/Portals/1/userfiles/88/The%20New%20Nicotine%20Addiction.pdf>
- [https://idph.iowa.gov/Portals/1/userfiles/88/Slides\\_Trusty.pdf](https://idph.iowa.gov/Portals/1/userfiles/88/Slides_Trusty.pdf)
- [https://idph.iowa.gov/Portals/1/userfiles/88/Slides\\_SIDS\\_1.pdf](https://idph.iowa.gov/Portals/1/userfiles/88/Slides_SIDS_1.pdf)

# Current State Level Work

- Maternal Mortality Review-  
Maternal Mortality Review  
Committee
- Statewide Perinatal Care Program
- Maternal Health Innovation Grant
  - IMQCC
  - AIM
- Doula Project

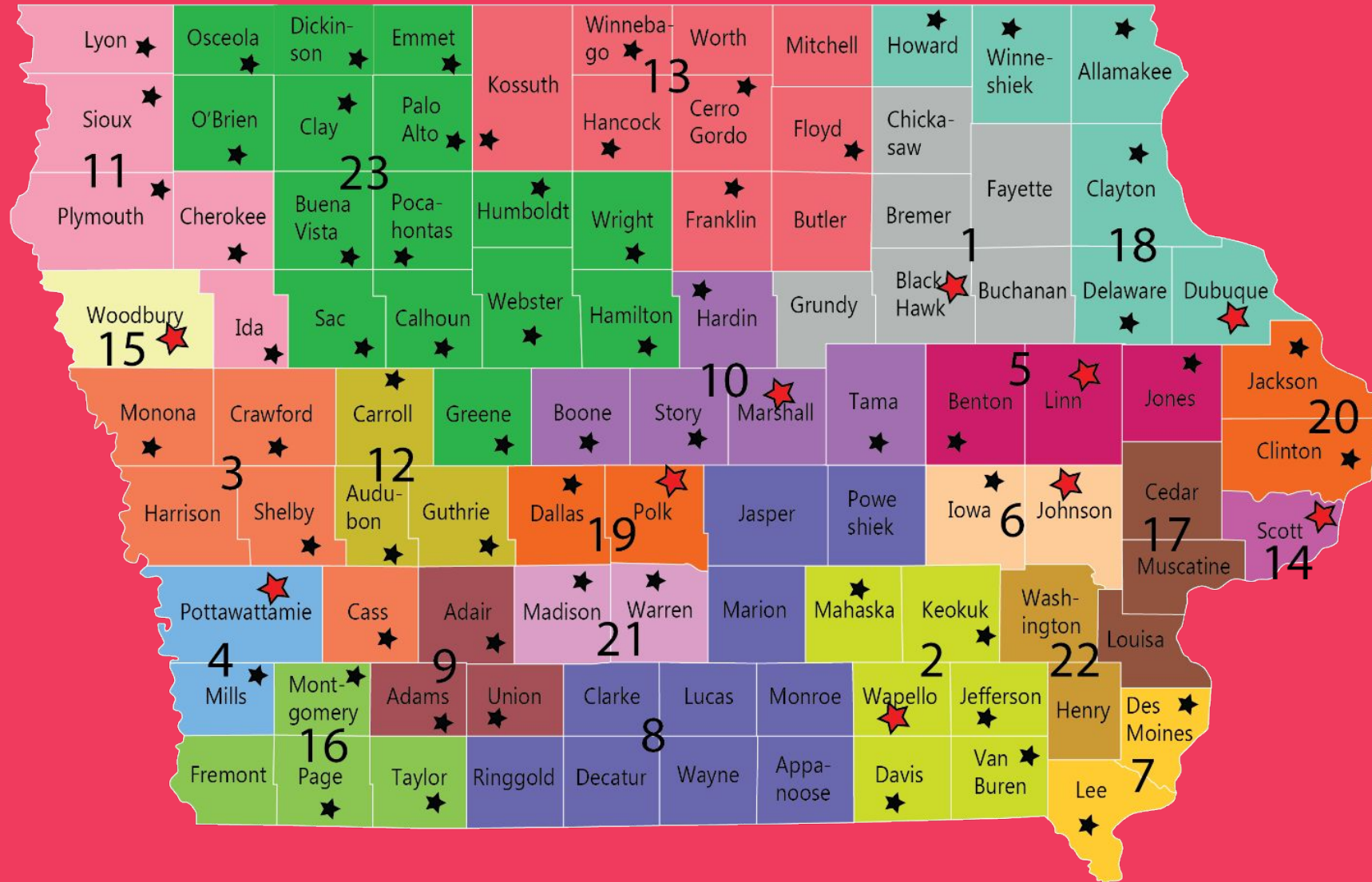




## Local Level Work

- Request for Proposal Process and Contracts
- Direct Care Services – Maternal Health Centers
- Infrastructure building at the local level

# Title V Maternal Health Centers

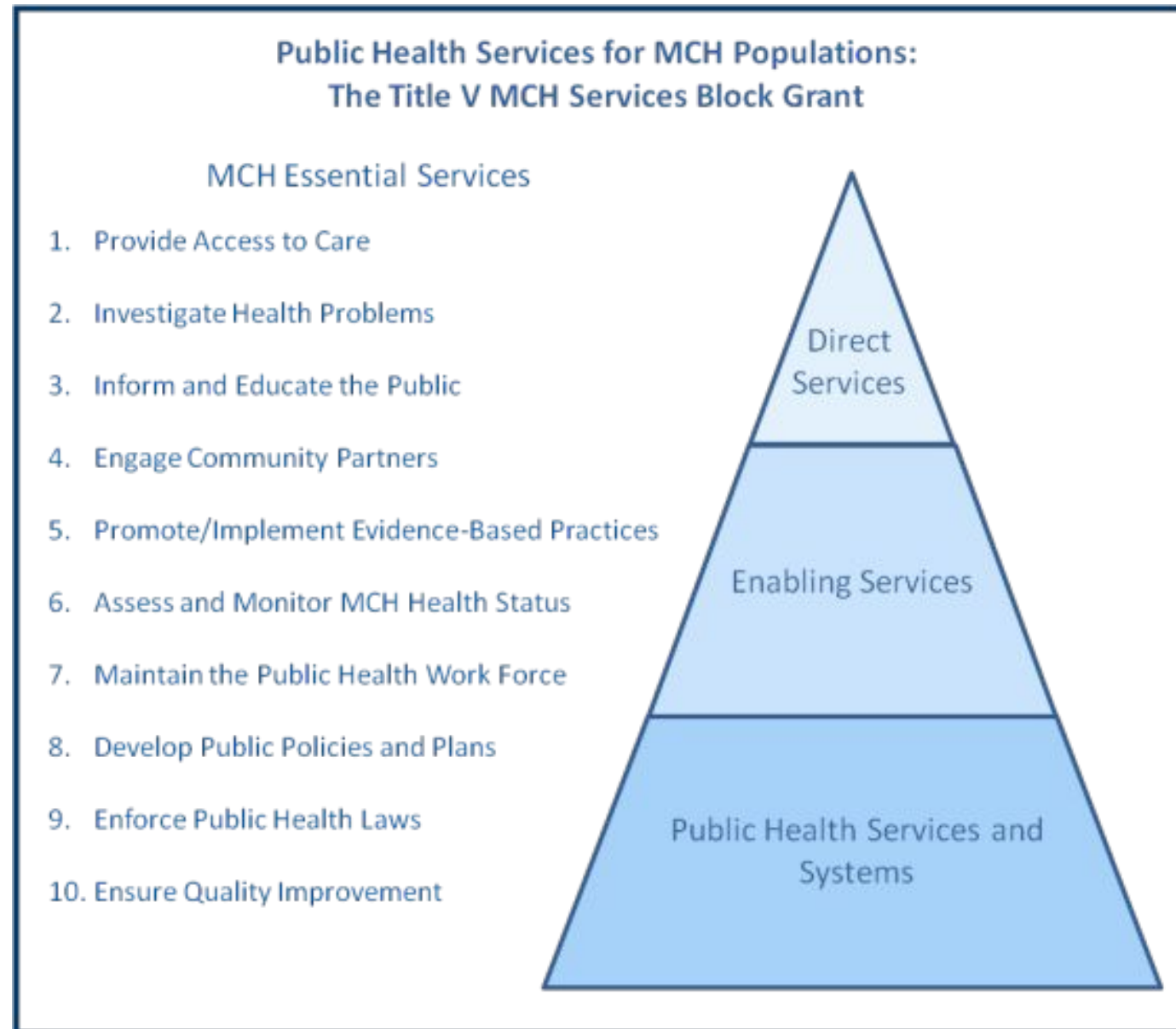


# Pause and Discuss

What does the Title V program look like at your agency?



# The Title V Pyramid



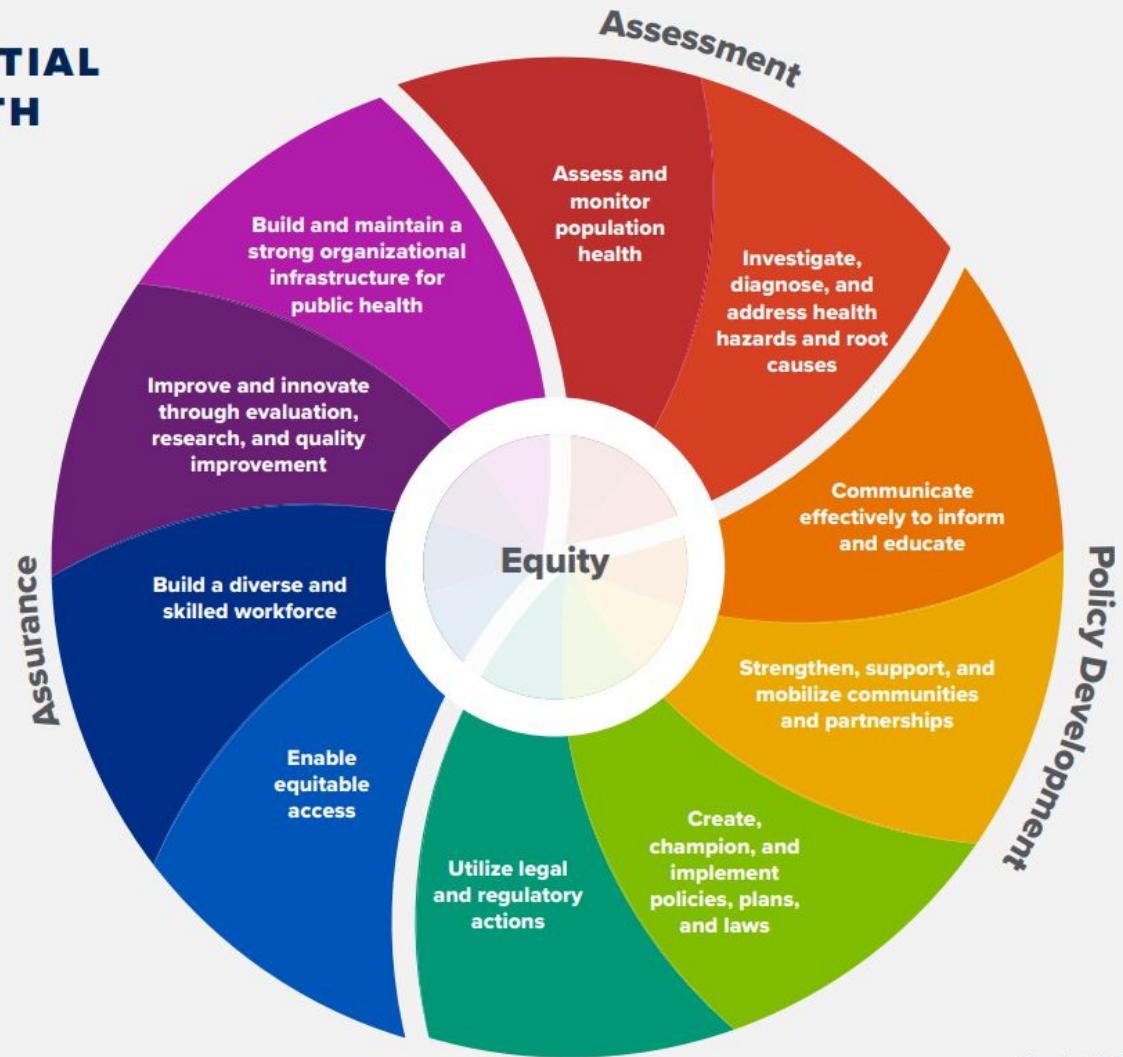
# Title V Pyramid – Public Health Services & Systems

- Community needs assessment / data analysis / strategic planning
  - Developing and reviewing protocols
  - Developing and maintaining community linkages – providing information on the MCAH program to local providers
  - Hiring of personnel and staff training
  - Establishing subcontracts and agreements
  - Quality assurance and quality improvement
  - Program evaluation
  - Population-based services
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- \*Enabling services and Direct Care will be addressed in Direct Care portion of the orientation

## THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

# Public Health Principals

## 10 Essential Public Health Services

Important to align our work with one of the elements.

Learn more here:

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

Video

<https://vimeo.com/456604095>



# Public Health Principals

Policy, Systems and  
Environmental Work (PSE)

Upstream thinking

The Green Family Video  
(University of MN Outreach)

<https://www.youtube.com/watch?v=3f9hc6FRe7c>



A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

# Public Health Principals

## Socio Ecological Model

*A way to look at how an individual's health and circumstances are impacted by factors outside of their immediate control.*

Learn more here:

<https://blogs.uw.edu/somehm/2017/08/12/social-ecological-model/>

<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>



# Public Health Principals

## Life Course

*“Life course is a theoretical model that takes into consideration the full spectrum of factors that impact an individual’s health, not just at one stage of life (e.g. adolescence), but through all stages of life (e.g. infancy, childhood, adolescence, childbearing age, elderly age).<sup>1</sup> Life course theory shines light on health and disease patterns – particularly health disparities – across populations and over time. Life course theory also points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups.<sup>2</sup>”*

## Learn more here:

<http://www.amchp.org/programsandtopics/LifecourseFinal/Pages/default.aspx>

# Questions & Discussion

Contact us:

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[Sylvia.navin@idph.iowa.gov](mailto:Sylvia.navin@idph.iowa.gov)

# Resources

Association of Maternal & Child Health Programs

Wide Variety of Training and Educational Resources

Association of Women's Health Obstetric & Neonatal Nurses