

Investing today in the health of California's mothers, children, and families helps to build strong and healthy communities and reduce healthcare costs.

The Vision of Maternal, Child and Adolescent Health

Since 1935, Title V of the Social Security Act has provided funding for states to deliver public health services to improve the health, safety and well-being of mothers and children, including children with special health care needs. The California Department of Public Health's Maternal Child and Adolescent Health (MCAH) Program funds and works with local governments to provide essential MCAH services in all 58 California counties and three local health jurisdictions (LHJs).

The health systems and services funded by MCAH enable early identification and reduction of health risks that would otherwise result in preterm birth, birth defects, chronic disease and other preventable problems that contribute to increased expenditures for health care, education, and social services.

California's MCAH Program uses a life course approach and evidence-based models to develop, implement, and evaluate its programs. Partners include local public health programs, community organizations, other State and Federal programs, and nationally recognized public health, medical, and academic institutions.

Using current statistics and surveillance data, MCAH continuously assesses the health and well-being of California's infants, children, and families to identify priority issues, evaluate program impacts, and inform program design. Every five years, in collaboration with counties, LHJs, and other community stakeholders, MCAH conducts a comprehensive local and statewide needs assessment to identify emerging issues, update public health priorities, and define opportunities to use its limited resources for optimal public health impact.

Investing in California's MCAH Programs Saves Money

- \$131 million saved in California in 2010 because fewer babies were born premature, saving an average of \$60,000 per preterm birth.¹ Efforts to reduce preterm birth are paying off with the rate declining from 10.5% in 2000 to 9.6% in 2012.
- Saves \$5.19 in reduced health costs for every \$1 spent on programs improving the health of women with diabetes before they get pregnant, preventing costly complications in both mothers and babies.²

- MCAH teen pregnancy prevention programs establish required clinical linkages to the State's family planning program, helping women to achieve their childbearing goals. Thus, MCAH contributes to the \$5.68 saved for every \$1 spent on public expenditures for family planning.³
- \$149 million saved in California by contributing to the continuing decline in the teen birth rate from 2010 to 2011.⁴ California's success in reducing teen births represents a total annual savings to society of \$3.3 billion.⁵

MCAH improves birth outcomes.

- **Comprehensive Perinatal Services Program** provides nutrition, psychosocial and health education services, in addition to obstetrical care for all income eligible pregnant women.
- **Black Infant Health (BIH) Program** uses case management and a group-based approach to improve the health of pregnant and mothering Black women and improve birth outcomes in 15 counties and LHJs.
- **Regional Perinatal Programs of California** work with hospitals and healthcare providers to promote access to risk-appropriate care for pregnant women and their infants.
- **Perinatal Substance Use Prevention** promotes perinatal substance use screening, assessment, and referral to treatment for pregnant women through partnerships and collaborations.
- **California Perinatal Quality Care Collaborative** monitors quality indicators of hospital care for infants in Neonatal Intensive Care Units and works with hospitals to improve perinatal outcomes.
- **California Maternal Quality Care Collaborative** investigates causes of increased pregnancy-related morbidity and mortality; disseminates best obstetrical practices to save lives; and reduces costly complications such as preeclampsia⁶ (gestational hypertension disorder affecting 5.6% of births with nearly \$107M in Medi-Cal spending) and births affected by hemorrhage⁷ (affecting 4.6% of births with nearly \$106M in Medi-Cal spending).

MCAH reduces teen pregnancy and promotes adolescent health.

- **Adolescent Family Life Program (AFLP)** provides case management, home visitation, and health education to pregnant and parenting teens and their families and raises community awareness to reduce the problem of teen pregnancy in 35 counties and LHJs.
- **Personal Responsibility and Education Program** funds community organizations to educate high-risk and vulnerable adolescents on both abstinence and contraception by replicating evidence-based program models that have been proven to change behavior or reduce pregnancy among youth.

MCAH optimizes health outcomes.

- **Breastfeeding Program** promotes and supports public health and health care efforts to make breastfeeding the standard manner of infant feeding in California as it provides proven benefits to the mother, infant, and society.
- **Oral Health Program** ensures oral health needs of pregnant women, mothers, and children, especially within low-income families, are met by expanding access to dental care and preventive services.
- **Nutrition and Physical Activity Initiative** integrates and coordinates healthy eating and physical activity promotion within MCAH and local public health and health care programs.
- **Preconception Health and Health Care Initiative** works with local programs to improve the health of women before they get pregnant and offers resources, tools and best practices for individuals, providers, and communities on www.everywomancalifornia.org.

MCAH prevents death and disease.

- **Fetal and Infant Mortality Review Program** examines contributing factors to fetal and infant deaths and implements necessary actions to prevent these deaths.
- **Sudden Infant Death Syndrome (SIDS) Program** educates parents, families, and child care providers on how to reduce the risk of SIDS and help families and others deal with the tragedy of SIDS.
- **California Diabetes and Pregnancy Program** works with affiliates, providers, and community liaisons to promote improved outcomes for high-risk pregnant women with pre-existing diabetes and those who develop gestational diabetes.

Funding for California’s effective MCAH programs and services has been drastically cut over the last seven years.

Federal, State, and local funding cuts are hindering the ability of MCAH programs to serve California’s mothers, infants, children, and families—even while the demand for services continues to rise.

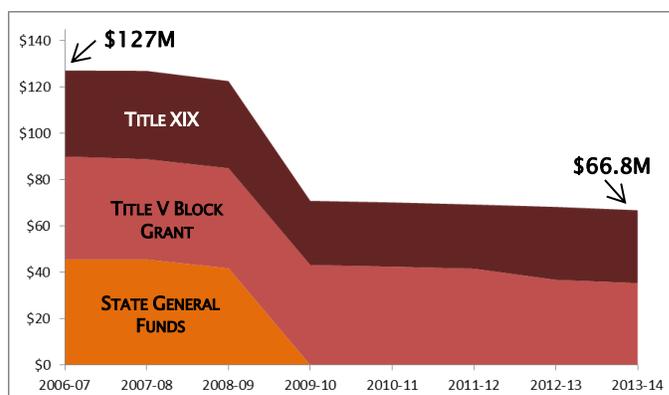
Compared to other states, California has the greatest number of annual live births and far greater numbers of infants, children, and reproductive age women. According to recent U.S. Census data, the poverty rate for California’s children ages 0 –18 years is 29% (higher than the national average). However, California ranks near the bottom in per person Title V funding for the maternal, infant, child, and adolescent population.

Reinvesting even a fraction of State and Federal funds lost over the past decade across core MCAH programs and services at a local level can help protect and improve the health of even more of California’s mothers, infants, and children in all of our communities.

“Restoring previous levels of local funding for MCAH would enable us to help more of California’s children and families in need.”

— Nancy Calvo, President, MCAH Action

Decline in Total California MCAH Funding
State Fiscal Years 2006–07 through 2013–14
(Dollars in Millions)



- State General Funds (SGF) for CA MCAH were first reduced by \$4.6M (10%) in State Fiscal Year (SFY) 2008–09. SGF were totally eliminated (\$21.3M) in SFY 2009–10.
- Separately, an additional \$20.4M was eliminated SFY 2009–10 from CA’s SGF for the California Domestic Violence Program.
- \$10 million in matching Title XIX funds was lost due to the reduction and elimination of SGF for MCAH.
- Federal Title V MCAH funding for CA dropped from \$47.9M in 2005 to \$41.1M in 2012, while CA’s population grew from 35.3M to 37.3M. Due to Federal sequestration in 2013, Title V funding was cut further to \$36.8M, then to \$35.4M in 2014.
- With 30%–60% budget reductions in SFY 2008–09, local MCAH AFLP and BIH programs had to either reduce services or completely eliminate their programs.
- Limited local general funds for MCAH programs continue to be reduced or eliminated and cannot fill the gap.

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*MCAH Action—committed to
improving the health of mothers,
fathers, infants, children, and
adolescents in California.*

As the California and U.S. economies continue to recover from the Great Recession, we must not forget the importance of supporting those in our communities who are most vulnerable—mothers, infants, and children.

Talk to your local and State stakeholders about the importance of restoring MCAH programs and services across California.



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