Support Iowa's Maternal and Child Health Programs

Background:

Iowa families have been served by the Maternal and Child Health (MCH) Block Grant since 1935 when MCH services were added to the federal Social Security Act. The MCH Block Grant supports critical health care services for pregnant women, infants, and children, including children with special health care needs. The MCH Block Grant is the sole federal program devoted to improving the health of all women and children and children with special health care needs.

Funding for the MCH Block Grant is being reduced while costs of health care escalate. Iowa's families have been subjected to increased rates of poverty and family stress as well as decreased employment opportunities. These persistent challenges result in impacts that affect Iowa's families across their life course. The reduced investment comes at a time when gains in reducing infant mortality are stalled, low birth weight and preterm births are increasing, and the U.S. ranks 29th internationally in infant mortality rates. Racial and ethnic disparities persist across health status indicators, with black infant mortality rate double the rate for **Caucasian infants**.

The MCH Block Grant addresses the growing needs of Iowa women, children, and families. As Iowa faces

economic hardship, more women and children seek care and services through MCH Block Grant-funded programs. Resources are needed to support families as they address their health care needs, provide mental and oral health care, reach more children with special health care needs, and reduce racial disparities.

lowans served by the MCH Block Grant

- 8,359 pregnant women
- 147,678 children and adolescents
 4,216 children with special health care needs

198,176 Iowans Served (2011)

Policy Recommendations:

37,923 infants (< 1YO)

Increase state funding to the Maternal and Child Health Block Grant to:

- Assure Iowa children have access to and use community-based preventive health services (e.g., healthy mental and emotional development services, the oral health I-Smile[™] program), transportation, and family support services for to access quality health care.
- Assure lowa women have access to and use comprehensive preconception, prenatal and postnatal health care services.
- Reduce overall lowa infant mortality and low birth weight for lowa families and specifically the infant mortality for black infants.
- Support community-based public health programs serving women, infants, and children, including children with special health care needs.
- Advocate for the role of MCH agencies and programs within health care reform to build the infrastructure necessary to address challenges that families face across the life course. This includes work with local practitioners and health care systems as Accountable Care Organizations are established.

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