FEDERAL PROGRAMS TO PROMOTE CHILD HEALTH

The U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) works to improve the physical and mental health, safety, and well-being of the maternal and child population, which includes all of the nation’s women, infants, children, adolescents, and their families through a variety of programs.1

Enacted in 1935, the Title V Maternal and Child Health Block Grant Program is the Nation’s oldest federal-state partnership. State maternal and child health agencies apply for and receive formula grants each year that support programs designed to improve the health of women, infants, children and youth through population-based public health and preventive care services. Some goals of the Title V program include ensuring access to quality care, especially for those households with limited incomes or limited care availability; increasing the number of children receiving health assessments and follow-up diagnostic and treatment services; providing and ensuring access to preventive and child care services and rehabilitative services for certain children; and implementing family-centered, community-based systems of coordinated care for children with special health care needs. A total of 59 states and jurisdictions receive Title V Maternal and Child Health Block Grant funding administered by MCHB. In fiscal year 2013, Title V programs served nearly 42 million individuals, including 2.3 million pregnant women, 4.0 million infants, 27.6 million children, and 2.7 million children with special health care needs.2–3

The Healthy Start Program, also administered by MCHB, works to reduce the rate of infant mortality and improve perinatal outcomes through grants to communities with high infant mortality rates. In 2013, 105 Healthy Start projects were providing services in 39 states, the District of Columbia, and Puerto Rico, serving 196 different communities. These projects provide core services: direct outreach and client recruitment, health education, case management, depression screening and referral, and services between pregnancies.4 The life course perspective posits that birth outcomes can have long-term impacts on a child’s health. Healthy Start aims to improve birth outcomes and thereby reduce the likelihood of adverse childhood health outcomes. Adverse consequences of being born preterm or with low birth weight include developmental problems, poorer health and social/emotional functioning throughout young adulthood, poorer educational achievement, lower college attendance, and higher incidence of health issues in adulthood such as high blood pressure and respiratory disorders.5–4

HRSA’s Maternal, Infant, and Early Childhood Home Visiting Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs. The program provides grants to support programs to improve maternal and newborn health, promote school readiness and achievement, prevent family violence and child injury, and develop family economic self-sufficiency. In 2013, HRSA awarded $109.5 million to the 52 eligible states and territories. In addition, approximately $69.6 million was awarded to 13 states to expand existing programs.9 There is also a Tribal Maternal, Infant, and Early Childhood Home Visiting program for American Indian and Alaska Native communities.10

The Maternal, Infant, and Early Childhood Home Visiting Program is part of a portfolio of early learning initiatives that work together to support access to high-quality early education for all children. These initiatives focus on the early years in a child’s life, since research has shown that the early years are a window of opportunity to develop a child’s potential and shape academic, social, and cognitive skills that determine a child’s success in school and life. This agenda includes the Preschool for All initiative to improve quality and expand access to preschool; the Child Care Development Fund initiative to subsidize the cost of child care for low-income households and increase the availability and quality of that care; Race to the Top: Early Learning Challenge, which challenges states to compete and deliver better training and education for early educators; and the reformation and expansion of Head Start. Through the American Recovery and Reinvestment Act, $2.1 billion is invested in Head Start and Early Head Start. Efforts are underway to raise Head Start standards, promote accountability, focus on school readiness, and utilize a process to ensure only the highest quality programs receive Head Start grants.11

Text messaging is a means of improving health knowledge, behaviors, and clinical outcomes, especially among hard-to-reach populations. Text4baby is a free mobile health education service that provides evidence-based health messages regarding issues such as breastfeeding, immunizations, safe sleep, and nutrition. These text messages are intended for pregnant mothers and parents and caregivers of infants less than 1 year of age. Text4baby is a campaign of the National Healthy Mothers, Healthy Babies Coalition. TXT4Tots distributes short, evidence-based messages regarding nutrition and physical activity. These text messages are intended for parents and caregivers of children aged 1–5 years. Content for messages is derived from the American Academy of Pediatrics (AAP) Bright Futures recommendations. A 2012 environmental scan found that research has shown that health text messaging programs can bring about behavior change and improve treatment compliance to improve outcomes.12

Injuries are the leading public health threat facing those aged 1–44 years. More children die from injuries and violence than all diseases combined. Injuries are also the leading cause of disability and medical spending for children. Funded by MCHB, the Children’s Safety Network aids states in planning, implementing, strengthening, and evaluating injury and violence prevention programs. The National Center for the Review and Prevention of Child Death strengthens state capacity to perform Child Death Reviews (CDR), develops prevention-oriented recommendations, and translates those recommendations into local policies and programs. CDR is a community-based action process intended to guide communities in identifying and solving problems that contribute to poor child and adolescent health outcomes.13 The CDC supports the Essentials for Childhood Framework, with evidence-based strategies for communities to promote relationships and environments that help children grow up to be healthy and productive, as well as the national Striving To Reduce Youth Violence Everywhere (STRYVE) initiative which focuses on preventing youth violence before it starts.14,15

HRSA’s Adolescent and Young Adult Health Program provides information and resources to assist health professionals, program ad-
ministrators, and policymakers in the development of programs and policies at the community, state, and national levels that will help adolescents and young adults thrive. This program supports the National Adolescent Health Information and Innovation Center, which collects and disseminates relevant information on the health, safety, development, and social and economic well-being of school-aged children in transition to adolescence.16

HRSA’s Stop Bullying Now! (SBN!) campaign serves children and adolescents. Bullying is intentionally aggressive behavior that involves an imbalance of power. It can take many forms, and studies show that 15–25 percent of U.S. students are bullied. Bullying can affect educational success and have social and emotional consequences. The SBN! campaign connects with its audience through the Web at http://www.stopbullying.gov. When SBN! began in 2001, only nine states had legislation regarding bullying; today 45 states have such legislation. The SBN! campaign has more than 80 active partners, and six federal departments are working together to coordinate bullying prevention activities.17

Part of HHS, the Administration for Children & Families (ACF) promotes the economic and social well-being of families, children, individuals, and communities.18 Programs for children include adolescent pregnancy prevention, adoption, child abuse and neglect prevention and intervention, child care, child and family services reviews, child support, child welfare, early childhood development, foster care, Head Start, and runaway and homeless youth and unaccompanied children’s services.19 The ACF Office of Head Start administers the Head Start program, which aims to improve school readiness of young children from low-income households through local community agencies. Head Start and Early Head Start programs provide comprehensive services to support emotional, social, and mental development for children aged 0–5 years. The program provides education, health, nutrition, social, and other services. Programs also support positive parent-child relationships and family well-being. Head Start services are delivered by 1,700 public and private nonprofit and for-profit agencies. More than 80 percent of the children served by Head Start in 2013 were 3–4 years old. Early Head Start serves pregnant women, infants, and toddlers and is available to families until their child turns 3 years old. More than 1 million children are served by Head Start programs annually. In 2013, with a budget of $7.6 billion, Head Start programs served 932,164 children and their families, and Early Head Start served 150,100 children.20,21

The HHS Centers for Medicare and Medicaid Services’ (CMS) Children’s Health Insurance Program (CHIP) was enacted in 1997. This program provides health care coverage to children in households whose incomes are too high to qualify for Medicaid but who cannot afford private coverage. CHIP is administered by the states and funded by both the federal government and states.22 From 1997 to 2012, the rate of uninsured children was halved, from 14 to 7 percent.23 For 2013, $19.1 billion was set aside for CHIP allotments, and 8.5 million children received insurance through CHIP at some time during the year.24 The Affordable Care Act of 2010 extends CHIP and enhances federal funding for the program by maintaining CHIP eligibility standards through 2019 and extending funding through October 1, 2015. The CHIP federal matching rate will be increased by 23 percent, resulting in an average federal matching rate for CHIP of 93 percent. The Affordable Care Act provided $40 million to continue efforts to promote Medicaid and CHIP enrollment.25

Launched by the First Lady, the Let’s Move! program is a comprehensive initiative intended to address the challenge of childhood obesity within a generation. The program involves parents, elected officials, schools, health care professionals, community-based organizations, and private-sector companies. Components of the program include providing information for parents to foster environments that support healthy choices; providing healthier foods in schools; ensuring that all families have access to healthy, affordable food; and helping kids become more physically active.26 As part of this effort, the President established the first-ever White House Task Force on Childhood Obesity to develop and implement an interagency plan to end childhood obesity.27 The Let’s Move! program is supported by the U.S. Department of Education, the U.S. Department of the Interior, the U.S. Department of Agriculture (USDA), HHS, the White House, and numerous other organizations.28,29

The USDA Food and Nutrition Service administers the Supplemental Nutrition Assistance Program (SNAP), which helped more than 47 million low-income Americans put food on the table in 2013. SNAP primarily serves vulnerable populations, especially households with children, elders, and disabled members. About 44 percent of all SNAP participants are children.29,30 Nutrition educators teach SNAP participants the importance of a healthy diet and how to prepare healthy foods and make healthy choices.30 In 2013, the SNAP budget was $79.9 billion, resulting in an average monthly benefit of $133.07 per person.31

The USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at risk for poor nutrition. Foods provided through the WIC program are designed to supplement recipients’ diets with specific nutrients. Some WIC foods include iron-fortified adult cereal, vitamin C–rich fruit or vegetable juice, eggs, milk, cheese, and peanut butter. WIC served approximately 4.6 million children, 2 million infants, and 2 million women in 2013.31

The Food and Nutrition Service administers other programs that provide healthy food to children, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Summer Food Service Program, the Fresh Fruit and Vegetable Program, and the Special Milk Program.32 These programs are administered by state agencies and help fight hunger and obesity by reimbursing organizations such as schools, child care centers, and afterschool programs for providing healthy meals to children.33 The National School Lunch Program operates in about 100,000 schools and child care institutions. It provided nutritionally balanced low-cost or free lunches to about 30 million children each school day in 2012.33 The School Breakfast Program also operates in schools and child care institutions. Breakfasts served meet federal requirements, and eligible children are offered free or reduced-price breakfasts. In 2012, nearly 13 million children participated daily; of those, more than 10 million received their meals at a reduced price or for free.34


