

## WHAT IS THE

### **MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM (MCAH)?**

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.

The health systems and services funded by the MCAH program enable early identification and treatment of health risks that result in preterm birth, birth defects, chronic disease and other problems that left undiagnosed and untreated, increase costs for health care, education and social services.

The California MCAH Program uses scientific evidence-based methods to develop, target, and evaluate its programs and maintain and improve its population-based data systems. Using ongoing surveillance and survey data, the CA MCAH program continuously assesses the health and needs of the MCAH population to identify new and continuing issues, inform program design, identify areas of greatest need, and identify opportunities to invest resources for optimal public health impact. Every five years, local MCAH synthesizes this information into a comprehensive local needs assessment to identify emerging issues and update public health priorities.

- Saved \$131 million in 2010 in California alone because fewer babies were born premature, saving an average of \$60,000<sup>1</sup> per preterm birth. Efforts to reduce preterm birth are paying off with the rate declining from 10.5% in 2000 to 9.8% in 2011.
- \$5.19 is saved 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.<sup>2</sup>
- \$4 is saved for every \$1 spent<sup>3</sup> on public expenditures for family planning, thus helping women to achieve their childbearing goals, while also saving public dollars.
- \$1.1 billion annual savings to taxpayers. Had CA continued 1991 teen birth rate of 71 births per 1,000, we would have had an additional 52,685 births in 2008. CA's success in reducing teen births represents a total annual savings to society of \$4.5 billion.<sup>4</sup>

### **Local MCAH Programs / Services**

- **Comprehensive Perinatal Services Program** provides nutrition, psychosocial and health education services, in addition to obstetrical care for pregnant women eligible for Medi-Cal.
- **MCAH Field Nursing Home Visiting Program**  
For at-risk population of pregnant women and teens, children age 0-5 & their parents:
  - Offer appropriate health education
  - Assist in access and referral to appropriate health care
  - Developmental screening and appropriate referral for early intervention
  - Promote respectful relationships in an effort to:  
eliminate physical, sexual and emotional abuse and neglect, eliminate substance abuse, decrease unwanted pregnancies
  - Assist with parent-child interaction to maximize child's developmental potential
- **SIDS** response and preventive education
- **Advocacy** for reducing child abuse, reducing substance abuse in pregnant women, improving child health and safety, promoting breast feeding is done through interagency collaboration.

<sup>1</sup>Institute of Medicine (IOM). Report Brief: Preterm Birth: Causes, Consequences, and Prevention. Washington, D.C., National Academies Press, 2006. <http://www.iom.edu/reports/2006/preterm-birth-causes-consequences-and-prevention.aspx>, accessed June 19, 2013. NOTE – 2005 costs were adjusted for inflation to 2012 dollars

<sup>2</sup>Scheffler RM, Feuchtbaum LB, Phibbs CS. Prevention: the cost-effectiveness of the California Diabetes and Pregnancy Program. *Am J Public Health* 1992;82:168–75

<sup>3</sup>Frost, Jennifer J., DrPH et al. The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings. *Journal of Health Care for the Poor and Underserved* 19 (2008): 778–796. [http://www.guttmacher.org/pubs/09\\_HPU19.3Frost.pdf](http://www.guttmacher.org/pubs/09_HPU19.3Frost.pdf), accessed May 1, 2009

<sup>4</sup>Constantine NA, Jerman P and Nevarez CR. No Time for Complacency: Teen Births in California. 2010 Spring Update. Berkeley, CA: Public Health Institute, 2010.

<sup>5</sup>Pourat N, Martinez AE, Jones, JM, Gregory KD, Korst L, Kominski GF. Costs of Gestational Hypertensive Disorders in California: Hypertension, Preeclampsia, and Eclampsia. Los Angeles (CA): UCLA Center for Health Policy Research; 2013.

<sup>6</sup>Pourat N, Martinez AE, McCullough, JC, Gregory KD, Korst L, Kominski GF. Costs of Maternal Hemorrhage in California. Los Angeles (CA): UCLA Center for Health Policy Research; 2013.