

Locating the Future in the Past

A History of MCH Programs in the US

Jeffrey P. Brosco M.D., Ph.D.

Department of Pediatrics

Mailman Center for Child Development

University of Miami

Miami, Florida

“Prevailing Winds” in MCH

I. 20th century: focus on acute care medicine

- Our roots include social determinants of health

II. History of federal MCH programs

- Life course, demography, and politics

III. Title V leaders

- Epidemiology
- Scientific advances
- Popular and political forces

I. Transformation of Medical Practice

1850s

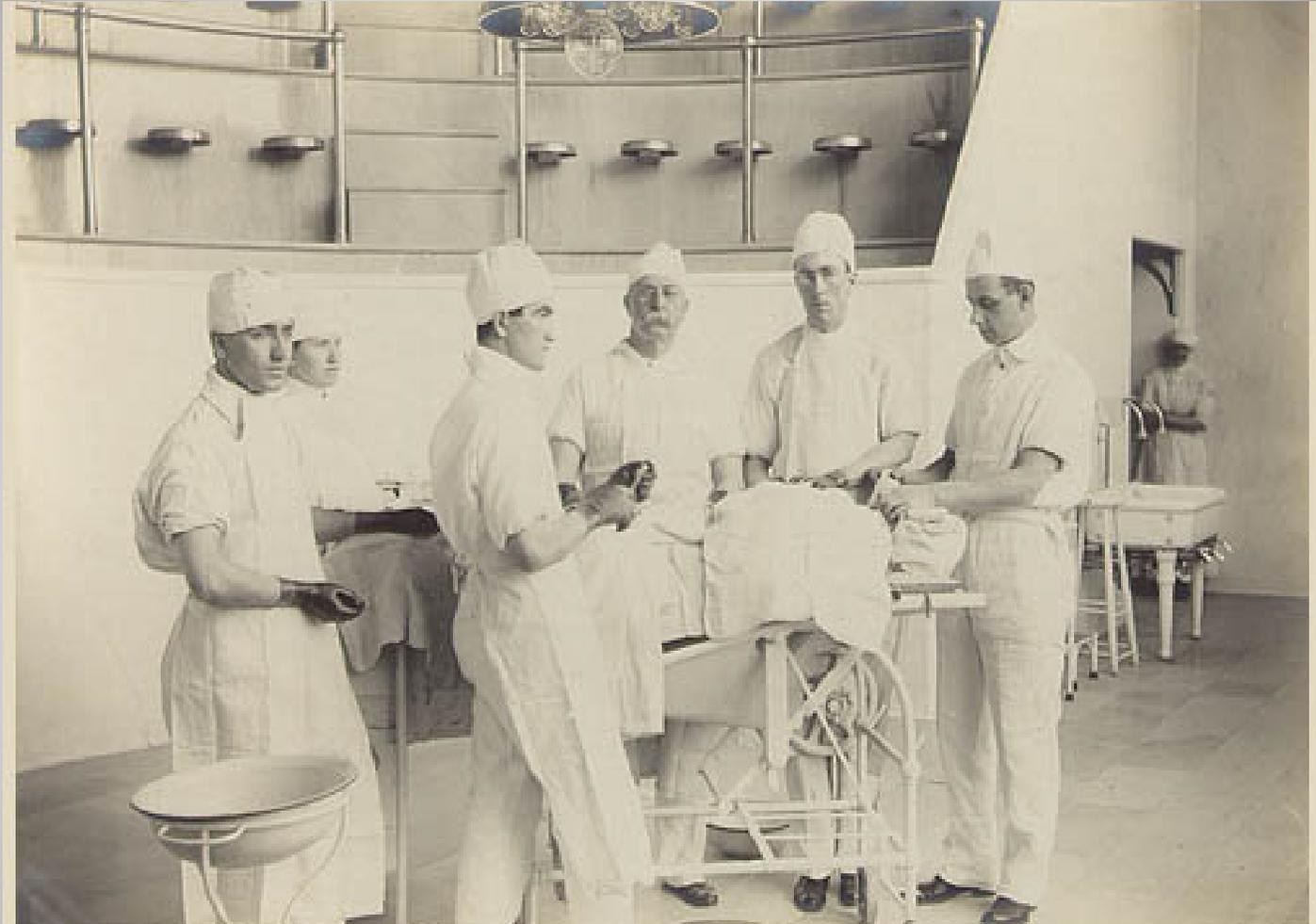
- ◆ General practice
 - ◆ Varied training
- ◆ Rural/local/isolated
- ◆ Low income/prestige
 - ◆ +/- State license
 - ◆ Pre-germ theory
- ◆ Eclectic therapies

1930s

- ◆ Specialization
- ◆ Standardized training
 - ◆ Urban/connected
 - ◆ Reasonable income/prestige
- ◆ License required
- ◆ **Scientist as hero**



Doctor's Office, late 1800s



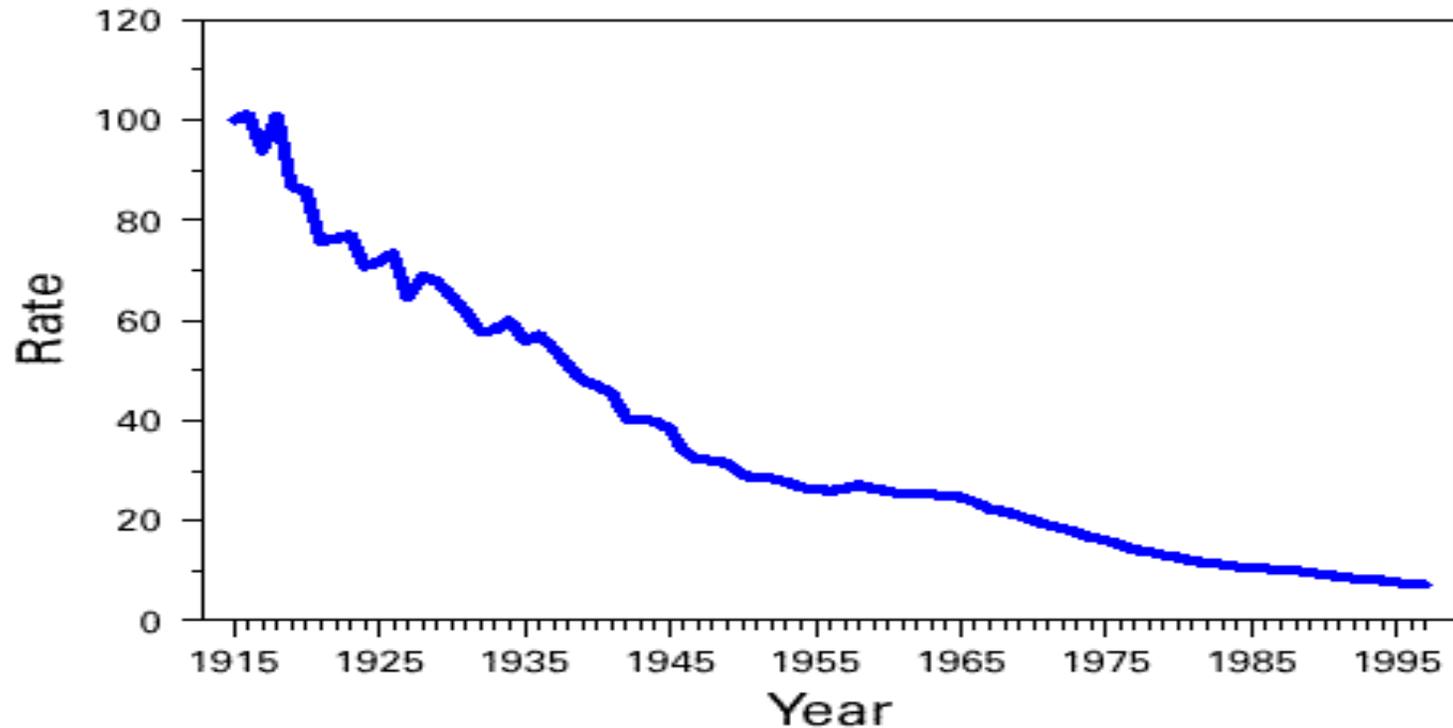
Hospital Operating Suite, c. 1910

Social Determinants of Health

- ◆ Two thousand years (up to 1850s)
 - Illness as humors out of balance
 - Physician investigated a patient's environment & habits
 - No clear distinction between public and personal health
- ◆ By 1930s
 - Illness as disruption of the body by invading organism
 - Physician treats individual patients; public health professionals deal with epidemics, environment

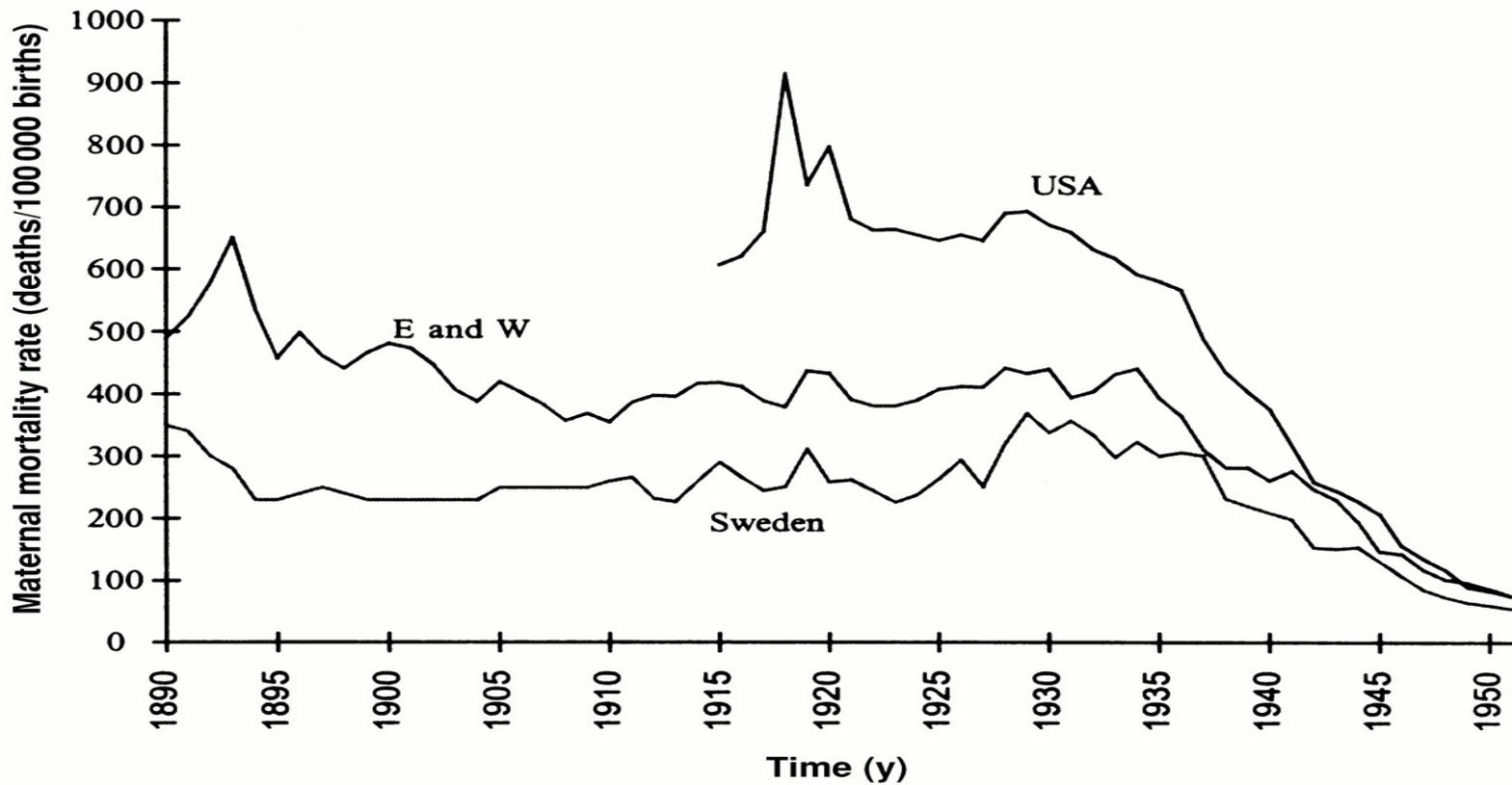
Infant Mortality (US Bureau of Statistics)

FIGURE 1. Infant mortality rate,* by year — United States, 1915–1997



*Per 1000 live births.

Maternal Mortality (Loudon, Am J Clin Nut, 2010)



Faith in Science: Polio Vaccine

- ◆ NY Times, July 11, 1957
 - “MASS VACCINATION CUTS POLIO'S TOLL”

“Mass vaccination with Salk vaccine has sharply reduced the number of paralytic polio cases in the city and state this year, health officials reported yesterday.”
- ◆ Time Magazine, Aug. 12, 1957
 - “POLIO DECLINE”

“Polio is declining sharply in most of the U.S. for the second year, with abundant evidence that much of the improvement is due to the Salk vaccine.”

Technological Imperative in Medicine

- ◆ **“Inward vision; outward glance”**
 - The best way to improve health is to provide technologically sophisticated interventions to patients in the office, in the operating suite, or at the bedside of a modern hospital
 - Vaccines, antibiotics, surgery, etc.

Measles Vaccine?



II. Early History of MCH Programs

- ◆ Social Determinants of Health
 - Early 1800s: Villerme and other scholars use rudimentary statistics to demonstrate relationship between poverty and population health (IMR)
- ◆ Life Course Model
 - Late 1800s: healthy children (and mothers) seen as crucial to the economic/military strength of the nation
 - “War is good for babies . . .”

US Federal MCH Programs

- ◆ 1912 US Children's Bureau
 - Julia Lathrop, first leader of USCB
 - Focus on social causes of infant and child illness
- ◆ 1921 Sheppard – Towner Act
 - Passed in the wake of WWI (unfit recruits)
 - Importance of Amendment XIX
 - Federal grants to states for MCH (basis for Title V)
 - Truly remarkable achievement politically



S. Josephine Baker, c. 1912



Well baby clinic, ca. 1930

Limits of Sheppard-Towner Act

- ◆ Limited to families living in poverty
 - Widespread agreement that in general families should pay a private physician for medical care
- ◆ Limited to well child care
 - MCH personnel could identify illness (weigh the baby) but then refer to physician for treatment
- ◆ Repealed in 1929
 - AMA, AAP, and the women's vote

1935 Title V of the Social Security Act

- Based on Sheppard Towner; key elements persist
- Part of response to the Great Depression
- Limited resources compared to other parts of SSA
 - Social Security (age-based pension plan)
 - Unemployment insurance
- Limited resources compared to European nations
 - “Every child a lion” – collective responsibility

Why Limited Investment in MCH?

- ◆ “Usual suspects”
 - Decentralized nature of US Government
 - Opposition by physicians
 - American “exceptionalism”
- ◆ Differences in demography
 - European problem of insufficient healthy bodies
 - American problem of immigration

III. Accomplishments of Title V

- ◆ Recognizing trends and promoting science
 - 1930s orthopedic impairments
 - Specialty clinics
 - 1940s – 70s cardiac surgery
 - Supporting centers of excellence
 - 1950s – 70s intellectual disability
 - Newborn screening, training programs
 - 1980s – 90s Children with special health care needs

Federal Title V Leaders

- ◆ Variety of specific programs
 - Gathering and disseminating information
 - Funding research or demonstration projects
 - Integrating new approaches into systems of care
- ◆ Administrative entrepreneurs
 - How can the US federal government—in partnership with states—improve MCH?

“Prevailing Winds” in MCH

I. Focus on interventions/acute care medicine

- Social determinants of health is an uphill battle

II. Federal MCH programs

- Limited collective responsibility for population health

III. Title V/MCH leaders

- Glance at the list of today’s speakers