



Association of State Public Health Nutritionists
P.O. Box 1001 • Johnstown, PA 15907-1001
[tel] 814. 255. 2829 • [fax] 814. 255. 6514
www.asphn.org

August 15, 2014

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report OMB No. 0915-0172--Revision. **Comments specifically Address** - The necessity and utility of the proposed information collection for the proper performance of the agency's functions.

The Association of State Public Health Nutritionists (ASPHN) is a non-profit membership organization comprised of public health nutritionists and related professionals. ASPHN appreciates the opportunity to contribute comments regarding the Maternal and Child Health Bureau's (MCHB) Title V Block Grant. We have called upon the expertise of our members to prepare these comments.

ASPHN supports the many positive changes included in this proposal, which should achieve the aims of: (1) reduce burden to states, (2) maintain state flexibility and (3) improve accountability. The changes should also better target MCH resources to meet state identified needs leading to the improved health of women, children (including those with special needs) and families. It is gratifying to have exclusive breastfeeding and physical activity as performance measures.

ASPHN strongly disagrees with the decision not to include nutrition within a performance measures or to have a measure dedicated to obesity prevention. A previous straw measure included both nutrition and physical activity. Given the current obesity epidemic, it is necessary to address both healthy eating and physical activity. Also, nutrition is a key component in reducing infant mortality, an area of great concern to MCHB.

Healthy eating and good nutrition habits are essential for health. It is likely that if nutrition is not specifically identified as an important element of MCH programs it will not be addressed. The research is clear that nutrition is vital to the healthy development and wellbeing of infants, children, youth and adults. The nutritional well being of the MCH population is currently inadequate as evidenced by current statistics on the increase in obesity, poor eating habits and chronic diseases. Nutrition problems among the nation's women and children contribute to widespread health issues, intellectual and developmental problems, reduced productivity and higher health care costs.

Over time, there has been erosion in public health nutrition's ability to engage in population-based activities to improve the health of women and children. Historically, the Maternal and Child Health Bureau (MCHB) had a strong focus on ensuring the nutritional wellbeing of these populations. As stated in page 4 of the Appendix of Supporting Documents "One of the purposes of the Title V MCH Services Block Grant Program is to create federal/state partnerships in all 59 states for developing service systems that address MCH challenges, such as.... - Meeting the nutritional and developmental needs of mothers, children and families." Reduction in funding for the MCH Block Title V grant has forced states to prioritize the services they can offer and the positions they can fund. Additionally, the focus on addressing key performance measures and a movement away from a discipline-based focus has reduced the

visibility of nutrition within Block Grant-funded programs. This change is often coupled with a misunderstanding that programs, such as WIC, can cover all aspects of public health nutrition, which is not the case.

It is still important that state MCH programs consider the nutritional wellbeing of vulnerable women, children and families across funding streams. ASPHN offers the following recommendations to achieve this end.

+ A performance measure that addresses nutrition and exercise and/or one that addresses healthy weight or obesity prevention throughout the lifecourse should be adopted.

- **Include nutrition in performance measure 11 that addresses physical activity.** The measure can be formatted to have two components: one related to physical activity and the other to nutrition. Promotion of healthy eating and preventing overweight and obesity are a lifecourse approach that will positively impact every generation. A focus on nutrition and physical activity supports a public health and social determinants of health approach and is consistent with existing federal health guidance. ASPHN strongly supported MCHB's previous intention to use fruit and vegetable consumption as a measure and recommends this be included in this measure. The ASPHN Fruit and Vegetable Nutrition Council is pleased to work with MCHB on how to impact fruit and vegetable consumption in the MCH population. Although fruit and vegetable consumption has been a priority in chronic disease prevention health programs, the CDC-funded health programs have shifted focus to increasing access to healthy food environments. As a result, there are no specific state-based health programs focused on diet quality across the lifespan.
- **Include a measure on healthy weight or obesity prevention throughout the lifecourse.** While resolution of this measure is beyond the scope of MCH, obesity is a national public health priority. A unique role for a Title V public health system is identifying needs and convening partners to improve healthy weight among women and children or alternately to reduce obesity. Title V cannot independently impact obesity, but can assess, assure and develop policy for the MCH population. Title V could convene partners, integrate an MCH focus into existing services and support the development of needed interventions. No other federal program has this role. USDA programs are typically focused on low-income families and cannot take a broad public health approach. The CDC engages in broad efforts, but often lacks an MCH focus. Title V has the ability to work across public and private sectors as well as clinical and public health systems. Several measures have been suggested: healthy weight during the preconception period, entering pregnancy at a healthy weight, gestational weight gain and weight measurement during adolescent well visits.

+ ASPHN strongly supported MCHB's original intention to use several nutrition related measures to track health status in the MCH population. We recognize and support the inclusion of Health Status/Outcome Measure 11- Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile). We recommend that additional Health Status / Outcome Measures should include:

- **The proportion of women entering pregnancy at a healthy weight.** The most recent National Health and Nutrition Examination Survey found that in the United States, more than one third of women are obese, more than one half of pregnant women are overweight or obese and eight percent of reproductive-aged women are extremely obese. Obesity among pregnant women is associated with increased risk for multiple pregnancy complications, including gestational diabetes, preeclampsia, chorioamnionitis and postpartum hemorrhage. The National Center for Health Statistics is gathering information about maternal prepregnancy body mass index (BMI) that can be used to track entering pregnancy at a healthy weight. By 2015, national data will be available via the 2003 U.S. Standard Certificate of Live Birth.
- **Gestational weight gain.** Women who gain more than the recommended Institute of Medicine guidelines range have increased risks of adverse pregnancy outcomes, including gestational diabetes, prolonged labor, preeclampsia and cesarean birth. Also, for the woman, weight gain during pregnancy predicts postpartum weight retention, which may have implications for her long-term health and future pregnancies. Gestational weight gain also aligns with infant mortality prevention. Evidence shows that counseling about diet, exercise and weight gain is inadequate in many prenatal and primary care settings. Title V can reinforce the importance of the Institute of Medicine's guidelines for gestational weight gain.

✚ ***Integrate nutrition into other performance measures such as: Well woman care, oral health, safe sleep, developmental screening, adolescent well-visit, adequate insurance coverage and medical home.*** When the new guidance is adopted, ASPHN requests MCHB provide information about how to incorporate nutrition into relevant performance measures, as well as using structural and process measures to support collaboration, ensure technical assistance, integrate best/promising practices and use resources such as Bright Futures.

✚ ***Title V programs and MCHB will benefit from having a public health nutritionist on staff who is responsible for assessing and assuring comprehensive quality public health nutrition within Title V activities.*** It is important that public health nutritionists be involved in these transformation efforts. While nutrition is a crosscutting issue that should be addressed by a variety of professionals, a great need exists for specially trained individuals versed in public health nutrition. Nutritionists bring science-based knowledge of public health coupled with expertise in food and nutrition.

Thank you for this opportunity. ASPHN looks forward to working with MCHB and Title V funded programs as this transformation continues. We remain committed to improving the health of women, children and families.

Sincerely,



Karen L Probert, MS, RD
ASPHN Executive Director