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contents:

A Historical Review of Maternal and Child Health Services in Texas

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A HISTORICAL REVIEW OF MATERNAL AND CHILD HEALTH SERVICES IN TEXAS

THE BEGINNINGS

State-sponsored maternal and child health services in Texas had their beginnings toward the end of World War I. Money raised by the American Red Cross was used to place nurses and finance their services in many Texas counties.¹ In 1919, the Texas legislature passed a bill enabling the Department of Health to establish the Bureau of Child Hygiene. With \$25,000 in funding, the Bureau began providing public health nursing services that included health education, prenatal care, and care of the baby and preschool child. The public health nurses also conducted child-health conferences in their communities. These services were augmented by county health nurses working under the supervision of the American Red Cross. A maternity home inspector was hired to survey maternity homes, lying-in hospitals, and baby farms (early infant-care centers).² In 1923, additional state and federal funding totaling over \$73,000 was acquired for the expansion of statewide maternal and child-health services.

Other Texas legislation affecting maternal and child health was passed during the early days of the Bureau. In 1925, a law was passed requiring the instillation of prophylactic drops in the eyes of every newborn child to prevent ophthalmia neonatorum; the State provided the 1% solution of silver nitrate for indigent cases. By 1932, licensure of persons soliciting funds for the welfare of women and children was required by state law. The legislature also created the Bureau of Child Welfare and mandated the removal of responsibility for licensing and supervision of maternity and children's boarding homes from the Bureau of Child Hygiene to the State Board of Control. The Bureau of Child Welfare was to care for the interests of dependent, neglected, and orphaned children. Amendments to the adoption law supported the development of the Child Welfare Program.²

By the 1930s, nursing committees supervised the work of the public health nurses at the county level. These committees included the county health officer, the county superintendent of schools, the chairman of the council of parents and teachers, and teachers and other interested people who understood the nursing program and who could assist the nurses in planning and carrying out their assigned duties.³ Through the maternal and infant program, nurses conducted prenatal conferences, midwife classes, the school health programs, and health surveys of various types; staffed prenatal and infant health centers; organized adult clubs; and participated in appropriate health activities such as child health day and summer round-ups.³ State-funded itinerant nurses provided services in those counties that did not have programs. These public health nurses travelled to areas without local nursing services to provide school inspections, infant and preschool conferences, prenatal care, and immunizations.³

SOCIAL SECURITY LEGISLATION

Title V of the Social Security Act of 1935, gave the states an opportunity to expand services to mothers and children.⁴ Title V became the Maternal and Child Health

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Block Grant in 1982 and continues to be a major source of funding for health services to low-income mothers and children through regional and local health departments.

An amendment to the Social Security Act in 1967 mandated that no less than 6% of Title V funds be expended for family planning services. Texas usually exceeds that requirement by a substantial margin. In 1980, 22.2% of the total (federal plus state matching funds) was spent on family planning.⁵ Title X, which was administered directly by the federal government, and Title XX, administered by the Texas Department of Human Services also provided funding for family planning services to many public health clinics, as well as clinics administered by Planned Parenthood Programs, community health centers, and others. Title XX, which is now part of the Social Services Block Grant, is still administered by the same agency (now called the Texas Department of Human Services). The Title X grant was awarded to the Texas Department of Health, Bureau of Maternal and Child Health (MCH) which is now responsible for all of the Title X projects previously monitored directly by Region VI of the US Department of Health and Human Services.

The Bureau of MCH also provides funding for the Program of Projects. These projects were authorized by Congress in the 1960s, through amendments to Title V, to provide comprehensive health services in areas with concentrations of low income families. The federal government provided direct funding until 1974 when they became a requirement of the basic MCH program.⁴ The following receive funding from the Bureau of MCH: two maternal and infant-care projects (Houston and Grayson County), three children-and-youth projects (Dallas, Robstown, and Galveston), one family planning project (Del Rio), two high-risk infant programs (Austin, San Antonio), and one preschool dental project (Robstown).

SCHOOL HEALTH SERVICES

Public health nurses have provided nursing services to school children since the 1930's. Amendments to the Gilmer-Aiken Laws in 1949 gave county commissioners the authority to appropriate money for the employment of registered nurses to provide general public health nursing services in the public schools. By 1950, the number of nurses employed by school boards had increased from 146 nurses in 30 agencies to 390 nurses in 145 agencies. The School Health Service Program, by 1945, had consolidated public health activities affecting schools and school children with the goal of better promoting a healthful school environment and sanitation, a basic program for the school child and child care and parental health education.⁶ A nurse from the TDH Division of Public Health Nursing was appointed School Nursing Consultant. This position was transferred to the Division of Maternal and Child Health in 1956, and remained filled until January 1972.³ A school nurse consultant is now employed by the Texas Education Agency, and the majority of school nurses are employed by the school boards. Nevertheless, local health departments still are called upon to provide nursing services in those schools that do not have school nurses.

By 1974, the TDH School Health Program became the acting executive agency of the Texas Interprofessional Commission on Child Development. It also was responsible for supervising twelve demonstration centers sponsored by nine urban and rural school districts and three teachers colleges.⁷ The available information does not indicate when these activities were phased out, but with the hiring of a school nurse consultant by the Texas Education Agency and the trend toward the employment of nurses by school boards, direct involvement by the TDH Bureau of MCH gradually diminished.

ONGOING PROGRAMS

Through the years, the Bureau of MCH has provided services directed toward the prevention and reduction of infant mortality and the promotion of general maternal

and child health in Texas. The following programs are administered by the Bureau of Maternal and Child Health:

1. The Newborn Screening Program (VTCS, Article 447C-447C-1) began in 1965 as the PKU Screening Program and later expanded to include congenital hypothyroidism, sickle cell trait (abnormal hemoglobin), and galactosemia. The law covers all children born in Texas. A strong component of the program is the provision of follow-up services to assure early diagnosis and treatment.
2. The Special Supplemental Food Program for Women Infants and Children (WIC) (PL 95-627-Sec. 17 of the federal Child Nutrition Act) was authorized by Congress in 1972. This program, funded through the Department of Agriculture, provides certain supplemental foods and nutritional education to low income mothers and children who are at nutritional risk.
3. Vision, Hearing, and Speech/Language Screening Services (Special Senses and Communication Disorders Act, VTCS, Article 4419g), passed in 1983.
 - a. Vision and Hearing Screening -- Screening services were initiated in 1945 as part of the basic school health program to provide training for screening personnel and to monitor the vision and hearing screening being done voluntarily on school children.⁷ Vision screening was mandated in 1979, while hearing screening became required in 1983 for certain school-age children. In addition, children in preschools who are age four years or older are now required to have their vision and hearing screened.
 - b. Hearing Conservation -- An amendment to the Texas Public Health Plan in 1957 established the hearing conservation program and the hearing aid procurement program to identify and assist children with suspected hearing problems. Part of this program, now known as the Children's Hearing Aid Loan Program (CHALP), furnishes hearing aids and remedial services to children from indigent families. A law passed in 1975 mandated the control, registration, and training of persons using hearing testing equipment and the registration of such equipment (Texas Regulation for Infrasonic, Sonic, and Ultrasonic Radiation - VTCS, Article 4590f).⁸
 - c. Speech Services -- The program currently offers an optional speech/language screening tool known as the TASSL (Texas-Acevedo Screening of Speech and Language).
4. The Lay Midwifery Program (Lay Midwifery Act, VTCS, Article 4512i) was developed to identify and monitor lay midwives practicing in Texas. The Lay Midwifery Board is authorized to issue a manual and establish training courses.
5. The SIDS Program (Sudden Infant Death Syndrome, VTCS, Article 4447E-2), funded through the Bureau of MCH, pays for autopsies of SIDS infants in those counties that do not have coroners. The Bureau also disseminates SIDS information and gathers data regarding its incidence.

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6. The Texas Genetic Network began in 1979 with funding provided through the National Genetic Disease Act. The Network currently supports genetic disease counseling and evaluation programs at the University of Texas Medical Branch - Galveston (with a satellite in Austin), University of Texas Health Science Center (UTHSC) - Houston, Baylor College of Medicine, UTHSC-San Antonio, UTHSC-Dallas, the El Paso Rehabilitation Center, the Sickle Cell Anemia Foundation in Dallas, and the Sickle Cell Research Foundation in Houston. Both formal and informal agreements have been made with the Genetic Screening and Counseling Service of The Texas Department of Mental Health and Mental Retardation, which operates numerous genetic clinics in small metropolitan and rural areas of the state.
7. The Spinal Screening Program was initiated in 1983 by the Texas Department of Health and the Texas Education Agency to provide education and information regarding scoliosis screening and to encourage voluntary screening in areas where this was not being done. The Bureau of Maternal and Child Health, in cooperation with TEA, conducted a series of workshops for school nurses and collected data regarding spinal screening activities in the schools. In 1985, spinal screening was mandated by law (HB 832-McKinney) in public and private schools. Responsibility for the program was given to the Texas Department of Health in cooperation with the Texas Education Agency.
8. The Maternal and Infant Health Improvement Act (HB1023) was passed in 1985 to facilitate comprehensive health and ancillary services to eligible pregnant women and their infants. Funds will be provided for prenatal care and hospital care for mother and baby, including neonatal intensive care and follow-up services for the infant when necessary.

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References available upon request.

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