Maternal and Child Health Nutrition Council

2011 Nutrition Services in State MCH Programs Inventory

The Maternal and Child Health Council of the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) conducted an inventory in spring 2011 to better understand the availability of nutrition services for the MCH population served by the Title V MCH Block Grant. The Council sent a survey to 97 people; 46 people from 36 states responded.

- Nearly all respondents indicated that the nutrition services are not adequate to meet their states’ MCH programs needs.
- MCH programs are typically relying on other programs such as WIC or CDC-funded services to provide nutrition to the MCH population within their states.
- More resources are needed if public health nutrition services are to be expanded within MCH programs.
- The main reasons that states do not fund MCH public health nutritionists were “they could seek consultation in other units,” “other programs such as WIC addressed this issue” and “competing priorities for funds.”
- No respondents indicated they did not need the expertise of a public health nutritionist.
- One out of three respondents indicated that the MCH program in their state had previously funded nutritionists but no longer does so because of lack of funds or competing priorities.
- Healthy weight/obesity prevention is the topic most MCH-funded public health nutritionists are addressing, followed by working with children with special health care needs, policy and environmental change, infant and child feeding, breastfeeding, healthy eating initiatives and chronic disease prevention.
- Fifteen of the 36 states represented use MCH funding to support public health nutritionists. The total FTEs funded by MCH ranged from less than one FTE to three FTEs. One state contracts for these services.
- Over half of respondents indicated that their state provides public health nutrition services at the population-building, infrastructure, and enabling levels of the MCH Pyramid, with about 40 percent at the direct health care level.
- Suggestions for new products and services to improve public health nutrition centered on sharing effective interventions, partnership development, and staffing/management resources.