

Glossary of Common MCH Terms and Acronyms

General Terms and Definitions	
Term/Acronym	Definition
Accountable Care Organization ACO	Organizations that coordinate and provide the full range of health care services for individuals. The ACA provides incentives for providers who join together to form such organizations and who agree to be accountable for the quality, cost, and overall care of their patients.
Adolescence	Stage of physical and psychological development that occurs between puberty and adulthood. The age range associated with adolescence includes the teen age years but sometimes includes ages younger than 13 or older than 19 years of age.
Antepartum fetal death	Fetal death occurring before the initiation of labor.
Authorization	An act of a legislative body that establishes government programs, defines the scope of programs, and sets a ceiling for how much can be spent on them.
Birth defect	A structural abnormality present at birth, irrespective of whether the defect is caused by a genetic factor or by prenatal events that are not genetic.
Cost Sharing	The amount an individual pays for health services above and beyond the cost of the insurance coverage premium. This includes co-pays, co-insurance, and deductibles.
Crude birth rate	Number of live births per 1000 population in a given year.
Birth spacing	The time interval from one child's birth until the next child's birth. It is generally recommended that at least a two-year interval between births is important for maternal and child health and survival.
BMI	Body mass index (BMI) is a measure of body weight that takes into account height. Calculated as body weight in pounds divided by height squared in inches. Overweight is a BMI greater than 25, and obesity is considered a BMI greater than 30.
Comprehensive sexuality education	Comprehensive sexuality education programs include education on abstinence as well as other methods of contraception that can prevent pregnancy and STDs. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information. (SIECUS)
Contraceptive failure rate	The average probability of having an unintended pregnancy in a year of using a specific contraceptive method.
Crude Birth Rate	Number of births per 1,000 population
Developmental Disability	A severe, chronic disability which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in multiple areas of major life activity (e.g., self-care, language, learning, mobility, self-direction, etc.); and reflects the person's needs for a combination and sequence of special, interdisciplinary, or generic care treatments of services for an extended duration.

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Domestic Violence (DV)	Also known as intimate partner violence (IPV).
Early childhood caries	Tooth decay present in infants and young children.
Early prenatal care	Prenatal care initiated within the first 12 weeks of pregnancy.
Essential Benefits	General categories of benefits as defined by the ACA that must be included in a qualified health plan, effective January 1, 2014.
Exclusive Breastfeeding	No other food or liquid other than breastmilk, including water, is consumed by an infant.
Fetal alcohol syndrome (FAS)	FAS is one of the leading causes of mental retardation in the U.S. and is caused by the consumption of alcohol during pregnancy.
Federal Financial Participation (FFP)	Federal matching funds paid to States and local health departments to cover Medicaid services or administrative costs.
Federally Qualified Health-Center (FQHC) Services:	FQHC Services are primary and other ambulatory care services provided by community health centers and migrant health centers receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. States are required to include services provided by FQHCs in their basic Medicaid benefit package as well as benchmark benefit packages.
Federal Poverty Level (FPL)	The definition of poverty used as the income standard for certain categories of beneficiaries. The current HHS Poverty Guidelines are available at http://aspe.hhs.gov/poverty .
Fertility Rate	The number of children that would be born per woman, if she were to live to the end of her childbearing years (age 15-45) and bear children at each age in accordance with the prevailing age-specific fertility rates
Fetal death rate	Death of a fetus prior to birth. Fetal deaths are monitored as part of the state vital records system. In California, fetal deaths occurring at 20 weeks gestation or later are monitored. Fetal death includes stillbirths, spontaneous abortions, and miscarriages. It does not include induced terminations. The fetal mortality rate is expressed as the number of fetal deaths per 1,000 live births + fetal deaths.
Fetal and Infant Mortality Review	Fetal Infant Mortality Review (FIMR) A community-based program that reviews the contributing factors to fetal and infant deaths within a local health jurisdiction, funded in part by Title V. These FIMR community groups identify the necessary actions to prevent these deaths, thus improving health services for families.
Fetal mortality ratio	The ratio of the number of fetal deaths to live births in a specified period multiplied by 1,000.
FMLA	Federal law requiring large employers to offer 12 weeks of unpaid leave in a 12-month period for serious illness, care for a sick family member or care for a new child by birth/adoption. States may change the threshold definition for the number of employees for which leave is required, extend definition of family, increase the number of situations or activities for which leave may be taken.
Gestational age	Fetal age in weeks, measured from the date of the mother's last menstrual period.
Gestational Rate Gain	Maternal weight gain during pregnancy.
GPRA	Government Performance Results Act of 1993. The purpose of the act is to increase the

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	efficiency of government by encouraging the setting of measurable goals and objectives by which programs can be assessed (performance standards)
Grandfathered Plan	A health plan that was in existence on the March 23, 1010 ACA effective date.
Gravidity	Number of pregnancies a woman has had whether or not the pregnancy resulted in a live birth.
Health inequity	Unjust and avoidable differences in health status or in the distribution of health determinants among different population groups.
Health Insurance Exchange	A competitive insurance marketplace required under the ACA where individuals and small employers can shop for health plans. Exchanges will assist individuals and small businesses in comparing and purchasing qualified health plans. If a state decides not to establish an Exchange, the federal government will establish one in that state.
Health Savings Account HSA	A tax-exempt account that can be used to pay for qualified medical expenses. Individuals can obtain HSAs from most financial institutions, or their employer. Both employers and employees can contribute to the plan.
HIPAA	Health Insurance Portability and Accountability Act: Requires State Medicaid programs to use national codes for electronic transmission of information related to health claims and to have a Medicaid Management Information System (MMIS). Also identifies provisions to protect the privacy of individually identifiable health information, national standards for the security of electronic protected health information, and provisions to protect identifiable information being used to analyze patient safety events and improve patient safety.
Home visiting program	Frequently used strategy for providing services to improve the health of children and families. Home visiting is popular because it is flexible and allows the family to interact with a health worker (e.g., public health nurse, community health worker) in a setting that is often most comfortable for them.
Impaired fecundity	The status of a woman who is either part of an infertile couple or who reports that it is physically difficult or impossible to conceive or deliver a baby or who has been told by a physician that pregnancy would pose a danger to her or the baby.
Infertility	primary infertility: The status of an infertile couple who has not previously conceived. secondary infertility: The status of an infertile couple who has had one or more previous conceptions.
Infant mortality rate	The death of a live-born infant before its first birthday. The infant mortality rate is widely considered to be a measure of the health and wellbeing of a community and is expressed by the number of infant deaths per 1,000 live births. <p align="center">Neonatal Mortality Rate – The number of infant deaths less than 28 days of life per 1,000 live births</p> <p align="center">Postneonatal Mortality Rate – The number of infant deaths 29 days to 11 months of age per 1,000 live births.</p>
Interconception care	The package of healthcare and ancillary services provided to a woman after the birth of one child to the birth of her next child. Also called internatal care.
Intrapartum fetal death	Fetal death occurring after the initiation of labor and before delivery.

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IUGR	Intrauterine growth restriction (originally intrauterine growth retardation) occurs when fetal growth is abnormally slow and when born, the baby appears too small, considering its gestation age. IUGR is associated with increased risk of medical illness and death in the newborn.
Kessner index	A classification of prenatal care developed by the Institute of Medicine in 1973 that adjusts the timing and quantity of prenatal care for the length of gestation to determine levels of adequate, inadequate, and intermediate prenatal care. David Kessner was the first author of the Institute of Medicine's report.
Kotelchuck Index	The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services).
Late prenatal care	Prenatal care initiated in the third trimester of pregnancy.
LGBTQQI	Lesbian, gay, bisexual, transgender, queer, questioning, intersex
Live Birth	Any product of conception, regardless of the duration of gestation, that has a pulsatile cord or a heart beat, that takes a breath or makes a voluntary movement, even if still attached to the umbilical cord.
Low birth weight (LBW)	A birth weight of 2,500 grams (approximately 5.5 lbs) or less. Low birth weight may be result of preterm birth (birth before 37 weeks gestation) or intrauterine growth restriction (also known as small-for-gestational age). Infants born weighing less than 2500 grams (5 and ½ lbs). They may be born prematurely or at term but small for gestational age (SGA). Very low birth weight infants (VLBW) are those <1500 grams (3.25 lbs), and extremely low birth weight infants <1000 grams (2 lbs.). Low birth weight is not synonymous with prematurity.
Maternal Death Maternal Mortality Rate	Defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The time limit is gradually being expanded from 42 days through 90 days to one year to parallel infant mortality. The maternal mortality rate is expressed as the number of maternal deaths per 100,000 live births.
MIHA	Maternal Infant Health Assessment: an annual survey of California women who recently gave birth to a live infant. MIHA collects population-based information about maternal health status, health behavior, knowledge, and experiences before, during and shortly after pregnancy. The survey is modeled after the CDC's PRAMS. See PRAMS.
Mistimed Pregnancy	A pregnancy that was intended but occurred sooner than the mother would have liked.
Neonatal death	Death of a live-born infant from birth to <28 days of life. The neonatal mortality rate is expressed as the number of neonatal deaths per 1,000 live births.
Net Pregnancy weight gain	Total weight gain of the mother during pregnancy after the birth weight of the infant is subtracted.
Newborn screening	The process of testing newborns for genetic, endocrinologic, metabolic and hematologic diseases that can affect the child's long-term health and survival.

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Neural Tube Defect (NTD)	NTD is a birth defect of the brain or spinal cord. NTDs are among the most common birth defects in the U.S., and they occur within the first month of pregnancy before most women know they are pregnant.
Nulligravida	A woman who has never been pregnant.
Overweight/Obese	See BMI.
Periconceptional	Occurring around the time of conception.
Parity	The number of live-born children born to a woman.
Perinatal	Pertaining to the period immediately before and after birth. The perinatal period is defined in different ways. Depending on the definition, it starts at the 20th to 28th week of gestation and ends 1 to 4 weeks after birth.
Perinatal Depression	Depression that occurs during pregnancy or within a year following the birth of a child.
Postneonatal death	Death of a live-born infant from 28 days of life and before its first birthday. The postneonatal mortality rate is expressed as the number of postneonatal births per 1,000 live births.
Postpartum depression	Moderate to severe depression that can occur to a mother, and less frequently fathers, within the first year of the birth of a child.
Pregnancy Risk Assessment Monitoring System (PRAMS)	PRAMS is an ongoing state-level, population-based surveillance system that identifies and monitors selected maternal experiences and behaviors before, during, and after pregnancy. Each state uses the same standardized protocol that involves a mail questionnaire with telephone follow-up to survey mothers who recently gave birth. Responses are then weighted to be representative of all women who gave birth in each state during that year. A project of the CDC.
Precocious Puberty	Precocious puberty is the unusually early development of secondary sexual features. The onset of sexual maturation in a girl before age 8 or a boy before age 9 is usually considered to be precocious puberty.
Preconception care	Preconception care is a set of interventions that identify and modify biomedical, behavioral and social risks to a woman's health and future pregnancies. It includes prevention and management, emphasizing health issues that require action before conception or very early in pregnancy for maximum impact. The target population is women of reproductive age, although men are also targeted by several components of preconception care. The goal of preconception care is to provide screening for risks, health promotion and education, and interventions to address identified risks. (CDC)
Prematurity	Infants born before 37 completed weeks of gestation. A variety of cut points are used to identify severity of prematurity: <25 weeks, borderline viability; <28 weeks, extreme prematurity; 28-32 weeks, moderate prematurity; and 32-36 weeks, late preterm. However, these cut points are not used consistently in the literature.
Prenatal screening	Screening tests conducted during pregnancy to detect potential diseases or conditions of the fetus. Examples include nuchal translucency scan, alpha fetoprotein screening and fetal anatomy ultrasounds.
Preterm birth	Birth of a live born infant before the 37th completed week of gestation.
Prevention	primary prevention: An intervention implementation before there is evidence of a disease or injury. This strategy can reduce or eliminate causative risk factors (risk reduction).

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	<p>secondary prevention: An intervention implemented after a disease has begun, but before it is symptomatic(screening and treatment).</p> <p>tertiary prevention: And intervention implemented after a disease or injury is established. This strategy can prevent sequelae.</p>
Primary Care	<p>1. Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system. Primary care is considered comprehensive when the primary provider takes responsibility for the overall coordination of the care of the patient's health problems, be they biological, behavioral, or social. The appropriate use of consultants and community resources is an important part of effective primary care. Such care is generally provided by physicians but is increasingly provided by other personnel such as nurse practitioners or physician assistants.</p> <p>2. Initial contact for personal health care, including care from physicians and other health care practitioners trained in general pediatrics, general internal medicine, obstetrics and gynecology, and family practice. Also provides for continuity of services and referral for subsequent necessary care.</p> <p>3. The point when the patient first seeks assistance from the medical care system; also the care of the simpler and more common illnesses. The primary care provider usually also assumes ongoing responsibility for the patient in both health maintenance and treatment.</p>
Public Health	<p>1. The science dealing with the protection and improvement of community health by organized community effort. Public health activities are generally those that are less amenable to being undertaken by individuals or which are less effective when undertaken on an individual basis and do not typically include direct personal health services. Public health activities include: immunizations; sanitation; preventive medicine, quarantine and other disease control activities; occupational health and safety programs; assurance of the healthfulness of air, water, and food; health education; epidemiology, and others.</p> <p>2. Application of scientific and technical knowledge to address community health needs, thereby preventing disease and promoting health. Core functions include collecting and analyzing data, developing comprehensive policies for entire populations, and assuring that appropriate services are delivered to all.</p>
Qualified Health Plan	Health plans that are offered through an Exchange which have been certified as providing the essential health benefits package as required by the ACA.
Resilience	A term often used in youth development, resiliency refers to the supports and opportunities that young people have in their lives that help them overcome challenge and adversity and meet basic human developmental needs for safety, connection, belonging, identity, respect, mastery, power, and, ultimately, meaning. Resiliency stems from both internal assets (e.g., values, competencies, self perception, and self-efficacy) and external assets (e.g., family, community, and school environments).
Risk or Risk Factor	Risk is a term used to quantify the likelihood that something will occur. A risk factor is something that either increases or decreases an individual's risk of developing a disease. However, it does not mean that, if exposed, an individual will definitely contract a

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	particular disease. Risk factors include social, economic or biological status, behaviors or environments that are associated with or cause increased susceptibility to a specific disease, ill health, or injury.
SBHC	School-based health center
Screening	The use of quick procedures to differentiate apparently well persons who have a disease or a high risk of disease from those who probably do not have the disease. It is used to identify high risk individuals for more definitive study or follow-up.
SIDS	Sudden Infant Death Syndrome
Social determinants of health	The social determinants of health are the conditions in which people are born, grow, live, work, play and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (<i>WHO</i>)
Spontaneous abortion (SAB)	Spontaneous death of a fetus prior to birth. In some surveillance systems, this term indicates such deaths at gestational age less than 20 weeks (and the term fetal death is then used for deaths that occur at 20 weeks gestation or greater).
Stillbirth	Death of a baby prior to birth. In some surveillance systems, this term is called fetal death and indicates such deaths at gestational age of 20 weeks or more.
Therapeutic abortion (TAB)	Refers to an abortion brought about intentionally. Sometimes called an induced abortion.
Teen birth rate	Number of births occurring to teen females per 1,000 teen females. Typically refers to births to teens 15 to 19 years of age, but may be defined to include teens younger than 15 years.
Teratogen	An exposure that causes birth defects. The classes of teratogens include radiation, maternal infections, chemicals, and drugs.
Tertiary Care	Services provided by highly specialized providers (e.g., neurologists, neurosurgeons, thoracic surgeons, intensive care units). Such services frequently require highly sophisticated equipment and support facilities. The development of these services has largely been a function of diagnostic and therapeutic advances attained through basic and clinical biomedical research.
Total fertility rate (TFR)	The average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year.
Unintended pregnancy	A pregnancy identified as either unwanted or mistimed.
Unwanted Pregnancy	A pregnancy occurring when the mother reported that she did not want a child at the time of conception or any time in the future.
VBAC	Vaginal birth after cesarean delivery
VLBW	Very low birth weight (VLBW): birth weight less than 1,500 grams, or 3.3 lbs.

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Term/Acronym	Definition
Youth development	A process which prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them to become socially, morally, emotionally, physically, and cognitively competent. Positive youth development programming addresses the broader developmental needs of youth, in contrast to deficit-based models that focus solely on youth problems. (<i>National Collaboration of Youth Members</i>)
Youth Risk Behavior Surveillance System (YRBSS)	The YRBSS monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. Includes a school based survey conducted in various states, large urban school districts, territories and tribal governments.

Federal Agencies and Selected MCH-related National Organizations

Term	Definition
AAP	American Academy of Pediatrics
ACF	Administration for Children and Families: Federal agency within the Department of Health and Human Services that is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.
ACOG	American College of Obstetricians and Gynecologists
AMCHP	Association of Maternal and Child Health Programs: member organization for State MCH Programs.
ASTHO	Association of State and Territorial Health Officials
ATMCH	Association of Teachers of Maternal and Child Health
BHP	Bureau of Health Professions _____
BPHC	Bureau of Primary Health Care, within HRSA, _____
CDC	The Centers for Disease Control and Prevention (CDC) is the Federal agency charged with protecting the nations' public health by providing direction in the prevention and control of communicable and other diseases and responding to public health emergencies. It provides state, local and international consultation and extensive epidemiologic services. It is the home of the National Center for Vital Statistics.
CMS	Centers for Medicare and Medicaid Services (CMS): Federal agency under the U.S. Department of Health and Human Services that administers Medicare, Medicaid, and CHIP. Formerly called the Health Care Financing Administration (HCFA).
CityMatCH	A national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States.
DOE	U.S. Department of Education. Among a wide range of education programs, DOE administers Early Intervention and Special Education programs of the IDEA.
HRSA	Health Resources and Services Administration (HRSA): One of the eight agencies of the U.S. Public Health Service, HRSA has responsibility for addressing resource issues relating to access, equity and quality of health care, particularly to the disadvantaged and underserved.

Federal Agencies and Selected MCH-related National Organizations

Term	Definition
HHS/DHHS	U.S. Department of Health and Human Services
MCHB	Maternal and Child Health Bureau, part of the U.S. Department of Health and Human Services, Health Resources and Services Administration.
NACCHO	National Association of County and City Health Officials.
NCHS	National Center for Health Statistics: Part of the CDC, the NCHS is the principal health statistics agency in the U.S.
NCSL	National Conference of State Legislatures
NGA	National Governors' Association
OPA	Office of Population Affairs. Within DHHS, this office administers Family Planning (Title X, PHSA) and Abstinence Education Programs.
SSA	Social Security Act: Title V of the SSA provides the basis for public health programs funded by the federal government, including the MCH Block Grants. It is administered by the Department of Health and Human Services, under HRSA through the MCHB. Title XIX of the SSA established Medicaid.
SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA): The mission of SAMHSA is to provide, through the U.S. Public Health Service, a national focus for the Federal effort to promote effective strategies for the prevention and treatment of addictive and mental disorders. SAMHSA is primarily a grant-making organization, promoting knowledge and scientific state-of-the-art practice.
USDA	U.S. Department of Agriculture, which administers a number of important food and child nutrition programs, such as WIC, SNAP, and the School Breakfast and Lunch Programs through its Food and Nutrition Services (FNS).

Selected Federal Programs Related to MCH

Term/Acronym	Definition
AFDC	Title IV-A, Social Security Act) Aid to Families with Depended Children, a federal/state public assistance program to provide financial aid and medical care to families with dependent children. See TANF below.
Affordable Health Care Act ACA	Often simply referred to as the ACA, the Patient Protection and Affordable Care Act (PPACA) is a United States federal statute signed into law by President Barack Obama on March 23, 2010. The law (along with the Health Care and Education Reconciliation Act of 2010) is the principal health care reform legislation of the 111th United States Congress. PPACA reforms certain aspects of the private health insurance industry and public health insurance programs, increases insurance coverage of pre-existing conditions, expands access to insurance to over 30 million Americans, and increases projected national medical spending despite lowering projected Medicare spending under previous law.

Selected Federal Programs Related to MCH

Term/Acronym	Definition
Child Care and Development Fund CCDF	A block grant program to the states to assist with child care for low income families and to improve the quality of child care.
CHIP, CHIP-RA	Children’s Health Insurance Program (CHIP): A Federal-State matching health care block grant program for uninsured low-income children. Children who are eligible for Medicaid are not eligible for CHIP, although States can administer CHIP through their Medicaid programs. Initially known as the State Children's Health Insurance Program (SCHIP), and following the most recent reauthorizations, is sometimes referred to as CHIP-RA. The program is authorized under Title XXI of the Social Security Act.
CSHCN	Children with Special Health Care Needs (CSHCN): National program funded in part, through the Federal Title V Maternal and Child Health Block Grant to provide services to children and youth with special health care needs. The scope and eligibility of State CSHCN Programs and services varies from state to state.
DGIS	The Discretionary Grant Information Systems (DGIS) is administered by MCHB on an online portal, where performance measure and service data are available to the public.
EITC	Refundable income tax credit for low and moderate income individuals to offset withholding taxes.
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A program mandated by law as part of the Medicaid program which requires that States provide periodic screenings to identify physical (including vision, hearing and dental) and mental conditions, to Medicaid-eligible children under age 21. State Title V and Medicaid agencies are required to participate in coordination of EPSDT services.
Family Planning/ Title X	The Title X (Public Health Service Act) program provides primary reproductive care — including contraception, treatment of STIs, preventive services, such as screening for breast and cervical cancer, pregnancy tests and counseling — to low-income people who may otherwise have no access to these services. In addition, Title X provides for training clinic personnel, information dissemination and community education and outreach activities, and data collection and research to improve service delivery.
Head Start Early Head Start	Head start provides a range of services-educational, social, health and nutritional-to low-income children before they enter school. The goal of Head Start is to bridge the gap in early childhood development that is thought to exist between economically disadvantaged children and their more advantaged peers, so that they begin their formal education on a more equal basis. The original program was for 4-5 year-olds; more recently Early Head Start extends the program to the 1-3 year-olds. These programs are administered by ACF in DHHS.
Individuals with Disabilities Education Act IDEA	The legislation dating back to the 1970s designed to provide educational services to children with disabilities. The fundamental principle is that children will receive free appropriate public education in the least restrictive setting. Norms are set nationally, modified at the state level, but funded locally.
Medicaid	The Federal/State program that pays for medical assistance (insurance) for certain individuals and families with low incomes. Assists States in providing medical long-term care to people who meet defined eligibility requirements.
Medicare	Title XVIII of the Social Security Act provides for health insurance for all individuals age 65 years and over.

Selected Federal Programs Related to MCH

Term/Acronym	Definition
NSLP	The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches in areas where children live at 200% of the federal poverty level and below..
SBP	The School Breakfast Program (SBP) provides cash assistance to States to operate nonprofit breakfast programs in schools and residential childcare institutions.
SCHIP	State Children's Health Insurance Program. See CHIP.
Section 8	Federal program that provides low income families vouchers for renting housing. The family pays up to 30% of income for the rent and the program pays the remainder
SNAP	Special Nutrition Assistance Program. The food stamp program provides a monthly supplement, in the form of chits to enhance the food purchasing power of low-income individuals and families. Food stamp benefits received are usable to purchase food for home consumption and, in certain cases, prepared meals or food-related items such as seeds and plants for growing food at home. The program's eligibility and benefit rules are federally established and, with few exceptions, are nationally uniform. The program is administered by the USDA.
SPRANS	Special Projects of Regional and National Significance (SPRANS): Part of the Title V MCH Block Grants Program. Activities under SPRANS include MCH research; training grants; genetic disease testing, counseling, and information dissemination; hemophilia diagnostic and treatment centers; and other special MCH improvement projects that support a broad range of innovative strategies.
SSI	Supplemental Security Income (SSI): A Federal entitlement program that provides monetary assistance to specific beneficiaries. The SSI program was established under Title XVI of the Social Security Act. In most States, SSI beneficiaries are also eligible for Medicaid.
Title V IS (TVIS)	Title V Information System: electronic system that captures data from all annual Title V Block Grant applications and reports submitted by states, territories, and jurisdictions and provides information on key measures and indicators of maternal and child health in the United States.
Title V	Enacted by Congress in 1935 as part of the Social Security Act, the only legislation to promote and improve the health of all mothers and children. Title V authorized the creation of the MCH and CSHCN programs, providing the infrastructure to achieve this mission.
Title XIX	See Medicaid. Enacted by Congress in 1965 as part of the Social Security Act, the legislation that authorizes the Medicaid program that pays for medical assistance for certain individuals and families with low incomes who meet defined eligibility requirements.
TANF	Temporary Assistance for Needy Families (TANF): A Federal block grant program that provided matching funds and services to States for low-income families with children.
WIC	Women, Infants, and Children Program (WIC): Administered by the U.S. Department of Agriculture, WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Selected Legislative Terms Important to Understanding Federal MCH Programs

Term/Acronym	Definition
Authorization	An act of a legislative body that establishes government programs, defines the scope of programs, and sets a ceiling for how much can be spent on them. The authorization may be for a specific amount of money or an indefinite amount. Authorizations of specific amount are construed as a ceiling on the amounts that subsequently may be appropriated in an appropriation bill, but not as minimums. Authorizations do not actually provide funding.
Block Grant Program	Also known as a “formula grant,” a transfer of a capped amount of Federal funds to States and/or local governments for broad purposes such as health. Funds (usually from various separate sources) are consolidated for allocation for multiple purposes. Recipient agency can determine specific expenditures within the broad framework. Administrative, fiscal, reporting planning, and other federal requirements are kept to a minimum. A block grant usually gives States larger discretion on how the funds are to be used.
Categorical Program	Designed to address a single, circumscribed issue, problem, population, or intervention strategy. For example, family planning, genetics services, home visiting, community health centers, would be considered categorical programs. Program direction and strictures regarding use of funds are usually well-defined and limited and planning, accounting, reporting, and personnel requirements often accompany allocation of monies. Expenditures are determined by a specified national total of funds available for this single purpose. Some categorical programs require state matching of federal dollars.
Competitive Grant Program	Distributions of funds is based on merit demonstrated by an applicant agency and determined by a review process. Competition may be based on such criteria as need, competence, probability of success, previous experience, and geographic dispersion.
Discretionary Grant Program	Distribution of funds occurs based on decisions made by the administering agency regarding the specific purpose and structure. Some general direction may be provided in statute or in Appropriations Committee Report language. Discretionary programs are usually not universally available, and are often used to support research, demonstrations, etc. The 15% SPRANS set-aside portion of the Title V MCH Services Block Grant Program is an example of a discretionary grant program.
Earmark	Statutory language that directs federal administering agency and/or grant recipients to undertake specific activities with a specified amount of the total program allocation. Earmarks can be used by Congress to increase accountability within block grant or other requirements for expenditure of 30% of the funds on preventive and primary care for children exemplifies an earmark.
Entitlement Program	Identified services are universally provided to persons meeting specified criteria, such as age (e.g., public education for children aged 6-18; health insurance for persons over 65 years of age), income, health/physical status (e.g., physical access to facilities for the disabled under the ADA0, or some combination (e.g., Medicaid EPSDT; SSI). Entitlement denotes a “civil right” which is protected through judicial review as necessary, and in which consideration of appropriations or available funding is disregarded.
Formula Grant	Funds for a designated program or activity are distributed to all geopolitical areas according to criteria based largely on demographic considerations (e.g., # of children in a state, median income, etc). An intent of formula funding is to promote a certain level of parity among jurisdictions. Formula grants are distributed to all eligible jurisdictions as a matter of “right.” Federal influence under formula grants lies in the administrative requirements that accompany the grant, rather than in the substance of the grant.
Grants-in-Aid	Payments by the federal government to state and local governments to help provide for

	assistance programs or public services, as necessary. An example would be general public assistance.
Guidance	Additional direction and supportive materials developed by a public agency for a statutorily-based program/activity, or a public policy not embodied in statute. Guidance documents may be used to further expand concepts embodied in a statute or regulation. Guidance need not adhere in parallel fashion to the statute or rule. It does not carry the weight of law or regulation in judicial review.
Regulation/Rule	Specific direction for implementation of a law – regulations are developed by an administering agency (or agencies) identified in the statute. Rules interpret and address the components of the statute, and provide detailed direction, however, they may not exceed the scope of the law. Regulations incorporate processes for enforcement of compliance.
Statute	Law, enacted by a legislative body. Statutes usually rove only a broad outline of principles and program design, as well as authorization for allocation of funds.

Selected Terms Related to Quality Improvement	
Term/Acronym	Definition
Accreditation	Accreditation is a system of external expert examination of correspondence to a set of standards; it is based on the principle of voluntary participation of the examined. Daily compliance to practice and conduct standards by the entire staff ensures that they do everything according to expectations. To obtain an indication “ <i>good practice</i> ” (which is an indicator of the level of success) during accreditation, a facility under examination is motivated to demonstrate its actions toward both patients and staff advocacy.
Benchmarking	A process of measuring another organization’s product or service according to specified standards in order to compare it with and improve one’s own product or service. Benchmarks may be established within the same organization (internal benchmarking), outside of the organization with another organization that produces the same product or service (external benchmarking), or with reference to a similar function or process in another industry (functional benchmarking).
Continuous Quality Improvement CQI	A management approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and other persons. CQI focuses on making an entire system’s outcomes better by constantly adjusting and improving the system itself instead of searching out and getting rid of persons or processes whose practices or results are outside of established norms. CQI is often considered to be synonymous with “total quality management.”
HEDIS	A standardized set of measures for evaluating the performance of managed care organizations. HEDIS (Health Plan Employer Data and Information Set) was developed by the National Committee for Quality Assurance (NCQA) to provide a common set of measures for purchasers, consumers, and health plans to use for making comparisons among managed care plans. HEDIS contains measures in six domains: effectiveness of care, access to care, satisfaction with care, utilization and costs, informed choices, and health plan descriptive information.
Performance Measurement	Measurement of adherence to recognized standards of quality. Performance measurement may take place at the national, system, institution, or individual provider level, and it includes measures of process and outcome.

Practice guidelines	Descriptive tool(s) or standardized specification(s) for care of the typical patient in the typical situation, developed through a formal process that incorporates the best scientific evidence of effectiveness with expert opinion. Synonyms include: algorithm; clinical criteria; clinical practice guidelines; clinical protocol; guideline; parameter; practice parameter; preferred practice pattern; protocol; review criteria.
Risk Adjustment	In performance measurement, the use of severity of illness measures, such as age, to estimate the risk (the measurable or predictable chance of loss, injury, or death) to which a patient is subject before receiving a health care intervention. The purpose of risk adjustment is to ensure that comparisons of performance measures across organizations are fair and that observed differences are due to variation in provision of care rather than differences in patient populations served. (See also Severity indexing/severity adjustment)
Sentinel Event	A serious event that triggers further investigation each time it occurs. It is usually an undesirable and rare event, such as maternal death. Sentinel events are sometimes used in quality monitoring as markers of poor quality.
Total Quality Improvement TQI	A continuous quality improvement management system directed from the top but empowering employees and focusing on systemic, not individual, employee problems.

SOURCES: This Glossary was prepared by the Division of MCH Workforce Development, Maternal and Child Health Bureau, Health Resources and Services Administration. It is a compilation of terms and definitions, drawn (with permission) from glossaries developed by MCH Training Programs at: the Harvard School of Public Health; the University of South Florida School of Public Health; the Johns Hopkins School of Public Health; and at the University of Alabama Birmingham School of Public Health. The MCH Program at the Contra Costa (CA) Public Health Department also contributed terms and definitions. A number to terms and definitions were drawn from the Health Care Quality Glossary produced by the Agency for Healthcare Research and Quality (1999; accessed 11/15/12 at <http://www.ahrq.gov/qual/hcggloss.htm>), and from the Health Care Glossary for the Affordable Care Act prepared by the Alabama Department of Insurance (<http://www.aldoi.gov/Consumers/HealthInsReform.aspx>).