Leading Maternal and Child Health (MCH): Past, Present and Future

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The field of maternal and child health (MCH) was borne out of leadership, leadership manifested in the foresight of a group of women who applied passion, skill and evidence to create a unifying vision for the nation's children and families and the means for continuous investment in this vision [1, 2]. From these prescient social reformers to those who nurtured the field through periods of opportunity and strife, the ability of leaders to anticipate, to champion, to negotiate and to advocate or exhort has shaped what may be the most important sustained public health effort in our nation’s history [3]. Maternal and child health would not be without leaders, would not advance without leadership.

Two perspectives must be made clear: first, MCH as a collective must don the mantle of leadership in recognition of the enormous responsibility it holds as a statutorily mandated program and a social movement to protect and promote the health and economic vitality of the nation [3, 4]. We know intuitively, and increasingly empirically, that the future of our society depends on the extent to which we care for our children. The second perspective is an individual one, which posits that each of us in the collective must cultivate our own leadership skills in order to create and manage the change that is necessary within whatever organizational, institutional or community setting we find ourselves. Leadership is about creating and communicating a shared vision for a changing future [5, 6], and while one of the bulwark features of MCH is its endurance, it must be understood that it is the vision and the mission that endure while the means and the methods of achieving that vision and mission evolve over time, over populations and over circumstances. “Leaders” in MCH must crusade for the vision and mission while deftly adapting and directing in an ever-changing landscape.

The legacy of leadership left to our care by our founders provides a useful framework for considering the current challenges of leadership and suggests an urgent demand for more leaders to emerge, to hone their skills, and to act with courage and conviction in service to our future [7]. The extensive collection of articles in this issue reflects and defines a set of skills that are necessary, that can be learned and that can be utilized in defense of MCH. It is no accident that the federal MCH offices have consistently invested in leadership development for national, state, local and community leaders as a means of shoring up these defenses [8, 9]. Recognizing even prior to the enactment of Title V that training would be necessary to develop and nurture a workforce capable of managing the new national investment, the Children's Bureau set a course for continual support of professional and leadership development in MCH. The MCH Leadership Skills Training Institute that I was privileged to be a part of for over 15 years emerged through conversations among state and federal leaders committed to providing MCH leaders all the tools necessary to effectively lead MCH programs during a time of great change. Over the years, the MCH Bureau has invested in an array of leadership development programs with diverse foci (regional, national), using mixed methods (classroom and on-line learning opportunities), and addressing different learner needs (emerging, current and mature leaders) [8, 9]. In every case though, the emphasis of the leadership development has included both the collective leadership responsibility and the cultivation of individual leadership skills. Both are necessary for the preservation and future advancement of our field.
Three collective leadership responsibilities bear mention here, in the midst of this constellation of papers addressing critically important individual leadership skills. The first goes back to the original charge to the Children’s Bureau, to investigate and report upon all matters pertaining to child life and welfare among all classes of our people [2]. Data was, is and forever shall be the sine qua non of leadership in MCH. Data creates information which Generates knowledge and once knowledge is apparent, it is difficult not to act upon that knowledge. The population perspective of public health is most clearly demonstrated in the vast array of data we gather, interpret and translate in the development of knowledge to stimulate action in MCH [10]. MCH leaders, whatever their level of intrapersonal leadership skill, must be data sophisticates, able to manage complex information in an ever-increasing digital and data-rich world.

The second is also a legacy responsibility and that is to the partnership between the states and the federal government [11]. The United States was created as a federation of states and responsibility for public health rests at the state level. Collectively, MCH has always recognized the power of state flexibility and accountability for its own MCH efforts while embracing the notion of a shared vision and a shared set of national goals. While tensions occasionally flare, the power of the partnership—to attend to the few without ignoring the many—has served us well over a series of challenges and threats since our beginnings 100 years ago. MCH leaders must understand the nature of this partnership, the reasons it must be nurtured and continually strengthened, and the nuanced ways state autonomy can be championed within a cooperative federal structure.

The third has to do with the notion of systems. In public health in general and MCH in particular, leadership success is dependent on the extent to which leaders can think at a systems level [12, 13]. The promises of a reformed health system will be quickly negated if we cannot sustain and enhance investments in the other spheres essential to the promotion of health. MCH leaders have always understood that their responsibility extended well beyond the walls of a health department—housing, transportation, education, jobs, safety, mental health and substance abuse services, the environment, food security—all of these are as important, if not more important than access to high quality, affordable health care services. MCH leaders live in all of these worlds and must be adept at navigating complex structures and politics to create comprehensive and connected approaches to the promotion of optimal health of children and families.

The academic institutions who have served as stalwart partners throughout the evolution of MCH have a particular responsibility to nurture future leaders and leadership attributes within all MCH professionals, at all levels of degree production. Even beyond the leadership development efforts noted earlier, students in graduate, and increasingly in undergraduate programs, are a ripe audience for the development of a leadership philosophy and the honing of leadership skills. Though traditional academic MCH “departments” are now a rare commodity, MCH programs are flourishing in academic health centers—in schools of medicine and nursing, public health and allied health professions—with and without federal financial support [14]. Given the co-dependence of the federal-state partnership and the academic programs that prepare future professionals, it behooves all of us to take this responsibility seriously and create with great deliberation and Godspeed, the means to assure leadership competence for current and future generations of families.

This responsibility can be addressed in myriad ways. A set of leadership competencies in MCH has already been developed and can serve as a guide to education in leadership development [9]. This same source provides leadership development modules which can be assigned and then discussed or applied in practical situations. MCH “leaders” can be brought to academic institutions to share their leadership journey and leadership lessons. Students can be presented with leadership challenges. In every case, it must be impressed upon students of MCH that they can and will be in a position to exert leadership because the population they serve demands and deserves no less. It is our job as educators to make this message clear and to provide pathways to leadership success, regardless of career path or positions held.

Leaders need vision integrity, charisma and energy, this is true. But MCH needs leadership, horizontally and vertically and these skills can be learned. The articles in this issue provide a useful starting place for this critical learning. Placing these skills in the context of our past and of our future shines a clarifying light on where we need to be today—unapologetic, persistent, undaunted and unabashed champions of the nation’s enduring investment in its children and its future, fierce guardians of the legacy handed to us by our founders and tireless motivators of all those around us who share in this grand vision.

References


