MCH SERVICES CONTRACT GLOSSARY

Contract Period FFY2025 (October 1, 2024-September 30, 2025)

1. **Adverse birth outcomes:** A group of conditions, including but not limited to low birth weight, preterm births and infant mortality, and may be associated with such risk factors as late or no prenatal care, unplanned pregnancy, cigarette smoking, alcohol and other drug use, being HIV positive, inadequate birth spacing, chronic diseases (i.e. diabetes, gum disease, obesity, etc.), maternal age, poor nutrition, and low socioeconomic status.
2. **Activity:** A task that needs to be accomplished within a defined period of time or by a deadline. It can be broken down into assignments with a defined start and end date or a deadline for completion.
3. **Amendment:** A written, official modification to the contract.
4. **Authorization:** The name of a local public health agency (LPHA) Administrator, Director, or Designee (other duly authorized individuals of the LPHA Contractor).
5. **Best practices:** AMCHP thinks of the term "practice" inclusively to encompass essentially any public health initiative "that's working" and could be replicated by others. Practices can include, but are not limited to:
   - -Programmatic initiatives
   - -Collaboratives/coordination structures
   - -Workforce development strategies and approaches
   - -Family/community engagement and partnership strategies
   - -Toolkits and curricula

   Best practices meaningfully engage stakeholders at all practice levels. Are often disseminated via a journal, toolkit or CoIIN, external evaluation, etc. Can be replicated with similar results.
   Source: Innovation Hub Practices - AMCHP
6. **Capital Expenditures:** Expenditures to acquire capital assets or expenditures to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life.
7. **Children:** A child from birth (0) through the 11th year who is not otherwise included in any other class of individuals.
   Source: AMCHP
8. **Children with special health care needs:** All children with chronic conditions who require more than routine health care. The federal Maternal and Child Health Bureau's (MCHB) definition is as follows: "Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services at a type or amount beyond that required by children generally."

9. **Clarification:** The Department reserves the right to request clarification of information submitted and to request additional information regarding the proposal.
10. **Coalition:** A coalition is an alliance of individuals, groups, parties, or states that come together, join forces, or form partnerships, usually for a specific or common purpose.
11. **Community partners:** A person in an agency or other entity outside the contractor's direct control upon whom the contractor relies on to build and sustain its service coordination system.
12. **Compliance:** Conformity in fulfilling official requirements.
13. **Cultural competence:** Refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) awareness of one's own cultural worldview, (b) attitude towards cultural differences, (c) knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in understanding, communicating with, and effectively interacting with people across cultures.
14. **Equipment:** Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000.
15. **Evaluation:** The systematic process of determining the merit and significance of a program, course, or other initiative using criteria against a set of standards.
16. **Evidence-based public health:** The development, implementation, and evaluation of effective programs and policies in public health through the application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.
    Source:
    Brownson RC, Baker EA, Leet TL, Gillespie KN. *Evidence-Based Public Health.* New York: Oxford University Press; 2003
17. **Federal funding source:** Maternal Child Health (MCH) Services contract funds are made available through the Maternal and Child Health Services Title V Block Grant.
18. **Fetal mortality:** The intrauterine death of a fetus at any gestational age.
19. **Funding methodology:** Funding for each jurisdiction is based on the following formula: "A Combined Poverty Index Score is determined for each county in Missouri by the Section of Epidemiology for Public Health Practice (EPHP). The Combined Poverty Index Score is a composite of two factors for each of the 112 participating jurisdictions. The Maternal-Infant Indicator is an unduplicated count of the most recent 5-year period (2019-2023 for FFY2025) for the following resident counts from Missouri Vital Statistics birth data: 1) births to mother under 18, 2) infant and fetal deaths, and 3) low birth weight births. The Female/Child Poverty Indicator uses the most recent American Community Survey 5-year estimates (2019-2023 for FFY 2025) for poverty data. It is the sum of the 1) estimated number of women 18-44, males under age 18, and females under age 15 at 185% of the federal poverty level. A base-funding amount of $15,000 is

multiplied by 112 (# of LPHAs accepting contract) and subtracted from the total funding amount for the contract. The difference is then multiplied by the Combined Poverty Index Score for each county and added to the base-funding amount to arrive at the total award amount for each LPHA."

20. **Goal:** The anticipated result that guides actions. It is the desired result envisioned and planned for, with a commitment to achieve a desired endpoint.
21. **Health disparities:** Differences between groups of people that can affect frequency and/or impact disease or adverse outcomes. Differences can include racial, ethnic, culture, gender, age, and disability diversity in a population.
22. **Health equity:** Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
    Source: What is Health Equity? A Definition and Discussion Guide - RWJF
23. **Health literacy:** The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.
24. **Indirect costs:** Costs associated with the management and oversight of any organization's activities, and which are a result of all activities of the contractor. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
25. **Infant mortality:** Death of an infant during the first year of life.
26. **Interconception care:** Preventive and primary care services for women between pregnancies, especially for women with identified risks and prior adverse pregnancy outcomes.
27. **Interventions:** Actions taken on behalf of individuals, families, systems, and communities to improve or protect health status.
28. **Joint submission:** Agencies may work collectively in groups to address needs across a larger geographical area. In such cases, funding will be based on the total available to the geographical area working in such a collaborative relationship. Multi-geographical area proposals must address the same selected priority health issue(s) and must describe how this joint effort is to be delineated between all included jurisdictions. One of the partner LPHAs must be designated as lead, and the lead agency will be the Contractor or Contracting Agency. Letters of agreement with the Contracting Agency are required. Letters of agreement between partner LPHAs must be included as part of the proposal. The requirements for joint submission contract proposals as mentioned above, do not apply to local public health agencies of multiple geographic areas with combined governance (i.e., Columbia/Boone County, Phelps/Maries, and Tri-County [Worth, Gentry, DeKalb]).
29. **Life Course Perspective:** Life Course Perspective (LCP) offers a way of looking at an individual's health over their life span, not as disconnected stages (infancy, latency, adolescence, childbearing years) unrelated to each other, but as an integrated whole. It suggests that a complex interplay of biological, behavioral, psychological, social, and environmental factors contribute to health

outcomes across the span of a person's life and builds on recent social science and public health literature that suggests that each life stage influences the next.

30. **Legal electronic signature:** This is an original signature that was made digital by means of scanning a signed original document into a PDF version, or by inserting a scanned original signature into the section of the document in which it is required. A legal electronic signature is required on electronically submitted contract proposals, invoices, or amendment request letters for the contract.
31. **Match funding:** In order to receive federal Maternal and Child Health Services Title V Block Grant funds, the State of Missouri must match three non-federal dollars for every four federal dollars expended. The Department is not requiring a fixed amount of match; however, it is asking for a commitment from each LPHA to make a good faith effort to help the state meet this obligation by reporting the local dollars spent on the MCH population. Reporting of local match dollars may be funds from any non-federal source and should be clearly documented as efforts being made to improve the health of the MCH population. Any funds identified as match dollars may not be used as match for another funding source or reimbursed by other means. Match local funds expenditures may include the following:
    - Personnel salary costs
    - Fringe benefits paid to employees.
    - Travel expenses, such as mileage, meals, and lodging for attendance at professional development related to the maternal and child health population.
    - Purchase of equipment, excluding the purchase of major medical equipment, may include such items as audio-visual equipment, examination equipment, or other equipment purchased with local funds and used to support the maternal and child health population.
    - Purchase of supplies, including office supplies and any materials purchased specifically for work with the maternal and child health population.
    - Expenditures which exceeded contract funding and could not be applied to other sections.
32. **Maternal and child health (MCH) activities:** Any combination of direct health care services, enabling services, population-based services, and infrastructure or resource building activities directed to improving the health of women of child-bearing age, pregnant women, mothers, infants, children, and adolescents; including those with special health care needs.
33. **Maternal and child health (MCH) issues:** Issues related to protecting, promoting, and improving the health of women of childbearing age, pregnant women, mothers, infants, children, and adolescents; including those with special health care needs.
34. **Maternal and child health (MCH) population:** Population that encompasses or influences target subpopulations of women of childbearing age, pregnant women, mothers, infants, children, and adolescents; including those with special health care needs.

35. **Modified Total Direct Cost (MTDC):** Means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and sub awards and subcontracts up to the first $25,000 of each sub award or subcontract (regardless of the period of performance of the sub awards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each sub award and subcontract in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.
36. **Outcome:** Something that happens as a result of an activity or process, and includes appropriate criteria in assessment, activities, and evaluation in measures of achievement.
37. **Overweight/obese adults:** For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). An adult who has a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese. BMI is used because it correlates with the amount of body fat. BMI does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat.
38. **Overweight/at-risk of overweight children/teens:** Body mass index (BMI) is a measure used to determine childhood overweight and obesity. Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.
BMI is calculated by dividing a person's weight in kilograms by the square of height in meters. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex.
For example, a 10-year-old boy of average height (56 inches) who weighs 102 pounds would have a BMI of 22.9 kg/m^2. This would place the boy in the 95th percentile for BMI, and he would be considered as obese. This means that the child's BMI is greater than the BMI of 95% of 10-year-old boys in the reference population. The CDC Growth Charts are the most commonly used indicator to measure the size and growth patterns of children and teens in the United States.
Source: https://www.cdc.gov/obesity/childhood/defining.html
39. **Perinatal mortality:** Death around the time of delivery and includes both fetal deaths (at least 20 weeks of gestation) and early infant (neonatal) deaths under age 28 days.
40. **Preconception care:** A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management.

41. **Preconception health:** Preconception health is a woman's health before she becomes pregnant. It focuses on the conditions and risk factors that could affect a woman if she becomes pregnant. Preconception health applies to women who have never been pregnant, and to women who could become pregnant again. Preconception health looks at factors that can affect a fetus or infant. These include factors such as taking prescription drugs or drinking alcohol. The key to promoting preconception health is to combine the best medical care, healthy behaviors, strong support, and safe environments at home and at work.
42. **Premature/Preterm infant**: An infant born alive before 39 weeks gestation.
43. **Preventive services:** Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.
44. **Protective factors:** Conditions in families and communities that, when present, increase the health and well-being of children and families. They are attributes that serve as buffers or coping strategies that strengthen all families and communities. Examples include caregiver education in addressing childhood obesity, or family connectedness or higher self-esteem in the prevention of teen pregnancy or tobacco use.
45. **Risk factors:** Characteristics, variables and/or conditions present in individuals or groups that increase the likelihood of that individual or group developing a disorder or adverse outcome. A number of social-emotional factors, social norms, and peer practices are identified as risk factors for harmful health practices. Examples include poverty and substance abuse in the incidence of teen pregnancy.
46. **Service coordination:** A collaborative process that addresses the health needs of a population through identification, assessment, referral, assurance, education, and evaluation, using communications and available resources to promote quality and improved outcomes.
47. **Social determinants of health (SDOH):** The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. All Americans should have the opportunity to make the choices that allow them to live a long, health life, regardless of income, education, or ethnic background.
    Source: A New Way to Talk about the Social Determinants of Health - RWJF
48. **Spectrum of Prevention:** The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels are complementary, and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified, they will lead to interrelated actions at other levels of the Spectrum.

Source: www.preventioninstitute.org

49. **Strategy:** A method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem. It includes identifying and arranging resources for their most efficient and effective use. The process is a combination of the ends (goals) for which the organization is striving and the means (actions, policies) by which it is seeking to get there.
50. **Subcontract:** The contractor may subcontract funds to another agency for contract activities as stated under 7.0 General Contract Provisions.
51. **Supplanting:** Utilizing funds from the MCH Services contract to fund activities currently being funded from another local, state, or federal source. However, the funding from this contract may be used to increase or expand MCH Services program activities.
52. **Supplies:** All tangible personal property other than those described in **14. Equipment.** A computing device is a supply if the acquisition cost is less than $5,000, regardless of the length of its useful life.
53. **System:** A perceived whole whose elements combine because they continually affect each other over time and operate toward a common purpose.
54. **System outcome(s):** Benefits for participants or public following performance of the plan of work in a contract. For the Maternal Child Health Services Contract this means measures of change for each level of the Spectrum of Prevention, due no later than September 30, 2017, as included in the approved work plan. The system outcome(s) are a specific result that a contractor will commit to achieve within the contract period. Attainment can be verified through documentation provided by the contractor at the end of the contract period.
55. **Tangible Person Property:** Any equipment purchased with MCH contract funding, defined as any single item that has a useful life of more than one year and has a purchase price that exceeds $5,000.
56. **Target population:** People or entities that interact with an organization's service coordination system. This interaction is intended to result in a change in condition.

57. **Ten Essential MCH Services:**

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

58. **Verify/Verifying:** Establishing that something represented to happen, does in fact take place.