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The Children's Bureau and Passage of the Sheppard-Towner Act of 1921: Early Social Work Macro Practice in Action

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The Sheppard-Towner Act of 1921 was the first major piece of federal legislation passed in the United States to focus on infant and maternal health. Following its implementation, the U.S. infant mortality rate dropped significantly. A central factor leading to passage of the Act was a body of research conducted by the U.S. Children's Bureau. This research—largely conducted by early social workers—included detailed field studies, analyses of national and state trends in child and maternal health, and cross-national comparisons. This article discusses how the research led to the development of the Act, analyzes the relative importance of the research in the legislative debate, and remarks upon the lessons that this history offers for social workers today.

IMPLICATIONS FOR PRACTICE

- Social work scholarship can build a body of knowledge on issues affecting vulnerable populations which may then be incorporated into professional practices.
- As politically opportune moments to advocate for policy changes are often fleeting, social workers should be prepared with well-researched policy proposals.

The Sheppard-Towner Maternity and Infancy Act of 1921 was the first major piece of federal legislation passed in the United States to focus on infant and maternal health. The Act resulted in a significant expansion of federal funding for home visits by nurses, community child health centers, conferences on child health, and the distribution of educational literature regarding the care of infants and new mothers. Following its implementation, the U.S. infant mortality rate dropped significantly. One factor leading to passage of the Sheppard-Towner Act was a body of research conducted by the U.S. Children's Bureau (Pierce, 2004; Siefert, 1983). This research—largely conducted by early social workers—included detailed field studies, analyses of trends in child and maternal health, and cross-national comparisons. The Children's Bureau research on infant mortality and its educational campaign on infant health, leading up to the Act's passage, remain exemplars of the mission of the social work profession (Almgren, Kemp, & Eisinger, 2000), particularly in relation to macro-level policy practice (Combs-Orme, 1988).

The social work profession, and its scholars, played a central role in both the founding of the Children's Bureau and passage of the Sheppard-Towner Act. The work and influence of Hull House social work activists and scholars is evidenced in the Bureau's emphasis on immigrant health; cross-national comparisons in their research; and a holistic approach to understanding health by accounting for the social, economic, and environmental context in which families lived (Almgren et al., 2000; Combs-Orme, 1988). Julia Lathrop, the Bureau's first director, is recognized for having placed a high value on rigorous social science research and empirical knowledge in order to implement successful interventions to improve maternal and child health outcomes (Almgren et al., 2000).

This article offers an analysis of the role of the Children's Bureau studies in the passage of the Sheppard-Towner Act. It discusses how the research led to the development of the Act, explores the political context in which passage occurred, and analyzes the relative importance of the research in the legislative debate. Findings suggest that this body of rigorous work—conducted over a decade—was the primary impetus for the development of the Sheppard-Towner legislation in a political environment ripe for maternal social welfare policies. The findings also indicate that the Act should be considered a key success of early macro practice in social work.

The Children's Bureau

Founding of the Children's Bureau

Congress established the Children's Bureau in 1912, following a long campaign led by Lillian Wald and Florence Kelly, both of whom were active in the settlement house movement. Congress charged the Bureau to "investigate and report upon all matters pertaining to the welfare of children and child life" (Bradbury & Eliot, 1956, p. 14). President Taft appointed Lathrop, a Hull House resident and cofounder of the Chicago School of Civics and Philanthropy (later the University of Chicago School of Social Service Administration), to be the first chief of the new agency. Lathrop oversaw all research activities by the Bureau. Researchers at the Bureau included, among others, notable labor and child welfare advocate Anna Louise Strong; Emma Lundberg, who did graduate work at the New York School of Philanthropy (later Columbia School of Social Work) and the Chicago School of Civics and Philanthropy; social reformer Katherine Lenroot; and Grace Abbott, who later held a professorship at University of Chicago School of Social Service Administration.

Research at the Children's Bureau

Between 1912 and 1921, the Children's Bureau published 46 documents on child and maternal health in the United States. They ranged from short pamphlets describing proper infant care to comprehensive field

Families in Society: The Journal of Contemporary Social Services | www.FamiliesinSociety.org
DOI: 10.1606/1044-3894.4146

studies. Publications focused both on macro-level interventions, such as state and federal infant health policies, and micro-level interventions, such as visiting nurse programs. Each study purposefully built upon previous research, creating a body of work that provided evidence for future legislative advocacy on child and maternal health (Pierce, 2004; Scott, 2004; Siefert, 1983). For this article, all Children's Bureau publications released between 1912 and 1921 were systematically reviewed. Based on methodology, purpose, and style, these publications can be divided into four subgroups: (a) field studies, (b) micro-level care education, (c) cross-national comparisons, and (d) publications related to the Children's Year campaign (Pierce, 2004).

Micro-Level Education on Infant and Maternal Health

Between 1919 and 1921 the Bureau wrote eight pamphlets on the care of infants and young children aimed at mothers. These publications include information pertaining to nutrition, prenatal care, and general infant and maternal health. In the 1919 pamphlet *Milk,* the Bureau emphasized the importance of clean milk for the nutrition of infants. The Bureau framed the threat to milk safety as a major threat to children and society, arguing that "intellectual and moral abnormality are largely influenced by physical health, and a period of malnutrition among the children of America may easily be followed by a period of intellectual and moral deterioration" (U.S. Children's Bureau, 1919c, p. 3). In *The Care of the Baby,* the Bureau provided detailed instructions on infant care. The pamphlet includes "A Well Baby's Daily Program," a proposed daily schedule for infants organized by either 3- or 4-hour feeding intervals, and promotes the benefits of breastfeeding, stating, "breast milk is nature's food" (U.S. Children's Bureau, 1919a, p. 3).

In *The Care of the Mother,* the Bureau strongly advocates for prenatal care, stating that expectant mothers should have "early consultation with a well-trained physician, complete physical examination… nourishing diet, with plenty of milk, [and] regulation of excessive gain in weight" and should exercise moderately (U.S. Children's Bureau, 1919b, pp. 3–4). The pamphlet advocates for increased medical intervention during birth, encouraging mothers to have a doctor or midwife present, and addresses postnatal care, emphasizing the importance of delaying the mother's return to strenuous physical activity.

Field Studies

The Children's Bureau completed field studies in eight municipalities between 1915 and 1920, as reflected in Table 1. While the field studies used similar research methods across sites, the study sites were intentionally diverse to better understand how correlates of infant mortality differed by setting (Lathrop, 1919). These studies took a systematic and standardized approach to examining conditions related to maternal health and infant mortality in hopes of identifying factors that contributed to the country's high infant mortality rate. In each site, researchers collected all registered birth and infant-death certificates to compile a complete list of babies born during the 1-year study period. In addition to official records, researchers examined entries from recent baby shows (events showcasing infants), church baptismal records, and other sources to identify unregistered births.

Bureau researchers attempted to survey the full study population through a home visit and interview with every identified mother. Each field study began with a public campaign to engage the community through the local press, clergy, city officials, civic leagues, and other clubs. Surveys included questions on whether there was an attendant (midwife) at the baby's birth, how the baby was fed, the nationality of the parents, the age of the mother and whether or not she was able to read, housing conditions, and the father's earnings, among other things. Each field study also included a detailed overview of the location's history, climate, population, political characteristics, and economic climate.

The Bureau's field studies are most often noted for documenting correlations between infant mortality and income, and between poor housing and inadequate sanitation (Lathrop, 1919). Overall, infant mortality ranged from a low of 84.6 in both Montclair, New Jersey, and Saginaw, Michigan, to a high of 165.0 in Manchester, New Hampshire. In general, mortality rates were highest among poor families, although this varied by location. Mothers who were literate had lower infant mortality rates than mothers who were unable to read, although this was closely related to the proportion of foreign-born mothers in the area. For instance, Johnston, Pennsylvania, and Manchester, New Hampshire, had large proportions of foreign-born mothers. This meant they had a larger share of mothers who were unable to read or write English, and these locations also had the highest infant mortality rates among illiterate mothers. There were some notable exceptions to the general findings. In Brockton, Massachusetts, for example, the infant mortality rates among the poor, foreign-born, and illiterate were lower than the nonpoor, native born, and literate, respectively. Lathrop, who authored the Brockton field study, noted that the area's low infant mortality rate among the foreign-born was offset by an unusually high rate of stillbirths among this group (Lathrop, 1919).

The methodological rigor of the field studies contributed to social science research in general and social work scholarship in particular. Prior to the field studies it was common to simply count infants who died within a particular period of time as a measurement of mortality. Lathrop was instrumental in instituting a "cohort approach" in which

Table 1. *Children's Bureau Field Studies on Infant Mortality From 1915 to 1920*

				Infant mortality rate (Deaths per 1,000 live births)					
Year	Sites	Site population	Authors	All children	Poor	Native Whites	Foreign born	Literate	Illiterate
1915	Johnston, PA	66,585	Duke	134.0	213.5	104.0	171.0	148.0	214.0
1915	Montclair, NJ [a]	24,000	Lathrop	84.6	115.8	49.0	88.1	76.9	108.4
1917	Manchester, NH	70,063	Duncan & Duke	165.0	193.3	128.1	183.5	154.9	214.0
1918	Waterbury, CT	85,517	Hunter	122.7	148.9	97.9	134.8	144.5	120.4
1919	Brockton, MA	56,878	Lathrop	96.7	75.5	101.5	92.0	95.0	108.3
1919	Saginaw, MI	50,000	Allen	84.6	124.6	70.5	127.6	77.3	203.4
1920	Akron, OH	100,000	Haley	85.7	107.0	70.1	109.3	–	– [b]
1920	New Bedford, MA	107,000	Whitney	130.3	153.8	108.4	138.9	107.1	188.0

[a] Among Blacks, the infant mortality rate was 151.5. Information on infant mortality rates for Blacks was not reported for other locations due to low numbers of registered births.
[b] Mortality rates among literate and illiterate groups went unreported. Rather, only descriptions of the proportion of foreign born groups classified as illiterate were included in the report on Akron, OH.

an entire birth cohort of infants were followed for a 1-year period, a method that became standard in subsequent epidemiologic studies (Combs-Orme, 1988). Another advancement in scholarship involved triangulating information on father's earnings through reports from mothers to assess income reliability.

Cross-National Comparisons

While conducting field studies and publishing informational pamphlets, the Bureau also researched infant and maternal health care abroad. In these publications, the Bureau frequently noted the integral nature of government involvement in other nations' infant and maternal health work, thus furthering the case for similar action by the United States. In 1917 the Bureau published *Maternal Mortality From All Conditions Connected With Childbirth in the United States and Certain Other Countries,* authored by the physician Grace Meigs, an associate of Hull House. She noted the staggeringly high maternal mortality rate in the United States, stating, "In 1913 childbirth caused more deaths among women 15 to 44 years old than any other disease except tuberculosis" (Meigs, 1917, p. 7). Meigs contrasted the mortality rates in the United States to other countries, noting how poorly the United States fared. She wrote, "Only 2 of a group of 15 important foreign countries show higher rates from this cause than the rate in the registration area on the United States" (Meigs, 1917, p. 7). In Lathrop's introduction to the report (Meigs, 1917), she wrote that "whenever the public realizes the facts it will awake to action and that adequate provision for maternal and infant welfare will become an integral part of all plans for public health protection" (p. 5).

In 1914, the Bureau published *New Zealand Society for the Health of Women and Children: An Example of Methods of Baby-Saving Work in Small Towns and Rural Districts.* The Bureau presented this information to foster "interest in working out whatever methods are practicable locally for securing the same results" (Goodwin, 1914, p. 3). In this publication, the Bureau praised the low rate of infant mortality in New Zealand, giving credit to the work of the Society for the Health of Women and Children. A striking aspect of this pamphlet is the similarities between activities of the New Zealand Society and the Bureau's later work. The Bureau noted the importance of New Zealand's "Plunket Nurses," who "educate and help parents and others in a practical way in the hygiene of the home and nursery" at no cost to parents (Goodwin, 1914, p. 10). These nurses corresponded with women living in remote rural areas, as would later be done under the Sheppard-Towner Act (Barker, 2003).

The Children's Year

The Children's Year, which ran from April 6, 1918, to April 6, 1919, was a public health campaign sponsored by the Children's Bureau in collaboration with the Woman's Committee of the National Council of Defense in order to promote infant, maternal, and child health (Wilson, 2007). President Wilson dedicated $150,000 to the campaign, hoping "the Children's Year Campaign would be the beginning of a national effort to raise the standards of child health" (Wilson, 2007, p. 31). The goal of the Children's Year was to save the lives of 100,000 babies and to develop "minimum standards for the health, education, and work of the American child" (U.S. Children's Bureau, 1918, p. 2). The Children's Bureau described the activities planned for the Children's Year, outlining nine focus areas for the program: infant welfare work, health measures for young children, education of mothers, housing and sanitation, special needs of older children, family income, child labor, school attendance, and delinquent and dependent children (U.S. Children's Bureau, 1918). Children's Year publications made clear that the structure of the initiative was based largely on the findings of the Bureau's field studies.

A Bureau publication written in 1920 summarized the successes of the Children's Year. They include the following: 7.6 million children were weighed and measured, Bureau publications were distributed to 4,000 libraries in 26 states, legislation passed that established child hygiene divisions in 32 states, and children's health centers were opened in 24 states (U.S. Children's Bureau, 1920). A *New York Times* article in April 1919, credited the Children's Year with engendering "a new national consciousness of the importance of baby welfare" ("The First Children's Year," 1919). A *New York Times* article published the following year linked the work of the Children's Year and related conferences to the Sheppard-Towner Act. It stated, "The standards for the protection of maternity and infancy are already crystallized in the Sheppard-Towner maternity bill now in Congress" ("Child Welfare Measures," 1920).

Passage of the Sheppard-Towner Act

Largely in response to the research of the Children's Bureau, Jeanette Rankin, the first woman to serve in Congress, introduced a measure in the House of Representatives in 1918 to address the high infant mortality rates in the United States relative to other comparable countries (Lemons, 1969). It was reintroduced during the 66th Congress by Senator Morris Sheppard (D-Texas) and Congressman Horace Towner (R-Iowa) and was thereafter referred to as the Sheppard-Towner bill (Lemons, 1969).

Political scientist John Kingdon (1997) argued that the successful passage of social policy requires the convergence of three separate but loosely related streams affecting the public agenda. The problem stream deals with how problems arise and who defines them; the political stream deals with how shifts in the political environment (like electoral shifts) change the public agenda; and the policy stream deals with how policy proposals are developed and become attached to specific problems. When these three streams converge in the right way, it can pave the way for policy enactment (Kingdon, 1997). The research of the Children's Bureau was instrumental in identifying and defining the problem of high infant mortality in the United States, and the Bureau took the lead in crafting the Sheppard-Towner legislation. The final key component necessary for policy enactment was the right political conditions.

Indeed, a host of social and political factors made passage of the Act possible. The country was in the midst of the Progressive Era, a period of broad social reform. Most importantly, women achieved full suffrage with the ratification of the 19th Amendment in 1920, a development that many scholars argue led directly to passage of Sheppard-Towner (Chepaitis, 1972; Lemons, 1969; Pierce, 2004; Skocpol, 1992). For many progressive women, the right to vote was the beginning of a new chapter in efforts to achieve broad social reforms, and passage of the Sheppard-Towner bill was high on their agenda (Siefert, 1983; Wilson, 2007). This was coupled with the fact that many politicians, irrespective of party affiliation, were concerned with how a vote against the bill would impact their standing with women voters (Lemons, 1969; Pierce, 2004).

The threat of repercussions from newly enfranchised women voters was bolstered by the extensive lobbying of organized women's political groups; labor unions; professional reformers; and grassroots, community-based activist groups across the country (Skocpol, 1992). Or-

ganized groups drew on their extensive networks in both business and politics to push for passage of the Sheppard-Towner bill. The Women's Joint Congressional Committee (WJCC) was particularly instrumental in lobbying for Sheppard-Towner (Scott, 2004). It was made up of a variety of women's groups including the League of Women Voters, General Federation of Women's Clubs, Women's Christian Temperance Union, and the National Consumers League (Scott, 2004). The two dozen national women's organizations that worked under the auspices of the WJCC generated grassroots support through letters, telegrams, and personal delegations to Congress (Chepaitis, 1972; Lemons, 1969). Magazines such as *Ladies Home Journal* and *Good Housekeeping* also proved vital in spreading information about the legislation. When the bill seemed to stall in Congress, these magazines included petitions that readers could send directly to local representatives (Skocpol, 1992). These carefully targeted steps created an onslaught of high-profile support, resulting in 34 state governors publicly endorsing the Sheppard-Towner bill.

Nonetheless, the Sheppard-Towner bill faced fierce resistance from a number of interest groups, including antisuffragists, states' rights advocates, anticommunists, and most notably the American Medical Association (AMA). The Bolshevik revolution in Russia fueled a fearful backlash against reform groups supporting the bill, who found themselves branded as Bolsheviks and socialists (Siefert 1983; Wilson, 2007). A letter published in *New York Times* claimed that the supporters of Sheppard-Towner were the same who were "preaching birth control" and whose mission was to "weaken our country to the level of poor China" (Fayerweather, 1921). A letter to President Harding from an antisuffragist named Mary Kilbreth argued that the bill was supported "by the propaganda of a self-interested bureau associated with the Feminist Bloc" and that the legislation "strikes at the heart of our American civilization" (Lemons, 1969, p. 780).

Perhaps the loudest and best organized opposition came from AMA. AMA opposed the Sheppard-Towner bill, arguing that in it "too much responsibility has been thrown upon the social workers, visiting nurses, etc., and the physicians graciously permitted to occupy a subordinate position." If the bill passed, a letter to the editor in the journal of the AMA predicted that the "important question of proper obstetric care will be deferred and become buried in a mass of sociological experiments conducted largely by non-medical persons" ("Letter to the Editor," 1921). AMA was also staunchly opposed to the centralized oversight of state-run programs given to the Children's Bureau. A 1921 editorial from *JAMA* reads, "Care of mother and child is a state and local, not a federal function…it is not the function of the federal government to provide either food or care" ("Federal Care of Maternity and Infancy," p. 383).

Congressional Committee Hearings

Despite this staunch opposition, multiple Congressional committee hearings during the 66th and 67th Congresses (1919–1923) focused on the Sheppard-Towner legislation. A systematic survey of records from these Congressional committee hearings yielded several hearings in which the bill was debated: May 1920 meeting of the Senate Committee on Public Health and National Quarantine, December 1920 and July 1921 meetings of the House Committee on Interstate and Foreign Commerce, and April and May 1921 meetings of the Senate Committee on Education and Labor. Four Children's Bureau staff members testified before these committees: Julia Lathrop; Anna Rude, the director of the Bureau's Hygiene Division; Florence McKay, assistant director of the Bureau's Hygiene division; and Ella Oppenheimer, another Bureau staff member. Lathrop was the most prolific witness, testifying in all committee hearings. In their testimony, Bureau staff members cited specific portions of their publications and major research findings more than 50 times and referred generally to their research an additional 20 times. Lathrop made the connection most directly, stating that the bill was "one result of the social studies of the bureau" (*Public Protection of Maternity and Infancy,* 1921, p. 17). In her testimony, Lathrop readily linked the research and education campaigns of the Bureau to the improvement of maternal understanding of infant health and mortality. More specifically, Lathrop discussed how the pamphlets showed the great need for maternal education on infant health, stating, "Maternal ignorance is not confined to the low-income group.…This is proved by the millions of publications on child welfare sent out by the Children's Bureau in response to requests largely from individual mothers" (*Public Protection of Maternity and Infancy,* 1921, p. 16). McKay discussed the Bureau's role in compiling data that influenced Sheppard-Towner, mentioning the 1919 conference on standards for child welfare (*Protection of Maternity,* 1921).

At several points, Congressional committee members accused the Bureau of providing cover for radical political agendas. Lathrop addressed these charges head on, stating, "I wish to speak about the charge of bolshevism, anarchism, and socialism against the Children's Bureau, based on the publication of *Maternity Benefit Systems in Certain Foreign Countries*…it was plainly our duty to go to that part of the world where old governments had for long years had such legal provisions" (*Public Protection of Maternity and Infancy,* 1921, p. 235). Lathrop also firmly refuted the suggestion that the work of the Bureau was driven by a need to spread propaganda, stating, "It has never been our endeavor to carry on any propaganda whatsoever of any sort, but it has been our endeavor to find out what the facts of the world were and present them to the American people" (*Protection of Maternity,* 1921, p. 76).

In her testimony, Lathrop stressed her belief that the research alone was not enough to change the dismal state of infant and maternal health in America, remarking that she and her colleagues "felt that it was not for us to say that we had done enough when we had written pamphlets and had them printed and bound and sent them out to libraries…while the vast body of taxpayers never knew of their existence nor of the facts" (*Public Protection of Maternity and Infancy,* 1920b, p. 17). This was the Bureau's reason for supporting the Sheppard-Towner legislation. As Rude argued, "Federal action, therefore, is urgently needed, and this bill offers a practicable method of cooperation between the Federal Government and the States" (*Public Protection of Maternity and Infancy,* 1920a, p. 9). Lathrop added that she and her colleagues "felt it was as undignified for the bureau not to try to study some method of dealing with the question as it would be if we did not make the original studies, and so we have submitted this plan" (*Public Protection of Maternity and Infancy,* 1921, p. 240).

The Sheppard-Towner Act passed the Senate with a large majority on July 22, 1921. The House of Representatives approved it with similar support in November, and it was signed into law by President Harding on November 21, 1921. The Act included provisions for instruction on infant and maternal health care, visiting nurses, child health centers, conferences on child health, and the distribution of literature. Federal funds were funneled through the Children's Bureau to state child welfare divisions, which were responsible for carrying out the work under Sheppard-Towner (Almgren et al., 2000). The Sheppard-Towner Act authorized almost $1.5 million in expenditures from 1921 to 1922 and more than $1.2 million for the following 5 years, ending on June 30, 1927. By 1922, 41 states were participating, and eventually all the

states except Connecticut, Illinois, and Massachusetts participated in the maternal and infant health activities funded by Sheppard-Towner.

Lemons calls the Sheppard-Towner Act "the first major dividend of the full enfranchisement of women" (Lemons, 1969, p. 776). Ultimately it was the result of a combination of factors that included the context of the Progressive Era, the recent enfranchisement of women, and the extensive lobbying of organized groups and individuals that paved the way for passage despite angry opposition. But it was the rigorous research of the Bureau that documented and defined the problem of high infant mortality in the United States, and it was this research that directly led to the crafting of the Sheppard-Towner legislation.

Demise of the Sheppard-Towner Act

In 1926, the House voted to extend appropriations for Sheppard-Towner for 2 years, but its passage was blocked in the Senate. Lemons (1969) and Siefert (1983) attributed this to a strong opposition effort led by AMA and the Daughters of the American Revolution, while Chepaitis (1972) cited the major changes in the political environment that led to a far more conservative Congress than the one that originally passed the Act. In the end, Congress passed a bill that extended appropriations for 2 more years, but repealed Sheppard-Towner automatically on June 30, 1929. Efforts to pass another extension bill in 1928 proved unsuccessful.

Following the implementation of the Sheppard-Towner Act, the U.S. infant mortality rate fell from 76 per 1,000 live births in 1921 to 65 per 1,000 in 1927 (Siefert, 1983). The Children's Bureau reported that under the Act, it conducted almost 145,000 health conferences where children and mothers were given medical care, established approximately 3,000 centers for prenatal care, and conducted close to 20,000 infant and maternal care classes (U.S. Children's Bureau, 1931). Visiting public health nurses made over 3 million home visits to mothers and infants, and 22 million pieces of informational literature were distributed (U.S. Children's Bureau, 1931). During the years of Sheppard-Towner, more than 4 million infants and 700,000 expectant mothers were reached through some form of maternal and infant health care work (U.S. Children's Bureau, 1931).

Discussion

The Sheppard-Towner Act is a salient example of bringing change to a larger system, the hallmark of macro social work. It took a decade to conduct the research and build the case necessary to pass the federal legislation. The Bureau published a large body of research and undertook an unprecedented national campaign to educate the country about infant and maternal health. The Bureau then capitalized on this body of work by playing a key role in crafting the bill that would become the Sheppard-Towner Act and seizing the right moment (following the enfranchisement of women) to forward this measure. Lathrop and her colleagues left a legacy and blueprint of determined action and steadiness in course for the profession today. As Lathrop argued, research and public education are not enough. A commitment to linking research to practice was the epitome of the Children's Bureau's efforts to improve the lives of infants and new mothers. The work of the Children's Bureau, led by early social workers, remains relevant to the profession's continuing efforts to effectively "design, implement, and evaluate" promising programs to address family well-being (Almgren et al., 2000).

The Children's Bureau and its supporters demonstrated both the public policy acumen and scientific rigor necessary for macro-level practice today. In order to promote social justice, social worker practitioners and researchers must demonstrate competency in policy research; they must have knowledge of appropriate evidence-based interventions to address social problems; and they must exhibit a strategic understanding of the political context necessary to effect change at the macro-level (Linhorst, 2002). It is likely that particular groups from within the profession will not have all of the necessary skills to successfully identify the right time, propose appropriate solutions, and advocate for policy change or enactment. Thus, an important component of successful macro practice is collaboration among groups within the profession with diverse skill sets, such as policy analysts and policymakers, researchers, and advocates that bring together the necessary tools for successful enactment or change to occur.

How can the social work profession strategically identify when times are ripe for change and be prepared to act? Political scientist John Kingdon (1997) argued that opportunities to enact social policy occur for a number of reasons, but particular attention should be paid to shifts in the political arena or the occurrence of a policy-relevant event that captures national attention and changes how we think about a particular issue. Identifying when times are ripe for policy change can be "predictable," such as when an existing public program comes up for renewal or a change in administration. At the same time, windows of opportunity are often less predictable, more difficult to determine, and typically short-lived. Because we cannot always have advanced notice and the opportunity for change will likely be brief, social workers must be proactive in preparing for the opening of a new policy window. In order to do this, problems and interventions, often in the form of policy proposals, must be clearly defined, based on rigorous research, and ready for application upon the opening of a fleeting policy window.

The history of the passage of the Sheppard-Towner Act calls for the social work profession today to evaluate the extent to which social workers are living up to the example set by Lathrop and her colleagues. Certainly numerous members of the profession offer recent examples of successfully integrating research, policy recommendations, and action for social justice. Still, are social workers, collectively as a profession, doing enough to change policy to improve the lives of vulnerable populations?

Using the passage of the Sheppard-Towner Act as a template leads to a few key questions relevant to the profession, irrespective of focal area: (a) To what extent do social workers incorporate the results of rigorous research into professional practices, as the Children's Bureau did in producing and distributing millions of evidence-based, yet accessible informational pamphlets? (b) To what extent does social work scholarship build a body of knowledge on issues affecting vulnerable populations, as the Children's Bureau did in slowly and steadily building on its work on infant and maternal health over the course of a decade? (c) To what extent does research lead to concrete program and policy change, as it did in the development of the Sheppard-Towner Act? (d) How do professional organizations support this work in an explicit way, as the many related institutions of the Progressive Era did? Moreover, how can social workers continue to develop and assess improvement in these areas as a profession? Asking these questions, and holding one's self accountable in the profession will help social workers live up to the legacy of Lathrop and her colleagues, who did what must have seemed impossible when they started: conduct rigorous scientific research and then seize the right political moment to pass meaningful legislation that positively impacted the lives of a vulnerable population. The goals of social work macro practice could not be more succinctly put.

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Manuscript received: January 6, 2010
Revised: June 9, 2010
Accepted: June 20, 2010
Disposition editor: William E. Powell