Pennsylvania Title V Maternal and Child Health Services Block Grant: Prioritizing Health Needs

November 1, 2019
Philadelphia, PA

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Agenda

- Overview – Title V
- Review of Data Briefs
- Ranking of Priorities

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What is Title V?

- Established as part of the 1935 Social Security Act.
- Program serves as a safety-net provider for the Maternal and Child Health (MCH) population.

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The Mission of Title V

To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs (CSHCN), and their families.

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Administration of Title V

- Federal Level: Health Resources & Services Administration (HRSA)
- State Level: Bureau of Family Health (BFH)
- More than $23 million per year

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Five-Year Needs and Capacity Assessment

- Yearly submission of an Annual Report/Application to HRSA
- Priority setting, programming and funding function on a five-year cycle
- Statewide Needs and Capacity Assessment every five years

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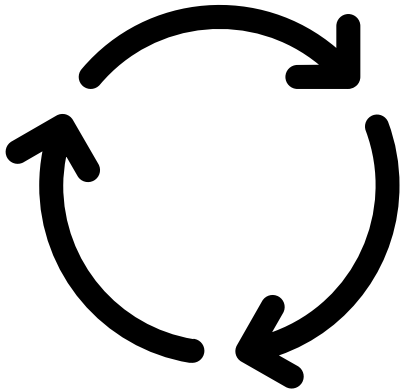
Five-Year Needs and Capacity Assessment

- Assess health needs and capacity
  - Existing health data
  - Data collection and analysis
  - Stakeholder engagement
  - Internal assessment of capacity – infrastructure and workforce



- Identify 7 to 10 new priorities
- Create a State Action Plan
- Submit with July 2020 Application

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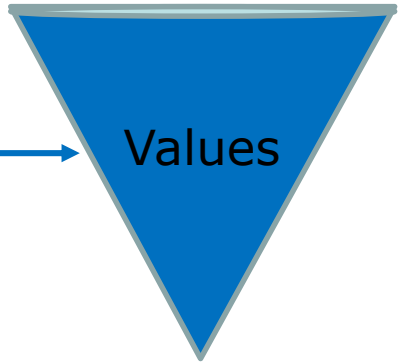
Values and Initial List of Priorities

Title V Five-Year Needs and Capacity Assessment
Values Informing the Prioritization of Maternal and Child Health Needs

Impact	Magnitude and trend of the problem (e.g. incidence/prevalence, is the problem trending upward or downward)
	Seriousness or severity of the problem (e.g. potential to result in severe morbidity or mortality)
Changeability	Ability for impact (e.g. ability to prevent the problem or make meaningful change)
	Magnitude and longevity of potential benefit (e.g. is the benefit long-term?)
Acceptability	Community and stakeholders view issue as a problem
	Interventions to address issue are acceptable to the community (e.g. culturally acceptable solutions are available)
	Problem aligns with federal (e.g. Healthy People 2020) and/or state goals and mission
Feasibility	Evidence-based or informed strategies are available
	Organizational capacity to address issue and implement solutions (e.g. do we have existing capacity, can capacity be easily built, are resources adequate?)
Equity	Problem disparately impacts individuals based on race, ethnicity, sexual orientation, gender identity, geographic location, age, poverty status, disability/special health care need, or other aspects of social disadvantage
Measurability	Problem can be measured/tracked
Externalities	Potential for collaboration/partnerships
	Response to problem fosters involvement of consumers/clients and their families
	Addressing problem could improve other priority areas
	Possibility for unintended negative consequences

HRSA's National Outcome Measures

HRSA's National Performance Measures



Initial list of priorities for each domain

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List of Priorities: Women & Infants

Domain: Women/Maternal Health

1. Reduce or improve maternal morbidity and mortality, especially among disparate populations
2. Reduce substance use among women and pregnant women
3. Reduce rates of perinatal depression and related symptoms
4. Increase the percent of women receiving a preventive medical visit/medical care

Domain: Infant/Perinatal Health

1. Reduce the rate of pre-term births, especially among disparate populations
2. Reduce rates of infant mortality (all causes), especially among disparate populations
3. Improve rates of breastfeeding, especially among disparate populations
4. Improve percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner

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List of Priorities: Children and Adolescents

Domain: Child Health

1. Increase the percent of children receiving a preventive medical visit/medical care
2. Reduce rates of child mortality and injury, especially among disparate populations
3. Decrease bullying
4. Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs.

Domain: Adolescent Health

1. Reduce or improve adolescent morbidity and mortality, especially among disparate populations
2. Decrease bullying
3. Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs.
4. Decrease the adolescent/teen pregnancy rate, especially among disparate populations

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List of Priorities: CYSHCN

Domain: Children and Youth with Special Health Care Needs (CYSHCN)

1. Reduce the rate of bullying among CYSHCN
2. Improve access to and use of transition services among CYSHCN
3. Improve the percent of CSHCN who receive care in a well-functioning system
4. Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs.

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List of Priorities: Cross-Cutting/Systems Building

Domain: Cross-cutting and Systems Building

1. Strengthen Title V staff's capacity for data-driven and evidence-based decision making and program development

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Women, Pregnant Women and Mothers

This data brief discusses the health status of women and mothers in Pennsylvania. This includes women, pregnant women and women who have recently given birth and are in the postpartum period – the period within 60 days of delivery.

HEALTH OF **WOMEN AND MOTHERS**

- *IMPROVEMENTS & PROGRESS* -

- **Well Woman Visit**
  The percentage of PA women aged 18-45 who had a well woman visit increased from 57.9% in 2011 to 61% in 2017, but differences in care exist by education and race/ethnicity. An annual visit with a doctor is recommended for all women so that services like screening, counseling and immunizations can be provided (BRFSS 2011-2017).

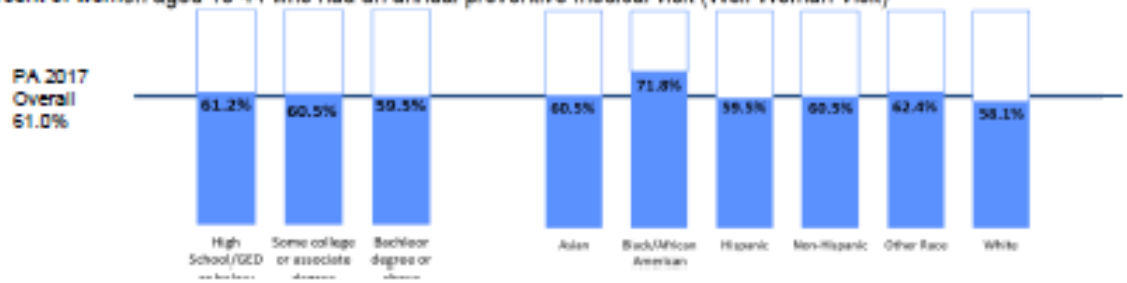
- **Discussion of Pre-Conception Health**
  As of 2015, approximately two out of every 10 women in PA (23.5%) delivering a live birth reported having a discussion with a health professional about important health behaviors prior to pregnancy, a 4.0% increase from 2014 but still below the 2020 goal of 27.0%. Women aged 19 and younger, and unmarried women, were less likely to have had a discussion with a provider about their health prior to pregnancy as compared to older and married women (PRAMS 2012-2015).

- **Multivitamin use**
  Taking a multivitamin or folic-acid containing vitamin prior to pregnancy is associated with improved health outcomes for mother and infant. Five out of every 10 women in PA delivering a live birth took a multivitamin as of 2015 (49.6%), an increase from 2014 (43%). Yet, multivitamin use was lowest from 2012-2015 among women with a household annual income of $15,000 or less as compared to women with a higher income, women aged 19 years old or younger as compared to older women and women who were Black/African American or Hispanic/Latinx as compared to women of other race/ethnicity (PRAMS 2012-2015).

Preventive Medical Visit

PA Behavioral Risk Factor Surveillance System (BRFSS) • 2011-2017

Percent of women aged 18-44 who had an annual preventive medical visit (Well Woman Visit)



by Education
*Total women surveyed: 20,123

by Race/Ethnicity
*Total women surveyed: 19,695

Pre-conception Health Behaviors

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2015

Percent of women who reported positive health behaviors prior to pregnancy

*Total women surveyed: 1,094

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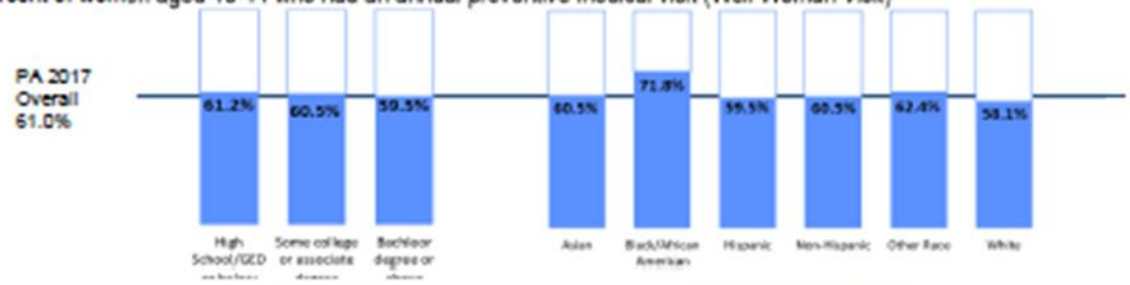

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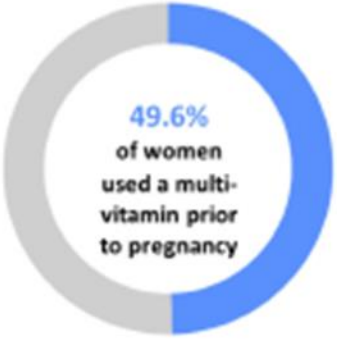

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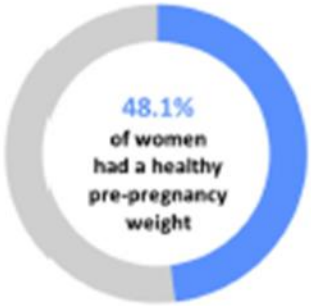

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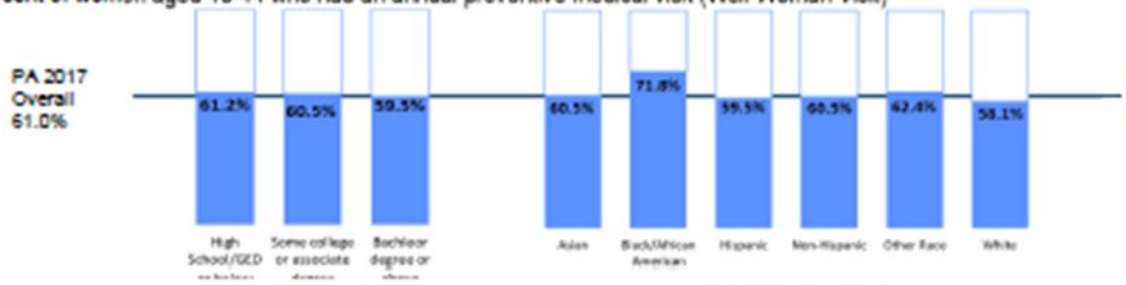

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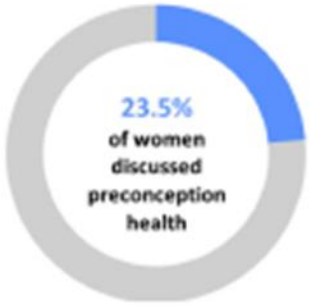

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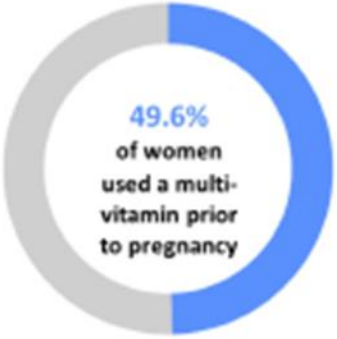

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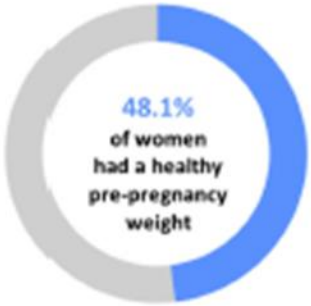

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Rank Priorities

- See Handouts

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Thank you!

Questions?

Please e-mail:

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