Enhancing Maternal and Child Health Interventions and Systems

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Outline

- MCH data in the USAPI
- MCH Funding in the USAPI
- HRSA Title V Block Grant
- CDC DRH ERASE MM
- PIHOA Maternal Mortality Project

MCH Data Snapshot

	U.S.	AS	Guam	FSM	Palau	RMI
% women receiving prenatal care in first trimester	77.0%	32.8%	58.7%	25.0%	48.9%	42.4%
Severe maternal morbidity (per 10,000)	100.3	248.6	n/r	n/r	n/r	458.6
Maternal mortality rate (10,000)*	23.2	135.7	168.2	333.3	0.0	119.0
Low birth weight	8.6%	4.1%	9.9%	12.2%	11.0%	17.7%
Preterm birth (<37 weeks) rate	10.4%	4.9%	12.1%	19.9%	9.3%	12.2%
Perinatal mortality rate (per 1,000)	5.5	12.1	15.9	35.4	26.7	32.7
Infant mortality rate (per 1,000)	5.4	19	14.9	22.0	11.0	27.3
Neonatal mortality rate (per 1,000)	3.5	10.9	11.1	16.0	11.0	16.6

*annual rates make for poor comparison due to small population sizes- there is a need to use 5-year averages

MCH Funding and Support

HRSA MCH BUREAU	**Title V Maternal and Child Health Block Grant: all USAPI (~$155,00-$800,000 annually)** State Systems Development Initiative (SSDI): all USAPI (~$100k/yr) Family to Family Information Centers: AS, CNMI, Guam only (~$97k/yr) Pediatric Mental Health Access Programs: Palau, Guam, CNMI, FSM ($300k/yr) Early Hearing and Detection Initiative (EHDI): all USAPI ($235k/yr) Maternal Infant Early Child Home Visiting (MIECHV): AS, CNMI, Guam (>$1m/yr) UNDERSPENT
USDA	Women, Infants, and Children Program (WIC): AS, CNMI, Guam only (~$5m- ~11m/yr)
HHS Office of Population Affairs	Title X Service Grant (Family Planning): all USAPI but RMI; (~$200k-$365k annually)
CDC	Division of Reproductive Health (DRH) Enhancing Reviews and Surveillance to Eliminate **Maternal Mortality (ERASE MM); all USAPI but FSM ($295k annually)** Pregnancy Risk Assessment Monitoring System (PRAMS): CNMI but all eligible (up to $175k/yr)
PIHOA	**TA for ERASE MM project** Pacific Public Health Fellowship Program- Amy St. Pierre Fellows
others	World Bank, UNICEF

HRSA Maternal and Child Health (MCH) Services block Grant

Overview

- Formula grant under which funds are awarded to 59 States and jurisdictions.
- Purpose is to create Federal/State partnerships that support service systems for addressing the needs of maternal and child health populations.
- Title V is the nation's oldest federal-state partnership. Created with the Social Security Act of 1935.

Title V authorizes appropriations to States

- "To improve the health of all mothers and children"
- "To provide and assure mothers and children access to quality maternal and child health services"
- "To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children"
- "To increase the number of children appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services"
- "To promote the health of mothers and infants by providing prenatal, delivery and postpartum care for low-income, at-risk pregnant women"
- "To promote the health of children by providing preventive and primary care services"
- "To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX"
- "To provide and to promote family-centered, community-based, coordinated care…for children with special health care needs [CSHCN] and to facilitate the development of community-based systems of services for such children and their families."

HRSA Maternal and Child Health (MCH) Services block Grant

State and Jurisdictional MCH and CSHCN Programs

- In fiscal year (FY) 2023, State/jurisdictional Title V programs reported serving 95% of pregnant women, and 99% of children, including 59% of children with special health care needs.
- A wide range of MCH services and activities were supported to address national, state and jurisdictional needs.
- In their Annual Reports, States/jurisdictions must demonstrate:
  - At least 30% of Title V Federal MCH funds were spent on preventive and primary care services for children;
  - At least 30% of Title V Federal MCH funds were spent on services for CSHCN; and
  - Not more than 10% of the Federal allocation was spent on administering the grant.

Guiding Principles

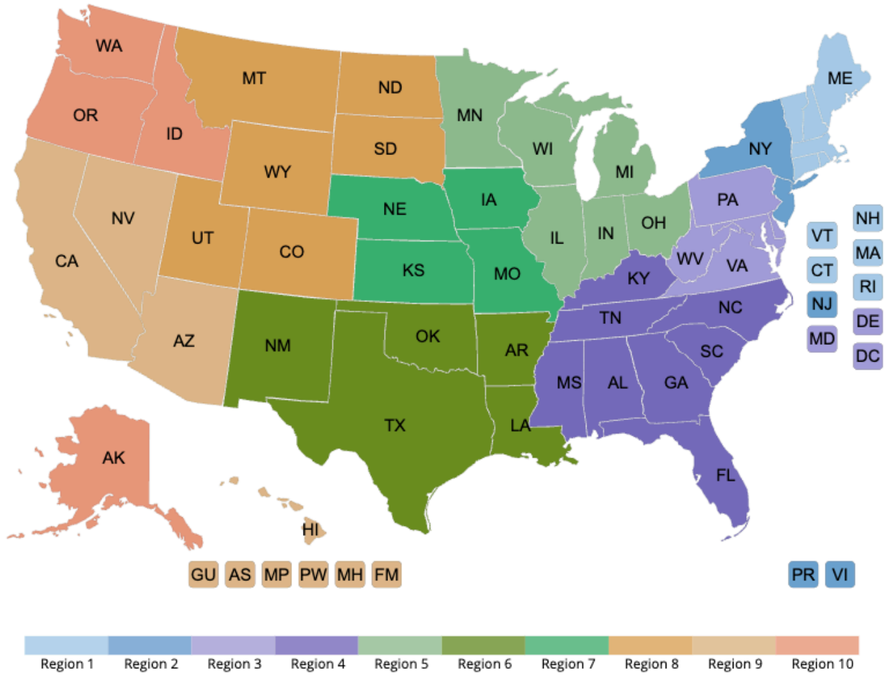
- Delivery of Title V services within a public health service model
- Data-driven programming and performance accountability
- Partnerships with individuals/families/family-led organizations (i.e., family partnership)

Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (hereafter referred to as state) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National

National Data
FY 2023 Expenditures: $2,923,783,819



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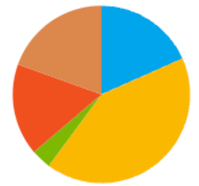
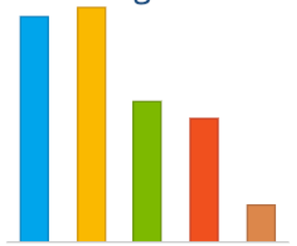


FY 2023 Percentage Served



CDC’s Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program

- CDC funding to support the development and maintenance for Maternal Mortality Review Committees (MMRCs)
- MMRCs are established multi-disciplinary committees that thoroughly review every death of a woman during pregnancy, or within one year after giving birth
- Information gathered from these reviews are then used to help make improvements to systems and services within in the jurisdiction in order to prevent future maternal deaths.
- CDC ERASE MM supports 46 states and 6 U.S. territories / FASes

Maternal Mortality Review

Is

- Ongoing anonymous and confidential systematic process of data collection, analysis, interpretation and action
- Guided by policies, statutes, rules, etc.
- Intended to move from data collection to prevention activities

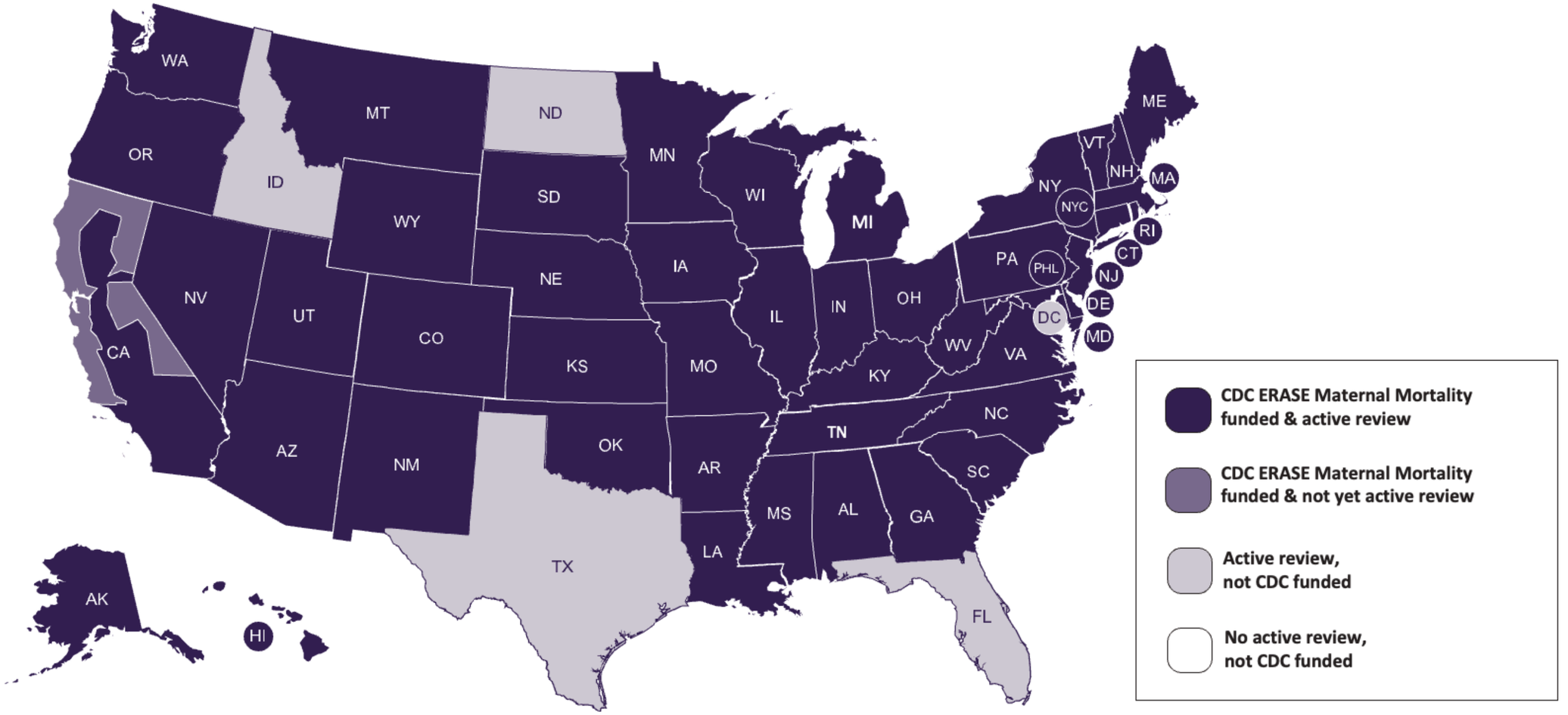
Is not

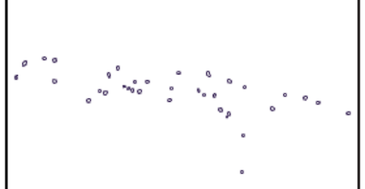
- A mechanism for assigning blame or responsibility for any death
- A research study
- Peer review
- An institutional review
- A substitute for existing mortality and morbidity inquiries

Qualities of Fully Functioning MMRCs

- Authorities and protections in place
- Partners, membership, and scope defined
- Processes are established and documented
  - Host organization and roles identified
  - Population based case identification
  - Comprehensive case abstraction
  - Regularly meets to review cases
  - Reviews all cases within scope
  - Uses data to develop recommendations
- Translates recommendations to action

Active Maternal Mortality Review Committees (MMRCs)



Guam	American Samoa	Commonwealth of Northern Mariana Islands	The Republic of Marshall Islands	The Republic of Palau	Puerto Rico	U.S. Virgin Islands	Federated States of Micronesia
							

Updated Sept. 25, 2024

PIHOA Maternal Mortality Technical Assistance Priorities

Maternal Mortality Assessments (Individual USAPI and regional)

Regional Maternal Health Summit

Revised CDC TA materials: ex. MMRC reference guide

Create opportunities for peer learning

Specialized USAPI Technical Assistance

Strengthening Vital Statistics (USAPI CRVS TWG)

Maternal Mortality Assessments

- American Samoa
- Marshall Islands

MMRC Progress

Next Steps:

- Hire dedicated staff and prioritize the MMRC coordinator and abstractor
- Conduct death certificate assessment to determine completeness of pregnancy checkbox
- Conduct retrospective review of maternal deaths beginning in 2020
- Draft necessary data MOUs
- Draft MMRC scope and protocols

Technical Assistance Requests:

- Development of legislation or organizational agreements to access data, ensure confidentiality, and provide immunity for committee members
- Development of MMRC scope and protocols
- Training will be needed for the abstractor, as there are no experienced abstractors on-island; on-site training in American Samoa is preferred
- Assistance with facilitation of initial committee meetings on-island
- Information on funding opportunities to help support interventions based on findings from the MMRC

Next Steps

Complete USAPI and regional maternal mortality asessments

Develop TA materials and TA plan for USAPI for MMRCs

Plan for USAPI Maternal Mortality Summit

Asks

Support your local MMRCs- staff hiring, legislation and SOPs, membership support, data sharing

Leverage available funds to support MCH efforts

Support vital statistics strengthening efforts

Questions?

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