



TITLE V MCH SERVICES BLOCK GRANT: OVERVIEW & STAKEHOLDER DISCUSSION

State Health Commissioner's Advisory Council on Health
Disparity and Health Equity
October 8, 2019

Presentation Outline

1. Brief Title V Overview
2. 2020 Five-Year MCH Needs Assessment
3. Current Efforts
4. Future Opportunities: Health Equity & Health Disparity Stakeholder Discussion

Title V Overview

Title V Core Team

- **Carla Hegwood:** Acting Title V Director (Title V Consultant & MCH Special Projects Coordinator)
- **Marcus Allen:** CYSHCN Director
- **Dana Yarbrough:** Virginia Family Delegate
- **Meagan Robinson:** MCH Epidemiology Supervisor; SSDI Director
- **Shamaree Cromartie:** Bleeding Disorders Coordinator
- **Shannon Pursell:** Maternal and Infant Health Coordinator; Perinatal Health Domain Lead
- **Emily Yeatts:** Reproductive Health Unit Supervisor; Title X Director; Women's Health Domain Lead
- **Andelicia Neville:** Early Childhood Unit Supervisor
- **Tonya Adiches:** Dental Health Programs Manager
- **JoAnn Wells:** Maternal, Infant, and Adolescent Dental Health Consultant
- **Melanie Rouse:** Maternal Mortality Projects Coordinator, Office of the Chief Medical Examiner
- **Bethany Geldmaker:** Early Child Health Consultant; VMAP Director; Child Health Domain Lead
- **Maddie Kapur:** Adolescent Health Coordinator; Adolescent Health Domain Lead
- **Lisa Wooten:** Injury and Violence Prevention Program Supervisor
- **Consuelo Staton:** State Resource Mothers Program Coordinator

- **Dr. Vanessa Walker Harris:** Associate Commissioner; Director, Office of Family Health Services
- **Jen MacDonald:** Acting Director, Division of Child and Family Health (Newborn Screening Manager)
- **Heather Board:** Director, Division of Prevention and Health Promotion

What is Title V?

- Large federal block grant program structured around life course model to serve:
 - Women of Reproductive Age
 - Pregnant Women & Infants (0-1)
 - Children & Adolescents (to age 21)
 - Children & Youth with Special Health Care Needs (to age 21)
 - Others (Men, ISHCN 22+)
- Administered by HRSA through the Maternal and Child Health Bureau
- Complementary investments:
 - Healthy Start
 - Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
 - ACF: Title V Sexual Risk Avoidance Education Program
 - Mandated Service: Newborn Screening

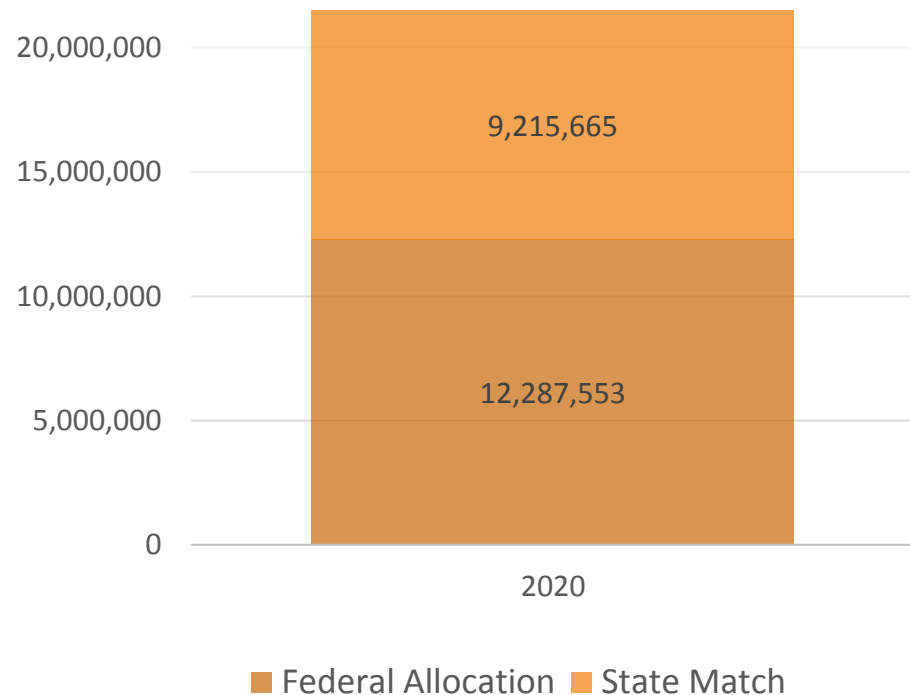
Title V Funding

- Grants to 59 states and jurisdictions
- States apply annually
- Allocations by formula, based loosely on the proportion of low-income children in the state
- For every \$4 of federal funds, states must provide a match of at least \$3 of state or local funds (i.e. non-federal dollars)
 - Virginia's award is approximately 12M per year, 9M GF match
- Provide broad range of health care and public health services to >56 million people in the United States
 - 2017: 86% of pregnant women, 99% of infants, and 55% of children benefitted from a Title V-funded service

Budget Snapshot for Virginia

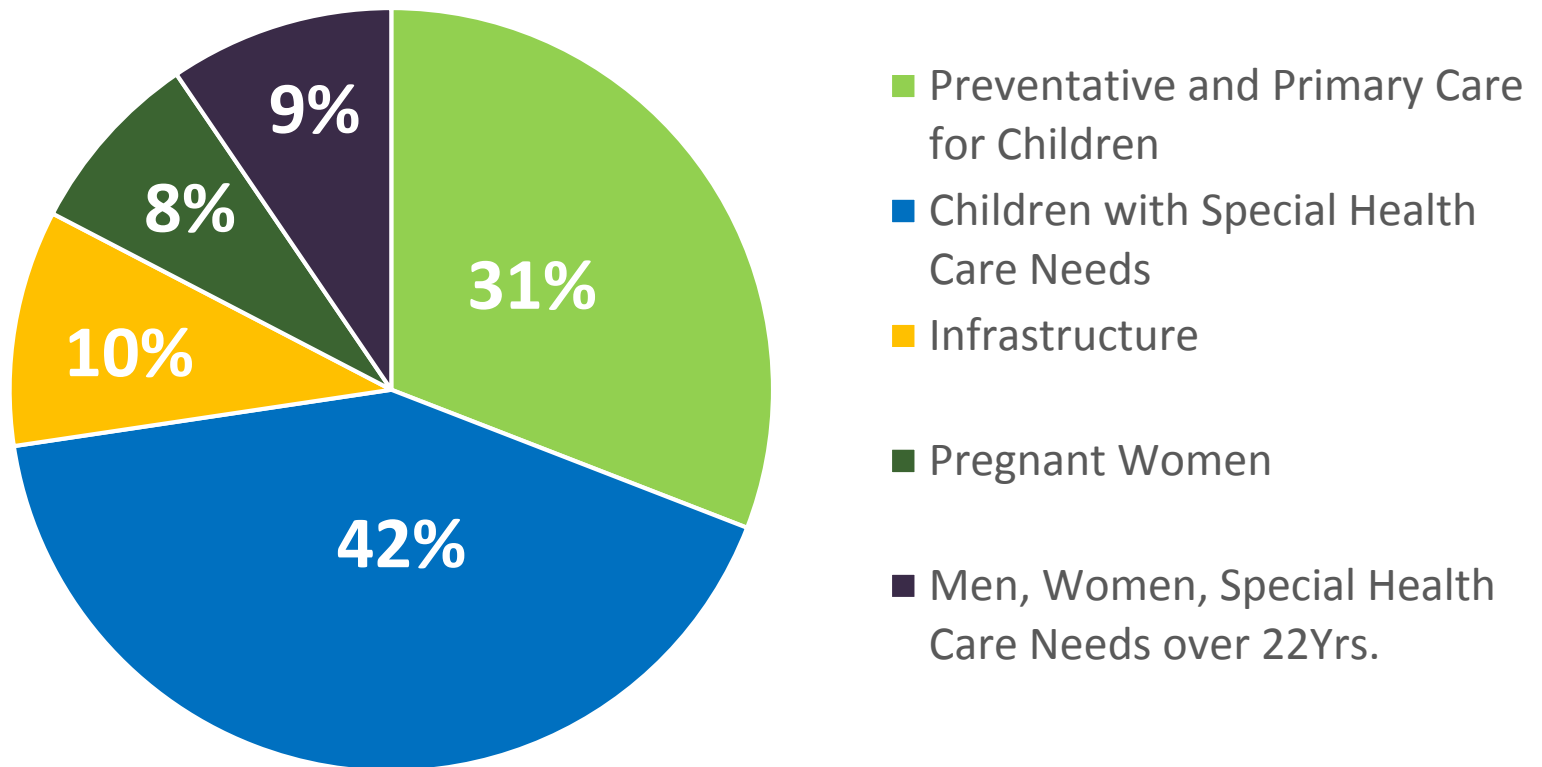
- Federal Allocation:
\$12,287,553
- State Match:
\$9,215,665
- Special Revenue:
\$1,618,704
- Program Income:
\$2,086,819

TITLE V RESOURCES



Budget Snapshot

FY18 Title V Expenditures



**DATA TO ACTION:
Virginia's 2020 Five-Year
MCH Needs Assessment**

Consider:

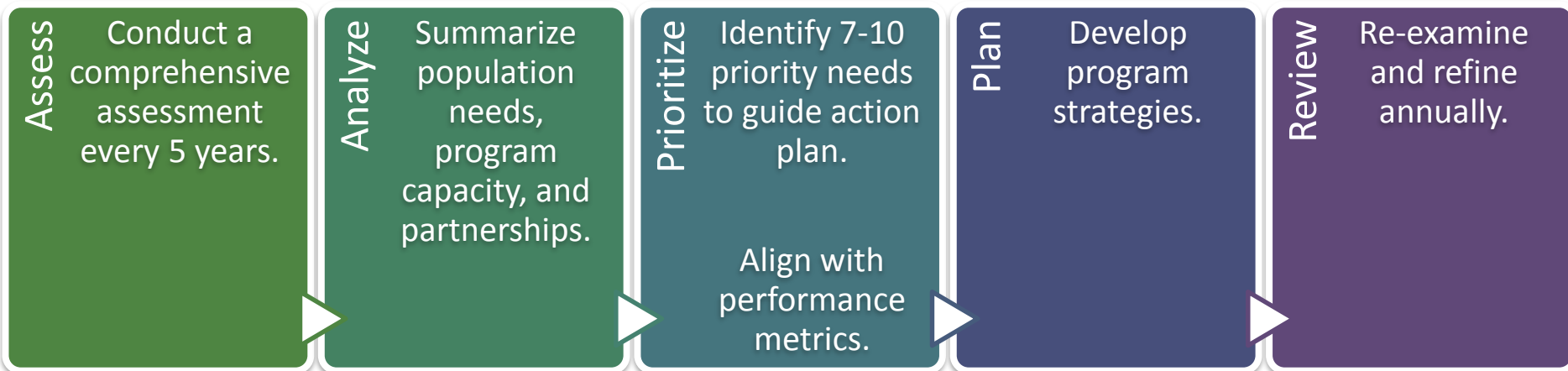
Why does Title V exist?



- The Great Depression, cutbacks in federal health programs, and declining health among mothers and children spurred President Franklin D. Roosevelt to sign legislation:
 - Title V of the Social Security Act was enacted in 1935
- Through Title V, the federal government pledged its support for state MCH efforts.
 - Remains a critical funding improving the health and well-being of the nation's mothers and children
 - including children with special health care needs
 - with a focus on low-income populations
 - Maternity and child care infrastructure, economic strain, starvation, homelessness, child labor, physical disabilities and social/emotional needs beyond those of other children...

Needs & Capacity Assessment Requirements

- (1) Preventive and primary care services for ***pregnant women, mothers*** and ***infants up to age one***;
- (2) Preventive and primary care services for ***children***; and
- (3) Services for ***children with special health care needs***.



Overview of the State

Virginia is the 12th most populous state in the U.S.

Race	Number	Percent of Total Population
Total Population	8,470,020	
White*	6,027,893	71.2%
Black*	1,760,262	20.8%
Hispanic^	795,323	9.4%
Asian or Pacific Islander*	630,376	7.4%
American Indian or Alaskan Native	51,489	0.61%

* Includes persons reporting only one race

^ Hispanics may be of any race, so also are included in applicable race categories

Source: 2017 Virginia resident population estimates ([VDH Tableau – NCHS Vintage Population Data](#))

Overview of the State

VA MCH Target Population

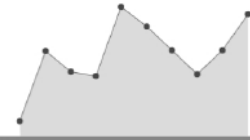
	Number	Percent of Total Population
Women of Reproductive Age (15-44 years)	1,681,168	19.9%
Men (≥ 18 years)	3,212,695	37.9%
Children (≤ 19 years)	1,869,176	22.1%
Children (≤ 5 years)	614,124	7.3%
CYSHCN*	391,467	21.0%

Birth Rate

Race	# Live Births	Rate
TOTAL	99,655	11.8
White	61,137	10.1
Black	21,090	12.0
Other	17,428	25.6

Resident Live Birth Rate per 1,000 Total Population
 Source: *2017 Virginia resident population estimates; VDH Division of Health Statistics Data Tables – 2017 Live Births; and 2016-2017 National Survey of CSHCN*
 *Among children 0-17 years

MCH Surveillance



SSDI

YRBS

BRFSS

PRAMS

VOIRS

NBS/EHDI

HEALTH
STATS

VHI



CHA/CHIP
Needs Assessment



Performance Measures

National Performance Measures

1. Safe Sleep
2. Developmental Screening
3. Injury Hospitalization
4. Medical Home
5. Transition
6. Preventive Dental Visit

State Performance Measures

1. Unintended Pregnancy
2. Family Engagement
3. Youth Engagement
4. Early & Continuous Screening

State Outcome Measures

1. Infant Mortality Disparity
2. Maternal Mortality Disparity

Needs Assessment

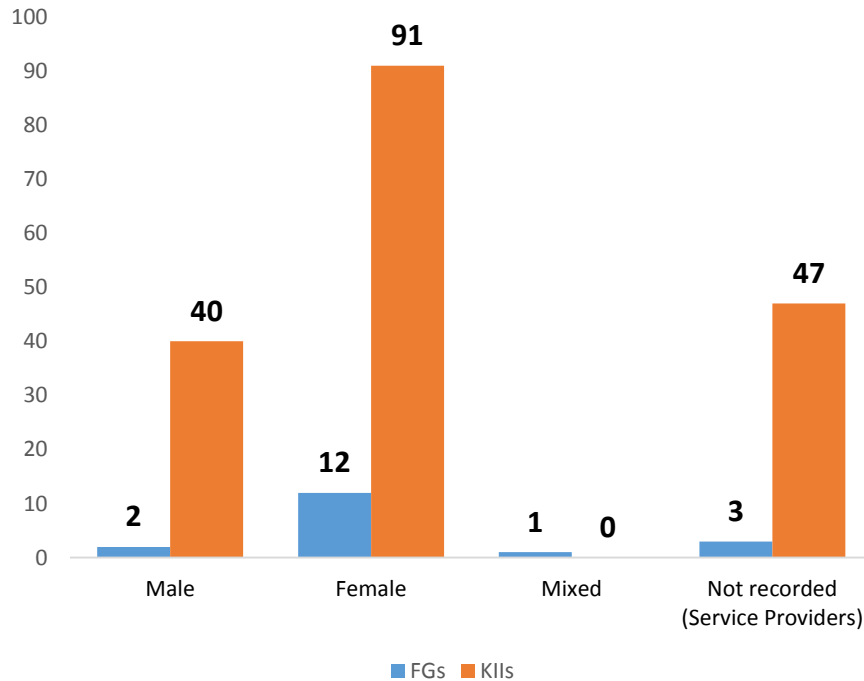
Timeline for Qualitative MCH Needs Assessment



Note: Milestones are italicized and in blue font, while Tasks are in black font

Needs Assessment

Gender Distribution of Participants



Special Population Group	FGs	KIIs	Total
Spanish-speaking people	2	8	10
Refugee/immigrant community	0	8	8
Incarcerated women	1	2	3
Foster care youth	0	2	2
Women of color	2	0	2
LGBTQ+ community	0	1	1
Women who experienced infertility	0	1	1
Total	5	22	27

Racial Disparities in Maternal Mortality

Maternal Mortality Disparity

- In June 2019, Governor Northam announced a goal to eliminate the racial disparity in Virginia's maternal mortality rate.
- This goal means a more than 50% reduction in the maternal mortality rate for Black women in Virginia.

Top Causes of Death by Race, 2009-2013

White Women:

Leading Cause of Death	N	%
Accidental Overdose	20	18.7%
Motor Vehicle Accident	14	13.1%
Cancer	11	10.3%
Infection	11	10.3%
Suicide	11	10.3%

Other Race:

Leading Cause of Death	N	%
Disorder of the Central Nervous System	3	27.3%
Homicide	3	27.3%
Accidental Overdose	2	18.2%
Motor Vehicle Accident	1	9.1%
Pulmonary Embolism	1	9.1%

Black Women:

Leading Cause of Death	N	%
Cardiac Disorder	16	18.0%
Homicide	11	12.4%
Exacerbation of a Chronic Disease	10	11.2%
Pulmonary Embolism	7	7.9%
Motor Vehicle Accident	6	6.7%

Maternal Mortality Disparity

- Virginia's Maternal Mortality Review Team
 - Placed in VA code July 2019
 - The review committee meets bimonthly, sits under the OCMEs office
 - Attends CDC Maternal Mortality Conference annually
 - Reports are published about every 2 years with recommendations
 - Partnership with the VNPC to move from review to action
- Alliance for Innovation on Maternal Health (AIM) State (VNPC)
 - Maternal Hemorrhage patient safety bundle
 - Severe Hypertension in Pregnancy patient safety bundle

Virginia Neonatal Perinatal Collaborative

- Steering Committee (6 Members)
- Executive Committee (15 Members)
- Advisory Committees
 - Improving Perinatal Outcomes
 - Improving Neonatal Outcomes
 - Data Acquisition and Management
 - Community Engagement
 - Advocacy and Sustainability
- Project Workgroups
 - Neonatal Abstinence Syndrome (NAS)
 - Maternal Opioid Use Disorder (OUD)
 - Antibiotic Stewardship in the NICU and Newborn Nursery
 - Obstetric Hemorrhage
 - Severe Hypertension in Pregnancy
- Website: www.virginianpc.org



Pending for Next Grant Cycle:

Maternal Health Initiatives

- SHHR Maternal Health Community Forums
- VHHA-VDH Maternal Health Initiative
 - Identify 10 hospitals with highest incidence of maternal mortality and racial inequalities
 - Undertake QI and community engagement projects to improve outcomes
- Pew Health & Housing Grant
 - Pregnant women, concentrated disadvantage, and housing
- Equity training for program staff and contractors (to be informed by needs assessment)

Tackling Racial Disparities in Maternal Mortality

Future Opportunities: Health Equity & Health Disparity Stakeholder Discussion