VDH VIRGINIA DEPARTMENT OF HEALTH

Maternal Health Initiatives to Address Maternal Mortality

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According to data…

Leading causes of death include accidental overdose, cardiac conditions, infection, homicide, and hemorrhage

Black women are dying at 3x the rate of white women

Risk factors include mental health issues, substance use, chronic disease, and intimate partner violence

Connection to community, care coordination, continuity of care during the postpartum period, access to care are all challenges

Maternal Health at VDH

- Our state MMRT is supported in part by Title V. As our largest source of funding for maternal health work at VDH, we are going to give you a bit more information about this block grant.

- We will also identify other funding streams that support our work

- Identifying our funding, priorities, and programs illustrates the ways we are trying to move data to action and address contributors to maternal morbidity, mortality, and inadequate care.

Virginia's Title V Block Grant 101

Social Security Act of 1935
Oldest State/Federal Partnership
Became a "block grant" in 1981

Unique to each State
Funds 59 states/jurisdictions
Provides PH services to ~60 million people
92% of all pregnant women

Strategies & Activities aligned with National/State Measurements
Data-driven & measurable
Identify & build on community
Reflect shared decision making, demonstrate connectedness

What is Title V?

The key source of support for promoting and improving the health and well-being of the nation's mothers, children (including children with special health care needs), and their families.

Mission:

Improve the health and well-being of the nation's mothers, infant, children, and youth, including children and youth with special health care needs, and their families

Vision:

A nation where all mothers, children and youth, including Children and Youth with Special Health Care Needs (CYSHCN), and their families, are healthy and thriving

Goals:

Access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care

Health promotion efforts that seek to reduce infant mortality and the incidence of preventable diseases, and to increase the number of children appropriately immunized against disease

Access to comprehensive prenatal & postnatal care for women, especially low-income and/or at-risk pregnant women

An increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children

Access to preventive and childcare services as well as rehabilitative services for children in need of specialized medical services

Family-centered, community-based systems of coordinated care for children with special healthcare needs

Title V Key Concepts

SOCIAL DETERMINANTS OF HEALTH
Factors/circumstances that play a big role in a person's current state of health. These include: where one is born, grows up. Lives, works and age, and the systems of care available to deal with an illness. Title V programs should help reduce inequality for those who have systemically experienced greater social or economic obstacles.

LIFE COURSE PERSPECTIVE
Theoretical model that takes into consideration the full spectrum of factors that impact an individual's health, not just at one state of life, but through all stages of life. Life course perspective can shine light on health and disease patterns – particularly health disparities – across populations over time.

SYSTEMS BUILDING
Focusing on the whole and how its parts interact, not just on the parts, a systems approach is absolutely necessary to achieve results. This approach also explains why MCH program straddle public health, healthcare, and many other child and family service arenas.

FAMILY/CONSUMER PARTNERSHIP
Guiding principle for all state CYSHCN programs, and one on which programs must measure their performance. Family/consumer engagement makes a positive difference in program planning, implementation and outcomes, with so much success that the concept has spread to other areas of MCH programs.

POPULATION-BASED
Unlike sister agencies with categorical eligibility requirements, Title V's boundaries of "MCH Population" have been interpreted more broadly. This has allowed more creative programmatic efforts.

Virginia's Priority Needs 2020-2025

Maternal & Infant Mortality Disparity

Repro Justice & Support

MCH Data Capacity

Strong Systems of Care

Community/Family/Youth Leadership

Upstream/Cross-Sector Strategic Planning

Racism as a Root Cause

Finances as a Root Cause

Mental Health

Oral Health

Synthesizing Virginia's Title V Program

- ✓ How is a block grant organized?
- ✓ What do the funded programs actually do?
- ✓ How do you know if they are working?
- ✓ How do you get input from the MCH population to know that you are doing the right thing?

Five-Year Needs Assessment

Every 5 years, a comprehensive needs assessment is conducted across VA's MCH community – stakeholders and people with lived experience – identifying and prioritizing MCH needs

Six Domains

- ➢Women/Maternal Health
- ➢Perinatal/Infant Health
- ➢Child Health
- ➢Adolescent Health
- ➢CYSHCN
- ➢Cross-Cutting/ Systems Building

NOMs/NPMs/SPMs/ESMs

Outcome Measures
Performance Measures
Evidence-Based or Informed Strategy Measures

Five Year Work Plan

Current work plan runs from FY2021-2025. It is a fluid document, and activities can change from year to year

Annual Report

This year's Title V grant report will discuss activities done in Year Two (FY22).

Title V Measures

National

- Performance Measures (NPMs): 15
- Outcome Measures (NOMs): 25

State

- Performance Measures (SPMs): 6
- Outcome Measures (SOMs): 2

VA's selections for 2020-2025	NPM		W/MH	P/IH	CH	AH	CYSHCN
	1	Well-woman visit	◘				
	2	Low-risk Cesarean delivery	◘				
	3	Risk-appropriate perinatal care		◘			
P/IH	4	Breastfeeding		◘			
	5	Safe sleep		◘			
CH	6	Developmental Screening			◘		
CH, AH	7	Injury hospitalization			◘	◘	
	8	Physical Activity			◘	◘	
	9	Bullying				◘	
	10	Adolescent well visit				◘	
CYSHCN	11	Medical home			◘	◘	◘
AH, CYSHCN	12	Transition			◘	◘	◘
W/MH,CH,AH	13	Preventive dental visit	◘		◘	◘	
	14	Smoking	◘		◘	◘	
CYSHCN	15	Adequate insurance			◘	◘	◘

National Performance Measures

	Indicator	Measurement		Indicator	Measurement
1	**Early Prenatal Care**	National Vital Statistics System	14	**Tooth decay or cavities**	National Survey of Children's Health
2	**Severe Maternal Morbidity**	HCUP State inpatient databases	15	**Child mortality**	National Vital Statistics System
3	**Maternal Mortality**	HCUP State inpatient databases	16	**16.1 Adolescent mortality** **16.2 Adolescent motor vehicle death** **16.3 Adolescent suicide**	National Vital Statistics System
4	**Low birth weight**	National Vital Statistics System	17	**17.1 CSHCN** **17.2 CSHCN systems of care** **17.3 Autism** **17.4 ADD or ADHD**	National Survey of Children's Health
5	**Preterm birth**	National Vital Statistics System	18	**Mental health treatment**	National Survey of Children's Health
6	**Early term birth**	National Vital Statistics System	19	**Overall health status**	National Survey of Children's Health
7	**Early elective delivery**	Virginia CMS Hospital compare	20	**Obesity**	National Survey of Children's Health WIC Youth Risk Behavior Surveillance system
8	**Perinatal mortality**	National Vital Statistics System	21	**Uninsured**	American Community Survey
9	**9.1 Infant mortality** **9.2 Neonatal mortality** **9.3 Postneonatal mortality** **9.4 Preterm related mortality** **9.5 SUID mortality**	National Vital Statistics System	22	**22.1 Child vaccination** **22.2 Flu vaccination** **22.3 HPV vaccination** **22.4 Tdap vaccination** **22.5 Meningitis vaccination**	National Immunization Survey - Teen
10	**Drinking during pregnancy**	Pregnancy Risk Assessment Monitoring System (PRAMS)	23	**Teen births**	National Vital Statistics System
11	**Neonatal Abstinence Syndrome**	HCUP State inpatient databases	24	**Postpartum depression**	Pregnancy Risk Assessment Monitoring System (PRAMS)
12	**Newborn Screening timely followup**	This measure is under development – Federal data are not available/reportable for this measure	25	**Forgone health care**	National Survey of Children's Health
13	**School readiness**	This measure is under development – Federal data are not available/reportable for this measure			

State Performance Measures	
SPM1	Cross-cutting (early and continuous screening): Percent of infants who are diagnosed with newborn screening disorder that are referred to care coordination services in the CYSHCN program
SPM2	Cross-cutting (youth leadership): Develop and sustain the Virginia Department of Health Youth Advisor Program
SPM3	MCH workforce development (racial equity): Develop and implement MCH workforce development policies addressing racial equity for all Title V program staff and subrecipient staff
SPM4	Pregnancy intention: Mistimed or unwanted pregnancy (wanted to become pregnant later or never)
SPM5	Cross-cutting (family leadership: Percentage of VDH CYSHCN programs actively incorporating family engagement annually
SPM6	Promotion and strengthening of optimal mental health and well-being through partnerships and programs

State Outcome Measures	
SOM1	Infant mortality disparity: Black/White infant mortality ratio
SOM2	Maternal mortality disparity: Black/White maternal mortality ratio

Virginia's Title V Programs

Perinatal/Infant Health
Five-Star Breastfeeding
Perinatal Mental Health
Perinatal Substance Use
Home-visiting (BabyCare)
Safe Sleep Initiatives
CFRT

Women/Maternal Health
Title X Partnership
Doula Work
Pregnancy Loss
MMRT
Oral Health Initiatives
VNPC Involvement

Cross-Cutting/Systems Building
Youth Advisors
Family Engagement
Newborn Screening
Racism/Equity Initiatives
Workforce Development

Adolescent Health
Comprehensive Sex Ed
Suicide Prev. Trainings
School Health & Immun.
Oral Health Initiatives

Child Health
Child Safety Seat Program
Developmental Screenings
Injury prev. curriculum
Oral Health Initiatives
School Health & Immun.

CYSHCN
Child Development Centers (CDCs)
Care Connection for Children (CCCs)
Pediatric/Adult Sickle Cell Programs
Virginia Bleeding Disorders Program

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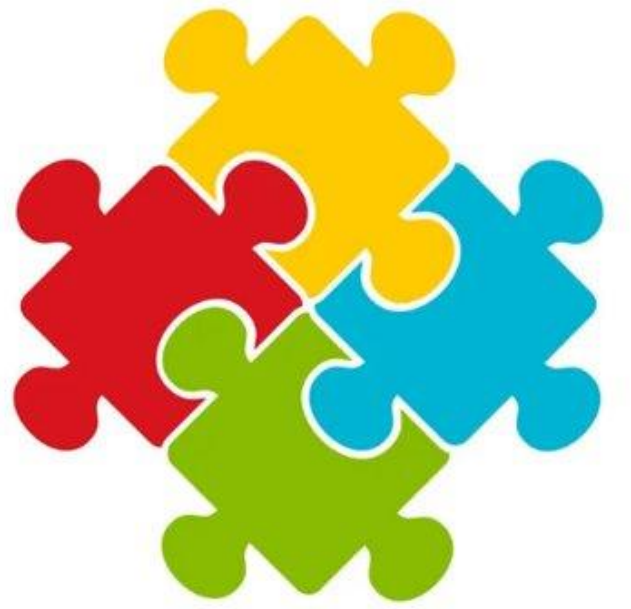
Other Funding Streams

Title V's Federal Sister Grants



1970 -Title X (HHS) - Public Health Services Act
Provides individuals with **comprehensive family planning** and related preventive health services. Legally designed to prioritize the needs of low-income families or uninsured people (including those not eligible for Medicaid) who might not otherwise have access to these health care services.

1972 WIC (USDA) – Child Nutrition Act
Supplemental Food Program for pregnant women (up to 6 months PP) and children up to age 5 with **nutritional needs**. Basic eligibility requirement is family income below 185% of FPL. Currently, WIC services 53% of all infants born in the US

2010 – MIECHV (HRSA/MCHB) – Affordable Care Act
Voluntary-participation for families with young children with evidence-based **home visiting programs**. It aims to establish a positive and improved outcome in health, education, and reduced child abuse in families

Title X (Pronounced “ten”)

- Federal family planning program that has existed since 1970.
- Covers basic reproductive health services, including contraception, sexually transmitted infection (STI) testing, pelvic exams, pap smears, breast cancer screenings, counseling, and referrals.
- Requires that patients under 100% of the federal poverty level receive services at no cost.
- Patients between 101% and 250% are charged according to a sliding scale.
- VDH and the Virginia League for Planned Parenthood (Richmond, Hampton, Virginia Beach) receive Title X funds.
  - Family Planning Clinic Locator: https://opa-fpclinicdb.hhs.gov/
- VDH’s network includes 25 local health districts and 3 federally qualified health centers.

Title X

- $3.45 million in federal Title X funds from HHS/OPA.
- Partner with 25 local health districts and 3 federally qualified health centers to offer clinical family planning services according to best practices and in accordance with statutory, regulatory, and programmatic requirements associated with Title X.
- Title X clinic locator: https://opa-fpclinicdb.hhs.gov

Contraceptive Access Initiative

$4 million in federal Temporary Assistance for Needy Families (TANF) funds appropriated by Virginia General Assembly.

Partner with 18 health agencies to offer FDA-approved methods of contraception, including Long-Acting Reversible Contraceptives (LARC) insertions, and LARC removals for uninsured patients under 250% federal poverty level (FPL).

Fact sheet: https://www.vdh.virginia.gov/content/uploads/sites/28/2023/01/CAI-Fact-Sheet_2023.pdf

Office of the Assistant Secretary for Health/Office on Women's Health (OWH)

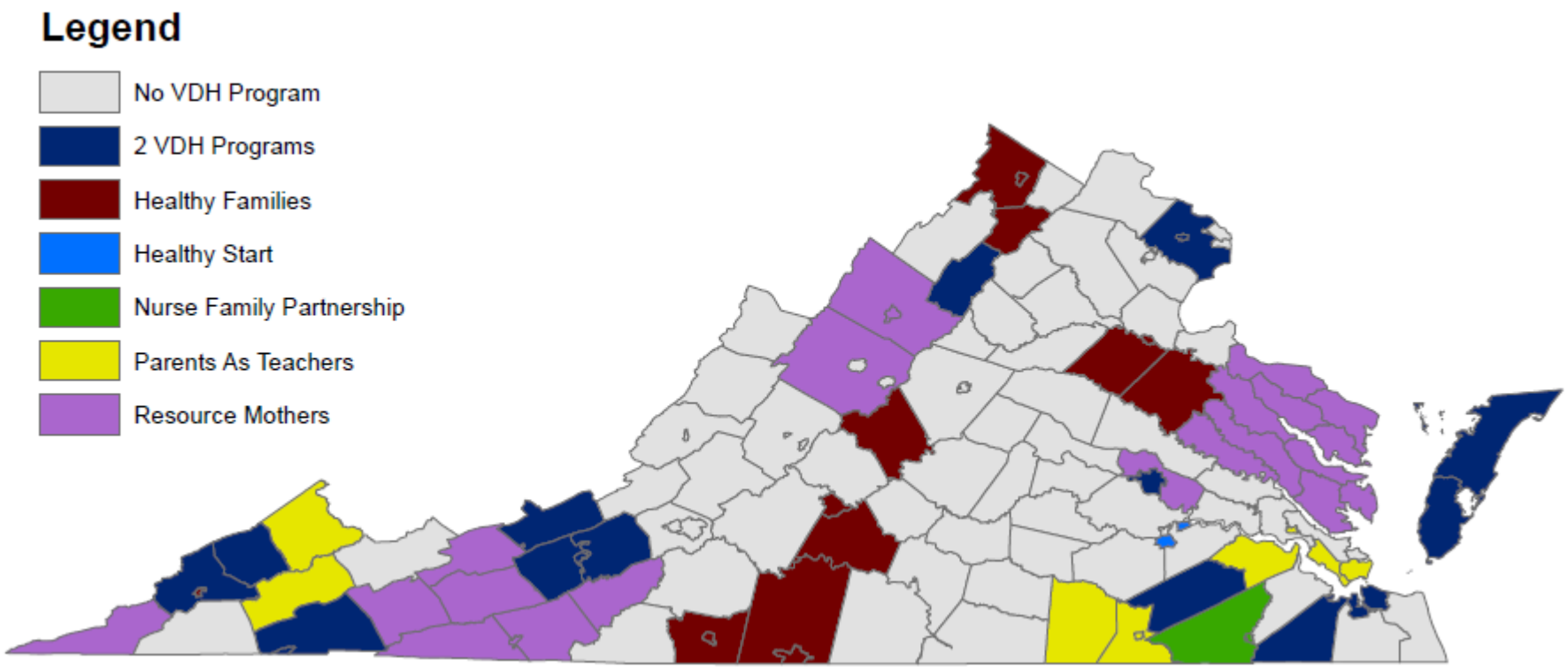
$1,500,00 over 5 years. Goal to increase:

- number of clinical practices and providers trained in screening and clinical management of IPV/suicide risk and lethal means safety practices
- number of bi-directional referrals between OB-GYN and pediatric practices
- number of mothers attending community-level classes
- knowledge of home visiting staff on issues related to risk factors for maternal homicide and suicide
- geographic reach of messaging in primary prevention of IPV and suicide risk
- access to policy information to address pregnancy-associated deaths related to homicide and suicide

VDH Home Visiting Programs

- Home visiting is provided by a variety of programs throughout the state. Some are funded by Title V while others are funded by MEICHV.
- These programs are an important tool in supporting pregnant and parenting families and addressing some of the factors related to maternal morbidity and mortality such as intimate partner violence, connection to resources to support issues related to mental health/substance use treatment, and more
- The following slides will describe Virginia's programs

VDH Home Visiting



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MIECHV Home Visiting

The MIECHV Program supports pregnant women and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

The program aims to:

- Improve: maternal and child health
- Prevent: child abuse and neglect
- Reduce: crime and domestic violence
- Increase: family education level and earning potential
- Promote: children's development and readiness to participate in school
- Connect: families to needed community resources and supports

Target population: At risk families who are prenatal families and children ages 0-5 years old. MIECHV has 19 required benchmarks that range from Prenatal Care, Maternal Health, Child Health and Developmental Screenings.

MIECHV Home Visiting

MIECHV serves families in 42 localities across VA and funds 21 local sites across Virginia. It uses 3 evidence-based Home Visiting models. They are Healthy Families America (HFA), Nurse Family Partnership (NFP) and Parents As Teachers (PAT).

Healthy Families Virginia™

Nurse-Family Partnership
Helping First-Time Parents Succeed®

parents as teachers®

MIECHV also funds 1 Centralized Intake site that serves families in Hampton and Newport News area. (However, they do refer out to neighboring localities for home visiting services and other resources)

FirstSpark™ | formerly Smart Beginnings Virginia Peninsula

Virginia Healthy Start Initiative Loving Steps

- **Goal**: To reduce infant mortality and perinatal health disparities by delivering high-quality, effective prevention strategies to individuals, families and communities.

- **Priority populations**: African American and Hispanic women and infants

- **Pathways of prevention:**
  - –Case management
  - –Community Action Network (CAN)
  - –Home visiting best practices
  - –Evidence-based curriculum

- **Currently funded sub-recipient sites include**
  - –Hopewell Loving Steps (serves City of Hopewell and Petersburg)
  - –Norfolk Loving Steps (serves City of Norfolk and Portsmouth)

Resource Mothers

- Resource Mothers offers critical support to pregnant and parenting teens in southwest, northwest, and central Virginia, and the Northern Neck.
- Continuation of the Resource Mothers program is key to ensuring positive birth outcomes for families without access to adequate support.
- Program goals include increasing healthy birth outcomes, reducing infant mortality, and preventing a subsequent teen pregnancy.
- Resource Mothers staff meet with teens and their families at least twice per month using evidence-based curricula. (Growing Great Kids and AIM for Teen Moms)
- Resource Mothers staff provide health education, life skills development, and mentorship to ultimately guide the teen in making a successful transition to parenthood.
- Resource Mothers receives $1mil TANF grant funding and Title V grant funding for professional development/training for RM staff (Est. $20K).

Total FY 23 TANF Data	
Newly Enrolled Clients	169
Total Active Clients	643
Prenatal Encounters	636
Postpartum Encounters	1414
Babies Born	154

VIRGINIA Resource Mothers
CRADLE THE FUTURE

Additional information regarding the Resource Mothers program can be found here: https://www.vdh.virginia.gov/resource-mothers/

Resource Mothers Locations

Lenowisco HD

Cumberland Plateau HD

New River HD

Mt. Rogers HD

Central Shenandoah HD – Sentara-Rockingham Memorial Hospital

Richmond/Henrico HD – Urban Baby Beginnings

Three Rivers HD

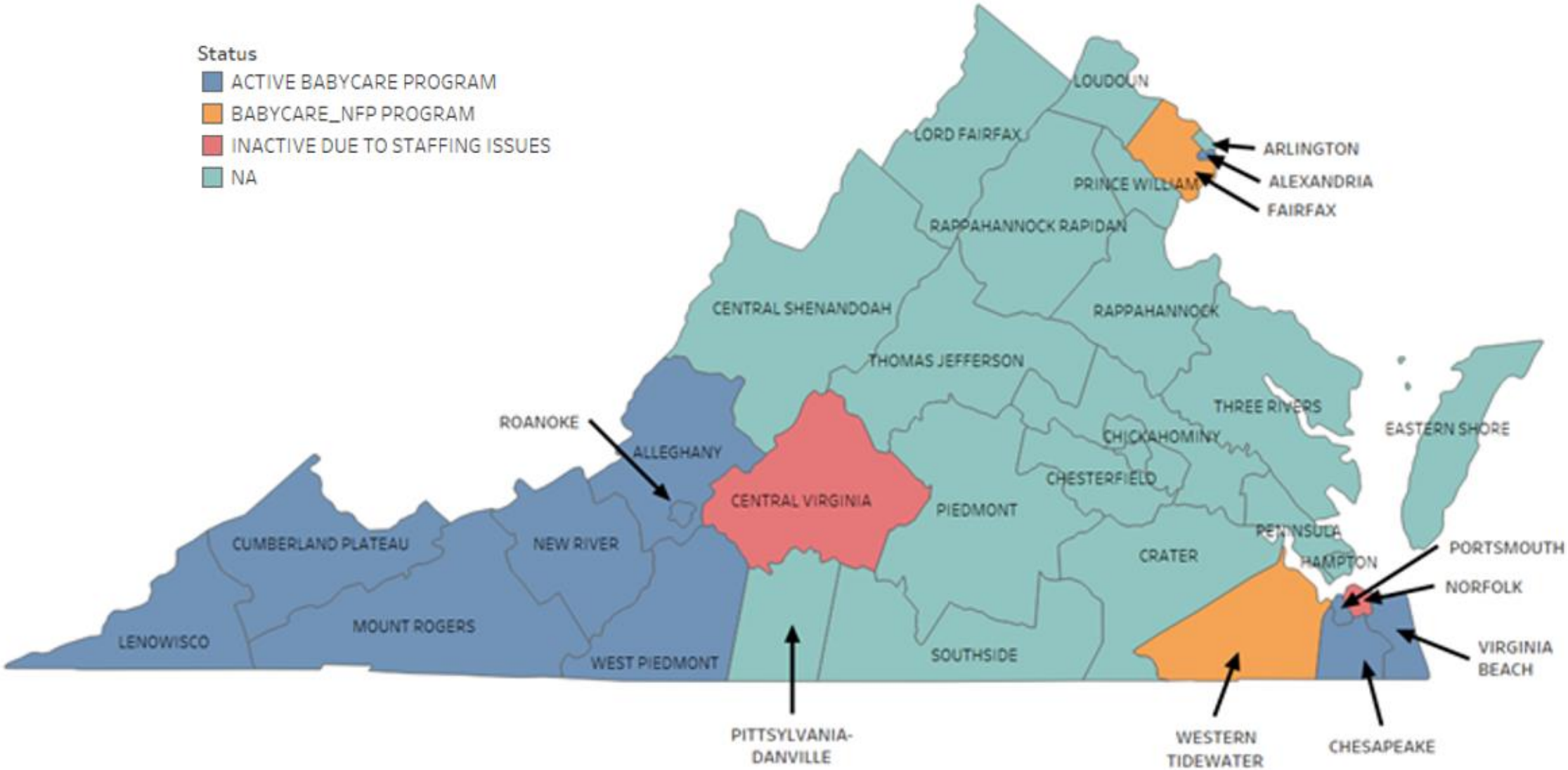
BabyCare

- In 2022, approximately 28% of all births in Virginia are covered by Medicaid, and approximately 28% of all Virginia Medicaid/CHIP enrollees are children. To improve pregnancy and birth outcomes, DMAS launched BabyCare in 1987, and added expanded prenatal services and case management in 1991. The BabyCare program is authorized under a Medicaid State Plan Amendment. BabyCare is a fee-for-service model program – members cannot be covered by an MCO.

- BabyCare providers are nurses or social workers who have been enrolled in DMAS as a service provider, and local health districts are set up to bill for BabyCare services.

- BabyCare is not an evidence-based program, but most districts report using EB patient education curricula (i.e., Bright Futures).

- Eligibility criteria is very broad for those screened as "high risk" during intake.


Status
ACTIVE BABYCARE PROGRAM
BABYCARE_NFP PROGRAM
INACTIVE DUE TO STAFFING ISSUES
NA
LOUDOUN
LORD FAIRFAX
ARLINGTON
ALEXANDRIA
FAIRFAX
PRINCE WILLIAM
RAPPAHANNOCK RAPIDAN
CENTRAL SHENANDOAH
RAPPAHANNOCK
THOMAS JEFFERSON
THREE RIVERS
EASTERN SHORE
ROANOKE
ALLEGHANY
CHICKAHOMINY
CHESTERFIELD
CENTRAL VIRGINIA
PIEDMONT
PENINSULA
CUMBERLAND PLATEAU
NEW RIVER
CRATER
HAMPTON
PORTSMOUTH
NORFOLK
MOUNT ROGERS
LENOWISCO
WEST PIEDMONT
SOUTHSIDE
VIRGINIA BEACH
PITTSYLVANIA-DANVILLE
WESTERN TIDEWATER
CHESAPEAKE

BabyCare

BENEFITS:

- ✓ BabyCare's broad eligibility allows for program participation by those who might not be eligible for other home visiting programs
- ✓ Each participating district can tailor their program to suit the needs of their district (i.e., substance exposed mothers/infants, poverty, homelessness, transportation issues)
- ✓ Each district's BabyCare program can be as small or large as the district staff can manage
- ✓ Some BabyCare teams are cross-trained to support other programs while the larger districts have BabyCare-only staff
- ✓ BabyCare staff are highly seasoned and truly committed to their work
- ✓ BabyCare aligns with Title V national and state performance and outcome measures

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Other Maternal Health Programs/Initiatives

OWH Partnership Programs to Reduce Maternal Deaths due to Violence

- Create a curriculum: contract with one health system to pilot new mother, community-level classes that support access to resources for mental health, substance use, resilience skills for new parenting, connection to available social support, relaxation of expectations of the pregnancy, delivery, and postpartum experience, and safety planning. Plans to expand beyond pilot site.

- Desired Outcomes of program include:

1. Increase the number of women identified in ED and/or hospitalization records with risk factors for homicide or suicide prior to death
2. Decrease the percentage of postpartum women who report experiencing IPV before and during pregnancy
3. Decrease the percentage of postpartum women who report feeling anxiety during pregnancy, or the postpartum period
4. Decrease the percentage of women who report feeling depressed, sad, or hopeless in the postpartum period

Pregnancy Loss Services

- $100,000 in state matching funds for the federal Title V grant from HRSA.
- Partner with five organizations to provide support for individuals and families who have experienced pregnancy loss.
- VDH webpage: https://www.vdh.virginia.gov/family-planning/pregnancy-loss-services-initiative/

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State Doula Certification

- Unfunded program established by the Code of Virginia.
- Established a state-certified doula designation guided by regulations approved by the Board of Health.
- Virginia Certification Board Webpage: https://www.vacertboard.org/

State Certified Doulas

- The primary goal is to improve the birth outcomes of pregnant people and infants in Virginia through community-based doula services and to eliminate the maternal and infant mortality racial disparities across the Commonwealth.

- Doulas educate mothers to be healthy and have healthy babies and empower them to confidently make some of the most important decisions of their lives. They are trained, community-based nonmedical professionals who provides continuous physical, emotional, and informational support to a pregnant person. They will continue support throughout pregnancy, at labor and delivery and continue support into the postpartum period.

Disparities to Consider

Availability of providers; this applies to clinical (OBs, birthing hospitals), more community-based (midwives), and perinatal mental health providers

- rural parts of the state lacking
- specialization/training of providers
- representation of communities of color within provider workforce

Quality of care in hospitals and clinics; e.g., hemorrhage, hypertension, bias

Social Determinants of Health; such as access to housing, substance abuse treatment, transportation, employment

VDH Partners

- Local health departments
- Other state agencies such as DMAS, DSS, DBHDS
- Virginia Neonatal Perinatal Collaborative (VNPC), state perinatal quality collaborative
- Community-based and nonprofit organizations such as Postpartum Support Virginia, Birth Sisters of Charlottesville, Birth in Color, Urban Baby Beginnings
- TA from national programs such as the National MCH Workforce Development Center
- People with lived experience
- Healthcare providers across the state

Source: https://newsroom.heart.org/news/investment-action-urged-to-improve-access-quality-and-equity-in-womens-heart-health