

DELAWARE TITLE V MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

Fall 2014



***Delaware Health
and Social Services***
Division of Public Health

PRESENTATION OBJECTIVES:

- Provide overview of Title V Block Grant transformation
- Review the Title V five-year needs assessment (NA) purpose and process
- Introduce Delaware's NA strategy
- Share Opportunities for Stakeholder Input

WHAT IS TITLE V?

Vision –

Title V envisions a nation where all mothers, children, and youth, including CSHCN, and their families are healthy and thriving.

Mission –

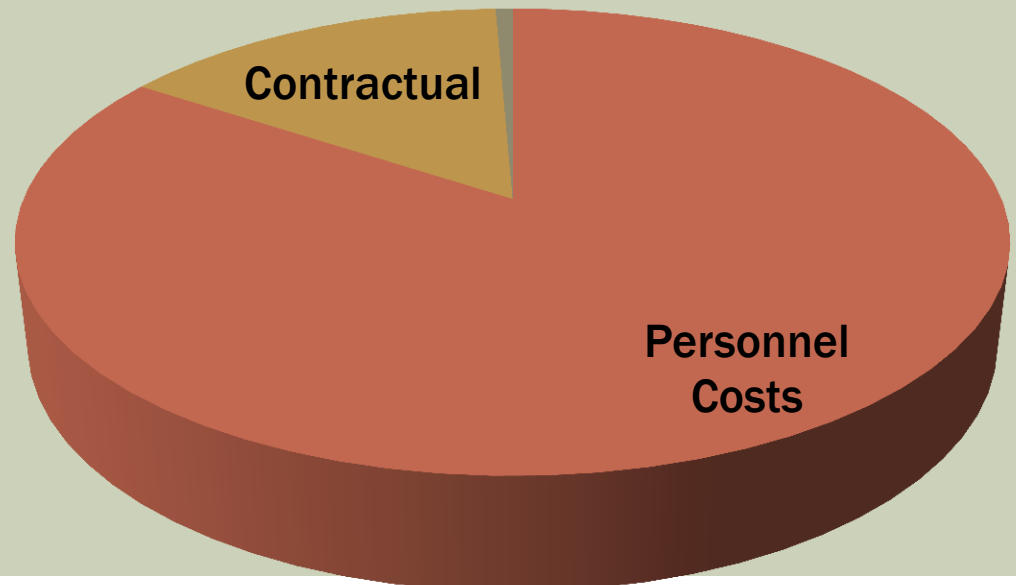
To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Operationalized through -

MCH Block Grant

TITLE V IN DELAWARE

- Housed in Maternal and Child Health Bureau, Family Health Systems Section
- ~\$1.95 million annually
 - \$1.65 million = personnel costs (Home Visiting, CDW, Adolescent Health, Primary Care)
 - \$296,000 = contractual activities (Family SHADE, Autism and Birth Defects Registries, breastfeeding promotion, etc)



CURRENT DE MCH PRIORITIES (2010-2015)

1. Infant mortality
2. Low birth weight and pre-term births
3. Obesity among kids and teens
4. Obesity among women of child-bearing age
5. Unintentional injury and mortality
6. Teen smoking
7. Oral health
8. Early identification and intervention for developmental delays
9. Coordination and support for organizations serving CYSHCN
10. Health disparities among CYSHCN

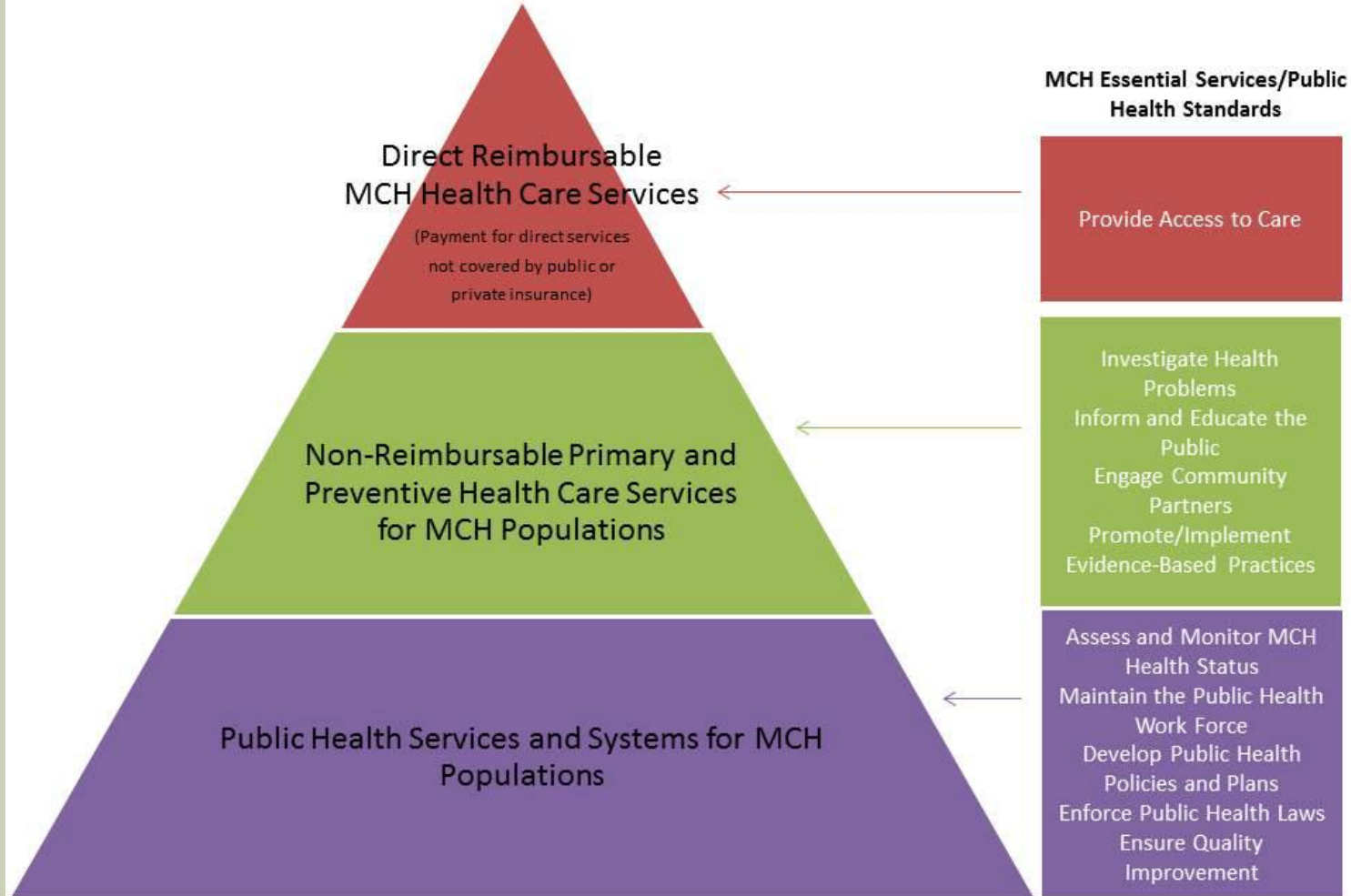
TRANSFORMATION OF TITLE V

Title V is being transformed at the national level, in order to:

- **Tell a more cohesive and comprehensive Title V story**
- **Demonstrate vital leadership role of Title V programs in assuring and advancing state public health systems and responding to changes in the health and health care environment**
- **Assure that state and national MCH priority needs are “drivers” for state reporting in needs assessment, selection of national performance measures, and development of evidence-based-strategies**

THE NEW TITLE V MCH PYRAMID

Public Health Services for MCH Populations: The Title V MCH Services Block Grant



WHAT ARE SOME OF THE MAJOR CHANGES?

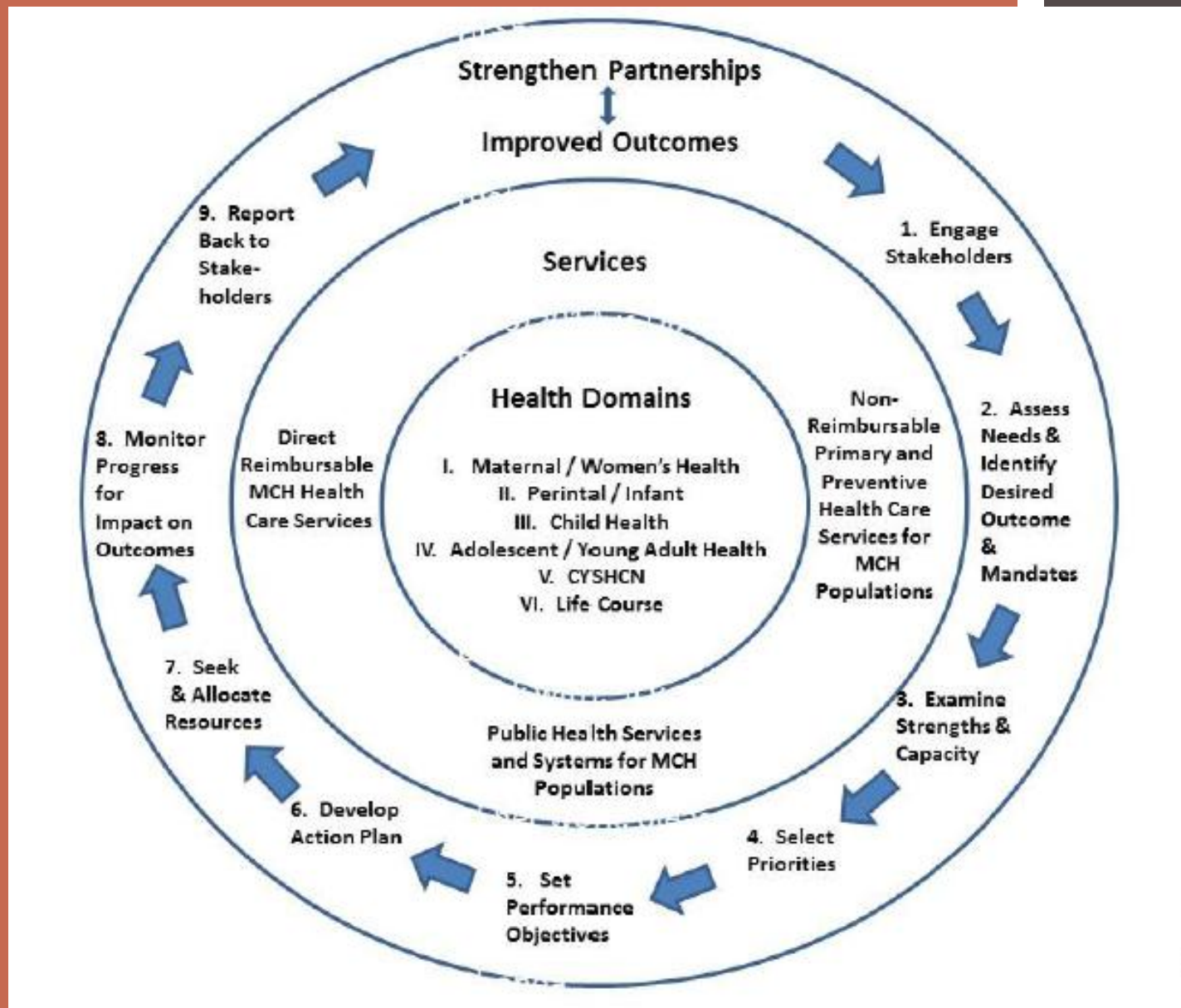
- Michael Lu provides an overview, <http://mchb.hrsa.gov/blockgrant/>
- Enhanced emphasis on population health
 - as opposed to direct services/role as payor of last resort
- 6 defined population domains
 - Examples: infants, children, adolescents
- 15 new national priority areas
 - areas in which MCH is expected to “move the needle” nationally
 - States must select 8 priority areas on which to focus
- Requirement for logic model and 5-year action plan
 - Accountability for focusing Title V resources on a cohesive plan that will have measurable impact on the national priority areas

TITLE V NEEDS ASSESSMENT

Purpose:

- **Identify MCH population needs**
 - Summary of MCH strengths/needs, successes, challenges and gaps for population health domains
- **Assess Title V program capacity**
 - Organizational structure
 - Agency capacity
 - MCH workforce development and capacity
- **Foster partnership, collaboration and coordination**
 - Family/consumer engagement and leadership
 - Coordination with other MCHB, federal, state and local MCH investments

Title V – The Whole Planning Process



TITLE V NEEDS ASSESSMENT

Outputs (By July 2015):

- Concise summary of the NA process and findings
- Identification of 7-10 state priorities for MCH
- Selection of 8 national performance measures that link to priorities (at least 1/population domain)
- Development of 5 state specific performance measures that link to priorities

TITLE V MCH BLOCK GRANT POPULATION DOMAINS

Maternal/Woman's Health

Perinatal/Infant Health

Children

Adolescents/Young Adults

Children with Special Health Care Needs

Cross Cutting or Life Course

Michael Lu provides an overview,
<http://mchb.hrsa.gov/blockgrant/>

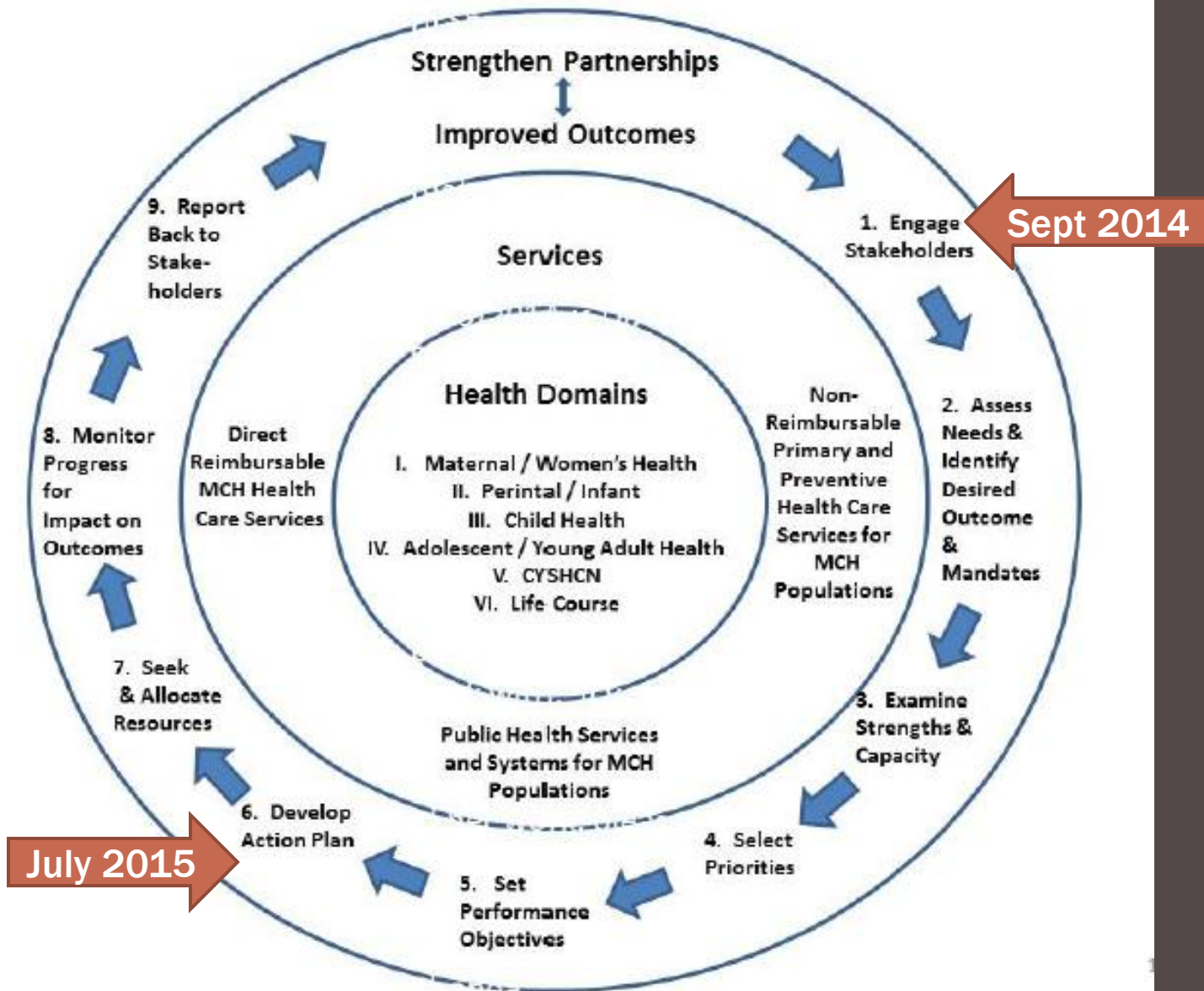
TITLE V MCH BLOCK GRANT NATIONAL PRIORITY AREAS

1	Well Woman Care	9	Adequate Insurance Coverage
2	Low Risk Cesarean Deliveries	10	Breastfeeding
3	Perinatal Regionalization	11	Physical Activity
4	Safe Sleep	12	Oral Health
5	Development Screening	13	Medical Home
6	Child Safety/Injury	14	Transition
7	Adolescent Well-Visit	15	Household Smoking
8	Bullying		

TITLE V BLOCK GRANT NATIONAL PERFORMANCE MEASURES

1	Percent of women with a past year preventive visit
2	Percent of cesarean deliveries among low-risk first births
3	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
4	Percent of infants placed to sleep on their backs
5	Percent of children, ages 9-71 months, receiving a developmental screening using a parent-completed screening tool
6	Rate of injury-related hospital admissions per population ages 0-19 years
7	Percent of adolescents with a preventive services visit in the last year
8	Percent of adolescents, ages 12-17 years, who are bullied
9	Percent of children 0 through age 17 years who are adequately insured
10	Percent of infants who are ever breastfed
11	Percent of children ages 6-11 years and adolescents ages 12-17 years who are physically active at least 60 minutes per day
12	A) Percent of women who had a dental visit during pregnancy and B) Percent of infants and children, ages 1-6 years, who had a preventive dental visit in the last year
13	Percent of children with and without special health care needs having a medical home
14	Percent of children with and without special health care needs who received services necessary to make transitions to adult health care
15	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Where are we in the process?



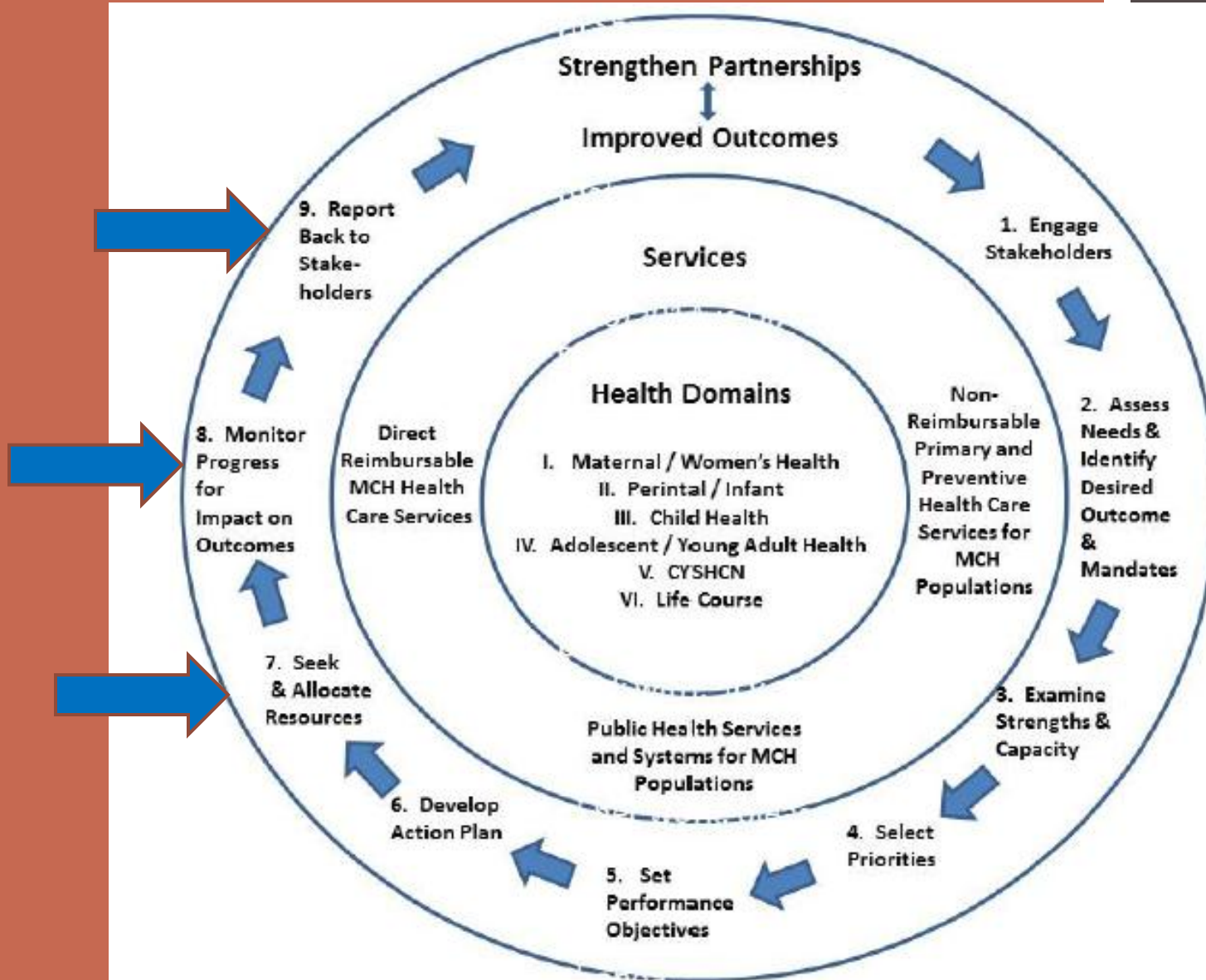
WE NEED YOUR HELP!

- To ensure we are considering all relevant data
- To ensure we are reaching out to as many stakeholders as possible
- To ensure we are coordinating our Title V MCH work with other DPH and external programs, where appropriate, to maximize resources and impact
- To ensure we develop a set of state priorities and 5-year action plan that will have the greatest impact on the health of *all* of Delaware's mothers and children

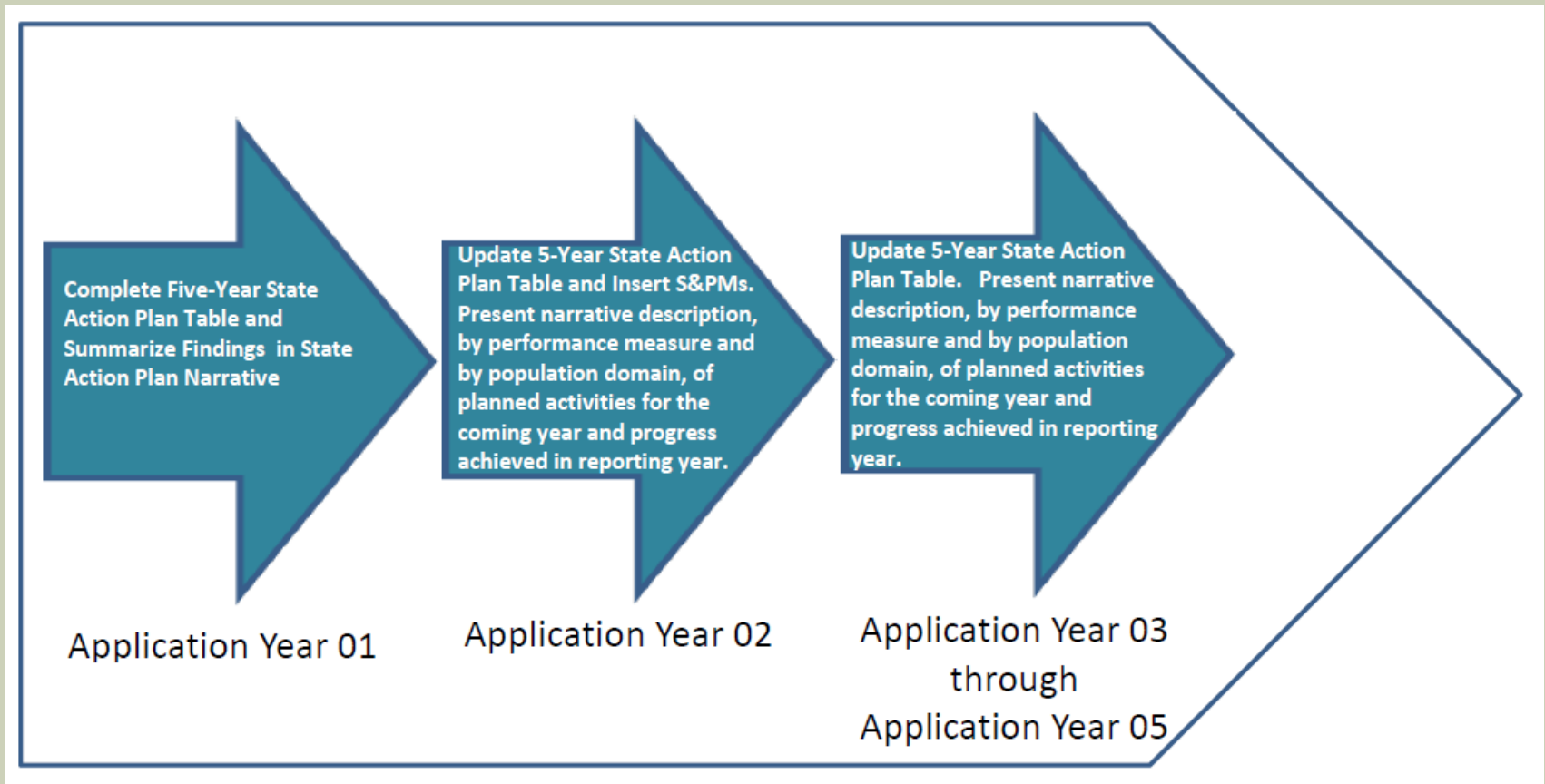
OPPORTUNITIES TO PROVIDE INPUT

- **Presentations to stakeholders – fall 2014**
 - Presentations at various stakeholder meetings to provide overview of Title V transformation and needs assessment process
- **MCH Stakeholder Survey – early 2015**
 - a survey of professionals to elicit feedback on needs and desired outcomes for MCH populations and services
- **Key Informant Interviews – winter 2014 - 2015**
- **Action Planning Process – spring 2015**
 - A process to engage stakeholders in reviewing MCH priorities and identifying strategies to address them
- **Annual Updates – ongoing**
 - To review progress on 5-year action plan and gather input on needed adjustments

THIS IS JUST THE BEGINNING...



DEVELOPMENT AND IMPLEMENTATION OF FIVE-YEAR STATE ACTION PLAN



ALIGNING AND MAXIMIZING EFFORTS

- Many needs assessment and strategic planning efforts are going on throughout Delaware
- Discussion:
 - What efforts should we be aware of to connect with?
 - What summary documents and/or plans exist that we should collect as we review existing data to inform our NA?
 - Ex: strategic plans, goals, needs assessments, focus group summaries, input from constituents/community on health needs

QUESTIONS/COMMENTS?

THANK YOU!

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