



DELAWARE HEALTH  
AND SOCIAL SERVICES

Division of Public Health

## REQUEST FOR PUBLIC COMMENT

### Maternal and Child Health Bureau Family Health Systems

#### 2013 Title V Maternal and Child Health Block Grant

*We Need Your Help!* It is increasingly important that families and the public have a voice into decision-making and the planning process of all aspects of maternal and child health programs to assure that services are targeted to best meet family needs.

#### **I. Background:**

The Maternal and Child Health Bureau (MCHB) is administratively located in the Department of Health and Social Services (DHSS), Division of Public Health (DPH) within the Family Health and Systems Section. The MCHB is responsible for administering the Title V Maternal and Child Health Block Grant, which authorizes states to improve the health access and outcomes of all women (across the lifespan), children, infants, adolescents and their families, including fathers and children with special health care needs.

There are five primary segments of the population that are designated to be served through the Title V Block grant and its associated programs:

- Pregnant women and mothers;
- Infants less than 1 year of age;
- Children and youth ages 1-21;
- Children with special health care needs; and
- Women of childbearing age who may become pregnant.

The Bureau's funded programs, activities and services are organized and aligned with the Title V conceptual framework. The conceptual framework for Title V is comprehensive and family-centered and focuses on core essential public health services. Services fall into four (4) main categories:

- 1) *Infrastructure building services* – laying the foundations for the policies and programs that can improve health and well-being
- 2) *Population based services* – primary prevention programs reaching everyone that might be affected or in need
- 3) *Enabling services* – helping families access and use health services targeted to those that face specific barriers
- 4) *Direct health care services* – delivery of basic health services and services for children with special health care needs

## **II. Brief Summary of Population Characteristics**

Statewide, it is estimated that there are about 179,000 women of childbearing age (15-44 years of age) and 261,000 infants, children and adolescents aged 0-21 years of age. Annually in the state, an estimated 13,000 infants are born. In 2009, Delaware's infant mortality rate was about 8.1 per 1,000 live births with the highest rates among African-American infants. Delaware's infant mortality rate has been declining but remains above the national average and infant mortality prevention is a main health priority in the state.

About 20% of households are headed by females with children and of these families, 30% are living in poverty. The median income of a female-headed household in Delaware in 2010 was \$35,283 compared to a median income of \$81,093 for two parent households. Statewide, about 8.2% of children with two parent households are living in poverty. Statewide, among all families, 16.9% of children are living in poverty.

Statewide, the percentage of women accessing prenatal care in the first trimester is higher than the national average. For the 5 year period 2005-2009, 75.3% of pregnant women received prenatal care in the first trimester compared to an estimated 50.5% nationally for the five year period 2004-2008. Kent and Sussex Counties however, were all below the state five year average 75.3% for the period 2005 to 2009 for prenatal care in the first trimester (68.7% and 59.8%, respectively).

In terms of birth outcomes, Wilmington is the geographic area with the highest percentages of low birth weights (13.5% compared to 9.0% statewide) and very low birth weights (3.1% compared to 1.9% statewide). The highest rate of infant mortality is in the City of Wilmington. From 2005 to 2009, Wilmington's infant mortality rate was 13.8 infant deaths per 1,000 live births (compared to a statewide rate of 8.3 infant deaths per 1,000 live birth over the same five year period).

Based on rates from the 2009-2010 National Survey of Children with Special Health Care Needs (NSCSHCN) of families of children to age 18, approximately 36,100 Delaware children (17.5%) younger than age 18 years may have a special health care need. Based on findings from the 2007 National Survey of Children's Health (NSCH), a number of key disparities have been identified for CSHCN when compared to their peers without special needs. These disparities are evident across four key areas: physical health (overall health and oral health); emotional and mental health; health care access and quality; and family health.

## **III. Federal Priorities for Maternal and Child Health Population**

The Title V Maternal and Child Health Block Grant requires all states and territories to report on a core set of 18 Performance Measures each year. These performance measures are based on the following priorities that have been identified at the national level:

- Newborns are screened and receive timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

- Families of CSHCN are partners in making decisions about their children's healthcare and are satisfied with the service they receive
- CSHCN receive healthcare from a physician or other provider who provides ongoing coordinated comprehensive care
- Families of CSHCN have insurance to pay for the services they need
- Community-based service systems are organized so families of CSHCN can use them easily
- YSHCN receive services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
- Infants (19 to 35 month olds) have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
- Decrease the rate of birth (per 1,000) for teenagers aged 15 through 17 years.
- Third grade children have received protective sealants on at least one permanent molar tooth.
- Decrease the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
- Increase the percentage of mothers who breastfeed their infants at 6 months of age.
- Newborns have been screened for hearing before hospital discharge.
- Children have health insurance to cover the cost of services they need.
- Children, ages 2 to 5 years, receive WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
- Decrease the percentage of women who smoke in the last three months of pregnancy.
- Decrease the rate (per 100,000) of suicide deaths among youths aged 15 through 19.
- Decrease the percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
- Infants born to pregnant women receive prenatal care beginning in the first trimester.

#### **IV. Ongoing Needs Assessment Process**

In addition to the federal priorities and performance measures states are required to determine a core set of state priorities and performance measures specific to their needs. To determine these

priorities and performance measures, the Maternal and Child Health Bureau is required as a Title V funded agency, to conduct a comprehensive needs assessment every five years and update this needs assessment annually, as warranted. In March 2008, a thorough environmental scan of all MCH programs and services was completed to identify the range of services in preparation for the 2010 needs assessment. In September 2008, the MCHB empanelled a Needs Assessment Workgroup, including representation from DPH, parents, advocates, clinicians in the community, newborn screening, newborn hearing, State Systems Development Initiative, Early Childhood Comprehensive Services, health promotion, communicable disease, public health clinics, adolescent health, reproductive health, nursing management, and organizations serving children and youth with special health care needs. This process helped Delaware assess system-wide needs, conduct a census and mapping of services and programs, assess areas of duplication and service gaps and identify opportunities for increased collaboration. A total of 43 health issues affecting women, children and families were identified and examined based on need in the target population, achievable outcomes, and evidence basis for operation and evaluation. From these health issues, ten state priorities were identified and state performance measures were developed to track progress annually.

#### **V. Delaware Maternal and Child Health 2010 Priorities:**

1. Infant Mortality – Reduce the infant mortality rate and eliminate health disparities for African American women
2. Prematurity and Low birth weight – Reduce low and very low birth weight deliveries occurring between 32 and 36 weeks gestation
3. Child/Teen obesity and overweight – Decrease obesity and overweight among children and youth (ages 6-19)
4. Obesity among women of childbearing age – Decrease obesity of women (ages 15-44)
5. Unintentional injury mortality among children and youth – Decrease unintentional injury among children and youth (ages 0-21)
6. Teen smoking- Decrease tobacco use among adolescents
7. Family support - Increase effectiveness and efficiency of organizations that serve families of children with special health care needs
8. Developmental delay -Increase the percentage of children with low/no risk of developmental, behavioral or social delays
9. Disparities among families of children and youth with special health care needs - Decrease the disparity in child health, emotional/mental health, health care access/quality and family health indicators among children and youth with special health care needs.
10. Oral health preventive and treatment services should be made available to children, including children with special health care needs

## **VI. Individuals Served**

In 2010, the Delaware Title V Program provided services to over 20,800 individuals on a one-on-one basis and to many more individuals indirectly through population-based initiatives or public health system infrastructure-building activities. Over two-thirds of those receiving services were pregnant women and infants.

## **VII. Funding**

Annually, Delaware receives just under \$2 million under the Title V Program. These funds, however, are only one slice of the total Title V Partnership in Delaware. Other associated programs include Early Childhood Comprehensive Systems, the State Systems Development Initiative, Newborn Bloodspot and Hearing Screening and Home Visiting. In 2010, together these programs managed over \$15.7 million in federal and state funds. About \$7 million of these dollars were spent on direct health care services or enabling services that connect individuals to appropriate health care services. The remaining funds were spent on population-based services (newborn screening, for example) or infrastructure-building services (building a system of care for children with special health care needs, for example).

## **VIII. Make sure your voice is heard:**

Please consider the following, as well as any additional comments or questions you may have, and provide your feedback to [leah.woodall@state.de.us](mailto:leah.woodall@state.de.us) by **July 16, 2012**.

If you have any questions, please contact Leah Woodall ([leah.woodall@state.de.us](mailto:leah.woodall@state.de.us)) or Walt Mateja ([walt.mateja@state.de.us](mailto:walt.mateja@state.de.us)), or you may reach either by phone at (302) 744-4551.

- Do you feel that our priorities are in line with Delaware's maternal and child health needs?
- Is there anything else that you would like to tell us that would help us understand how women (across the lifespan), infants, and children and youth with special health care needs can be better served in Delaware?