



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WISCONSIN

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Wisconsin

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
Katrina Heche Title V Director katrina.heche@dhs.wisconsin.gov (608) 504-1336	Michelle Lund Title V CYSHCN Director michellem.lund@dhs.wisconsin.gov (608) 250-0124

SSDI Project Director	State Family Leader
Mary Kusch Title V Evaluator and Epidemiologist mary.kusch@dhs.wisconsin.gov (608) 267-0234	Amanda (Mandy) Quainoo Newborn Screening Follow-through Coordinator amanda.quainoo@dhs.wisconsin.gov (608) 335-4146

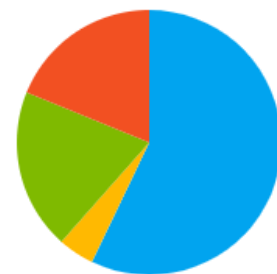
State Youth Leader
No Contact Information Provided

State Hotline: (800) 642-7837

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$11,042,550
State MCH Funds	\$849,920
Local MCH Funds	\$3,794,498
Other Funds	\$3,638,465
Program Income	\$0

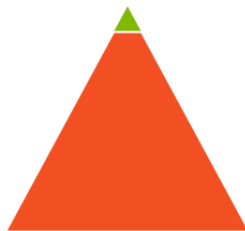
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,214,948	\$5,127,431
Public Health Services and Systems	\$9,827,602	\$3,142,619

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



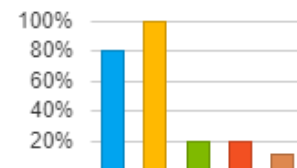
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	80.0%	\$2,312,449
Infants < 1 Year	99.6%	\$2,312,448
Children 1 through 21 Years	20.0%	\$6,018,147
CSHCN (Subset of all infants and children)	20.0%	\$7,858,098
Others *	11.0%	\$2,312,448

FY 2023 Expenditures Total: \$20,813,590



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Advance Equity and Racial Justice.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Infant mortality rate in babies born to non-Hispanic Black mothers ● SPM 4: Percent of performance measures with family, youth, and community engagement embedded into program and policies 	<p>Perinatal/Infant Health, Cross-Cutting/Systems Building</p>
<p>Assure Access to Quality Health Services.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of Reproductive Health Family Planning partners using marketing tools and materials ○ ESM WWV.2: Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit ○ ESM WWV.3: Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training ○ ESM WWV.4: Percent of clients served who have complete race and ethnicity data ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>Cultivate Supportive Social Connections and Community Environments.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of Wisconsin adults who report that they "usually" or "always" get the social and emotional support that they need. 	<p>Cross-Cutting/Systems Building</p>
<p>Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.</p> <p>NPMs</p>	<p>Child Health, Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of medical providers trained who report using an evidence-based screening tool ○ ESM DS.2: Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations ○ ESM DS.3: Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of Regional Center information & referral staff who report competence in explaining medical home concepts ○ ESM MH.2: Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training ○ ESM MH.3: Percent of families who receive at least one Regional Center referral that results in needed services received ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts ○ ESM TR.2: Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training ○ ESM TR.3: Percent of systems or practices that have a transition policy or guideline (formal written commitment) 	
<p>Foster Positive Mental Health and Associated Factors.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ○ ESM IH-Adolescent.1: Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS ○ ESM IH-Adolescent.2: Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months 	<p>Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improve Perinatal Outcomes.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of hospitals in Coffective's Community Match Online Platform ○ ESM BF.2: Percent of non-Hispanic Black infants ever breastfed ○ ESM BF.3: Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed ○ ESM BF.4: Percent of Wisconsin hospitals with an mPINC score of 80 or higher <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit 	<p>Perinatal/Infant Health</p>
<p>Promote Optimal Nutrition and Physical Activity.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Percent of partners actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM ○ ESM PA-Child.2: Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training ○ ESM PA-Child.3: Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of Regional Center information & referral staff who report competence in explaining medical home concepts ○ ESM MH.2: Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training ○ ESM MH.3: Percent of families who receive at least one Regional Center referral that results in needed services received 	<p>Child Health</p>

Executive Summary

Program Overview

The Wisconsin Title V program is housed within the Family Health Section of the Bureau of Community Health Promotion in the Division of Public Health, which is a part of the Wisconsin Department of Health Services. The Wisconsin Division of Public Health achieved national accreditation in 2018, an accomplishment that demonstrates Wisconsin's commitment to our mission of protecting and promoting the health and safety of people throughout the state.

The goal of Wisconsin's Title V program is to ensure that all families have access to a coordinated, integrated, and sustainable system of services and supports focused on health promotion and prevention. This is accomplished through collaboration with local and Tribal health agencies, community-based organizations, statewide organizations, and other partners, assuring quality health services are delivered to parents, children, and families. Title V funds are directed toward building systems that better coordinate and integrate services across programs and providers, while investing in community-based prevention, health promotion, and support services. Wisconsin also works with many maternal and child health-focused initiatives and programs beyond those funded by the Title V Block Grant, including: the Maternal, Infant, and Early Childhood Home Visiting program; the Maternal Health Innovations grant; the Title X Reproductive Health Family Planning program; Rape Prevention Education; the Adolescent Health program; the Pediatric Mental Health Care Access grant, and others.

The [United Health Foundation State Health Rankings](#) (2023) place Wisconsin 22nd overall and 34th for health outcomes. The two measures Wisconsin is faring the worst (both ranked 49th) relative to other states are low per capita public health funding and low birthweight racial gap. Other challenges highlighted in Wisconsin's rankings include residential segregation (ranked 48th), high prevalence of excessive drinking (47th), and a high prevalence of obesity (40th). Positive trends indicate a low prevalence of non-medical drug use, a high prevalence of high school completion, and a high voter participation rate.

Wisconsin ranked tenth in the nation for overall child well-being by the Annie E. Casey Foundation, based on the [2022 Kids Count Profile](#). However, this relatively high-ranking masks significant racial and ethnic disparities throughout the state, and progress has stalled on many indicators related to health, education, economic well-being, and family and community factors. Disparities in birth outcomes also persist. In 2020, [Wisconsin's Black infant mortality rate was 14.0 deaths per 1,000 live births](#), ranking second highest in the nation among the 35 states and District of Columbia reporting 2020 Black infant mortality rates.

The COVID-19 pandemic brought inequities in maternal and child health to the forefront. Health inequities are "systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes" (Braveman, 2006; WHO, 2011). To disrupt these health inequities, Wisconsin identified State Performance Measures focusing on African American infant mortality prevention and representative participation to assure that populations experiencing the greatest health disparities have a voice in program planning and policy development. A newly identified State Performance Measure directly focused on increasing social connectivity has become critically important in the wake of the COVID-19 pandemic as well.

Wisconsin's 2021-2025 maternal and child health priority needs were determined based on findings of the 2020 MCH Needs Assessment:

- Advance Equity and Racial Justice
- Assure Access to Quality Health Services
- Cultivate Supportive Social Connections and Community Environment
- Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families
- Foster Positive Mental Health and Associated Factors
- Improve Perinatal Outcomes
- Promote Optimal Nutrition and Physical Activity



Key Wisconsin Characteristics

- Number of births: 60,032
- Ratio of black to white infant mortality: 2.8
- Percent of births covered by Medicaid: 34.1%
- Percent of children under 19 years old without health insurance: 6.5%
- Percent of children under 19 years old living below the federal poverty level: 12.7
- Percent of children under 5 years old living below the federal poverty level: 13.8%
- Percent of Wisconsinites living in rural areas: 32.9%

Activity Update

National Performance Measures (NPMs) and State Performance Measures (SPMs) are identified across six population domains to address the priority needs identified in the 2020 MCH Needs Assessment.

Women/Maternal

Annual Preventive Medical Visit (NPM 01): Only 73.1 percent of women in Wisconsin between 18 and 44 years old receive an annual preventive medical visit, according to 2019 Behavioral Risk Factor Surveillance System data. The Title V program works closely with the state's Title X team to support women establishing a medical home and getting an annual well-woman visit. Activities include promotion and education for patients and clinicians, addressing relevant health inequities, providing training and education opportunities for clinicians within the Reproductive Health and Family Planning network, and developing marketing and promotional tools for dissemination. This team collaborates closely with home visiting programs across the state to promote and disseminate information. Equity gaps are addressed through implementation of internal health equity initiatives and identifying best practices for data collection.

Infant/Perinatal

African American Infant Mortality Prevention (SPM 01): Infants born to non-Hispanic Black mothers are dying preventable deaths. The Maternal and Infant Mortality Prevention Unit within the Family Health Section is working to identify strategies related to community partnerships, collaboration, data capacity, and policy and systems changes. Collaboration with Medicaid supports efforts to strengthen the [Prenatal Care Coordination benefit](#) and integrate reimbursement for doula services. Local and Tribal health agencies are supported to make practice changes to advance health equity and enhance community engagement. Data from Fetal Infant Mortality Review, Maternal Mortality Review, [Pregnancy Risk Assessment Monitoring System](#), and other data sources inform this work.

High-Quality Perinatal Care (SPM 02): Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care, from preconception through the postpartum transition to ongoing well-woman care. The 2018-2019 Pregnancy Risk Assessment Monitoring System data show 54 percent of non-Hispanic white, 53 percent of Hispanic and non-Hispanic Black, and 58 percent of women of other races received a high-quality postpartum visit (high-quality: those who report receiving postpartum depression screening, tobacco use, and either contraceptive or birth spacing discussion on question 70 of the Wisconsin Pregnancy Risk Assessment Monitoring System). The Title V program continues to collaborate with partners including maternal psychiatric teleconsultation program [The Periscope Project](#) and [Moms Mental Health Initiative](#). Additional work is being done to support efforts to implement revised levels of perinatal care assessment for hospitals, and collaboration with Medicaid which strives to schedule postpartum visits before delivery.

Breastfeeding (NPM 04): Wisconsin's social and physical environment does not support all families to meet their human milk feeding goals, and disparities exist within breastfeeding initiation and duration. About 87.5 percent of Wisconsin infants are ever breastfed, yet only 31.3 percent are breastfed exclusively through six months (2019; National Immunization Survey). Wisconsin aims to address disparities within non-Hispanic Black and indigenous populations, focused on policy development, local interventions, and community partnership development. Statewide partners including [Collective](#) and the [Wisconsin Association for Perinatal Care](#) focus on hospital practices to increase breastfeeding initiation rates and to support better coordination between clinical and community stakeholders. Additional partners include [Supporting Families Together Association](#) and the [African American Breastfeeding Network](#), who are advancing lactation support in childcare settings with a particular emphasis on Milwaukee.

Children

Developmental Screening (NPM 06): Only 38 percent of children in Wisconsin ages 10 through 35 months receive a developmental screening using a parent-completed tool (2018-2019 combined, [National Survey of Children's Health](#)). The [Wisconsin Medical Home Initiative](#) continues to offer virtual and in-person developmental screening training and technical assistance opportunities. Staff trained two large health systems in Northeast Wisconsin in partnership with [Help Me Grow First Five Fox Valley](#). Wisconsin's Title V program is working to forge and strengthen partnerships with local WIC and public health agencies to increase the number of children who are offered [CDC's Learn the Signs](#) developmental monitoring checklist, screen if there is a concern, and refer to appropriate services.

Physical Activity, 6 through 11 years (NPM 08.1): Too many children in Wisconsin are considered overweight (15.0%) or obese (13.7%) by Body Mass Index standards, which is a strong predictor of poor health outcomes throughout their lives. The Wisconsin Title V team successfully piloted a training and technical assistance opportunity for local and Tribal health agencies, empowering them to develop action plans unique to their local communities to address physical activity and nutrition concerns in children. The [University of Minnesota's School of Public Health](#), [healthTIDE Network](#), Wisconsin Title V staff, the [Wisconsin Department of Children and Families](#), and the [University of Wisconsin-Madison Extension](#) lead this work to encourage a constant feedback loop from participants to make their projects as effective as possible.

Adolescents

Adolescent Injury Hospitalization, 10 through 19 years (NPM 07.2) and Adolescent Well Visit (NPM 10): These two performance measures were removed beyond 2021, though much of the work continues under SPM 05.

Adolescent Mental Health (SPM 05): In Wisconsin, 27 percent of adolescents feel so sad or hopeless almost every day that they stop doing some usual activities according to the [Wisconsin Youth Risk Behavior Surveillance Survey](#). The Title V program supports [Providers and Teens Communicating for Health](#), a teen-delivered program that targets barriers that interfere with the ability of health care providers and teens to communicate effectively with one another about sensitive health topics. Local and Tribal health agencies work with local school districts, health care organizations, and community organizations to train adults and peers to recognize signs of mental distress, bolster protective factors, prevent bullying, and improve social-emotional learning. Local agencies also work to limit adolescent access to firearms and prescription medications. The [University of Wisconsin Division of Extension Institute for Health and Well-Being](#) provides training support and technical assistance to these local efforts. Partnership with the Wisconsin Department of Public Instruction supports the administration and dissemination of the [Youth Risk Behavior Survey](#) and [School Health Profiles](#). Title V staff also assist in the administration of some innovative models of mental health care, including the [Child Psychiatric Consultation Program](#), a provider teleconsultation program.

Children and Youth with Special Health Care Needs

Medical Home (NPM 11): Only 46.6 percent of children with special health care needs in Wisconsin receive medical care within the context of a medical home, defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective (according to 2020-2021 National Survey of Children's Health data). The Title V program promotes the medical home using a common set of messages and tools for families and providers, promotes care coordination best practices such as a Shared Plan of Care with healthcare systems, and supports youth and family engagement and leadership – especially for families disproportionately impacted – at the individual, community, policy, and system levels.

Youth Health Transition (NPM 12): Only 34.6 percent of children with special health care needs in Wisconsin ages 12 through 17 receive the services and supports necessary to transition to adult health care, according to 2020-2021 National Survey of Children's Health data. To address this, the Wisconsin Title V program works to develop and disseminate consistent strategies and tools with common messaging and promote best practices in transition planning. Presentations and trainings are implemented, and technical assistance opportunities are available for key systems and professional associations. The Title V program also implements transition planning for youth with special health care needs and their families to have planned transitions to adult health care, care coordination and family supports, and an increasing reach to underserved populations.

Cross-Cutting/Systems Building

Social Connection (SPM 03): Due to environmental and social barriers, too many Wisconsinites are lacking meaningful social connection, which can lead to increased risk of adverse health outcomes. Social connections were one of the most common needs identified in the 2020 MCH Needs Assessment. According to 2022 data from the CDC's [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), currently, 76.4 percent of adults report that they usually or always get the social and emotional support they need. In addition, 69.4 percent of adults report that they rarely or never feel socially isolated from others. According to the [2021 Wisconsin Youth Risk Behavior Survey](#), in Wisconsin, 60.8 percent of high school students agreed or strongly agreed that they belong at their

school. Wisconsin's Title V program aims to incorporate work addressing social connection and access to informal and formal resources throughout the national and state performance measure strategies. Activities include offering social connection as a project option for local and Tribal health Tribal agencies to address, providing expertise on social connections, continuing to review existing efforts, aligning with the work of other Wisconsin performance measure teams, and developing a tool to organize current and potential efforts by leveraging existing data sources.

Representative Participation (SPM 04): The Wisconsin Title V program does not consistently and effectively embed family, youth, and community member perspectives into programs, policies, and practices. Engaging the voice of communities – representative of Wisconsin's population – is the base of advancing any equitable work. To support Representative Participation, partnership with [Smith Research and Consulting](#) provides support to local and Tribal health agencies as they assess and support community member engagement. Best practices are developed and implemented for reporting data to stakeholders and the public, for advancing health equity and supporting staff competencies at the state and local levels related to the [Foundational Practices for Health Equity](#).

How Federal Title V Funds Complement State-Supported MCH Efforts

Wisconsin's federal Title V funding directly supports areas identified in the overall [State Health Assessment](#) and [State Health Improvement Plan](#) and serves to enhance the state-funded public health infrastructure. For example, both state funds and Title V funds support the Well Badger Resource Center, a one-stop hotline and web portal designed to connect families to local and state resources, according to their needs. In addition, the Title V-funded regional centers for children and youth with special health care systems fill a key role in directly supporting families of these children by proactively connecting them to relevant state and local resources and building their knowledge and skills in how to effectively interact with health care systems.

Approximately 25% of Wisconsin's Title V program funds are subcontracted to local and tribal health agencies, where they support public health workforce and systems building activities, enhancing the capacity of local agencies to respond to the unique needs of infants, children, adolescents, and pregnant and parenting individuals. Another 35% of Wisconsin's Title V award is subcontracted to other key systems building efforts and that serve to integrate health and social services, to support the dissemination of best practices and to advance quality improvement efforts among the institutions that serve Wisconsin's families, including childcare centers, health systems such as birth hospitals, schools, law enforcement agencies, home visiting providers, WIC sites, and others. Some examples include improving hospital practices to support breastfeeding initiation and prevent maternal hypertension, and empowering schools and after-school programs to promote physical activity and mental well-being.

Title V funds, along with state and local match, fund key staff at the state level who support the coordination and enhancement of state programs, such as the newborn screening program (to assure appropriate referral to follow-up services), lead program (to coordinate home-based lead abatement), oral health program (to promote policy change for improved access to preventive dentistry), and the behavioral health/opioid harm prevention program (to assure the availability of appropriate services for adolescents and pregnant people.)

During a recent state biennial budget cycle, Title V program staff successfully advocated for the creation of a new unit – the Maternal and Infant Mortality Prevention Unit – within the Family Health Section. Unit staff are funded through state general purpose revenue, and staff contribute directly to Title V programmatic work – especially regarding SPM 01, SPM 02, and the Title V Priority Need **Advance Equity and Racial Justice**. This unit also relies on Title V-funded infrastructure and staff to successfully reach its objectives.

The Title V program employs several full-time epidemiologists, who regularly analyze state vital records data to inform policy and practice strategies and support the management and analysis of other key surveillance systems, including the Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Mortality Review, Birth Defects Registry, Youth Risk Behavior Survey, and hospitalization data. Over the last several years, Title V dollars have also been invested in targeted oversamples of priority populations (such as Native American birthing people in the PRAMS) to enhance the availability of data to inform Maternal and Child Health programming.

Perhaps most importantly, Title V-funded staff are instrumental in training and mentoring the next generation of public health workforce. The Wisconsin Title V program has precepted Title V interns every summer for the last five years, regularly hosts fellows from a variety of fellowships, and regularly provide high-quality internship placements for undergraduate and Master of Public Health Students, including those enrolled in the University of Wisconsin-Milwaukee Maternal and Child Health graduate certificate program.

MCH Success Story

The MCH Summit is held every other year and attendance is a required activity for all local and Tribal health agencies and Title V grantees working to support children and youth with special health care needs. Wisconsin's Title V program partnered with the [Wisconsin Association for Perinatal Care](#) to provide two virtual sessions in 2024. Event information was shared using [an MCH Summit page](#) on their website that included registration information, agendas, and recordings. Summit participants were able to earn continuing education credits for nursing, continuing medical education, certified health education specialist, and social work. The free continuing education credits were appreciated by the 180 participants who took advantage of this offering.

The first session on March 15, 2023 focused on Perinatal Mental Health, prioritizing equity and lifting the voices of people from Black, Indigenous, and other people of color. Keynotes from partners representing [The Periscope Project](#), [Moms Mental Health Initiative](#), and [Wisco Lactation](#) kicked off the event. The Periscope Project presented *Addressing Perinatal Mental Illness through a Statewide Physician Access Program*. Sarah Bloomquist of Moms Mental Health Initiative and Molly Peterson of Wisco Lactation presented *Working with Perinatal Mental Health Clients*, sharing how lactation services can be provided to clients with perinatal mood and anxiety disorders. Breakout sessions on how perinatal mental health was impacting community based organizational partners included the [State Adolescent Health Resource Center](#), [Us 2 Behavioral Health Care](#), [Roots4Change](#), and [African American Breastfeeding Network](#).

A variety of Title V partners are invited to all MCH Summits, including home visitors, prenatal care coordination providers, statewide technical assistance providers, University of Wisconsin faculty, and grantees of the American Rescue Plan Act. Over 300 participants joined live with many more viewing the recording afterwards. This was a record number of attendees, the result of wide distribution of the event's promotional materials.

The second MCH Summit session, "The Impact of Maternal and Child Health on the Next Generation" was held on October 25, 2023. Beverly Hutcherson, a biologist specializing in epigenetics and public health, presented, 'Epigenetics: The Biological Perspective on Current Maternal Health Outcomes,' providing a baseline of knowledge on the topic while focusing on the African American population. One participant shared that the session was "Truly informative and realistic information pertaining to black experiences! As a black woman, I felt more empowered for someone to state the truth!" Candi Cornelius, a member of the Oneida and Menominee Nations, presented 'Indigenous People and Epigenetics,' outlining how historical trauma in the Indigenous community continues to impact health and wellness. One participant shared that "The historical education provided was heartbreaking, however, it made me think differently when considering what generations of individuals endure and how that impacts future generations of people."

In the second half of the session, a panel discussion focused on how special populations are impacted and included [Parents Reaching Out](#), the [PATCH \(Providers and Teens Communicating for Health\) Program](#) and [Wisconsin Home Visiting Program](#). Nearly 400 participants registered with 280 joining live. Those that did not join live were able to view recordings of both sessions until the end of the year.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Wisconsin

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.