HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

CONNECTICUT

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Connecticut

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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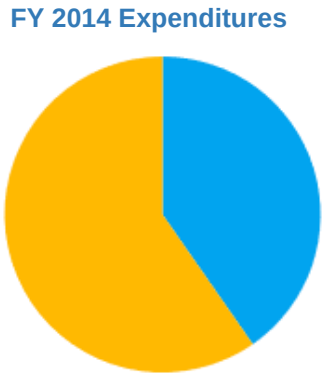
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$4,580,696
State MCH Funds	$6,780,181
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$1,087,622	$1,055,881
Public Health Services and Systems	$3,493,074	$5,724,300

Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	2,690	$660,322	5.9%
Infants < 1 Year	43,354	$918,245	8.2%
Children 1-22 Years	144,285	$6,184,898	55.5%
CSHCN	34,526	$3,336,312	29.9%
Others *	246,233	$50,388	0.5%
Total	471,088	$11,150,165	100%

FY 2014 Expenditures

FY 2014 Individuals Served

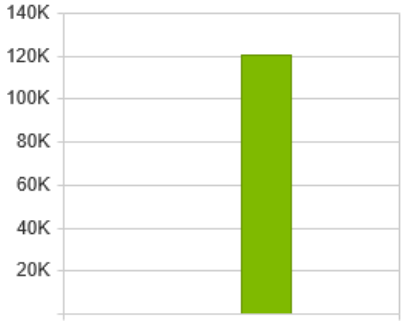
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	120,790
Other Toll-Free Calls:	0



Executive Summary

INTRODUCTION

As part of the Title V Block Application/Annual Report, the Connecticut Department of Public Health undertakes a statewide Needs Assessment every five years, examining the health status of Title V target populations of pregnant women, mothers, and infants; children and adolescents; and children and youth with special health care needs. This assessment is a systematic examination of the health behaviors, conditions, and risk factors of these populations, using indicators that can be tracked over time for each of the six identified population health domains (Women's/Maternal Health; Perinatal/Infant's Health; Child Health; Children with Special Health Care Needs (CSHCN); Adolescent Health; and Cross-cutting or Life Course). The Connecticut MCH Needs Assessment aims to serve as an important foundation for future data-driven planning efforts in the state.

MCH Five-Year Needs Assessment

The MCH Needs Assessment and Planning process was integrated within the larger Connecticut State Health Assessment and Planning process (*Healthy Connecticut 2020*) and engaged stakeholders and Connecticut residents throughout the process to understand maternal and child health in its broadest context. A total of 29 key informant interviews were conducted with leaders from state agencies, community service organizations, statewide organizations focused on specific population groups, the state legislature, academia, education, and business. Discussions explored leaders' perspectives on the current and emerging health issues in Connecticut, current state of health data, and feedback on important issues to consider. The list of indicators used for the MCH Needs Assessment was guided by existing initiatives (e.g., Healthy Connecticut 2020, National Prevention Strategy) and shaped by the feedback from stakeholders and partners. Additionally, direct public comment on findings from the State Health Assessment, including those pertaining to maternal and child health, was gathered at 8 county-level public forums. Input from these sessions was used to refine the content and framing of the assessment data.

The Five-Year Needs Assessment resulted in the identification of nine (9) State Selected Priorities: 1) Well woman care/health of women of reproductive age; 2) Preterm births and low birth weight births; 3) Breastfeeding; 4) Developmental screening, well-child visits and immunizations; 5) CSHCN Transition to Adult Health Care; 6) CSHCN Medical home; 7) Bullying; 8) Adolescent Wellness; and 9) Oral health.

KEY FINDINGS Among the Six Population Domains

The following provides a brief overview of the identified major accomplishments and significant challenges within each population health domain:

Women's/Maternal Health

- Nearly three quarters (74%) of women in Connecticut indicated that they had a **preventive medical visit or check-up** in the past year, while nearly 4% indicated it had been five or more years since their last visit.
- From 2000 to 2011, there was a significant annual 4.2% decline in the **rate of births per 1,000 teen women (15-19 years)**. Even with the substantial reduction in teen birth rates, Hispanic (47.2 per 1,000) and black non-Hispanic (29.1 per 1,000) mothers had significantly higher rates in 2011 as compared with white non-Hispanic mothers (5.8 per 1,000).
- **C-sections rates** among singleton births increased significantly between 2000 and 2006, with an 8.0% annual increase. From 2006 to 2011 the rates have leveled out at a 0.7% annual increase.
- In 2011, 13.0% of pregnant women received **late or no prenatal care.** A significantly greater proportion of black non-Hispanic (20.9%) and Hispanic (19.4%) mothers received late or no prenatal care relative to white non-Hispanic mothers (8.8%).
- The proportion of women who received late prenatal care was highest in Hartford, New Haven, Bridgeport, and Stamford, and their surrounding towns, as well as in towns proximate to these towns and in northeastern Connecticut.

Perinatal and Infant's Health

- In 2011, the proportion of **preterm births** for black non-Hispanic and Hispanic women was significantly higher than that for white non-Hispanic women. From 2000 to 2011, there was little change in the percent of preterm births for the total population and Connecticut's largest racial and ethnic groups, suggesting that the gap in preterm births between black non-Hispanics and white non-Hispanics is not improving.
- Preterm birth was more heavily concentrated in and around Waterbury, Hartford, and New Haven and in Northern areas in Connecticut.
- **Infant mortality** rates have continued to decline over the last 20 years (1990-2011) in Connecticut. The infant mortality rate for black non-Hispanics (11.7 per 1,000 live births) was 3.2 times that for white non-Hispanics (3.7 per 1,000) and the infant mortality rate for Hispanics (6.1 per 1,000 live births) was 1.7 times that for white non-Hispanics in 2010.
- There has been a 2.7-fold increase in **neonatal abstinence syndrome** among children born in Connecticut, from 0.27% in 2002 to 0.73% in 2011. The increase in NAS during the past decade largely occurred among white non-Hispanics and children born to women whose expected source of payment for the delivery was Medicaid

- In 2010-2011, combined, 88.5% of infants in Connecticut were ever **breastfed**. Overall, 37.1% of infants were breastfed exclusively at three months, while only 12.3% were breastfed exclusively at 6 months.

Child Health

- Nine out of ten Connecticut children saw a health care provider for **preventative medical care** in the past year, and the prevalence of **vaccine series completion** among children 19 to 35 months was 78.2. More than nine in ten completed at least one dose of the measles, mumps, and rubella (MMR) vaccine.
- **Asthma** was the leading cause of preventable hospitalization among children, followed by gastroenteritis and urinary tract infections. The rate of preventable pediatric hospitalizations was lowest for white non-Hispanics for most of the leading causes.
- From 2002 to 2012, the number of children identified with a **blood lead level** of ≥10+ µg/dL appeared to decline by 70%.
- In 2012, the percent of children ever told they have **asthma** ranged from 17.4% among white non-Hispanic children to 21.4% and 23.9%, among black non-Hispanic and Hispanic children, respectively.
- From 2007 to 2011, rates **of injury related hospital admissions** were greatest for persons 15 to 19 years of age, followed by those 0 to 4 years of age. In 2012 the rate of injury related hospital admissions for persons age 0 to 4 years eclipsed that of persons age 15 to 19.

Children with Special Health Care Needs

- In 2009-2010, 89.5% of children with special health care needs (CSHCN) had **at least one reported health condition**. Approximately 1 in 4 CSHCN had 2 conditions, 11.8% had 3 conditions, and 16.4% had 4 conditions or more.
- In 2009-2010, 87.1% of CSHCN were **screened early and continuously for special health care needs** and 70.4% of CSHCN had families who reported that they are partners in the decision-making process for their child's optimal health. In addition, 67.4% indicated that they received family-centered care and 66.8% reported that CSHCN could easily access community-based services.
- Less than half of respondents reported that CSHCN received **coordinated, ongoing, comprehensive care within a medical home** (46.0%) or reported that they received the services necessary to make **appropriate transitions to adulthood** (46.0%).

Adolescent Health

- In 2011-2012, 88.2% of youth age 12 to 17 engaged in **physical activity** that made them sweat or breathe hard for at least 20 minutes on at least one day per week. Thirty-seven percent reported engaging in physical activity 4-6 days per week, followed by 29.1% being physically active for 1-3 days per week, and 22.1% participating in physical activity for at least 20 minutes daily.
- In 2012, 43.6% of females completed 3 doses of the **HPV vaccine**, while only 8.5% of males completed 3 does of the vaccine.
- In 2012, 93.5% of persons 13 to 17 years of age received at least 2 doses of the **varicella vaccine**, 89.3% received at least 1 dose of **Tdap vaccine**, and 88.8% received at least one dose of **meningococcal conjugate vaccine**.
- The percent of high school students who reported **ever been bullied** on school property ranged from 25.9% of 9th grade students to 19.0% of students in 12th grade. The prevalence of **physical dating violence** among students in grades 9-12 has decreased significantly from 2005 to 2011, from 16.0% to 8.2%. From 2007 to 2011, a significant linear decrease (from 9.7% to 7.3%) occurred in the percent of students who were ever physically forced to have sexual intercourse when they did not want to.
- Compared to persons who reported sexual contact with persons of the opposite sex only, a significantly higher proportion of students who had sexual contact with both males and females reported being in a **physical fight, experiencing dating violence**, **or being forced to have sexual intercourse.** A significantly larger percent of students who had sexual contact only with the same sex reported experiencing dating violence relative to persons who only had sexual contact with the opposite sex.

Cross-Cutting or Life Course Issues

- In 2008-2010, combined, almost one-fifth (19.9%) of children 5 to 12 years of age in Connecticut were **obese** (Figure 76). In 2008-2010, combined, a greater proportion of children from low-income households (<$25,000 household income) were obese (38.4%) relative to Connecticut's total population of children 5 to 12 years of age (19.9%).
- A significantly greater proportion of Hispanic students in grades 9-12 (15.2%) were **obese** in 2011 relative to white non-Hispanic students (9.8%). The proportion of overweight black non-Hispanic students (19.9%) was significantly greater than that for white non-Hispanic students (12.3%) in 2011.
- The proportion of students with **dental decay** varied by grade level, with 19.0% of children in Head Start, 29.0% of kindergarten students, and 40.0% of third-grade students having dental decay. In 2011-2012, 68.6% of children up to age 5, and 94.1% of youth 6 to 11 years of age received **preventive dental care** or cleanings in the past year.

CONCLUSIONS

Connecticut has made significant progress in improving the health of residents across the life course. For example, over the past decade, Connecticut has experienced declines in the rate of births to teen mothers, the infant mortality rate, the number of children identified with blood lead levels of ≥10+ µg/dL, and the prevalence of current cigarette use among middle and high school students. During this same period of health improvements, Connecticut has seen an increase in women experiencing non-adequate prenatal care utilization, neonatal abstinence syndrome among infants, and C-section rates.

The distribution of these health improvements, and persistent and new issues affecting maternal and child health are not equally distributed among subpopulations. Indeed, lower-income residents, black non-Hispanics, and Hispanics generally have less favorable health and health behavior profiles than their counterparts. Additionally, some health patterns among maternal and child health populations vary by sex, town, sexual identity, and special health care need status.

This needs assessment, developed through a participatory planning progress, highlights areas of progress in maternal and child health in Connecticut, as well as health issues necessitating a public health approach to improve the health of all Connecticut residents.