



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DISTRICT OF COLUMBIA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – District of Columbia

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>)

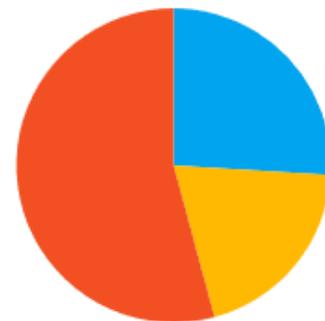
State Contacts

| MCH Director | CSHCN Director | State Family or Youth Leader |
|-----------------------|--|---------------------------------|
| Dr. Djinge Lindsay | Dr. Torey L. Mack, MD | No Contact Information Provided |
| Chief Medical Officer | Chief, Bureau of Child, Adolescent and School Health | |
| djinge.lindsay@dc.gov | Torey.Mack@dc.gov | |
| (202) 442-5878 | (202) 442-9338 | |

Funding by Source

| Source | FY 2014 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$6,920,720 |
| State MCH Funds | \$5,288,000 |
| Local MCH Funds | \$0 |
| Other Funds | \$14,436,122 |
| Program Income | \$0 |

FY 2014 Expenditures



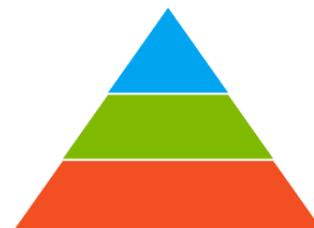
Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services | \$4,972,000 | \$5,219,610 |
| Enabling Services | \$750,000 | \$6,775,000 |
| Public Health Services and Systems | \$1,198,720 | \$7,729,512 |

FY 2014 Expenditures Federal



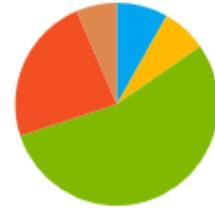
FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

| Populations Served | Individuals Served | FY 2014 Expenditures | % |
|---|--------------------|----------------------|-------|
|  Pregnant Women | 16,531 | \$1,741,400 | 8.2% |
|  Infants < 1 Year | 51,931 | \$1,536,551 | 7.2% |
|  Children 1-22 Years | 82,958 | \$11,659,684 | 54.6% |
|  CSHCN | 379 | \$5,038,487 | 23.6% |
|  Others * | 0 | \$1,380,000 | 6.5% |
| Total | 151,799 | \$21,356,122 | 100% |

FY 2014 Expenditures



FY 2014 Individuals Served



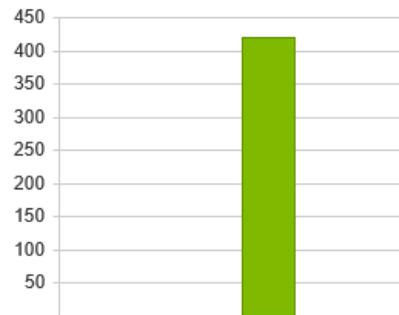
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

| Measure # | Measure Short Name | Population Domain |
|-----------|-------------------------|---|
| NPM 1 | Well-Woman Visit | Women/Maternal Health |
| NPM 4 | Breastfeeding | Perinatal/Infant Health |
| NPM 6 | Developmental Screening | Child Health |
| NPM 8 | Physical Activity | Child Health, Adolescent Health |
| NPM 9 | Bullying | Adolescent Health |
| NPM 12 | Transition | Children with Special Health Care Needs |
| NPM 13 | Preventive Dental Visit | Cross-Cutting/Life Course |
| NPM 14 | Smoking | 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: | 421 |
|  Other Toll-Free Calls: | 0 |



Executive Summary

Title V Maternal and Child Health Block Grant Annual Report Executive Summary

Needs Assessment

The District of Columbia Department of Health's (DC DOH) Community Health Administration (CHA) conducted the DC Title V Needs Assessment in the summer of 2014. The purpose of the Needs Assessment was to 1) identify and better understand the current health status and community needs within the District's maternal and child health (MCH) populations, 2) conduct a series of focus groups as well as key informant interviews of both internal and external stakeholders in maternal and child health populations and 3) utilize the findings and the national Title V priorities to best determine allocation of resources. Quantitative and qualitative methods were utilized to assess capacity, availability and quality of delivery of services provided to women, infants, children and youth, including children and youth with special health care needs, in the District of Columbia. An extensive literature review was compiled to inform constituents and analyze the current health indicators. Methods included distribution of electronic surveys (English), focus groups (both English and Spanish), and key informant interviews. Previous community health and Title V needs assessments were also reviewed to assist in identifying top priorities to inform key strategies and approaches to conducting the current needs assessment.

Accomplishments and Priority Needs by Population Domain

The District of Columbia Department of Health (DC DOH) had a total of 16 Title V Maternal and Child Health Block Grant grantees for Fiscal Year 2014. There are six identified health domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Healthcare Needs (CSHCN), and Cross-cutting or Life Course. Of the 16 grantees, 5 address Children with Special Health Care Needs, 8 address Child Health and 2 address Adolescent Health. Women/Maternal Health, Perinatal Infant Health, and Cross-Cutting Life Course domains are addressed through various programs and partnerships at DC DOH. Priority needs by population domain were determined from key findings from the Needs Assessment in addition to the Title V National Performance Measures Survey results distributed to key stakeholders at DC Department of Health's Community Health Administration.

Domain: Women/Maternal Health:

Through support of staff in CHA Primary Care Bureau (PCB), DC Title V has expanded the capacity for the District to address the health needs of women in child bearing years. Specific initiatives include expansion of primary care, behavioral health and dental services in Wards 5 and 8; group model visits for chronic disease management; care coordination for residents in narcotic treatment services; and support to implement Centering pregnancy at local FQHCs. PCB is also working with the State Health Coordinating Committee to update the state's primary care needs assessment to better inform efforts to improve primary care access, utilization and quality. Emerging needs in women/maternal health from the needs assessment include improving women's reproductive health by increasing use of preventive care services among reproductive women, decreasing unplanned pregnancies and reducing the chronic disease burden (including tobacco use) among reproductive age women.

Priority 1: Well woman visit-NPM #1 Percent of women with a past year preventive medical visit

To address Priority 1, the objectives and strategies include:

Objectives:

1. Increase the percent of women ages 18-44 that receive a preventive visit.

Strategies:

1. Title V will support initiatives that support routine well visits and establishing medical homes for women in their child bearing years, including use of social media and marketing.

Domain: Perinatal/Infant Health:

In the previous five years the District of Columbia has prioritized reducing infant mortality and improving other perinatal outcomes, such as pre-term births, low and very low birth weight births and early maternal entry to prenatal care. DC perinatal health initiatives have focused on three major foci of effort: (1) increasing capacity of home visitation for pregnant women; (2) enhancing collaboration within DOH and between other agencies; and (3) increasing coordination between the government and community organizations. Title V has supported these efforts through funding DOH staff who support development of District home visitation programs; provide safe sleep and FASD training to providers and residents; and oversee newborn metabolic screening. DC Title V also facilitates collaboration with other locally and federally funded programs that support improving perinatal and infant health outcomes, including MIECHV, Healthy Start, WIC, Help Me Grow, Baby Friendly Hospital Initiative, initiatives to increase availability of lactation support services, and Strong Start DC Early Intervention Program. Title V has also funded Children's National Medical Center to support developmental screening for infants of teen parents.

Emerging needs in perinatal/infant health from the needs assessment include decreasing perinatal disparities, with specific efforts to decrease infant mortality, increase breastfeeding initiation and duration and increase Baby Friendly Hospital designation among birthing facilities.

Priority 2: Breastfeeding-NPM #4 A. Percent of infants who are ever breastfed and B. Percent of infant's breastfed exclusively through 6 months

To address Priority 2, the objectives and strategies include:

Objectives:

1. Increase the percent of infant's breastfed.
2. Increase the percent of infants exclusively breastfed through 6 months.

Strategies:

1. Promote lactation support and resources.
2. Support Baby Friendly Initiative.

Domain: Child Health

Title V dollars fund a variety of efforts to support child health including: oversight of school nursing program in District public and public charter schools to help increase immunization compliance and provide care coordination between schools and primary providers; Primary Care and Mental Health Integration Project to improve primary care and behavioral health integration and linkages in pediatric medical homes; staff support of efforts to decrease childhood obesity, including technical assistance to implement physical activity guidelines in schools; and participation in state planning efforts including the State Early Childhood Development and Coordinating Council and the Early Learning Quality Improvement Network. Although improvements are being made regarding childhood obesity, certain areas of prevention, such as increasing school readiness, physical activity and healthy food access, should be prioritized in the District. Emerging needs from the needs assessment include reducing chronic disease burden among children and youth through increasing early identification of developmental delays and linkages to care to mitigate long term sequela, increasing the number of children and adolescents engaging in recommended daily physical activity, increasing the number of children and adolescents with medical homes receiving regular preventive care and reducing childhood tobacco exposure.

Priority 3: Physical Activity-NPM #8 Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day

To address Priority 3, objectives and strategies will include:

Objectives:

1. Increase physical activity among children ages 6 through 11 and adolescents ages 12 through 17 to 60 minutes a day.

Strategies:

1. Support programs increasing physical activity in school and community settings.

Priority 4: Developmental Screening- NPM #6 Percent of children ages 10 through 71 months, receiving a developmental screening using a parent completed tool

To address Priority 4, objectives and strategies will include:

Objectives:

1. Increase the percent of children, ages 10 through 71 months, receiving a developmental screening using a parent tool.

Strategies:

2. Support programs and initiatives that provide developmental screenings and linkages to resources and services.

Domain: Children and Youth with Special Health Care Needs (CYSHCN)

DC Title V has funded several programs to support our CYSHCN population: Children's National Medical Center - Parent Navigator Program helps to empower families with CSHCN to better access and coordinate care, as well advocate and share in medical decision making; The National Alliance to Advance Adolescent Health works to expand evidence-based transition services with a focus on youth with the "priority condition" of mental retardation/intellectual disabilities; Georgetown University program aims to improve access to quality, comprehensive, coordinated community-based systems of services for CYSHCN; Georgetown Center for Child and Human Development provides trainings for providers to improve CYSHCN services; Howard University provides care coordination and transition services for children with sickle cell disease; Advocates for Justice connects families and children with peer and community support resources. Additionally, Title V has supported efforts to fill gaps in mental health and asthma services including: asthma home visitation through Breathe DC; asthma care coordination and education by Children's Research Institute and Mary's Center; mental health services for children and families through Wendt Center, La Clinica del Pueblo and Community Connections. Emerging needs for DC's CYSHCN population include enhancing use of medical home and transitional services for CYSHCN by increasing the use of

transition planning for adolescents with and without special health care needs and increasing the number of adolescents with and without special health care needs receiving recommended preventive health services

Priority 5: Transition- NPM #12 Percent of adolescents with and without special healthcare needs who receive services necessary to make transitions to adult healthcare. B. Percent of children, ages 1 through 1

To address priority 5, objectives and strategies include:

Objectives:

1. Increase the percent of adolescents with and without special healthcare needs who received services necessary to make transitions to adult health care.

Strategies:

1. Support programs and initiatives to transition adolescents with CYSHCN from pediatric to adult healthcare.

Domain: Adolescent Health

Title V funds support oversight of school based health centers providing primary medical, oral and behavioral health services in six District high schools. DOH staff funded by Title V provide health and sexuality education in public and public charter schools for grades K-12, as well as teacher/staff trainings. Title V also collaborates with The CDC funded Rape Prevention and Education Program (RPE) to provide sexual assault prevention sessions to elementary, middle, and high school students in Wards 7 and 8. DC Title V provides oversight of community based teen pregnancy prevention programs. Emerging needs from District adolescents include improving adolescent health (specifically STIs, pregnancy, and behavioral health), decreasing youth violence including bullying and partner violence and reducing sexually transmitted infections and unintended pregnancies.

Priority 6: Bullying- NPM #9 Percent of adolescents, 12 through 17, who are bullied or who bully others

To address Priority 6, objectives and strategies include:

Objectives:

1. Decrease bullying among adolescents 12 through 17.

Strategies:

1. Provide resources to support programs that reduce youth violence, including bullying and intimate partner violence

Priority 3: Physical Activity-NPM #8 Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day

To address Priority 3, objectives and strategies include:

Objectives:

1. Increase physical activity among children ages 6 through 11 and adolescents ages 12 through 17 to 60 minutes a day.

Strategies:

1. Support programs increasing physical activity in schools and community settings.

Domain: Cross Cutting or Life Course

CHA's Oral Health Program is supported through Title V. Current efforts to improve oral health in DC include increasing public and provider awareness to increase utilization of preventive services, oversight of school based preventive dentistry, and improving the District's capacity to monitor the population's oral health status. Emerging needs in the Life Course domain include improving maternal and child oral health by increasing identification of dental home among women and children and developing comprehensive oral health surveillance system.

Priority 7: Oral Health- Percent of women who had a dental visit during pregnancy

To address Priority 7, objectives and strategies include:

Objectives:

1. Increase the number of women of reproductive age and children using preventive oral care.

Strategies:

Leverage School Based Oral Health Programs and promote public health messaging to support the identification of dental homes and use of preventive oral health services.

Priority 8: Smoking during Pregnancy and Household Smoking- NPM #14 A. Percent of women who smoke during pregnancy and B. Percent of children who live in households where someone smokes

To address Priority 8, objectives and strategies include:

Objectives:

1. Reduce the percent of woman smoking during pregnancy.
2. Reduce the percent of children who live in households where someone smokes.

Strategies:

1. Support primary and secondary prevention efforts to reduce tobacco use among women in childbearing age and children.