HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEW HAMPSHIRE

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – New Hampshire

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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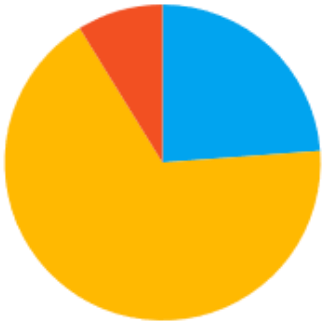
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$1,915,606
State MCH Funds	$5,420,315
Local MCH Funds	$0
Other Funds	$707,205
Program Income	$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$344,122	$1,643,848
Enabling Services	$872,386	$2,423,769
Public Health Services and Systems	$699,098	$2,059,903

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	1,592	$267,675	3.5%
Infants < 1 Year	12,288	$1,670,940	22.1%
Children 1-22 Years	31,862	$2,248,712	29.8%
CSHCN	13,994	$2,563,636	33.9%
Others *	85,369	$803,141	10.6%
Total	145,105	$7,554,104	100%

FY 2014 Expenditures

FY 2014 Individuals Served

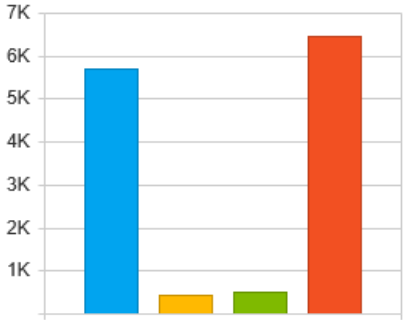
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	5,712
State Title V Social Media Hits:	428
State MCH Toll-Free Calls:	520
Other Toll-Free Calls:	6,471



Executive Summary

The New Hampshire (NH) Title V Program is a partnership of the United States Department of Health and Human Services, Health Resources and Services Administration with New Hampshire's Department of Health and Human Services' Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs. In NH, the CSHCN program is called Special Medical Services (SMS). Together, these Title V programs in NH reach across socio-economic lines to support core public health functions including direct, enabling, population-based, and infrastructure building services in the following areas: maternal and child health; children with special health care needs; family planning; perinatal health; primary care; adolescent health; teen pregnancy prevention; home visiting; early childhood systems building; injury prevention; early hearing detection and intervention; and newborn screening.

With its Title V funding, MCH contracts with community health centers in providing comprehensive primary care, including prenatal and pediatric care. Funding includes support and enabling services such as case management and transportation. MCH also utilizes Title V funding for comprehensive family support and home visiting for pregnant women and children. Title V sustains injury prevention activities statewide as well as epidemiological and data collection related to all maternal and child health topics.

SMS supports a variety of statewide programs including health care coordination, a network of clinics for pediatric diagnostic evaluation services; specialty clinics for children with neuromotor disabilities; a nutrition/feeding and swallowing program; a medical home project and psychiatry/psychology consultations for children with CSHCN. SMS also funds a contract with NH Family Voices to support its mission to assist families with CSHCN by providing information, support and referral.

Title V programs are guided by actively assessing ongoing community need through formal and informal processes. In preparation for the 2015 Title V Needs Assessment, many sources of statistical data were analyzed; quantitative and qualitative data were gathered through online and paper surveys of families and professionals; round table meetings and focus groups gathered input from professional, provider and family organizations; and New Hampshire Title V professionals participated in a facilitated Capacity Assessment. After gathering this rich set of data and feedback, priorities were established for the state based upon severity of health consequences, the numbers of citizens affected by an issue, whether or not there were significant disparities amongst a sub-group of people or great societal and economic costs, the affect across the life course and the feasibility that Title V staff and their colleagues could have an impact. National performance measures were then chosen that matched the priority areas and fit within the six Title V population domains, or groups that are specifically targeted.

Selected Priority Areas for Federal Fiscal Years 2016-2020

1. Improve access to needed healthcare services for all populations
2. Decrease unintentional injury
3. Improve access to standardized developmental/social/emotional screening, assessment and follow-up for children and adolescents
4. Decrease pediatric overweight and obesity
5. Increase access to comprehensive medical homes
6. Increase family support and access to trained respite and childcare providers
7. Improve access to mental health services
8. Decrease the use and abuse of alcohol, tobacco and other substances among youth, pregnant women and families

Title V Population Domains and Selected National Performance Measures

Women/Maternal Health

- Percent of women with a past year preventive medical visit

Perinatal/Infant Health

- Percent of infants placed to sleep on their backs

Child Health

- Percent of children, ages 10 months-71 months, receiving a developmental screening using a parent-completed screening tool
- Percent of children ages 6-11 who are physically active at least 60 minutes per day

Adolescent Health

- Rate of hospitalization for non-fatal injury per 100,000 children ages 0-9 and adolescents ages 10-19
- Percent of adolescents ages 12-17 who had a preventive medical visit in the past year

Children with Special Health Care Needs

- Percent of children with and without special health care needs having a medical home

Cross-Cutting

- Percent of women who smoke during pregnancy and Percent of children who live in households where someone smokes

Two additional State Performance Measures will be developed in the next year to address the priorities of mental health and respite care.

Current Status and Future Plans

Women/Maternal Health

In the 2013 Behavioral Risk Factor Surveillance System, 88% of the state's women reported an excellent, very good or good overall health status[1]. In that same survey, 86% of women reported having a routine check-up in the past two years[2]. However, access to cost-friendly and geographically close health care was cited as an issue with focus groups and on public surveys, particularly with respect to contraceptive usage and family planning.

MCH will be working closely with its partner agencies on by increasing provider capacity to offer the very effective, long acting reversible contraceptives or LARCs. Only about 9% of women who receive their reproductive health care at MCH funded agencies utilize LARCs[3]. Increasing utilization of LARCs will complement existing efforts to prevent infant mortality through the Collaborative Improvement and Innovation Network (CoINN) sponsored by the National Institute for Children's Health Quality (NICHQ).

Perinatal/Infant Health

In general, NH statistics with respect to perinatal and infant health are impressive. In 2014, NH's infant mortality rate was 4.5 per 1,000 live births[4], only 6.9% of its newborns were of low birth weight (<2500 grams)[5] and 9.1% were born prematurely (<37 weeks gestation). This compares favorably with a national perspective[6]. Nonetheless, racial and socio-economic disparities do exist, however small.

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs during gestation, such as heroin, codeine, oxycodone, methadone or buprenorphine. NAS in NH has been rising steadily, even more so than nationally, and the rate may be substantially higher now than in 2011, which is the last year of data availability[7]. MCH actively participates in the state's Perinatal Substance Exposure Task Force and the associated methadone dosing workgroup.

In 2011-2014, there were 37 Sudden Unexpected Infant Death (SUID) cases; 59% of those reported bed-sharing, 95% used soft bedding and approximately half of those infants were not placed on their backs to sleep, although it is a best practice.

MCH has been at the forefront of the state's SUID prevention efforts. It provides leadership of a collaborative, state level multidisciplinary death review committee, which carries out comprehensive analyses with the objective of developing case specific recommendations and data driven strategies to reduce such deaths. This group and its affiliated safe sleep workgroup are facilitating numerous statewide activities such as professional development of safe sleep policies on labor and delivery pavilions and education directly to the public through a variety of mediums including transit advertisements in some of the state's larger cities. MCH has also chosen safe sleep as one of its focal areas with the previously mentioned infant mortality CoINN.

Child Health

Similar to infants, the state's children are overall very healthy. In 2013, 74.9% of children ages 19-35 months received the combined vaccine series, compared with 70.4% nationally[8] and the Healthy People 2020 goal of 80.0%. The *2011-2012 National Survey of Children's Health* reported that 91.2% of children aged 0-17 received a preventive medical visit and 85% received preventive dental care in the past year[9]**.** School-based oral health programs in NH have worked to reduce disparities in schools with > 50% enrollment in Free and Reduced Lunch (FRL). Results from the *2013-2014 Healthy Smiles-Healthy Growth Third Grade Survey* indicate no significant difference between the rates of dental sealants on children in high FRL schools compared to low FRL (< 25% enrollment) schools[10].

However, only 30.6% of children aged 10 months to five years received a standardized screening for developmental or behavioral problems[11]. Developmental screening is designed to identify problems or delays during normal childhood development. When properly applied, screening tests for developmental or behavioral problems in preschool children allow improved outcomes due to early implementation of treatment.

MCH and SMS are leaders in the state with respect to developmental screening, with staff of both programs serving on the Advisory Committee for the federally funded Leadership Education in Neurodevelopmental and Related Disabilities at the University of New Hampshire, a program to train providers of early childhood services on just such screening. With the launch of watchmegrownh.com in 2014, there has been increased awareness about the importance of developmental screening. NH has also increased access to screening through the implementation of the Watch Me Grow system and its early childhood partners throughout the state who offer screening activities to families.

In the next five years MCH and SMS intend to work with colleagues in the state including the early childhood advisory council, SPARK NH, to create a coordinated vision and data recording system for developmental screening. These activities will improve the knowledge base in New Hampshire regarding what developmental screening data is currently being collected and by whom.

Pediatric overweight and obesity often originates in childhood and persists into adulthood, when most of the adverse consequences occur. In 2013, 993 children enrolled in WIC (14.1% of enrollees) were found to be obese[12]. The *2013-2014 Healthy Smiles-Healthy Growth Third Grade Survey* found that 12.6% of third graders were obese and there were significant regional disparities, with the northern counties showing higher rates of obesity than the statewide average[13].

Work with Title V funded community health centers on obesity screening and reduction will continue as MCH audits this measure at quality improvement site visits. In this stead, MCH will also continue to collaborate with the Division of Public Health Services' Healthy Eating and Physical Activity Section in sharing trainings, educational material, obesity data, and speakers with the contracted community health centers.

Children with Special Health Care Needs

New Hampshire has approximately 59,313 CHSCN, 21.2% of all children[14]. In general, the state has performed well on core CSHCN outcome measures such as satisfaction with care and adequacy of insurance. However, access to a medical home has a significant effect on unmet needs. Of CSHCN who needed specialty care, 100% with a medical home had no trouble getting needed referrals compared while only 55% of those without a medical home reported this ease of access[15]. SMS has been a leader in addressing access to medical homes by ongoing planning to improve a focus on coordination of care.

Another continuing issue for CSHCN is respite care. Respite services can positively impact CSHCN throughout their lives. Respite can afford the child opportunities for additional experience outside the family home; support the caregivers of the child; prevent family breakdown and /or rejection of the child and it can avoid the admission of the child to long term residential care or the necessity for substitute family placement. Within the next year, NH's Title V staff will create a state performance measure dedicated to respite care.

Adolescent Health

NH has the lowest adolescent birthrate in the nation, with approximately 13 births per 1000 in 2013, compared to approximately 27 per 1000 nationwide[16]. Its high school graduation and attendance rates are also some of the best in the country with percents hovering in the high eighties and low nineties respectively over the last decade[17].

Despite these successes, unintentional injuries continue to be the leading cause of death among youth aged 10-24 years[18] and motor vehicle crashes account for the largest proportion of these. MCH staff, particularly in the Injury Prevention Program, will be focusing in this area by continuing to support efforts on novice adolescent driving such as the NH Teen Driving Project. The primary goals of this effort include assisting participating teens in understanding the true risks associated with their driving experience and to educate their parents and participating community members in their understanding of these same risks.

This past year, only 61% of adolescents were seen at MCH funded community health centers on an annual basis[19], which can be considered an access issue. MCH staff will continue work with the funded community health centers in utilizing missed opportunities such as acute visits and sports physicals to emphasize annual preventative visits.

Cross Cutting

Mental illness is a serious cross-cutting issue. In NH, about 46,000 adults (4.5% of all adults) per year in 2008-2012 had a serious mental illness within the year prior to being surveyed; of these, 50.3% did not receive treatment. The percentage of adults receiving treatment through the public mental health system who reported improved functioning was lower in NH (59.2%) than in the US as a whole[20]. As of 2012, about one third of children ages 2 to 17 with problems requiring mental health counseling did not receive it[21]. Title V is rich in partnerships and collaborations that serve to promote mental health such as the Children's Behavioral Health Collaborative and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Within the next year, NH's Title V staff will work with those partnerships to create a state performance measure dedicated to that priority.

Smoking during pregnancy is virtually unchanged since 2001, with the highest rate among younger women: 29.69% of all 15-19 years olds giving birth in 2009-2013 reported smoking during pregnancy[22]. Smoking is especially prevalent among women on Medicaid: 34% were smokers in 2014, compared with 6.0% among non-Medicaid women[23].

A couple of pilot projects will address smoking cessation. Working with contracted agencies, the goal for the first pilot project is to explore methods for using existing datasets to provide timely and relevant metrics that providers can use to conduct Plan-Do-Study-Act improvement cycles related to tobacco cessation. The second pilot project will look at increasing the number of indirect and direct referrals to the NH QuitWorks or 1-800-QuitNow, managed by MCH's partner, the Tobacco Prevention and Control Program.

FOOTNOTES

[1]Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, accessed 07/08/15 at http://wwwdev.cdc.gov/brfss/brfssprevalence/

[2] Ibid

[3]MCH Family Planning Program, 2015.

[4]America's Health Rankings 2014

[5]Centers for Disease Control and Prevention (2014), National Center for Health Statistics

[6]March of Dimes Peristats, 2014

[7]Agency for Healthcare Research and Quality (2015). HCUP Nationwide Inpatient Sample

[8]2013 National Immunization Survey

[9]National Survey of Children's Health 2011-2012, accessed on 07/08/15 at http://childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=31

[10]NH DHHS (2015). The New Hampshire 2013-2014 Healthy Smiles-Healthy Growth Survey: An Oral Health and Body Mass Index Assessment of New Hampshire Third Grade Students, accessed on 07/08/15 at http://www.dhhs.nh.gov/dphs/bchs/rhpc/oral/documents/thirdgradesurvey2014.pdf

[11]National Survey of Children's Health 2011-2012, accessed on 07/08/15 at http://childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=31

[12]WIC agencies data 2013

[13]NH DHHS (2015). The New Hampshire 2013-2014 Healthy Smiles-Healthy Growth Survey: An Oral Health and Body Mass Index Assessment of New Hampshire Third Grade Students, accessed on 07/08/15 at http://www.dhhs.nh.gov/dphs/bchs/rhpc/oral/documents/thirdgradesurvey2014.pdf

[14]National Survey of Children's Health 2011-2012, accessed on 07/08/15 at http://childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=31

[15]Centers for Disease Control and Prevention, 2009-2010National Survey of Children with Special Health Care Needs, accessed on 07/10/15 at http://www.cdc.gov/nchs/slaits/cshcn.htm

[16]New Hampshire Maternal and Child Health Section, 2015

[17]New Hampshire Department of Education, accessed 07/10/15 at http://stage.education.nh.gov/data/documents/nclb_grad_rate_11-12.pdf

[18]National Vital Statistics System 2013/Web-based Injury Statistics Query and Reporting System (WISQARS)

[19]Maternal and Child Health Section, 2015 from contractors' performance measure data submissions in the data trends tables.

[20]SAMHSA/Behavioral Health Barometer: NH 2013

[21]SPARK NH Needs Assessment 2014

[22]NH Web-based Interactive System for Direction and Outcome Measures (WISDOM) / (www.wisdom.dhhs.nh.gov/wisdom) / NH Division of Vital Records (NHDVR), accessed June 5, 2015

[23]NHDVR, 2014