



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEW YORK

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – New York

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>)

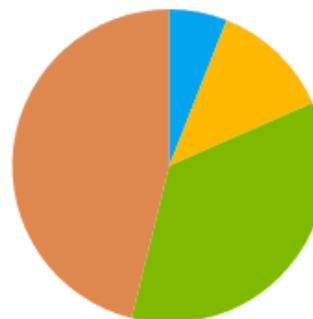
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Rachel de Long	Susan Slade	No Contact Information Provided
Bureau Director, Division of Family Health	Children with Special Healthcare Needs Director	
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$37,919,712
State MCH Funds	\$78,841,785
Local MCH Funds	\$224,894,104
Other Funds	\$0
Program Income	\$292,856,562

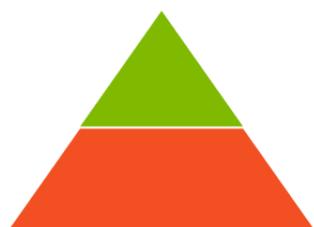
FY 2014 Expenditures



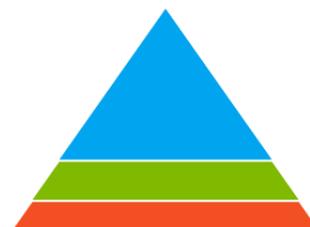
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$12,016	\$409,284,740
Enabling Services	\$19,921,217	\$103,368,227
Public Health Services and Systems	\$17,986,479	\$83,939,484

FY 2014 Expenditures Federal



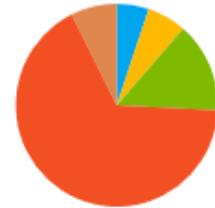
FY 2014 Expenditures Non-Federal



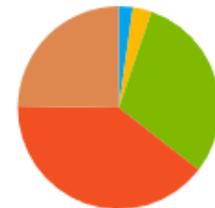
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	18,712	\$32,432,286	5.1%
Infants < 1 Year	25,727	\$39,622,617	6.3%
Children 1-22 Years	255,593	\$90,935,446	14.4%
CSHCN	336,335	\$422,726,031	66.8%
Others *	209,228	\$46,688,198	7.4%
Total	845,595	\$632,404,578	100%

FY 2014 Expenditures



FY 2014 Individuals Served



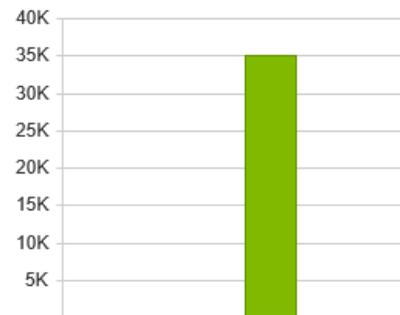
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

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 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
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:	35,065
Other Toll-Free Calls:	0



Executive Summary

The Title V MCHSBG is the Nation's oldest Federal-State partnership to ensure the health of mothers, children and youth - including children with special health care needs - and their families. Administered by the federal HRSA Maternal and Child Health Bureau (MCHB), the MCHSBG provides core funding to states for MCH public health activities.

Each year, states submit an application and report in accordance with MCHB guidance. This year's application from NYS reflects our continued leadership and commitment to protect and promote the health of women, infants, children and families, within the context of a changing health care landscape, the continued adoption of a life course perspective and a focus on data-driven, evidence-based public health interventions. The Action Plan for 2016-20 summarizes objectives, strategies and performance measures to address these priorities across 6 MCH population health domains: maternal and women's health, perinatal and infant health, child health, adolescent health, children with special health care needs and cross-cutting life course. NY's application reflects significant input from families, providers and other key stakeholders across the state.

Within the NYSDOH, Title V activities are led by the Division of Family Health (DFH). As the Title V program, DFH provides DOH-wide leadership on MCH, directly oversees many MCH programs and initiatives and collaborates with other key MCH-serving public health programs outside the DFH. A critical role of NY's Title V program is to ensure the needs of the MCH population are addressed through key policy initiatives, including the implementation of the Affordable Care Act (ACA) and Medicaid Redesign in NYS, as reflected throughout the application.

Under Title V leadership, a comprehensive process was convened to complete NY's MCH needs assessment and action plan:

Step 1 – Engaging Stakeholders: An internal leadership team of NYSDOH staff from both DFH and other MCH programs was convened to guide the process, and to identify and engage additional external partners. Over 400 stakeholders including health and human service providers, policymakers, parents and youth provided input through listening forums, interviews and surveys conducted by Title V staff and partners across NYS. The NYS MCHSBG Advisory Council provided guidance at key steps throughout the process. Additionally, other recent assessments including local community health assessments and the 2013-2017 NYS Prevention Agenda, were reviewed.

Step 2 – Assess Needs and Identify Desired Outcomes: NY's NA is informed by data, literature and qualitative input from stakeholders (see Step 1). Quantitative data analysis focused on national priority areas and outcome measures defined by MCHB and other state priorities. An array of data sources were used including vital statistics, hospital and health plan data, population health surveys and program-specific data. Health status, trends and disparities were examined. Published literature was reviewed to identify key contributing factors, and extensive qualitative input from stakeholders regarding unmet needs, barriers, key factors and priorities was gathered and reviewed.

Step 3 – Examine Strengths and Capacity: Coupled with assessment of needs and gaps is an examination of strengths, assets and capacity. Data analysis and literature reviews served to assess protective factors and the evidence base for action. Stakeholders provided input on services that are working and factors that support healthy behaviors. Current MCH programs, services and workforce were critically assessed to identify capacity, areas of success and opportunities to leverage other initiatives to advance MCH goals.

Step 4 – Select Priorities: The selection of state priorities builds directly on the NA. Profiles were developed for each MCH domain using information collected in Steps 2 & 3. Findings were presented to the DOH Leadership Team and the MCHSBG Advisory Council, and criteria for selecting priorities were considered. Through this process, a total of 8 priorities were selected for NYS (see below).

Step 5 – Select Performance Objectives: In accordance with HRSA guidelines, NY adopted a total of 8 National Performance Measures (NPMs) that align with NY's selected priorities and encompass all 6 domains. Baseline data, historic and projected trends were analyzed and considered in the context of planned strategies to establish preliminary targets for each NPM for the next 5 years. In Year 2, additional State Performance Measures will be established.

Step 6 – Develop Action Plan: With input from the MCHSBG Advisory Council and DOH Leadership Team, a preliminary State Action Plan for 2016-20 was developed that aligns NY's 8 MCH priorities and NPMs with the 6 MCH domains, and describes objectives and strategies planned to address each priority. Strategies that represent continuation of longstanding MCH activities are more specific, while those to address emerging priorities requiring further development are less specific and will be refined over time.

Title V State MCH Priorities and Performance Measures, 2016-2020

Domains	State Priority Needs	National Performance Measures
Maternal and Women's Health	Reduce maternal mortality and morbidity	NPM1 Percent of women with a past year preventive medical visit
	Increase use of preconception and interconception health care services*	
	Increase use of prenatal postpartum health care services*	

Perinatal and Infant Health	Reduce infant mortality and morbidity Increase use of primary and preventive care among infants*	NPM3 Percent of VLBW infants born in a hospital with a Level III-IV NICU NPM5 Percent of infants placed to sleep on their backs
Child Health	Support and enhance children's social-emotional development and relationships Increase use of primary and preventive health care services by children*	NPM6 – Percent of children age 10-71 months receiving a developmental screening using a parent-completed screening tool
CSHCN	Increase supports to address the special health care needs of children and youth	NPM12 – Percent of adolescents with special health care needs who receive services necessary to make transitions to adult health care
Adolescent Health	Support and enhance adolescents' social-emotional development and relationships Increase use of primary and preventive health care services by adolescents*	NPM10 – Percent of adolescents age 12-17 with a preventive medical visit in the past year
Cross Cutting or Life Course	Increase use of primary and preventive health care across the life course* Promote oral health and reduce tooth decay across the life course Promote home and community environments that support health, safety, physical activity and health food choices Reduce racial, ethnic, economic and geographic disparities and promote health equity for MCH population	NPM13 Percent of: a) women who had a dental visit during pregnancy; b) children age 1-17 who had a preventive dental visit in the past year NPM8 – Percent of children age 6-17 who are physically active at least 60 minutes per day

* - as part of cross-cutting priority to increase use of preventive health care services across the life course

Domain 1 – Maternal/Women's _____

"It takes me too long to

see my doctor – I have to work"

NY has made great strides in improving birth outcomes, but striking disparities remain. Key outcomes of concern are high rates of unintended pregnancy and short birth intervals, stagnant rates of early prenatal care, and high rates of maternal mortality/morbidity. Improving preconception/interconception health, including pregnancy planning and prevention, are key to achieve further improvements. Successes include robust surveillance systems, generous Medicaid coverage, development of a statewide maternal mortality review system, effective clinical quality improvement models, evidence-based community health initiatives and strong partnerships with health reform initiatives. NY's State Action Plan addresses priority areas to improve the health of women including engaging women into health insurance, integrating preconception/interconception health in routine women's health care, strengthening and expanding maternal mortality/morbidity reviews and applying findings to address key factors identified, increasing enrollment in evidence-based/informed home visiting services and developing collaborative strategies to address maternal depression. Strong partnerships will be enhanced or developed to improve the reach and effectiveness of these strategies.

Domain 2 – Perinatal/Infant's *"Mothers need support to be healthy and to keep their babies healthy; services like home visiting help families."*

Infant mortality has been steadily declining, but striking disparities remain. An emerging concern for infant health is increasing rates of opiate withdrawal, particularly in upstate NY. Key accomplishments include a statewide system of regionalized perinatal care, strong community-based perinatal services including evidence-based home visiting, clinical quality improvement initiatives with birthing hospitals and involvement in the national COIIN initiative to decrease infant mortality. NY's Action Plan includes Title V leadership to update perinatal regionalization standards and develop performance measures to promote quality improvement and ongoing assessment of levels of perinatal care. NY's infant mortality COIIN team will lead efforts to promote Safe Sleep to decrease sleep-related infant mortality rates. Collaborative efforts will be enhanced or developed to improve important perinatal practices such as breastfeeding, and to assess new and emerging health issues such as maternal opioid use to determine strategies to improve perinatal outcomes

Domain 3 – Child Health *"It's not that families don't want to be healthy – they have more important things to deal with"*

The majority of NY's children are in good health, with declining mortality and hospitalization rates and high rates of health insurance coverage. Key concerns for child health include overweight and obesity and social-emotional and behavioral health needs. While most children receive annual well child visits, elements of care such as immunizations and developmental screening need improvement. Key accomplishments include generous public health insurance options, rich networks of health care providers including the largest School Based Health Center (SBHC) program in the nation, and strong public health programs to promote physical activity and provide access to nutritious meals. A key challenge to achieve further improvements in child health is to strengthen collaboration across child-serving programs, as these are spread throughout DOH and other State agencies. In addition to continuing support for core programs including home visiting and SBHCs, NY's Action Plan addresses the need to develop new collaborative strategies to support children's social-emotional health as well as to improve engagement of vulnerable families in high quality primary care.

Domain 4 – Children with Special Health Care Needs *"I am told I am an important member of my child's health care team, but I don't feel like I really am"*

Although the majority of NY's children are insured, families of CSHCN continue to report lack of consistent health care coverage, inadequate coverage and lack of care coordination to meet special needs. In addition, adolescents with special needs remain challenged with navigating health care coverage and services as they transition to the adult care system. Key accomplishments include extensive health insurance options for children, the availability of no-cost, early intervention services for infants and toddlers with developmental delays and disabilities, extensive engagement of Title V staff in developing and implementing new Health Home care coordination system for children, family representation on key advisory groups, and funding for local health department-based services for families of CSHCN. NY's Action Plan highlights continued strong engagement with Medicaid to support successful implementation of Health Home for children, enhancing policy and supports for children with Autism Spectrum Disorders, focused improvement projects to enhance family support practices within Early Intervention and disseminate best practices to other Title V programs, and leading an assessment of current Title V programming to identify opportunities to strengthen supports for CSHCN

Domain 5 – Adolescent Health *"Get us involved. The minute I feel like my word matters, I will stay involved...I will think and I will make better choices"*

NY's Title V program has been a national leader in building comprehensive systems for adolescents including access to confidential reproductive health services and delivery of evidence-based programming to improve adolescent health including a strong focus on positive youth development. NY's teen pregnancy rate has reached an all-time low, though disparities remain. Additionally, health care providers with expertise in adolescent health are limited and utilization rates for preventive health care visits decline in adolescence during a period of critical developmental transition. Overweight and obesity, mental health, suicide, sexual violence and bullying are significant persistent and emerging issues for adolescents. Key successes in NYS include strong networks of youth-serving providers including SBHCs and community-based programs, policies that support access to health insurance and confidential health care services, and strong technical support for evidence-based programming through state-academic partnerships/ Centers of Excellence. NY's Action plan includes strengthening partnerships to address adolescent mental health issues and suicide, and integrating additional evidence-based strategies to support social-emotional development, healthy relationships, wellness, health literacy and transition to adult roles in adolescent health initiatives.

Domain 6 – Cross-Cutting/Life Course *"My kids would be healthier if they could go out to play instead of watching TV"*

Throughout NY's needs assessment, several cross-cutting themes emerged, including oral health, health insurance coverage and use of preventive health care services, community environments that support health and striking disparities in most health outcomes. Key successes include new investments to maintain and expand community water fluoridation, continued funding for school-based preventive dental services and growing commitment to investing in "place-based" health promotion initiatives that span MCH, chronic disease and environmental health, including efforts to address social determinants of health. NY's Action Plan emphasizes enhanced collaborations with other public health programs, schools and child care and other community partners to develop and implement new strategies in this area