HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

PENNSYLVANIA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Pennsylvania

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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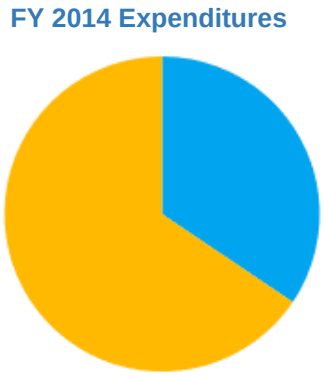
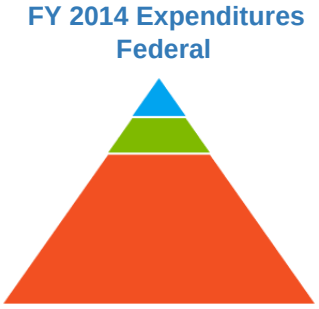
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$23,442,305
State MCH Funds	$44,636,906
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$3,997,528	$4,239,455
Enabling Services	$3,648,057	$699,964
Public Health Services and Systems	$15,796,720	$39,697,487



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	4,093	$1,979,595	3.0%
Infants < 1 Year	142,949	$6,163,115	9.3%
Children 1-22 Years	42,656	$43,879,690	66.0%
CSHCN	54,860	$11,925,754	17.9%
Others *	40,643	$2,541,238	3.8%
Total	285,201	$66,489,392	100%

FY 2014 Expenditures

FY 2014 Individuals Served

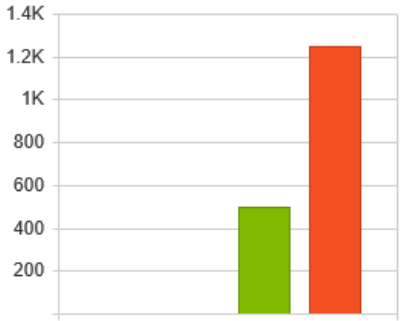
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

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 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 9	Bullying	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:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	498
Other Toll-Free Calls:	1,248



Executive Summary

Administered by the Bureau of Family Health (BFH) within the Pennsylvania (PA) Department of Health (DOH), the Title V grant provided over 230,000 services through 28 programs across the six defined population domains in 2014.

The BFH is tasked with continuously determining the best ways to serve the MCH populations while balancing the dynamic nature of political and social will within the sixth most populous state in the nation. Through the needs assessment process the BFH conducts an in-depth analysis of the health of the MCH population and an examination of the social, economic, political and environmental spheres that intersect and shape the lives of the population. This process also requires the BFH to examine its capacity to build relationships with partners; use data; make decisions regarding the allocation of human, programmatic, and financial resources; and innovatively evolve programing.

The revelations of the current needs assessment, combined with the transformation of the grant have created the perfect opportunity for the BFH to alter its character and current programmatic vision to one more science, logic and data driven in order to continue working towards improving the health of the MCH population. Many of the priorities that emerged out of the needs assessment have a broad scope that crosses domains enabling the BFH to address multiple aspects of the MCH population with varied programming. The following discusses BFH accomplishments and future plans for each of the six defined domains.

In the 2010 needs assessment, the BFH priorities for the women/maternal health domain included: decreasing barriers for prenatal care for at-risk/uninsured women through implementation of best practices; and increasing behavioral health screening, diagnosis, and treatment for pregnant women and mothers. Performance measures specific to this domain were: percentage of women who smoke in the last three months of pregnancy; and percent of women with live birth whose observed to expected prenatal visits are greater than or equal to 80 percent of the Kotelchuck index. For both measures, the annual indicators improved each year and BFH met the stated objectives.

In the 2015 needs assessment, the BFH determined a shift in focus from prenatal care to preconception and interconception care was needed to address behaviors and risk factors during this critical life stage before they have a negative effect on the mothers and infants resulting in a new priority: adolescents and women of child-bearing age have access to and participate in preconception and interconception health care and support. This priority is linked with national performance measure (NPM) 1: percent of women with a past year preventive medical visit. The BFH has defined two objectives to address this priority and NPM and plans to expand current programming and implement innovative interconception care initiatives in order to increase the percent of women who discuss birth spacing and birth control with a health professional and engage in family planning after a delivery.

During the 2010 needs assessment, the BFH identified reducing the infant mortality rate as a priority. In addition, the BFH implemented activities to address the following national and state performance measures: The percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs; The percent of mothers who breastfeed their infants at 6 months of age; Percentage of newborns who have been screened for hearing before hospital discharge; Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

The state is meeting or exceeding its objectives with regard to newborn screening. While breastfeeding rates are achieving their defined objectives, rates are still low compared to other states and the nation.

During the 2015 needs assessment, three perinatal/infant health priorities emerged: Families are equipped with the education and resources they need to initiate and continue breastfeeding their infants; Safe sleep practices are consistently implemented for all infants; and appropriate health and health related services, screenings and information are available to the MCH population.

Two of these priorities are linked with NPMs: NPM 4, percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 months; and NPM 5, percent of infants placed to sleep on their backs. The third priority in this domain supports continued newborn screening with an objective to decrease the time between screening test and receipt time at the contracted lab. Receipt times will be tracked and quality assurance measures and training implemented if needed.

Increasing the proportion of PA birthing facilities providing recommended care for breastfeeding mothers and babies, increasing the breastfeeding rates in counties with a rate below 73 percent, integrating breastfeeding information into other programming, and implementing breastfeeding promotion media opportunities are all objectives that will be addressed through the expansion while integrating new programming and messaging opportunities.

While the safe sleep priority is new, previous safe sleep initiatives were related to a former priority addressing injury prevention. Strong agency and stakeholder support combined with infant mortality and safe sleep behavior data indicated a need for this priority. The BFH has two objectives aimed at changing sleep behaviors: decrease the rate of mothers who report sleeping with their baby during the first year of life; and decrease the percentage of infants who are strangled or suffocated due to unsafe sleep environments. Efforts will focus on a combination of hospital initiatives and new safe sleep strategies.

State priorities in the 2010 needs assessment cycle addressing child health were: increase screening for mental health issues among infants, children, and adolescents; and expand injury prevention activities for infants, children, and adolescents. Screenings were provided through home visiting programs. Little to no decrease was observed in the indicators for child injury over the last five years.

Through the 2015 needs assessment, it was apparent a broader priority was needed to address the child population but with a narrower scope as other bureaus also work on injury prevention. The following priority emerged: MCH populations reside in a safe

and healthy environment. Within the domain of child health, this priority is linked to NPM 7: percent of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescent ages 10 through 19. Increasing the number of homes receiving home assessments; increase the number of MCH stakeholders who receive education on healthy homes practices; and disseminate three simple and clear messages about the dangers of prescription drugs are all objectives to be addressed. Efforts will focus on home and safety assessments and messaging combined with injury prevention interventions.

For the 2010 needs assessment cycle, the priorities and performance measures that addressed the needs of the CSHCN population included: improving the transition from child to adult medical, educational, and social services; increasing respite services for caregivers; improving family partnerships in decision-making for CSHCN and overall satisfaction with care; receiving coordinated, ongoing, comprehensive care within a medical home; obtaining adequate insurance coverage for needed services; improving access to a well-functioning community-based system; and receiving needed referrals for specialty care/services without a problem. The BFH met all the indicators defined for this population domain.

Through the 2015 needs assessment, the BFH decided to expand the scope of the priority for CSHCN to include all families as some aspects of care and system navigation are not specific to families of CSHCN: Appropriate health and health related services, screenings and information are available to the MCH population. For the CSHCN domain, this priority is linked with NPM 11: Percent of children with and without special health care needs having a medical home. With the understanding that the diverse needs of families of CSHCN can be met through medical homes, the BFH has decided to focus its resources on increasing the number of fully implemented medical homes across the state following the defined standards for medical homes.

In the 2010 needs assessment cycle, state priorities that addressed adolescent health included: decrease teen pregnancy through comprehensive sex education; expand injury prevention activities, including suicide prevention; and expand access to physical and behavioral health services for high risk youth, including lesbian, gay, bisexual, transgender and questioning (LGBTQ) and runaway/homeless. Teen pregnancy rates across the state are decreasing with annual indicators exceeding the yearly targets, while suicide rates may be increasing for this population.

As a result of the 2015 needs assessment, the BFH decided to define the following broad priority to move away from narrowly focusing on a specific risk behavior: Protective factors are established for adolescents and young adults prior to and during critical life stages. Protective factors are individual or environmental characteristics, conditions or behaviors that reduce the effects of stressful life events. This priority is linked with one NPM: NPM 9, percent of adolescents, ages 12 through 17, who are bullied or who bully others. Objectives and strategies will focus on increasing bullying awareness and prevention programming for all adolescents with additional cultural competency training and policy development for vendors specifically regarding LGBTQ youth. Additionally, the BFH has defined objectives to increase the number of LGBTQ sensitive organizations which provide services to youth; increase the number of LGBTQ youth who have access to suicide prevention services; increase the number of mentoring, counseling and adult supervision programs available to youth ages 9-14; and increase the number of youth who report achieving developmental assets.

The BFH priority of adolescents and women of child-bearing age have access to and participate in preconception and interconception health care and support will be linked within this domain to NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. The four objectives for this priority and NPM are to increase the number of counties with Health Resource Center (HRC) available to youth ages 12-17 either in a school or community-based setting; increase the number of youth ages 12-17 utilizing the HRC services; increase the number of LGBTQ youth with a medical visit in the past year; and increase the number of youth receiving health education and counseling services during a reproductive health visit.

In the prior needs assessment cycle, there were no priorities that specifically addressed the life course perspective, but the BFH has implemented several initiatives that cut across more than one population domain. In addition, while many programs or services focus on a single population domain, the services that are offered work to either increase protective factors or reduce risk factors and may mitigate some of the multiple stressors that a family faces. BFH has also provided education and some training to staff and partners about the Life Course Perspective as it relates to maternal, infant, and child health outcomes. BFH has supported the implementation of preconception and interconception health programs that begin to address social determinants of health in order to improve health outcomes.

As a result of the 2015 needs assessment several priorities emerged that did not fit one particular population domain. While two of these are new, the below-mentioned screening priority replaces the prior state priority to increase behavioral health screening, diagnosis and treatment for pregnant women and mothers (including postpartum depression).

The priority defined as women receiving prenatal care are screened for behavioral health and referred for assessment if warranted is linked to NPM 14: A) Percent of women who smoke during pregnancy and B) percent of children living in households where someone smokes. Decreasing the percentage of women who smoke during pregnancy and decreasing the percentage of women who report smoking after pregnancy are the objectives to address this NPM. Objectives to increase the number women screened for behavioral health and increase the percentage of women who discuss intimate partner violence with their home visitor will also be addressed. An integrated screening tool combined with motivational interviewing will be used address these objectives.

Health literacy impacts all of the population domains and is important in the types of service delivery. The BFH saw a need for increasing health literacy which led to the creation of the following priority: MCH populations are able to obtain, process, and understand basic health information needed to make appropriate health decisions. The BFH will disseminate at least one simple and clear message about basic health information through the evaluation of various social media and text messaging pathways.

The final priority crosses all domains: Title V staff and grantees identify, collect and use relevant data to inform decision-making and evaluate population and programmatic needs. Through the needs assessment, the BFH discovered its data resources were not being thoroughly used to inform decision-making and evaluate population and programmatic needs. Therefore, several objectives have been

defined to annually identify at least one area of improvement in collecting or using data; annually conduct analysis to develop actionable goals; programs with actionable findings will develop and implement at least one programmatic strategy based upon the findings; and existing data collection programs will increase the dissemination of data to improve health outcomes. By focusing on data for this grant cycle, the BFH will make changes in procedures and processes to institutionalize best practices for a successful future.

Transformation does not come without challenges. The BFH was challenged by the new structure of Title V grant and anticipates further challenges in the implementation phase, but was invigorated by the new possibilities of programming and an expanded vision for improving health that emerged out of the process. With a clearly defined action plan for the new priorities, the BFH is looking forward to expanding the reach and impact of Title V services for the MCH population of PA in the next five years and beyond.