HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

WASHINGTON

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Washington

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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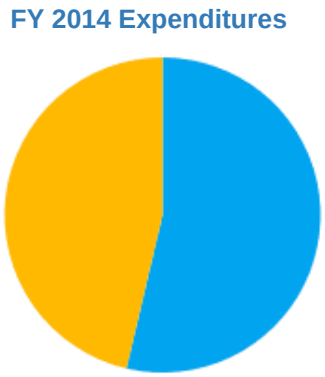
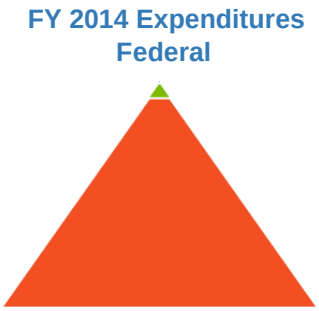
Funding by Source

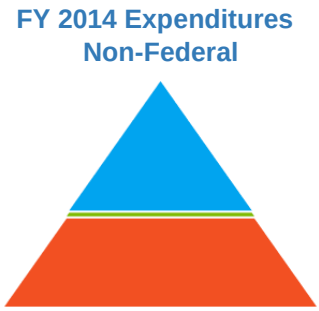
Source	FY 2014 Expenditures
Federal Allocation	$8,774,366
State MCH Funds	$7,573,626
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$38,997	$4,426,874
Enabling Services	$502,859	$123,910
Public Health Services and Systems	$8,232,510	$3,022,842





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	16,907	$829,731	5.4%
Infants < 1 Year	86,941	$1,650,531	10.7%
Children 1-22 Years	438,829	$6,869,387	44.5%
CSHCN	86,345	$5,801,252	37.5%
Others *	46,274	$298,888	1.9%
Total	675,296	$15,449,789	100%

FY 2014 Expenditures

FY 2014 Individuals Served

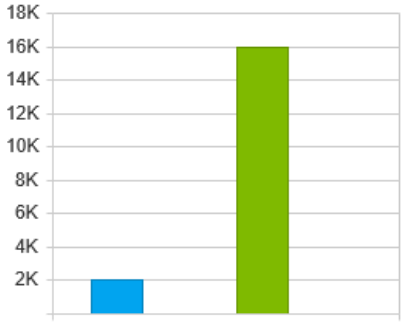
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

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 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	2,010
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	16,000
Other Toll-Free Calls:	0



Executive Summary

The Washington State Department of Health (DOH) works to help people in Washington enjoy longer and healthier lives. We use funds from the federal Maternal and Child Health Block Grant to improve the health and well-being of our state's mothers, infants, children, and youth, including children and youth with special health care needs, and their families.

DOH takes a life course approach to public health—that is, we aim to help people build and maintain a foundation of good health throughout their life. Health at every age depends on the cumulative effects of health issues earlier in life, as well as on social and genetic factors. A mother's experiences even prior to conception can alter the future development of the fetus and child. Choices made by adolescents grow out of their experiences of childhood, and can shape behavior in adulthood. A lifetime of risky behavior or unhealthy habits, exposure to toxic or stressful conditions, or unaddressed medical issues can lead to chronic disease, poor quality of life, and early death.

Washington is a fairly healthy state. Unfortunately, there are large health disparities between different populations. In general, minority racial and ethnic populations, people with lower household income, people with less education, and people living outside of urban areas are less likely to report good to excellent health. American Indians and Alaska Natives appear to have the poorest measures of health, highest death rates, and shortest life expectancy. This pattern continues in the rates of low birth weight, infant mortality, teen pregnancy, and many other issues that apply most directly to mothers and children. DOH is committed to recognizing, understanding, and eliminating health disparities in Washington, so everyone has equal opportunity to enjoy lifelong good health.

Within DOH, the Office of Health Communities (OHC) takes the lead on most activities funded by the Maternal and Child Health Block Grant. All of OHC's work focuses on larger populations, community infrastructure, and healthcare systems, not individual medical care. Among other things, we provide preventive health information and educational messages to the public and healthcare providers. Generally, we do not fund direct services, but can support a "last-stop safety net."

We do our day-to-day work in conjunction with local health jurisdictions and many other private and public partners across the state. Internally, we work to avoid isolated administrative units and eliminate barriers that can arise between programs funded by different sources. OHC strives to align the work of all who seek to improve the health of women and children in Washington, including its own various programs, other offices across DOH, and outside groups.

When we set priorities regarding maternal and child populations, we convene many stakeholders, including women and children themselves and their families, and healthcare providers, community groups, and other government agencies. Then we plan our specific activities based on identified needs of those populations, federal requirements, state strategic plans and priorities, identified health disparities, and the capacity of DOH and our partners. This document reflects our priorities and plans to aid mothers and children in the coming years.

Domains and National Performance Measures

For each of the six maternal and child population domains, listed below, OHC has assessed the needs of that population, considered our capacity and that of our partners, and consulted with partners about their interests and priorities. Based on this, we have chosen National Performance Measures (NPMs) we believe will most effectively and comprehensively measure and improve the health and well-being of mothers and children in Washington.

1. Women/Maternal Health

For the women and maternal health domain, DOH has chosen National Performance Measure 1, "Well woman visits – Percent of women with a past year preventive visit."

A woman's health before and during her pregnancy has a profound impact on her child's future health. Unfortunately, the health trends for women (and for men) are mixed.

Overall fewer people smoke, but still over 9% of pregnant women smoke into their last trimester. In 2013, more than half of pregnant women in Washington were overweight or obese before they became pregnant, and the percentage of all women who are overweight is steadily increasing. Nearly half of all pregnancies are unintended, which is associated with more health problems for both mother and child. Among pregnant women, 26% do not enter prenatal care in their first trimester, mostly because of difficulty accessing care.

One of the most important steps a woman can take to improve her health is to talk with a health professional. A preventive visit – a checkup when there is no pressing medical problem – can help a woman move toward healthy eating, more physical activity, avoidance of alcohol and drugs, tobacco cessation, depression screening, effective family planning, and much more. In turn, these efforts lead directly to healthier babies, as reflected in reduced rates of preterm births and low birth weights.

For the next five years, DOH will focus on increasing the number of women who seek and find preventive care, screening, and treatment. Our aim is that more women receive guidance and take action to maintain their health *before* major health problems occur. This includes providing education for women and healthcare providers that is scientifically accurate, age-appropriate, and culturally and linguistically appropriate, so women better understand how to protect their health.

2. Infants

To improve the infant mortality rate and help all babies get the healthiest possible start, DOH has chosen NPM 4, "Breastfeeding – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months" and NPM 5, "Safe sleep – Percent of infants placed to sleep on their backs."

Washington has lower rates of preterm births (9.6%) and low birth weights (6.4%) than the rest of the nation. This contributes to a low infant mortality rate (4.4/1,000 live births, less than the Healthy People 2020 goal of 6.0/1,000). Still, we want to do better – we want to give every baby the very best chance at having a first birthday. Two areas we aim to improve are breastfeeding and safe sleep.

Washington has excellent rates of initiation of breastfeeding, with 96% of women reporting ever having breastfed their infant. However, this rate drops dramatically, down to 60% after two months. The drop is even steeper among women whose delivery was paid for by Medicaid (about half of all deliveries). Increasing breastfeeding takes more than just educating the new mother; it also requires practices and policies in worksites and other settings that support breastfeeding.

In 2011, 82% of women reported that they most often lay their baby down to sleep on his/her back, the safest way. Again, women with Medicaid-paid deliveries were less likely to do so.

DOH's further objectives for infant health include improving access to healthy foods and beverages, ensuring quality pediatric care, supporting home visiting services to at-risk families with young children, and supporting safe, stable and nurturing families and communities to prevent child abuse, neglect, and violence. DOH will also continue efforts to ensure that all newborns are screened for hearing loss and other genetic conditions, and that newborns who screen positive receive appropriate and timely follow up.

3. Child Health

To improve the health of children (distinct from infants and adolescents), DOH has chosen NPM 6, "Developmental Screening – Percent of children, ages 9-71 months, receiving a developmental screening using a parent completed screening tool" and NPM 7, "Child Safety – Rate of injury-related hospital admissions per population ages 0-19 years."

In a survey, Washington parents of children between 10 and 71 months were asked whether they had completed a questionnaire about their child's development, communication, and social behaviors in the previous 12 months. Only 25% had done so. This and other studies suggest that many children do not receive regular, standardized developmental screening. Such screening helps identify children who need special attention, so we can give them that attention earlier, which greatly improves their long-term well-being.

Child injury rates in Washington have declined since 1990, but there is still work to be done. As of 2013, 190 out of every 100,000 children were hospitalized due to non-fatal injury. The most common causes were falls, poisonings, and motor vehicle collisions.

To reduce child injuries, we must address the broader context. Among other strategies, DOH will seek to increase social connectedness, healthy relationships, violence-free environments, and family and community engagement that together provide children with safe, stable, and nurturing relationships and environments. This includes providing individuals, families, and organizations with knowledge, skills, tools, and opportunities to make safe choices that prevent injuries and create safe communities.

4. Adolescent Health

For the adolescent health domain, DOH has chosen NPM 10, "Adolescent Well Visits – Percent of adolescents with a preventive service visit in the last year."

Adolescents experience many of the same health challenges as adults, but sometimes find it more difficult to access care. Just like adults, one of the most important steps toward health for an adolescent is to talk with a health professional. A preventive visit can help adolescents begin to address obesity, depression, family planning, and many other issues.

And just like adults, obesity is increasing among adolescents. In 2012, 26% of youth 10-17 were obese. Meanwhile, only 36% of children 6-11 and 20% of adolescents 12-17 reported being physically active for at least 20 minutes per day.

As children reach adolescence, mental health concerns become more frequent. In 2014, 35% of 10th graders reported depressive feelings in the prior year. In fact, 21% had considered suicide, and 10% had attempted suicide. Suicide is the second leading cause of death in Washington youth aged 10-24. Perhaps not coincidentally, in 2012, 27% of students in grades 6 to 12 reported being bullied.

Sometimes children have children of their own. Motherhood at a very young age can cause serious health, educational, and economic challenges for both mother and child, in the short- and long-term. The good news is that, since 1990, the birth rate among Washington teens has dropped significantly, with the most rapid decrease since 2008. In 2013, the rate hit a historic low of 8.9 births per 1,000 teen girls.

For the next five years, as with adult women, DOH will focus on increasing the number of adolescents who seek and find preventive care, screening, and treatment. Our aim is that more adolescents receive guidance and take action to maintain their health *before* major health problems occur. An important element of this work will be effective partnerships with school-based health centers.

5. Children with Special Health Care Needs (CSHCN)

Medical homes offer greater coordination between healthcare providers, families, and community organizations, which is especially important for children with special health care needs. DOH has chosen NPM 11, "Medical Home – Percent of children with and without special health care needs having a medical home."

About 15% of all children in Washington – more than 274,000 – have health care needs greater than typical for children, such as physical disabilities, development delays, or asthma. These health issues can dramatically impact the child's long-term future, as well as the family's immediate economic and emotional circumstances. Children with special health care needs typically need more family-centered, comprehensive, ongoing, and coordinated care, but they are actually less likely than other children to be within a medical home that provides such care (42% versus 63%).

Strategies to increase medical homes include enhancing the capacity of community-based organizations to promote them, training multi-disciplinary medical teams to provide them, ensuring that families are active participants and able to access the services their children need, and supporting successful transition of youth from pediatric to adult healthcare. It is critical that family and youth voices are heard in planning and implementing these strategies.

DOH's efforts to promote medical homes will emphasize children with special health care needs, but medical homes can benefit all children, so DOH will also take opportunities to promote them more broadly. In addition, DOH will continue to support early developmental screening and referral, and integration of mental and oral health care with primary care, so that all children –especially children with special health care needs – can receive timely and comprehensive care.

6. Cross Cutting or Life Course

DOH believes that 100% of children in Washington can and should have health insurance, so we have chosen NPM 15, "Adequate Insurance – Percent of children 0-17 years who are adequately insured."

As of 2012, 5.8% of all children in Washington did not have health insurance. With the Patient Protection and Affordable Care Act (ACA), many previously uninsured women and children now have coverage. However, despite the best efforts of the ACA,we have not yet achieved universal coverage.

Several gaps remain. Some people earn more than the income threshold to receive subsidized health care but not enough to actually afford insurance (and still buy housing and food). Some have health insurance but cannot afford the co-pays or deductible. Some are underinsured, as their insurance does not offer or fully cover the specific care they need. Some people are not eligible for coverage through the ACA despite their low income – notably undocumented immigrants – even though their health status impacts their family, neighbors, and the larger society around them as much as it impacts their own well-being.

Toward the goal of universal coverage, DOH's strategies include participating in efforts to blend mental and behavioral health services into comprehensive health care, identifying and surmounting barriers to accessing primary and specialty care, improving health equity, and promoting culturally and linguistically appropriate services. We will also work to develop new assessments and systems to monitor the needs of the maternal and child population, including how those needs are met – or not met – by healthcare reform.

Conclusion

Despite past success, we know there is still much more we can do to help everyone enjoy longer and healthier lives. With the support of Title V and our many partners, we are committed to improving the health and well-being of all mothers and children in Washington.