



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

DISTRICT OF COLUMBIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

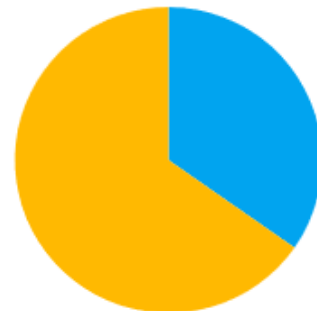
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Djinge Lindsay, MD, MPH Deputy Director for Policy and Programs Djinge.Lindsay@dc.gov (202) 442-5878	Torey Mack, MD, MPH Bureau Chief torey.mack@dc.gov (202) 442-9338	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$6,764,105
State MCH Funds	\$12,725,306
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$5,051,298	\$18,034,785
Enabling Services	\$1,024,073	\$682,000
Public Health Services and Systems	\$688,734	\$868,000

FY 2015 Expenditures Federal



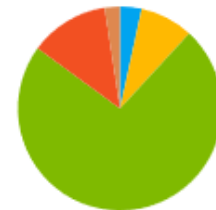
FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	16,043	\$950,000	3.4%
Infants < 1 Year	50,386	\$2,353,734	8.4%
Children 1-22 Years	87,344	\$20,446,592	73.2%
CSHCN	16,062	\$3,495,675	12.5%
Others *	344	\$676,410	2.4%
Total	170,179	\$27,922,411	100%

FY 2015 Expenditures



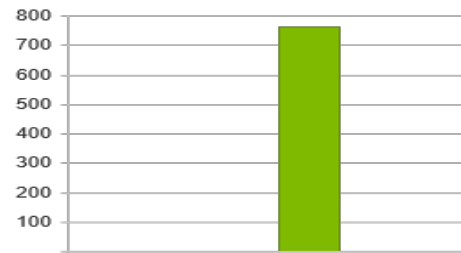
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	761
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Healthy Start will partner with FQHCs to promote annual well visits among low income women.
NPM 1	Well-Woman Visit	ESM 1.2	Establish a PRAMS implementation work plan.
NPM 1	Well-Woman Visit	ESM 1.3	Promote annual well women visits through e-health.
NPM 1	Well-Woman Visit	ESM 1.4	Work with community health center to increase well woman visits for low income women, ages 13-50.
NPM 1	Well-Woman Visit	ESM 1.5	Perinatal programs (WIC, Healthy Start, MIECHV) will promote well visits among low income women through outreach.
NPM 4	Breastfeeding	ESM 4.1	Provide technical assistance to maternity facilities to achieve the 4-D Pathway to Baby-Friendly designation.
NPM 4	Breastfeeding	ESM 4.2	Expand the availability and utilization for peer counselor support for low income women (WIC, MIECHV, Healthy Start).
NPM 4	Breastfeeding	ESM 4.3	Increase the availability of resources for breastfeeding support through e-health.
NPM 4	Breastfeeding	ESM 4.4	Increase breastfeeding education among MIECHV home visitors and Healthy Start perinatal support workers.
NPM 6	Developmental Screening	ESM 6.1	Support IDEA Part C service coordination activities for children 0 to 2 with special healthcare needs.
NPM 6	Developmental Screening	ESM 6.2	Establish Help Me Grow
NPM 6	Developmental Screening	ESM 6.3	Collaborate with other District Government agencies and partners to explore best practices for a centralized registry to track data on developmental screenings.
NPM 8	Physical Activity	ESM 8.1	Increase capacity for Local Education Agencies (LEAs) and Elementary, Secondary, and Specialized Education (ESSE) to provide physical education/activity to meet the Healthy Schools Act guidelines.

NPM 8	Physical Activity	ESM 8.2	Support school-based after school physical activity and nutrition program for children age 8-12 years old.
NPM 9	Bullying	ESM 9.1	Pilot the Second Step Program in District of Columbia Public and Charter Schools.
NPM 9	Bullying	ESM 9.2	Assess DCPS and PCS capacity to reduce violence and improve school climate.
NPM 9	Bullying	ESM 9.3	Through the Resilient Scholars Program (RSP), provide evidence-based mental health services in up to 15 community-based, child-provider settings for low income children and youth age 6-17.
NPM 9	Bullying	ESM 9.4	Suicide Prevention Initiative
NPM 12	Transition	ESM 12.1	Improve the implementation of the Six Core Elements of Health Care Transition (HCT) in Anacostia School Based Health Center (SBHC) and in selected Core Service Agencies participating in DC's Department of Behavioral Health (DBH)'s Transition-Aged You
NPM 12	Transition	ESM 12.2	Establish a baseline of Health Care Transition (HCT) knowledge and skills among Anacostia SBHC users in order to develop health education class content.
NPM 12	Transition	ESM 12.3	Increase the number of DC high school students served by SBHCs who receive a HCT policy, a transition readiness assessment, and information about available adult providers
NPM 12	Transition	ESM 12.4	Increase number of health care providers receiving education and training on evidence-informed strategies (Six Core Elements of HCT and AAP/AAFP/ACP Clinical Report on Transition).
NPM 12	Transition	ESM 12.5	Establish a transition policy and assessment tool for the Goldberg Center at Children's National Medical Center (CNMC) to target youth with and without special health care needs, ages 16-22 years.
NPM 13	Preventive Dental Visit	ESM 13.1	Establish a oral health surveillance system.

NPM 13	Preventive Dental Visit	ESM 13.2	Provide parent and teacher oral health education sessions to increase awareness of oral health issues and prevention.
NPM 13	Preventive Dental Visit	ESM 13.3	Increase SBHC oral health education and referrals for children and youth.
NPM 13	Preventive Dental Visit	ESM 13.4	Provide oral health training and increase awareness of oral health issues and preventive care among health care providers and social service personnel.
NPM 13	Preventive Dental Visit	ESM 13.5	Increase oral health referrals and prevention among women ages 18-44 through outreach.
NPM 13	Preventive Dental Visit	ESM 13.6	Increase oral health referrals and prevention among children ages 1-5 through outreach.
NPM 14	Smoking	ESM 14.1	Promote Tobacco Cessation Among Perinatal Programs (WIC, MIECHV and Healthy Start)
NPM 14	Smoking	ESM 14.2	Establish a tobacco cessation training plan for perinatal program staff.
NPM 14	Smoking	ESM 14.3	Conduct tobacco surveillance of perinatal woman and adults.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Reduce food insecurity for low income children and families in Wards 7 and 8.	Child Health
SPM 2	Implement School Based Teen Pregnancy Prevention Programs in Wards 5, 7 and 8.	Adolescent Health
SPM 3	Address interpersonal violence using CDC's Essentials for Childhood, Steps to Create Safe, Stable, Nurturing Relationships and Environments, Goal 2: Use data to inform actions.	Adolescent Health

Executive Summary

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

Needs Assessment

The District of Columbia Department of Health's (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 of the District's maternal and child health (MCH) populations; 2) ascertain current MCH needs through qualitative (focus, surveys and key informant interviews of internal and external MCH stakeholders) and quantitative (literature and data reviews of current health indicators) methods; and, 3) utilize the findings and the Title V National Performance Measures (NPM) to identify top District priorities and determine allocation of resources to support key strategies to improve the health of the District's women, infants and children, including children and youth with special health care needs.

Accomplishments and Priority Needs by Population Domain

In Fiscal Year 2015, the DC Department of Health had a total of 16 Title V Maternal and Child Health Block Grant grantees and one intra district partnership. Of the grantees and intra district partnership, five address Children with Special Health Care Needs domain, eight address Child Health domain and three address Adolescent Health domain. Women/Maternal Health, Perinatal Infant Health, and Cross-Cutting Life Course domains are addressed through various programs and partnerships at DOH. Priority needs by population domain were determined from key findings from the Needs Assessment, Title V NPM Survey results distributed to key stakeholders at DOH in FY15 and state political priorities.

Domain: Women/Maternal Health:

Through support of Title V staff in the Primary Care Bureau (PCB), DC Title V expanded the capacity for the District to address the health needs of women in child bearing years. Specific initiatives include expanding access to primary care, behavioral health and dental services in communities with disparate health outcomes through support for seven community health centers (updates and new construction); group visits for chronic disease management and parenting; and linkages to primary care for residents in narcotic treatment, focusing on parents. PCB, in conjunction with the State Health Coordinating Committee, is currently conducting a primary care needs assessment to better inform efforts to improve primary care access, utilization and quality. Additionally, DOH has begun planning to 1) implement One Key Question® within school based health centers to help clinicians more fully support women's preventive reproductive health needs, and 2) implement a data-driven marketing campaign promoting routine preventive care among women of reproductive age.

Emerging needs in women/maternal health based on the Needs Assessment include emphasizing upstream efforts to improve women's health through increasing utilization of preventive and primary care services among reproductive aged women. Increased preventive care should lead to decreased unplanned pregnancies and reduced chronic disease burden (including tobacco use) among reproductive age women (also see Life Course).

Priority 1: Well woman visit-NPM #1

Objectives:

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

Strategies:

Title V will support initiatives that promote establishing a medical home and routine well visits and for reproductive aged women.

- a. Work with perinatal programs (WIC, Healthy Start, MIECHV, Text 4 Baby) to incorporate tools to support regular wellness visits among adult women program participants.
- b. Support a FQHC to increase well woman visits through use of *promotoras* (outreach and education); quality improvement projects (appointment reminders, population management through electronic health records, clinical workflows); and identifying and addressing psychosocial barriers to preventive care.

Identify current barriers to preventive care to inform future initiatives.

- a. Work with PRAMS to include questions assessing barriers to primary care, and use results to create programs to reduce barriers.

Domain: Perinatal/Infant Health:

DOH Title V staff continue to support efforts improve maternal, child and family health outcomes through a variety of local and federally funded programmatic activities. Major DOH initiatives that aim to improve birth outcomes and infant health include WIC; MIECHV; DC Healthy Start; safe sleep and FASD education for providers and residents; newborn metabolic screening; and, newborn hearing screening. Through partnerships with community organizations, Title V funds peer lactation support and

implementation of Baby Friendly Hospital designation at District birthing facilities to increase breastfeeding duration and initiation, particularly among low income minority women.

Beginning in FY15, DOH began restructuring strategies to improve perinatal and infant health, reflecting best practices and identified state needs. Our strategy includes: using a life course perspective, recognizing that a person's health is determined by factors present prior to conception; addressing social determinants of health, recognizing that poverty and racism profoundly affect psychosocial well-being and are major contributors to disparities in birth outcomes; implementing systems level interventions, recognizing that addressing underlying social policies have profound impacts on improving health; and building collective impact, recognizing that sectors beyond public health and medicine must have a role in addressing preventable infant deaths to realize long lasting equitable outcomes for all of our families, regardless of race or place.

Priority 2: Breastfeeding-NPM #4

Objectives:

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

Strategies:

Support for birthing facilities to attain Baby-Friendly Hospital designation.

Expand the availability and utilization for peer counselors to support low income women in partnership with WIC, MIECHV, Healthy Start and local health providers.

- a. Increase breastfeeding education among MIECHV home visitors and Healthy Start support workers.
- b. Increase the availability of e-health resources for breastfeeding support (i.e. Text 4 Baby, Pacify and BFed DC).

Domain: Child Health

Title V supports a variety of efforts to improve health outcomes for District children. Efforts include: oversight of the school nursing program in District public schools to reduce absences due to illness and injury and coordinate care with primary providers; coordination of the Diabesity Committee (coalition of academics, physicians and community organizations) which aims to prevent obesity (and diabetes) through increased healthy foods access and physical activity; and, participation in state systems planning /coordination efforts to improve early childhood health (State Early Childhood Development and Coordinating Council, Early Learning Quality Improvement Network). Title V funds agency partners to provide technical assistance to implement physical activity guidelines in District public schools and care coordination through Strong Start Early Intervention. DOH is implementing Help Me Grow to improve connections for children at risk for developmental or behavioral problems to the services they need. DOH has begun planning improve screening for and education about physical activity for students enrolled in school based health centers.

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; 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 (see Life Course).

Priority 3: Physical Activity-NPM #8

Objectives:

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

Strategies:

Increase capacity for local education agencies to implement physical activity requirements and education guidelines through technical assistance and mini-grants for supplies.
Improve access to after school physical activity and nutrition education for youth ages 8 to 12 years in Wards 5-8.

Priority 4: Developmental Screening- NPM #6

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.
 - a. Support IDEA Part C Service Coordination for children 0 to 2 years with identified developmental disability or delay.

- b. Establish Help Me Grow network to improve linkages to resources for children at risk for developmental delays and disabilities.
- 3. Collaborate with District agencies and early childhood providers to explore best practices and feasibility of implementing a state registry for developmental screening to improve care coordination.

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

With support from DC Title V, the Children’s National Medical Center Parent Navigator Program helps empower families with CSHCN to better access and coordinate care, advocate for their child’s needs, share in medical decision making and transition to adult health care. The National Alliance to Advance Adolescent Health works to expand evidence-based transition, and recently began a pilot to incorporate transition services within school based health centers (SBHCs). Plans to expand to additional SBHCs are underway. Title V has also worked with Breathe DC to implement a summer educational program for children with asthma, using an evidenced-based curricula to improve asthma self-management. Emerging needs for DC’s CHSCN population include enhancing use of medical home and transitional services for CYSHCN and increasing the number of adolescents with and without special health care needs receiving recommended preventive health services.

Priority 5: Transition- NPM #12

Objectives:

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

Strategies:

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

- a. Implement Six Core Elements of Health Care Transition in District school based health centers, core service agencies participating in Department of Behavioral Health’s Transition-Aged Youth Initiative and a pediatric ambulatory care center.
- b. Increase number of health care providers receiving education and training on evidence–informed transition strategies.

Domain: Adolescent Health

Title V supports oversight of school based health centers providing comprehensive primary medical, oral and behavioral health services in six District public high schools. Title V staff provide health and sexuality education and teacher/staff trainings in public schools for grades K-12, public summer camps, and with the Department of Youth Rehabilitation Services. Title V collaborates with the Rape Prevention and Education Program to provide sexual assault prevention sessions to elementary, middle, and high school students in Wards 7 and 8. Title V partners with community based teen pregnancy prevention programs. In partnership with the DC Office of Human Rights, Title V funds Second Step, an evidenced-based program which integrates social-emotional learning into school culture to promote a positive climate that inspires achievement and reduces the incidence of bullying in later years. Through Resilient Scholars, the Wendt Center provides evidenced-based behavioral health services for children ages 6-17 with disorders resulting from trauma. Title V also participates on the citywide Bullying Prevention Task Force and is collaborating with the state education office to implement the Suicide Prevention Act. DOH is planning initiatives to promote adolescent friendly health centers and clinical-community linkages to increase adolescent engagement in preventive health.

Emerging needs for District adolescents include improving sexual health outcomes (STIs, pregnancy), increasing adolescent access to and utilization of primary and preventive care services, including behavioral health, and decreasing youth violence.

Priority 6: Bullying- NPM #9

Objectives:

Decrease bullying amongst adolescents 12 through 17.

Strategies:

Provide resources to support programs that reduce youth violence, including bullying.

- a. Implement the Second Step program in District public schools.
- b. Provide evidenced-based mental health services in school and community based settings.

Domain: Cross Cutting or Life Course

Title V supports DOH’s Oral Health Program, which works to improve oral health throughout the life course through: oral health surveillance; outreach and education for residents, child care staff and MCH clinical providers to increase utilization of preventive

services; and, oversight of school based preventive dentistry. Breathe DC's East River Tobacco Free project provides tobacco cessation services for pregnant women and parents with children in the household.

Emerging needs in the Life Course domain include improving maternal and child oral health by increasing establishment of dental homes for women and children and developing comprehensive oral health surveillance system.

Priority 7: Oral Health- NPM #13

Objectives:

1. Increase the percent of women who had a dental visit during pregnancy.
2. Increase percent of children, ages 1 to 17, who had a preventive dental visit in the past year.

Strategies:

1. Implement a state oral health surveillance system.
2. Increase the number of reproductive age women and children engaged in preventive oral care.
 - a. Outreach and education to primary care and ancillary providers.
 - b. Outreach and education to perinatal programs (WIC, Healthy Start, MIECHV) and early education centers to facilitate linkages to preventive oral health.
 - c. Provide school based preventive dentistry services.

Priority 8: Smoking during Pregnancy and Household Smoking- NPM #14

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. Increase assessment of tobacco use and cessation resources for pregnant and postpartum women.
 - a. Promote use of cessation resources, including QuitLine, within perinatal programs (WIC, Healthy Start, MIECHV).
 - b. Assess tobacco use among parents and perinatal women through the Adult Tobacco Survey and PRAMS.
 - c. Improve cessation training for clinical and other health providers working with perinatal populations.