



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MASSACHUSETTS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Massachusetts

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>)

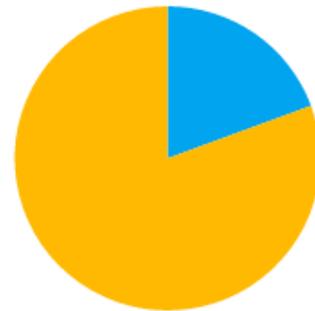
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$11,009,429
State MCH Funds	\$45,806,841
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

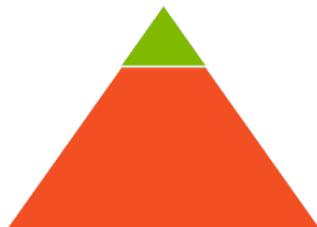
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$8,292	\$23,197,386
Enabling Services	\$2,944,085	\$16,904,895
Public Health Services and Systems	\$8,057,052	\$5,704,560

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



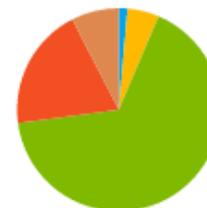
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	14,863	\$2,593,550	4.7%
Infants < 1 Year	55,030	\$600,065	1.1%
Children 1-22 Years	724,083	\$14,787,968	26.5%
CSHCN	213,063	\$32,268,459	57.9%
Others *	82,351	\$5,455,288	9.8%
Total	1,089,390	\$55,705,330	100%

FY 2015 Expenditures



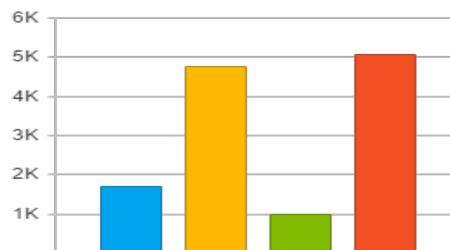
FY 2015 Individuals Served



*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:	1,703
State Title V Social Media Hits:	4,772
State MCH Toll-Free Calls:	984
Other Toll-Free Calls:	5,068



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 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	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	Percent of visits at a Title X family planning clinic by women less than 25 years old at which a chlamydia test is performed
NPM 4	Breastfeeding	ESM 4.1	Percent of eligible WIC participants who receive counseling services from a breastfeeding Peer Counselor
NPM 5	Safe Sleep	ESM 5.1	Percent of in-state resident births occurring in hospitals that have implemented Safe Sleep Practices
NPM 7	Injury Hospitalization	ESM 7.1	Number of Poison Control Center Prevention education sessions held to train MA child-serving organizations
NPM 7	Injury Hospitalization	ESM 7.2	Percent of youth re-hospitalized for suicide/self-harm in two healthcare systems since Zero Suicide Implementation
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of annual projected visits that were completed across all School Based Health Centers (SBHCs)
NPM 11	Medical Home	ESM 11.1	Percent of children and youth with special health care needs in targeted practices with a Shared Plan of Care in place
NPM 12	Transition	ESM 12.1	Percent of youth ages 14 and older receiving services from the DPH Care Coordination Program who receive health transition information and support from their Care Coordinator
NPM 13	Preventive Dental Visit	ESM 13.1	Percent of community health centers that adopt or implement the MA Oral Health Practice Guidelines for Pregnancy and Early Childhood ('Guidelines')

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of infants diagnosed with neonatal abstinence syndrome (NAS) in MA hospitals who are receiving Early Intervention services	Women/Maternal Health
SPM 2	Percent of children aged 9-47 months with blood lead level screenings	Child Health
SPM 3	Percent of MDPH staff in the Bureau of Community Health and Prevention (BCHAP) and Bureau of Family Health and Nutrition (BFHN) who participate in the Racial Equity Initiative, including orientation and practice.	Cross-Cutting/Life Course
SPM 4	Percent of women who reported discussing what to do if they feel depressed during pregnancy or after delivery at any prenatal care visit with a health care worker.	Cross-Cutting/Life Course

Executive Summary

Introduction

The mission of the Massachusetts Department of Public Health (MDPH), the state Title V agency, is to prevent illness, injury, and premature death, ensure access to high quality public health and health care services, and promote wellness and health equity for all people in the Commonwealth. The priorities of the MDPH Commissioner, Dr. Monica Bharel, are *data, determinants, and disparities*. MDPH endeavors to provide timely access to data to target disparities and improve outcomes, focus on the social determinants of health, and eliminate health disparities in Massachusetts.

MA has a history of availability and access to health services, including strong support for funding health and social service programs. Maternal and child health is an important priority and investment in MA, a national leader in MCH programs and policy. In FY16, MA received \$11 million in federal Title V funds and matched every \$4 in federal funding with \$16 in state funding. Title V population-based preventive and systems building services benefit all women and children in the state. In FY15 Title V provided direct and enabling services to 961,659 pregnant women, infants, children, and children and youth with special health needs.

The Title V program resides in the Bureau of Family Health and Nutrition. The Bureau of Community Health and Prevention is a key partner. The integration of Title V across the two Bureaus ensures capacity to promote systems of service, coordinate initiatives, and work collaboratively to address the needs of the MCH population in MA.

Needs Assessment

In 2015, MDPH conducted a statewide needs assessment to understand the strengths and gaps in services, identify and prioritize MCH needs, and develop a five-year state action plan.

MA has achieved almost universal health insurance coverage with less than 4% of residents, including less than 2% of children, uninsured in 2015. Overall, residents have high levels of income and education. There are high quality and diverse health resources in the state, offered along a continuum of care. MDPH supports outcome-driven, evidence-based programs to promote wellness and prevent and control disease. Despite these accomplishments, the cost of care is high, health disparities persist, and Title V must improve its services and outcomes with fewer financial resources.

The following table illustrates the 10 Title V priorities for 2015-2020 and the corresponding National and State Performance Measures.

Domain	Priority	National & State Performance Measures
Women's/Maternal	<i>Preventive care</i> : Promote equitable access to preventive health care including sexual and reproductive health services.	NPM 1: % of women with a past year preventive visit
	<i>Substance use</i> : Address substance use among women of reproductive age to improve individual and family functioning.	SPM 1: % of infants diagnosed with neonatal abstinence syndrome in MA hospitals who are receiving Early Intervention services
Perinatal/Infant	<i>Healthy Lifestyle</i> : Improve environments, systems, and policies to promote healthy weight, nutrition, and active living.	NPM 4: A) % of infants who are ever breastfed and B) % of infants breastfed exclusively through 6 months
	<i>Violence & Injury</i> : Promote safe, stable, nurturing environments to reduce violence and the risk of injury.	NPM 5: % of infants placed to sleep on their backs
Child	<i>Violence & Injury</i> : Promote safe, stable, nurturing environments to reduce violence and the risk of injury.	NPM 7: Rate of injury-related hospital admissions per population ages 0 through 9 years
	<i>Environmental Health</i> : Reduce the impact and burden of environmental contaminants on children and their families.	SPM 2: % of children aged 9-47 months with blood lead level screenings
Adolescent	<i>Violence & Injury</i> : Promote safe, stable, nurturing environments to reduce violence and the risk of injury.	NPM 7: Rate of injury-related hospital admissions per population ages 10 through 19 years
	<i>Preventive care</i> : Promote equitable access to preventive health care including sexual and reproductive health services.	NPM 10: % of adolescents with a preventive services visit in the last year
CYSHCN	<i>Medical Home</i> : Increase connections to Medical Home for all children, including those with special health needs.	NPM 11: % of children with and without special health care needs having a medical home
	<i>Transitions to Adulthood</i> : Support effective health-related transition to adulthood for adolescents with special health care needs.	NPM 12: % of children with and without special health care needs who received services necessary to make transitions to adult health care
Crosscutting/Life course	<i>Health & Racial Equity</i> : Promote health and racial equity across all MCH domains by addressing racial justice and reducing disparities.	SPM 3: % of MDPH staff in the Bureau of Community Health and Prevention (BCHAP) and Bureau of Family Health and Nutrition (BFHN) who participate in the Racial Equity Initiative, including orientation and practice
	<i>Emotional Wellness & Social Connectedness</i> : Promote emotional wellness and social connectedness across the lifespan.	SPM 4: % of women who reported discussing what to do if they feel depressed during pregnancy or after delivery at any prenatal care visit with a health care worker
	<i>Oral Health</i> : Promote equitable access to dental care and preventive measures for pregnant women and children.	NPM 13: A) % of women who had a dental visit during pregnancy and B) % of infants and children, ages 1 to 17 years, who had a preventive dental visit in the last year

Accomplishments, Challenges, and Plan for the Coming Year

Women's/Maternal Health

Accomplishments

MA remains one of the best states for women's health, with 86% of women reporting their health as good to excellent. MDPH's Sexual and Reproductive Health Program saw a 33% increase in clients using long-acting reversible contraception methods from FY13 to FY15. MDPH collaborated with a workgroup, led by Medicaid, to improve postpartum visit rates, launching an MA version of the Text4baby program. Since its launch, more than 2,500 pregnant women and mothers have enrolled.

Challenges and plan for the coming year

Substance use and preventive care are priorities for Women's/Maternal Health. From 2008 to 2013 the incidence of neonatal abstinence syndrome (NAS) increased from 9.6 infants/1,000 hospital births to 19.6 infants/1,000 hospital births per year. The increase in maternal use of opiates and subsequent NAS diagnoses reflects a trend in substance use among MA residents. To address the rising incidence of substance use disorders in pregnant women, Early Intervention will increase its capacity to serve babies with NAS and their families by decreasing the stigma experienced by parents and easing the transition of families into a professionally-supported home environment. SPM 1 will measure progress on this priority.

There is also a need to promote sexual and reproductive health services within a preventive care framework, with an increased focus on coordinated and continuous women's health care. A key strategy in FY17 is to work with providers to implement expanded federal family planning services recommendations that include preconception health and other preventive health services, such as chlamydia screening. MDPH will also implement surveillance of referrals to preventive care visits and follow-up from home visiting programs serving women and mothers. NPM 1 will measure progress on this priority.

Perinatal/Infant Health

Accomplishments

In 2015 the US reported a national ever-breastfeeding rate of 80%; MA exceeded this rate at 86.3%, an improvement from the 2014 rate of 81.4%. There are currently eight Baby-Friendly hospitals and 20 more hospitals on the Baby Friendly pathway. MA saw a modest increase in the percent of infants who are placed supine to sleep, from 78.5% in 2009 to 82.6% in 2013.

Challenges and plan for the coming year

Healthy lifestyle promotion and violence and injury prevention are priorities for Perinatal/Infant Health. A key aspect of healthy lifestyle is breastfeeding, which can reduce rates of gastrointestinal and respiratory infections, asthma, obesity and type 2 diabetes in children. Although MA exceeded the national average for infants receiving any breastmilk at six months in 2015 (57.2% vs. 51.4%) MA has not attained the Healthy People 2020 goal of 61%. In FY17, MDPH will increase services through WIC breastfeeding Peer Counselors. WIC will also advise women on healthy eating during pregnancy and postpartum and collect anthropometrics and assess weight status. NPM 4 will measure progress on this priority.

Safe sleep practices are associated with a lower rate of Sudden Infant Death Syndrome. There are disparities in safe sleep practices by race and ethnicity, maternal age, and education in MA. The Safe Sleep Task Force will develop a model safe sleep policy for hospitals, disseminate the policy to all 47 birthing facilities, and provide assistance in adopting safe sleep practices. MDPH will continue participating in the National Collaborative Improvement and Innovation Network (CoIIN) to reduce infant death, including a focus on safe sleep. NPM 5 will measure progress on this priority.

Child Health

Accomplishments

Due to health reform, children with preexisting conditions, including an estimated 340,000 children in MA, can no longer be denied health insurance coverage. Rates for unintentional motor vehicle-related deaths have decreased 55% between 2004 and 2013 among children aged 0-14 years, and the percent of child passengers under age 12 observed to be properly restrained increased from 88% in 2009 to 93% in 2015. As part of a statewide asthma partnership, MDPH helped develop the *Strategic Plan for Asthma in Massachusetts 2015-2020* to reduce the burden and impact of asthma among children.

Challenges and plan for the coming year

Violence and injury prevention and environmental health are priorities for Child Health. Injuries remain the leading cause of morbidity for children; the main causes of non-fatal hospital discharges among children 0-9 are falls and poisonings. In FY17, MDPH will support the MA/RI Regional Poison Control Call Center to reduce unintentional poisonings and will collaborate with child-serving agencies to promote injury prevention strategies in home, community, and child care settings. NPM 7 (ages 0 through 9 years) will measure progress on this priority.

Due in large part to old housing stock, childhood lead poisoning continues to be a public health problem in MA. Asthma rates are among the highest in the country, affecting 1 in 10 children. To address the environmental health priority, MDPH will work with health care providers to improve screening and provide culturally appropriate education about lead and other environmental hazards to children. SPM 2 will measure progress on this priority.

Adolescent Health

Accomplishments

Access to reproductive and sexual health services and education for adolescents has improved significantly. Since 2009, the birth rates for adolescents 15-17 have been declining by 13.4% per year. Homicides for youth aged 10-24 are down in all high incidence areas by as much as 50%. Contributors to the overall reduction in youth violence in MA include the long-term commitment to prevention services targeting youth at earlier ages and the collaborations between local police departments and MDPH-funded community-based organizations.

Challenges and plan for the coming year

Preventive care and violence and injury prevention are priorities for Adolescent Health. Health disparities in teen birth rates persist, as rates for non-Hispanic blacks and Hispanics continue to be three to seven times higher than the rates for non-Hispanic whites. School-Based Health Centers (SBHCs) promote preventive care, as they offer both comprehensive primary care and behavioral health services within schools, where adolescents spend most of their time. MDPH will implement a biannual performance feedback mechanism with technical assistance to ensure the progress of SBHCs towards attainment of expected preventive visits. NPM 10 will measure progress on this priority.

Injuries are the leading cause of morbidity for adolescents; the top causes of hospitalization are poisonings, falls and motor vehicle injuries. Self-inflicted poisonings and other self-inflicted injuries are of particular concern; a key strategy is to work with health care systems to reduce suicide attempts in adolescents through the implementation of Zero Suicide. NPM 7 (ages 10-19 years) will measure progress on this priority.

Children and Youth with Special Health Needs

Accomplishments

MDPH offers families of CYSHCN robust leadership and partnership opportunities within Title V. Over 230 parents serve as Family Advisors and take part in grant development and review, needs assessment activities, and Chapter 171 information gathering. In FY14 and FY15, 31 parents participated in the Family Leadership Institute. MDPH is also committed to promoting medical home for all children. Care Coordinators help families obtain services, provide links to community-based resources, and promote continuity of care.

Challenges and plan for the coming year

Medical home and transition to adulthood are priorities for CYSHCN. The most recent data (2009/10 NS-CSHCN) indicate that only 47% of CYSHCN ages 0-18 in MA receive coordinated, ongoing, comprehensive care within a medical home. Strategies to increase awareness and connections to medical home include providing education, training and support to providers and families; developing a shared resource for families and professionals to access reliable resources and services; and promoting the development and use of Shared Plans of Care. These strategies align with MA's Systems Integration Grant from HRSA/MCHB. NPM 11 will measure progress on this priority.

Clinician, family, and youth reports and national data indicate that transition from pediatric to adult health care and acquisition of self-management skills remain major issues for youth with special health care needs. One challenge is a lack of education and information for families and youth on what benefits and services are available. Strategies to support health-related transition to adulthood include developing a Youth Health Transition Tool Kit and training MDPH Care Coordinators on its use, and providing support to families and clinical practices prior to and throughout the transition process. NPM 12 will measure progress on this priority.

Crosscutting/Lifecourse

Accomplishments

MA is a leader in oral health. In FY16 the Oral Health Advisory Committee finalized the MA Perinatal Oral Health Practice Guidelines for Pregnancy and Early Childhood, which directly address the need for and benefit of oral health care during pregnancy and early childhood. MDPH played a key role in passing the Postpartum Depression (PPD) regulations, promulgated in FY15, which

require health care providers to report PPD screening data to MDPH annually. Effective May 2016, Medicaid began paying for the administration of standardized depression screening during pregnancy and the postpartum period. The establishment of a Racial Equity Leadership Team at MDPH in FY16 reflects a commitment from the Department to address racial and health equity within its programs.

Challenges and plan for the coming year

Health and racial equity, oral health, and emotional wellness and social connectedness are priorities for the Crosscutting/Lifecourse domain. Racial and ethnic disparities are seen in most MCH outcomes, and continue to disproportionately affect non-Hispanic black and/or Hispanic populations compared to non-Hispanic whites. In FY17, strategies to address this priority will focus on workforce development and training for Title V staff, including tools to incorporate racial equity strategies into their work. MDPH will also participate in the last year of the Infant Mortality CoIIN with a focus on the social determinants of health. MA CoIIN activities relate to family economics, paid leave, and stabilizing housing for pregnant and parenting families. SPM 3 will measure progress on this priority.

A high percentage of children and pregnant women do not receive recommended dental preventive and treatment services. Disparities in both access to oral health services and oral health status persist among racial/ethnic groups, CYSHCN, low-income, and rural populations. To address this priority, MDPH will promote implementation of the Perinatal Oral Health Practice Guidelines in community health centers. MDPH also leads the MA Oral Health Equity project to increase dental visits among children in two MA cities with disparities in oral health access and outcomes and large proportions of racial and ethnic minority residents. NPM 13 will measure progress on this priority.

Perinatal depression has a significant impact on health outcomes for women and their children. In 2013, 11.9% of MA women reported experiencing depression following a live birth. The increasing number of children with identified behavioral health challenges is outpacing the system's ability to address their needs. To improve emotional wellness and social connectedness for women, mothers, children, and adolescents, MDPH will support health plans as they implement the PPD regulations, build workforce capacity to promote social emotional wellness in young children, and train school health staff on innovative strategies to enhance protective factors for adolescents. SPM 4 will measure progress on this priority.

MA has improved MCH health outcomes over the past five years and the Title V program is well positioned to address challenges and emerging issues in the state. Over the next five years MA will continue to invest in improving outcomes for families, women, infants, children and adolescents, including children and youth with special health needs.