HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

WASHINGTON

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 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

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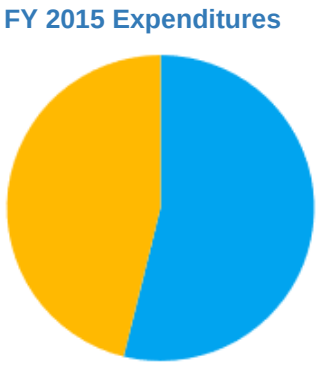
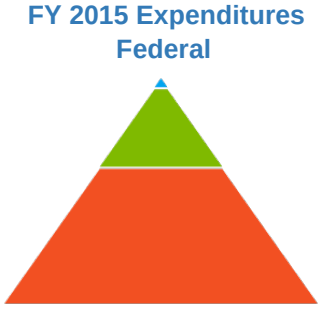
Funding by Source

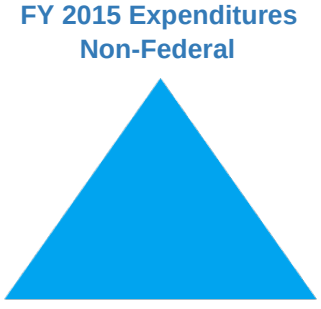
Source	FY 2015 Expenditures
Federal Allocation	$8,846,149
State MCH Funds	$7,573,626
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$353,846	$7,573,626
Enabling Services	$3,096,152	$0
Public Health Services and Systems	$5,396,151	$0





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	14,207	$188,179	1.2%
Infants < 1 Year	88,561	$1,155,957	7.3%
Children 1-22 Years	838,869	$3,148,123	19.8%
CSHCN	11,059	$3,036,326	19.1%
Others *	47,917	$8,382,643	52.7%
Total	1,000,613	$15,911,228	100%

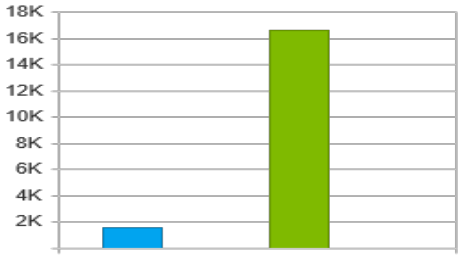
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,607
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	16,597
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 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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of policies and practices promoted by Office of Healthy Communities which impact either the rate or quality of preventive medical visits for women of childbearing age in Washington
NPM 4	Breastfeeding	ESM 4.1	Percentage of eligible facilities certified “Breastfeeding Friendly Washington” by Washington Department of Health (DOH)
NPM 5	Safe Sleep	ESM 5.1	Create surveillance system to track efforts and monitor promotion of safe sleep practices
NPM 6	Developmental Screening	ESM 6.1	Number of ASQs provided by WithinREACH to callers
NPM 7	Injury Hospitalization	ESM 7.1	Number of “Safest Ride” campaigns held in Washington
NPM 10	Adolescent Well-Visit	ESM 10.1	Percentage of school-based health centers (SBHCs) able to bill for services rendered.
NPM 11	Medical Home	ESM 11.1	Percentage of Medicaid-enrolled children and youth with special health care needs receiving services funded by the state Title V CYSHCN program whose records are matched with the state Medicaid (Health Care Authority- HCA) database
NPM 15	Adequate Insurance	ESM 15.1	Number of policies and practices promoted by Office of Healthy Communities which impact adequate insurance, improving insurance rates for CYSHCN to align with the national standards of care

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Social and Emotional Readiness among Kindergarteners	Child Health
SPM 2	Percent of 10th Graders who have a BMI between the 5th and 85th Percentile	Adolescent Health, Child Health
SPM 3	Decrease the rate (per 1,000 livebirths) of infant mortality in the Native American population.	Perinatal/Infant Health

Executive Summary

The Washington State Department of Health (DOH) works to help people in Washington enjoy longer, 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 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, as well as 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 or unhealthy experiences, 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, that is not equally true for all. 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. Black and Native Americans/ American Indians and Alaska Natives have the poorest measures of health, highest death rates, and shortest life expectancy. This pattern continues in rates of low birth weight, infant mortality, teen pregnancy, and many other health issues for 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 Healthy Communities (OHC) leads most activities funded by the Maternal and Child Health Block Grant. OHC's work focuses on population health, community infrastructure, and healthcare systems. 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 work with local health jurisdictions and many other private and public partners. OHC strives to align the work of all who seek to improve the health of women and children in Washington, including its own 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, healthcare providers, community groups, and other government agencies. We then 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 plan reflects our priorities and plans to improve the health of mothers and children in coming years.

Domains and National Performance Measures

For each of the six maternal and child population domains, OHC 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 chose the following National Performance Measures (NPMs), Evidence- Based or –Informed Strategy Measures (ESMs), and State Performance Measures (SPMs) we believe will most effectively and comprehensively measure and improve the health and well-being of women and children in Washington.

1. Women/Maternal Health

NPM 1: Percent of women with a preventive medical visit in the last year

ESM: Number of policies and practices promoted by Office of Healthy Communities which impact either the rate or quality of preventive medical visits for women of childbearing age in Washington

A woman's health before and during her pregnancy has a profound impact on her child's future health. Unfortunately, maternal health trends in Washington are mixed.

Nearly half of pregnancies are unintended, which is associated with more health problems for mother and child. Among pregnant women, 26% do not enter prenatal care in their first trimester, mostly because of difficulty accessing care. Fewer people smoke overall, but 9% of pregnant women still smoke into their last trimester. In 2014, 55% of pregnant women were overweight or obese before pregnancy.

An important step 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 fewer preterm births and low birth weights.

We 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.

2. Infants

NPM 4: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

ESM: Percentage of eligible facilities certified "Breastfeeding Friendly Washington" by Washington DOH

NPM 5: Percent of infants placed to sleep on their backs

ESM: Create a surveillance system to track and monitor promotion of safe sleep practices

SPM 3-A: Decrease the rate of infant mortality in Black populations

SPM 3-B: Decrease the rate of infant mortality in the Native American populations

Washington has a low infant mortality rate: 4.4/1,000 live births. However, Black and Native American infants in Washington are twice as likely to be born low birthweight and to die in their first year as White infants. One of our priorities is to address these health inequities.

Breastfeeding has been shown to be extremely beneficial for both mother and infant, including reducing infant mortality. Washington has excellent rates of initiation, with 96% of women reporting starting to breastfeed. However, this rate drops to 60% after two months.The drop is even steeper among women whose delivery was paid for by Medicaid (about half of all deliveries). To increase breastfeeding takes more than education; it also demands practices and policies in worksites and other settings that support breastfeeding.

There is an association between infant sleep position and some forms of infant mortality, most notably SUID. SUID is the 2nd causing death of infants in Washington State, accounting for approximately 15% of infant deaths in 2014. 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.

3. Child Health

NPM 6: Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool

ESM: Number of completed ASQs provided by WithinREACH to callers

NPM 7: Rate of hospitalization for non-fatal injury per 100K children ages 0-9 and adolescents ages 10-19

ESM: Number of "Safest Ride" campaigns held in Washington

SPM 1-A: Percent of incoming kindergarten children who demonstrate social and emotional characteristics appropriate to their age

SPM 2-A: Percent of children ages 6-11 who have a BMI between the 5th and 85th percentile

In the 2011/12 National Survey of Children's Health (NSCH), 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 30% had done so. Such screening helps identify children who need special attention, so they can receive early interventions that improve their long-term outcomes.

As of 2013, 115 out of every 100,000 children younger than 9 years of age were hospitalized due to non-fatal injury. The most common causes of injuries were falls, poisonings, and motor vehicle collisions; the latter is the focus of the "Safest Ride" campaign. Among other strategies to reduce child injuries, 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.

Being socially and emotionally ready for kindergarten is an indicator of future success in school and other settings. Young children who fall behind and encounter achievement gaps and disparities are also more likely to encounter other social and health disadvantages, which tend to stay with them throughout their lifetimes if they do not receive appropriate interventions.

Preventing the development of obesity and unhealthy weight in childhood will help curb the growing number of adults who suffer chronic illness. According to the WIC program, 34.5% of children ages 2 to 5 receiving services had a BMI at or above the 85th percentile.

4. Adolescent Health

NPM 10: Percent of Adolescents, ages 12-17, with a preventive medical visit in the past year-

ESM: Percentage of school-based health centers able to bill for services rendered

SPM 1-B: Percent of 10th Graders taking the Healthy Youth Survey (HYS) who report Adverse Childhood Experiences

SPM 2-B: Percent of 10th Graders who have a BMI between the 5th and 85th percentile

Obesity is increasing among adolescents. Of children 10-17, 26% in the state are obese, according to the 2011-12 NSCH. Meanwhile, only 20% of adolescents 12-17 reported being physically active for at least 20 minutes per day (HYS).

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 2nd leading cause of death in Washington youth 10-24. Perhaps not coincidentally, in 2013, 27% of students in grades 6 to 12 reported being bullied (HYS).

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 in 2014, Washington hit a historic low of 8.3 births per 1,000 teen girls.

Just like adults, one important step toward health for an adolescent is to talk with a health professional, to begin to address obesity, depression, family planning, or other issues. However, adolescents, especially high risk youth in vulnerable populations, can find it more difficult to access care. School-based health centers can help adolescents access the care they need.

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 physical, mental, or reproductive health problems occur.

5. Children and Youth with Special Health Care Needs (CYSHCN)

NPM 11: Percent of children with and without special health care needs having a medical home

ESM: Percentage of Medicaid-enrolled children and youth with special health care needs receiving services funded by the state Title V CSHCN program whose records are matched with the state Medicaid database

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 issues can dramatically impact the child's long-term future, and the family's economic and emotional circumstances. CYSHCN typically need more family-centered, comprehensive, ongoing, and coordinated care, but are actually less likely than other children to be within a medical home that provides such care (42% versus 63%, NSCH).

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

NPM 15: Percent of children 0-17 years who are adequately insured

ESM: Number of policies and procedures promoted by Office of Healthy Communities which impact adequate insurance, increasing insurance rates for CYSHCN to align with the national standards of care

As of 2012, 5.8% of children in Washington lacked health insurance. With the Patient Protection and Affordable Care Act (ACA), many previously uninsured women and children now have coverage. However, we have not achieved universal coverage. Some people earn more than the income threshold to receive subsidized health care but yet not enough to afford insurance. Others have health insurance but cannot afford co-pays or deductibles. Still more are underinsured, as their insurance does not offer or fully cover the care they need, and some people are not eligible for coverage through the ACA – notably undocumented immigrants – even though their health status impacts their family, neighbors, and the larger society around them as much just as it impacts their own well-being. Adequate insurance historically has been a problem for CYSHCN.

DOH's strategies toward universal coverage 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, linking primary care and community services, improving health equity, and promoting culturally and linguistically appropriate services. We will also work to develop ways to monitor the needs of the maternal and child population, including how those needs are met – or not met – by healthcare reform.

Conclusion

We know there remains much more we can do to help all Washingtonians enjoy longer, healthier lives. With the support of Title V and our partners, we are committed to improving the health and well-being of all women, children, and families in Washington.