



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WEST VIRGINIA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - West Virginia

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>)

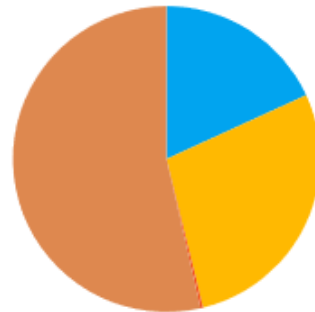
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Christina Mullins OMCFH Director christina.r.mullins@wv.gov (304) 558-5388	James Jeffries ICAH Director james.e.jeffries@wv.gov (304) 558-5388	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$5,912,556
State MCH Funds	\$9,134,264
Local MCH Funds	\$0
Other Funds	\$91,097
Program Income	\$17,447,060

FY 2015 Expenditures



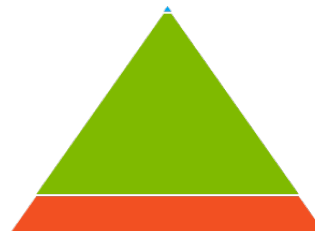
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,626,170	\$623,585
Enabling Services	\$200,741	\$21,769,199
Public Health Services and Systems	\$4,085,645	\$4,279,637

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	20,603	\$378,588	1.2%
Infants < 1 Year	20,347	\$2,023,327	6.4%
Children 1-22 Years	381,700	\$3,240,478	10.2%
CSHCN	134,350	\$24,080,833	75.8%
Others *	68,495	\$2,046,191	6.4%
Total	625,495	\$31,769,417	100%

FY 2015 Expenditures



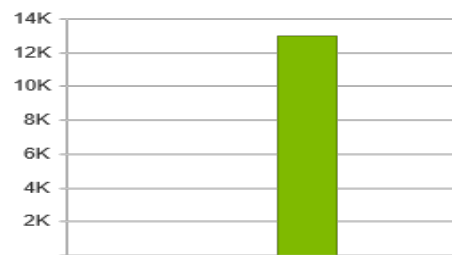
FY 2015 Individuals Served



*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:	13,024
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	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 2	Low-Risk Cesarean Delivery	ESM 2.1	Percent of maternity care providers who have participated in the Lamaze International Evidence Based Labor Support Workshop.
NPM 4	Breastfeeding	ESM 4.1	Number of birthing facilities designated Baby-Friendly under the EMPower initiative.
NPM 4	Breastfeeding	ESM 4.2	Percent of infants who are ever breastfed at time of discharge from a BantheBags.org registered birthing facility.
NPM 4	Breastfeeding	ESM 4.3	Percent of infants enrolled in an evidence-based home visitation program who were exclusively breastfed through six months of age.
NPM 5	Safe Sleep	ESM 5.1	Percent of birthing hospitals that are trained using the evidence-based curriculum for safe sleep education
NPM 5	Safe Sleep	ESM 5.2	Percent of families enrolled in a home visitation program who received safe sleep education from a trained home visitation provider on the first visit after child's birth
NPM 5	Safe Sleep	ESM 5.3	Percent of infants enrolled in a home visitation program that are always placed to sleep on their backs, without bed-sharing or soft bedding
NPM 8	Physical Activity	ESM 8.1	Number of schools implementing WVDE Policy 2510 and numbers attending
NPM 8	Physical Activity	ESM 8.2	Number of schools utilizing shared use agreements.
NPM 9	Bullying	ESM 9.1	Number of positive youth development (PYD) focused trainings provided to youth, parents, professionals and community members
NPM 9	Bullying	ESM 9.2	Number of schools and/or youth serving organizations in target communities that have implemented a comprehensive bullying program
NPM 9	Bullying	ESM 9.3	Number of messages disseminated via social media and the number of "hits"
NPM 9	Bullying	ESM 9.4	Number of trainings provided to youth, parents, professionals and community members
NPM 11	Medical Home	ESM 11.1	Number of resident medical students who completed the Project DOCC training through the Parent Partners in Education grant

NPM 11	Medical Home	ESM 11.2	Number of CSHCN served by the WV CSHCN Program
NPM 13	Preventive Dental Visit	ESM 13.1	Percentage of prenatal care providers educated on national consensus statement.
NPM 13	Preventive Dental Visit	ESM 13.2	Percentage of dental care providers educated on national consensus statement.
NPM 13	Preventive Dental Visit	ESM 13.3	Percentage of pediatric care providers completing Smiles for Life Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling
NPM 14	Smoking	ESM 14.1	Percentage of clients enrolled prenatally in a smoking cessation evidence-based education OMCFH home visitation program who reported reduction or stoppage of smoking by time of delivery.
NPM 14	Smoking	ESM 14.2	Number of health care workers who have had Help2Quit maternity care provider training

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	Adolescent Health, Children with Special Health Care Needs
SPM 2	Percent of children ages 0 through 17 who are adequately insured	Child Health, Adolescent Health, Children with Special Health Care Needs, Cross-Cutting/Life Course
SPM 3	Percent of infants born with neonatal abstinence syndrome.	Women/Maternal Health, Perinatal/Infant Health
SPM 4	Percentage of adolescents ages 12-17 with a well visit in the past year	Adolescent Health

Executive Summary

Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs and their families. Title V converted to a Block Grant Program in 1981.

Specifically, the Title V Maternal and Child Health program seeks to:

1. Assure access to quality care, especially for those with low-incomes or limited availability of care;
2. Reduce infant mortality;
3. Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at-risk pregnant women);
4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;
5. Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children;
6. Implement family-centered, community-based, systems of coordinated care for children with special health care needs; and
7. Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

State Maternal and Child Health agencies (which are usually located within a State health department) apply for and receive a formula grant each year. In addition to the submission of a yearly application and annual report, State Title V programs are also required to conduct a statewide, comprehensive Needs Assessment every five years. States and jurisdictions use their Title V funds to design and implement a wide range of maternal and child health and children with special health care needs activities that address National and State needs.

Unique in its design and scope, the Maternal and Child Health Block Grant to States program:

1. Focuses exclusively on the entire maternal and child health population;
2. Encompasses infrastructure, population-based, enabling and direct services for the maternal and child health population;
3. Requires a unique partnership arrangement between Federal, state and local entities;
4. Requires each state to work collaboratively with other organizations to conduct a statewide, comprehensive Needs Assessment every five years;
5. Based on the findings of the Needs Assessment, requires each state to identify priorities to comprehensively address the needs of the MCH population and guide the use of the Maternal and Child Health Block Grant funds; and
6. May serve as the payer of last resort for direct services for the maternal and child health population that are not covered by any other program.

This year's West Virginia (WV) Title V Application/Annual Report is based on the Five-year Needs Assessment that was completed for submission in the 2015 Annual Report and 2016 Application as well as the resulting selected state and National performance measures. Evidence-based strategies were chosen to meet performance measures and objectives.

It is the goal of Title V to assure availability of a comprehensive quality, accessible maternal and child health system that will positively affect pregnancy outcomes and promote positive health status (family well-being) for infants, children, adolescents and children with special health care needs by involving multiple stakeholders across WV. The Title V Needs Assessment identifies health needs based on data/outcomes and partners with community and state stakeholders to develop interventions that will achieve positive results. Other goals of the Needs Assessment are to: collaborate around data collection activities that support the evaluation of care availability, service utilization and the quality of health services for maternal and child health populations; administer population-based health surveillance activities, such as birth defects registry, newborn hearing and metabolic screening which are used to prevent and/or lessen disability and death among children; and collaborate with community resources, government agencies, families and other stakeholders to identify resources essential for healthy families such as childcare services, health care and economic support. The vision of the OMCFH is to provide leadership to support state and community efforts to build systems of care that assure the health and well-being of all West Virginians throughout the life cycle.

The WV 2015 Needs Assessment identified the following priority areas for securing better health outcomes for mothers, infants, children and adolescents:

- Decrease adult smoking-particularly among pregnant women
- Decrease substance abuse-particularly drug abuse during pregnancy
- Decrease infant mortality with an emphasis on Sudden Unexplained Infant Death (SUID)

- Decrease injury with an emphasis on teen suicide
- Reduce obesity among adults and children
- Increase medical homes for children with and without special health care needs
- Decrease preterm and low birthweight infants and
- Increase breastfeeding

The 2015 WV Title V Five Year Needs Assessment supported the struggles that WV has with positive health outcomes in part due to pervasive poverty, low high school and college graduation rates, an aging population and employment security. Behaviors identified that contribute to poor health outcomes consist of: a high percentage of adults that smoke, obesity across all age groups and increasing drug abuse. These combined issues affect the ability to reduce infant mortality, premature births and low birthweight.

The Office of Maternal, Child and Family Health (OMCFH), the Title V agency, involves multiple stakeholders across WV to develop and support interventions that will achieve positive results. These partnerships collaborate around data collection activities, evaluate availability of care, service utilization and the quality of health services for the maternal and child health populations. The Office maximizes the use of funding streams from state and federal dollars to administer population-based surveillance and service systems, work in partnership with other agencies to not duplicate services, provide safety-net services for gaps in the delivery system, support home visitation services that strengthen families and provide capacity for data collection and analysis. Allocation of resources is based on need that takes into consideration other available resources, population served and desired outcomes.

Achievements to date include: a strong network of partnerships and collaborations, low percentage of children without health insurance, reduction of smoking among teens, decrease in elective C-sections, decrease in childhood lead poisoning, increased number of screenings for newborn disorders, increase in teens wearing seatbelts, increase in developmental screening among children, increase of sealants among third graders, increase in breastfeeding, increase in the number of Neonatal Intensive Care Unit beds, addition of a mandated maternal risk screening instrument and sustained success with adolescent well child visits, just to name a few.

With the assistance from multiple stakeholders, OMCFH staff, data collection and analysis, WV developed the following objectives under the six population domains that are linked to our National and State performance measures.

Women/Maternal Health

Decrease the percentage of cesarean section deliveries in low-risk first births from 29.3% (National Vital Statistics Reports, Trends in Low-risk Cesarean Delivery in the United States, 1990-2013) to 21% by 2020. WV has seen improvement in overall C-section rates, but needs to continue to support education efforts to physicians and hospital administration. Percentage in 2014 was 25.4%.

Perinatal/Infant Health

Increase the percentage of infants ever breastfed from 59.3% in 2011 to 64% by 2020. Breastfeeding has increased over the past few years, but more improvement is necessary to maximize the important health benefits. Percentage in 2012 was 62.3%.

Increase the percentage of infants exclusively breastfed through six months from 12.2% in 2011 to 16% by 2020. Breastfeeding has continued to increase over the past few years, but additional improvement is necessary to maximize the health benefits. Percentage in 2012 was 11.5%.

Increase the percentage of birthing facilities with adequate procedures for identifying and reporting neonatal abstinence syndrome up to 50% by 2020. Drug abuse among pregnant women has become a major issue and the need to develop adequate procedures for identifying, reporting, providing follow-up and surveillance is important.

Collaborate with CSHCN to assure 90% of infants diagnosed with NAS receive a referral to the CSHCN Program for care coordination.

Increase the percentage of infants placed to sleep on their backs from 75.3% in 2011 to 81% in 2020. Safe sleep remains an issue for WV infants and is a significant factor in the State's infant mortality rate.

Child Health

Increase the percentage of children, ages 6-11, who are physically active at least 60 minutes per day from 43.4% in 2011/2012 to 47% by 2020. Obesity among children in this age group has declined slightly in the last couple of years, but remains a major health issue.

Reduce the percentage of children and adolescents, ages 10-17, years, who are overweight or obese (BMI at or above the 85th percentile) from 33.6% in 2011/2012 to 31.3% by 2020. Obesity is an important factor in maintaining health throughout the life cycle.

Adolescent Health

Reduce the percentage of adolescents, ages 12-17, who report being bullied from 27.8% in 2013 to 22% by 2020. Bullying is becoming more prevalent with the use of social media. Bullying has been known to affect self-esteem leading to suicidal thoughts and/or suicide.

Increase the percentage of adolescents ages 12-17 with and without special health care needs who receive a well visit in the past year from 85% in 2011/2012 to 87% by 2020. WV exceeds the national Healthy People 2020 goal for children who receive a well child visit to their physician, but further improvement will ensure preventive care, vaccinations and improved health outcomes.

Increase the number of adolescents utilizing School-Based Health Centers

Decrease the percentage of high school students who are overweight or obese (BMI) at or above the 85th percentile)

Reduce the percentage of students who seriously consider. attempt, or complete suicide.

Increase annually the percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV, Tdap and meningococcal vaccines.

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

CSHCN

Increase the percentage of children, with and without special health care needs, that have a medical home from 49% and 65% respectively in 2011/2012 to 70% by 2020. WV's rates are higher than the national average, but significant improvement is needed for children with special health care needs.

Increase the percentage of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care from 41.6% in 2011 to 45% by 2020. Although WV's rate exceeds the national average, there is a significant opportunity for improvement.

Cross Cutting

Increase the percentage of women who had a dental visit during pregnancy from 31.5% in 2011 to 40% by 2020. It is important for pregnant women to have a dental visit due to the health implications of decaying teeth and gum disease.

Increase the percentage of children, ages 1 to 17, with a preventive dental visit within the past year from 80.7% in 2011/2012 to 85% by 2020. It is important for children to have regular dental care to prevent tooth decay and gum disease.

Reduce the percentage of women who smoke during pregnancy from 28.8% in 2011 to 24% by 2020. This has long been an issue in WV and has led to higher than national average preterm births, low birthweight and Sudden Unexplained Infant Deaths (SUID).

Reduce the percentage of children in households where someone smokes from 41% in 2011/2012 to 36% by 2020. WV ranks first or nearly first every year in the percentage of residents who smoke. Second-hand smoke has been known to cause serious health consequences.

Increase the percentage of children ages 0-17 who are adequately insured from 78.2% in 2011/2012 to 80% by 2020. Although there are very few children not insured in WV, the insurance often does not cover nutritional needs or genetic services for children identified with special needs.