HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MASSACHUSETTS

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 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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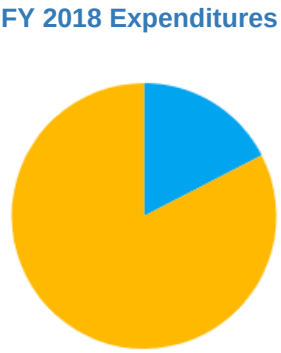
Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	$11,038,047
State MCH Funds	$52,221,757
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$6,988	$27,214,373
Enabling Services	$3,380,866	$20,256,006
Public Health Services and Systems	$7,650,193	$4,751,378

Percentage Served by Title V

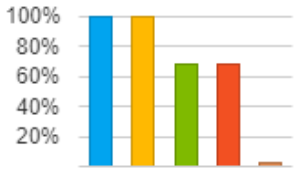
Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	$1,979,768
Infants < 1 Year	100.0%	$973,565
Children 1 through 21 Years	68.0%	$10,721,202
CSHCN (Subset of all Children)	68.0%	$38,525,774
Others *	2.0%	$10,104,619

*Others– Women and men, over age 21.

FY 2018 Expenditures

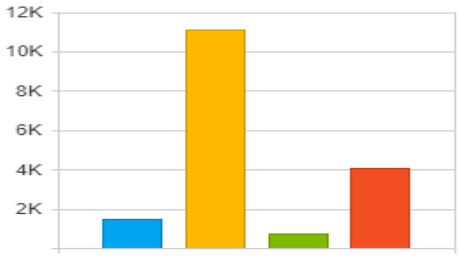
Total: $62,304,928

FY 2018 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,455
State Title V Social Media Hits:	11,123
State MCH Toll-Free Calls:	713
Other Toll-Free Calls:	4,051



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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	Women/Maternal Health, Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of female clients under 25 years old at Title X clinics receiving chlamydia testing
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 5.2	Percent of MIECHV and Welcome Family home visiting participants who report always placing their infant to sleep on their backs and in a crib, cradle, or bassinet.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.2	Number of providers and caregivers who attend Poison Control Center Prevention education sessions
NPM 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.2	Percent of emergency department patients ages 10-24 years in two Zero Suicide Grant sites that receive a suicide screening
NPM 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.3	Percent of emergency department patients ages 10-24 identified to be at risk of suicide in two Zero Suicide Grant sites that receive a same-day (within 24 hours) assessment.
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 11.2	Percent of children referred by their physician to Early Intervention whose physician is sent information about the EI referral outcome
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 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.2	Percentage of pregnant women enrolled in WIC who receive oral health education
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percent of community health centers that adopt or implement the MA Oral Health Practice Guidelines for Pregnancy and Early Childhood (‘Guidelines’)
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Percentage of children who received a consent form for the MDPH SEAL program who were screened by one of the program dental hygienists.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of infants diagnosed with neonatal abstinence syndrome (NAS) in MA hospitals who receive 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 both orientation and practice	Cross-Cutting/Systems Building
SPM 5	Percent of women who report being screened for depression by a health care worker during any prenatal or postpartum visit	Women/Maternal Health

Executive Summary

Program Overview

Maternal and Child Health in Massachusetts
Massachusetts (MA) is committed to ensuring that all residents have the opportunity to experience optimal health regardless of race, ethnicity, socioeconomic status, geographic location, or physical ability. This vision is supported by a strong public health infrastructure and health care delivery system, led by the MA Department of Public Health (MDPH), which provides outcome-driven, evidence-based programming to prevent illness, injury, and premature death, ensures access to high quality health services, and promotes wellness and health equity.

MA has a history of availability and access to health services, including strong support for funding health and social service programs, of which maternal and child health (MCH) is an important investment. MA is a national leader in MCH programs and policy, being the first state, for example, to establish a childhood lead poisoning prevention program. Massachusetts reports state match that is much higher than the required $3 for every $4 federal. Based on FY18 total federal MCH expenditures of $11,038,047, the FY18 State Match expenditures were $8,278,535 and State over-match expenditures were $43,943,222. In FY18, state partnership funds represented 83% of total Partnership expenditures. In FY18 Title V provided direct, enabling, and population-based services to over 1.4 million pregnant women, infants, children, and children and youth with special health needs (CYSHCN).

The Role of Title V
The MA Title V program supports a statewide system of services that is comprehensive, community-based, and family-centered. Title V is located in the Bureau of Family Health and Nutrition (BFHN), which houses other important MCH programs such as WIC and Early Intervention (EI). The Bureau of Community Health and Prevention (BCHAP) is a key partner. BFHN and BCHAP maintain staff in regional offices who work directly with families and support systems-building activities. The statewide reach of staff and the integration of Title V across Bureaus ensure capacity to coordinate initiatives and work collaboratively to address the needs of the MCH population. Coordinated and integrated systems of care are a particular priority for CYSHCN, a population uniquely served by Title V. BFHN manages a continuum of linked services to ensure that families of CYSHCN are well connected to and supported by health, education, and social services in the state and in their communities. BFHN has a dedicated Office of Family Initiatives to support this effort.

Title V serves an important policy and systems-building role, as evidenced by the fact that a majority of its funding is dedicated to enabling and population-based MCH and CYSHCN services, such as maternal mortality review, universal newborn hearing screening, public health surveillance, and program evaluation. Title V is also a convener and collaborator in addressing MCH issues, including enhancing initiatives funded through other sources. Federal Title V funding is critical to support program managers, epidemiologists, and other staff who are not covered by state funding. Within MDPH the Title V priorities and performance measure framework also provide a unifying vision and strategic plan for individual MCH programs resulting in improved communication and greater collective impact.

Another key role that Title V serves is responding to emerging issues. For example, with a growing focus on maternal mortality as a reflection of the racial inequities in women's and maternal health, MA has assigned additional staff to strengthen the maternal mortality review initiative and coordinate with efforts across the state at hospital, community and policy levels to improve maternal health.

Partnerships are critical in serving the MCH population and expanding Title V's capacity and reach. MDPH collaborates with community-based agencies, federal, state and local government, hospitals and clinical providers, academia, and public health organizations. Families are also partners in strategic and program planning, evaluation, needs assessments, and other activities. These partnerships allow Title V to have an impact beyond the 1.4 million people served through its direct, enabling, and population-based services.

Program Framework and Action Plan
The guiding frameworks of Title V are racial equity and the lifecourse model. Health inequities exist due to structural racism – the ways in which institutions and social norms systematically disadvantage people of color – leading to differential access to economic opportunities, community resources, and social factors that have a detrimental effect on MCH outcomes. The lifecourse model posits that a complex interplay of factors affects health outcomes across the lifespan, that early exposure to risk can have long term health consequences, and that the health of one generation directly affects the health of the next generation.

In 2015, Title V conducted a statewide needs assessment to understand strengths and gaps in services, prioritize MCH needs, and develop a five-year action plan. BFHN's Office of Data Translation ensures Title V has direct access to timely MCH data to inform ongoing needs assessment, program implementation, evaluation, and performance management. The table below lists Title V priorities for 2015-2020 and the corresponding National and State Performance Measures.

Domain	Priority	Performance Measure
Women's/Maternal	Preventive care: Promote equitable access to preventive health care including sexual and reproductive health services	NPM 1: % of women with a past year preventive visit
	Oral Health: 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
	Substance use: 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 receive Early Intervention services
	Emotional Wellness & Social Connectedness: Promote emotional wellness and social connectedness across the lifespan	SPM 5: % of women who report being screened for depression by a health care worker during any prenatal or postpartum visit
Perinatal/Infant	Healthy Lifestyle: 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
	Violence & Injury: Promote safe, stable, nurturing environments to reduce violence and the risk of injury	NPM 5: A) % of infants placed to sleep on their backs, B) % of infants placed to sleep on a separate approved sleep surface, and C) % of infants placed to sleep without soft objects or loose bedding
Child	Violence & Injury: 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
	Environmental Health: 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
	Oral Health: Promote equitable access to dental care and preventive measures for pregnant women and children.	NPM 13: B) % of children, ages 1 through 17, who had a preventive dental visit in the last year
Adolescent	Violence & Injury: 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
	Preventive care: 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	Medical Home: 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
	Transitions to Adulthood: 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	Health & Racial Equity: 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

<u>Women's/Maternal Health</u>

Preventive Care

Findings from the 2015 Needs Assessment led Title V to focus on promoting sexual and reproductive health services within a preventive care framework. A key strategy is working with providers to integrate preconception health and other preventive health services in family planning visits. In 2017, 70.7% of women had a preventive visit in the past year. In FY18, 62% of female clients aged less than 25 years at Title X clinics were tested for chlamydia, an important preventive health service.

Oral Health

In 2017, 54.1% of mothers had a dental cleaning in the year before pregnancy and 56.2% had one during pregnancy. Disparities in access to oral health services persist among women of color and those with lower educational attainment. To address inequities in access to dental care, Title V promotes implementation of the MA Oral Health Practice Guidelines for Pregnancy and Early Childhood in community health centers and ensures pregnant women enrolled in WIC receive oral health education.

Substance Use
Perinatal opioid use is an important concern in MA, with a statewide neonatal abstinence syndrome (NAS) rate almost three times the national average. Title V works with state and community partners to build a comprehensive, statewide system of care for families affected by perinatal substance use. Key strategies include increasing the capacity of the EI system to serve infants with NAS and their families; incorporating recovery coaches into home visiting programs; and developing promising practices for serving women with substance use disorders and substance exposed newborns. During 2016 41.4% of infants diagnosed with NAS in MA hospitals received EI services, an increase from 36.7% during 2015.

Emotional Wellness and Social Connectedness
Emotional wellness affects development of individuals during key times in their lives. Among women, perinatal depression is a concern due to its far-reaching effects on health and well-being. During 2017, 95.6% of women reported being screened for depression by a health care worker during any prenatal or postpartum visit. Title V provides training and technical assistance to providers and health plans as they implement the MA Postpartum Depression regulations and assesses for and responds to depression and social isolation among pregnant and parenting women in home visiting programs.

Perinatal/Infant Health
Healthy Lifestyles
MA has demonstrated achievement in breastfeeding related to its NPM projections, national prevalence, and Healthy People 2020 goals. In 2015 (most recent data available), 87.4% of MA infants were ever breastfed, exceeding both the national estimate of 83.2% and the HP 2020 goal of 81.9%. Furthermore, 26.6% of MA infants were breastfed exclusively through six months, exceeding both the HP2020 goal and the 2020 objective. MDPH offers services through WIC breastfeeding peer counselors, an evidence-based strategy to promote breastfeeding initiation, exclusivity and longevity, and provides breastfeeding support through home visiting programs.

Violence & Injury
Efforts to reduce infant injury are focused on promoting safe sleep. According to MA PRAMS data, 83.7% of infants were placed supine to sleep in 2017, demonstrating a modest improvement since 2011 (79.6%), but a slight decrease from 2016 (86.3%). However, racial and ethnic disparities persist, with White infants more frequently placed supine to sleep than Black and Hispanic infants. Title V collaborates with the Perinatal Neonatal Quality Improvement Collaborative to increase safe sleep practices among high risk infants in NICUs and to partner with home visiting programs to monitor infant sleep practices post-discharge and reinforce safe sleep messaging. Title V also supported a safe sleep public education campaign directed at populations experiencing higher rates of infant death including Black families and caregivers who smoke or use substances.

Child Health
Violence & Injury
In 2016, the rate of child injury-related hospital admissions among children aged 0-9 years was 103.3 per 100,000, a substantial decrease from 122.9 per 100,000 in 2015. Poisonings are a leading cause of childhood hospitalization. MDPH supports the Regional Poison Control Call Center to reduce unintentional poisonings and provides poison education trainings to child-serving agencies. Title V also collaborates with child-serving agencies to promote injury prevention strategies in home, community, and child care settings.

Oral Health
In 2016-17, 85.3% of children aged 1-17 years had a dental visit in the past year. In addition to promoting the Oral Health Practice Guidelines, mentioned above, MDPH implements school-based oral health prevention programs, provides oral health training to school nurses, and leads the Oral Health Equity project in two cities with inequities in oral health access and outcomes.

Environmental Health
Due in large part to old housing stock, childhood lead poisoning is an ongoing concern, with children of color more likely to be exposed to lead. The statewide blood lead level screening rate for children 9-47 months of age was 72.1% in 2017, similar to the 2016 rate. MDPH works with healthcare providers to improve screening and provide culturally appropriate education about lead and other environmental hazards and supports community health workers to provide direct services to families of children with elevated blood lead levels.

Emotional Wellness and Social Connectedness
Title V is committed to improving emotional wellness and social connectedness in early childhood, recognizing that this is a critical stage of development and opportunity for early intervention. Key strategies are focused on raising awareness of emotional health in young children and the link between physical and emotional health, and collaborating with other state and community agencies to promote social-emotional wellness in pediatric primary care.

Adolescent Health
Violence & Injury
Injuries are the leading cause of adolescent morbidity and mortality. In 2016, the rate of injury-related hospital admissions among children aged 10-19 years was 174 per 100,000, not significantly different from 2015 but substantially lower than the 2008 rate of 271.2/10,000. MDPH leverages its participation in the Child Safety Collaborative Improvement and Innovation Network to improve adolescent injury by working with two health care systems to reduce the number of hospitalizations for suicide attempts and working with schools to support students recovering from concussions.

Preventive Care
According to 2016-17 NSCH data, 90.9% of adolescents in MA received a preventive care visit in the past year. A key Title V strategy is increasing preventive care visits at School Based Health Centers (SBHC) by developing practices that are welcoming for

all adolescents, especially males and LGBTQ youth. MDPH ensures that clinical family planning providers are a source of primary care for adolescents by integrating preconception health and other preventive health services in family planning visits.

Emotional Wellness and Social Connectedness
Title V promotes emotional wellness and social connectedness at a critical stage of development – adolescence. SBHCs assess students for presence of a trusted adult and school connectedness and develop strategies and interventions to foster those protective factors. Outside of the school system, sexual health and youth development programs provide counseling and support groups to young adults and young parents to promote emotional wellness and community connectedness.

Children and Youth with Special Health Needs
Medical Home
During 2016-17, 51.8% of CYSHCN aged birth to 17 years in MA received coordinated, ongoing, comprehensive care within a medical home. National estimates suggest that inequities in receipt of care in a medical home exist by race and income. Title V supports families to participate actively as partners in decision-making in the care of their children and in systems improvement activities that affect all CYSHCN and their families. A key strategy is closing the feedback loop between EI and physicians to improve coordination and communication.

Transitions to Adulthood
Transition from pediatric to adult health care remains a challenge for youth with SHCN. During 2016-17, 17.9% of YSHCN aged 12-17 years in MA received the services necessary to make transitions to adult health care. Title V is increasing the availability of youth health transition information and resources, including implementing enhanced health transition standards in the Care Coordination program; providing guidance to families before and during the transition process; providing support to pediatric and adult medicine practices; and working with other agencies and community stakeholders to build a statewide transition coalition.

Crosscutting
Health and Racial Equity
Although MA is a healthy state overall, racial and ethnic inequities persist in many MCH outcomes, including infant mortality and teen birth rates. Title V aims to eliminate structural racism in BFHN and BCHAP policies, programs, and practices. Efforts are focused on developing a shared understanding of and support for a public health framework centered on building skills and capacity to promote racial equity.

The Title V program is well positioned to implement and support the MDPH vision and will continue to address inequities and promote the health and well-being of women, children, and families across the lifecourse.

How Federal Title V Funds Support State MCH Efforts

Title V funds are an essential component of the Commonwealth's MCH efforts. State accounts for MCH programs are dedicated primarily to direct or enabling services and allow few if any staff positions. Federal funds are used to support the leadership, program management, clinical expertise, and data access resources that direct, oversee, develop, and monitor those state-funded MCH programs. The areas of child injury, violence prevention and sexual and reproductive health are examples of this relationship.

Title V-funded staff implement and monitor compliance with state mandates and regulations in the areas of perinatal health (e.g., maternal mortality review and postpartum depression screening), birth defects surveillance (including critical congential heart defect screening), and universal newborn hearing screening. They contribute oversight and support for state-funded pediatric palliative care and catastrophic illness relief programs and, along with other Title V resources, are used in coordination with departmental and statewide initiatives in areas such as NAS, adolescent health, oral health, and racial equity. Title V supports epidemiologists who are essential resources for data access and performance monitoring activities as well as Title V-funded care coordination staff and specialized services that are the critical link between many children and youth with special health care needs and the health care and other benefits offered by the Commonwealth.

MCH Success Story

The Massachusetts Human Milk Initiative is a quality improvement project launched in 2015 by the Neonatal Quality Improvement Collaborative (NeoQIC), with fiscal and programmatic support from the Title V program. The goal was to support mothers in providing breastmilk for very low birthweight (VLBW) infants in neonatal intensive care units (NICUs) by increasing use of mother's milk at discharge/transfer and reducing racial/ethnic inequities in provision of mother's milk.

All 10 level III NICUs participated in the Initiative by developing evaluation measures, conducting rapid data collection and analysis, sharing their learning and progress, and developing educational materials for families in multiple languages. Title V funded the Initiative's learning summits and staff regularly participated in summits and webinars. In addition, the WIC program co-developed the educational materials and shared post-discharge breastfeeding data among VLBW infants enrolled in WIC to inform the Initiative's efforts.

Key accomplishments included increasing the rate of breast milk education during prenatal visits from 57.6% at baseline to 76.6% in December 2017; increasing first milk expression within 6 hours from 36.6% to 57.1%; and increasing skin-to-skin care in the first month from 31.2% to 39%. Based on improvement on these key process measures, NeoQIC expects significant improvement in the percentage of VLBW infants receiving their mother's milk by the end of 2019.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Massachusetts

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.