

Improving Maternal Health for Our Communities: *Key Programming to Advance the Health and Well-being of Women, Children, and Families*

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Objectives

- **Provide an overview of HRSA's MCHB**
- **Highlight key programs to improve maternal health**
 - Title V MCH Services Block Grant to States
 - Maternal, Infant, and Early Childhood Home Visiting Program
 - Healthy Start Initiative: Eliminating Disparities in Perinatal Health
 - Maternal Mortality Portfolio
- **Inspire future engagement with MCHB among medical and dental communities**



Maternal and Child Health Bureau



Mission:
**Improve the health of America's mothers,
children, and families.**

Maternal and Child Health Bureau

FY 2019 Total Budget: \$1.33 billion

Maternal and Child Health Bureau Programs	FY2019 Enacted	+/- from FY18 Enacted
Maternal and Child Health Block Grant	\$677.7	+\$26.0
Maternal, Infant, and Early Childhood Home Visiting	\$400.0	---
Healthy Start Initiative	\$122.5	+\$12.0
Autism and Other Developmental Disabilities	\$50.6	+1.5
Emergency Medical Services for Children	\$22.3	---
Universal Newborn Hearing Screening	\$17.8	---
Heritable Disorders	\$16.4	+\$0.5
Pediatric Mental Health Care Access	\$10.0	---
Family-to-Family Health Information Centers	\$6.0	---
Screening and Treatment for Maternal Depression	\$5.0	---
Sickle Cell service Demonstration Program	\$4.5	---



Title V MCH Services Block Grant to States

Overview

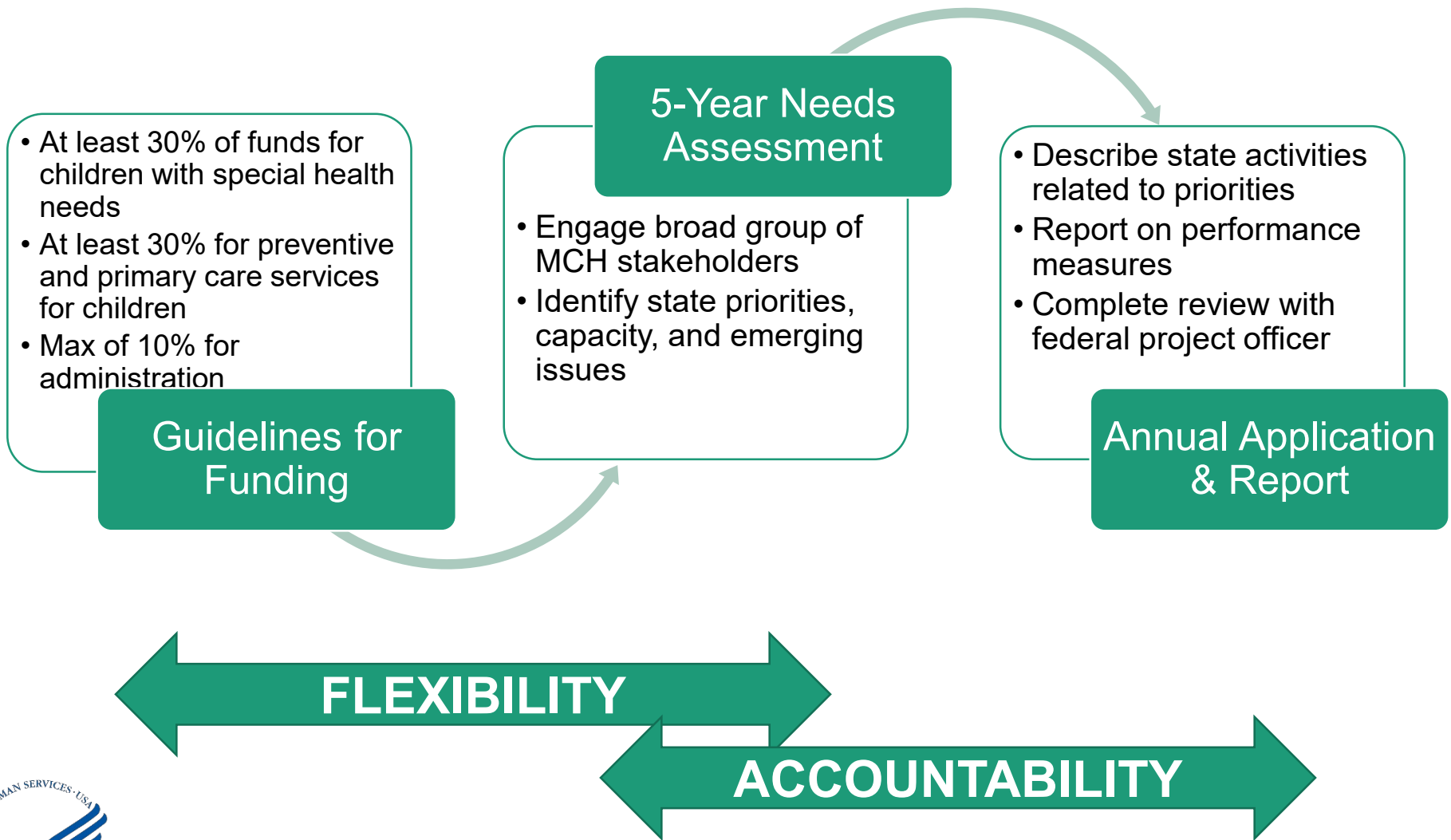
Established in 1935 under the Social Security Act, Title V is the nation's oldest federal-state partnership.

Purpose is to create federal/state partnerships that support service systems for addressing the needs of maternal and child health populations.

Formula grant under which funds are awarded to 59 states and jurisdictions.



Title V: Key Features



Title V: National Performance Measures (NPMs)

National Performance Priority Areas	States Selecting NPM
Well-woman visit	46
Low-risk cesarean delivery	7
Risk Appropriate Perinatal Care	15
Breastfeeding	49
Safe sleep	32
Developmental screening	40
Injury Hospitalization	21
Physical activity	24
Bullying	12
Adolescent well-visit	37
Medical home	44
Transition	36
Preventive Dental Visit (Pregnancy or Child/Adolescent)	22
Smoking (Pregnancy or Household)	26
Adequate insurance	8

- 15 national performance measures across five domains
- Align with state needs and priorities

Title V: Performance Measurement System

National Outcome Measure

- Maternal mortality or severe maternal morbidity

National Performance Measures

- Well-woman visit
- Smoking during pregnancy
- Low-risk cesarean delivery

State Action Plan

- Monitor social media messaging promoting women's preventive health services
- Increase referrals of pregnant women to quit lines
- Promote hospital implementation of maternal safety bundles

Title V Information System (TVIS)

<https://mchb.tvisdata.hrsa.gov>



Home

Reporting Domains

Priorities and Measures

Financial

State

Archive

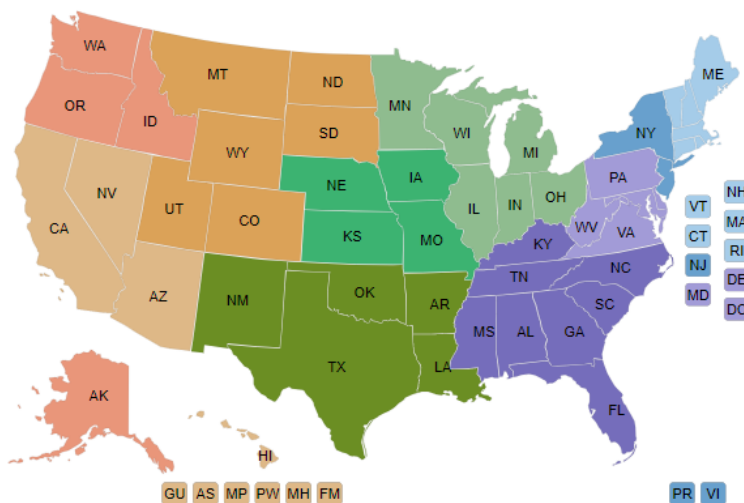
Glossary

Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National

National Data
FY 2017 Expenditures: \$6,217,764,762



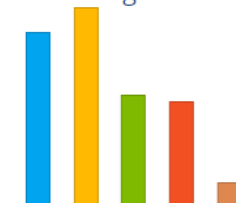
FY 2017 Expenditures

National: \$6,217,764,762



FY 2017

Percentage Served



Title V SPRANS: Advancement of Maternal and Child Oral Health

Introducing COHSII...

Center for Oral Health Systems Integration and Improvement

Consortium Partners

Association of State and Territorial
Dental Directors

Dental Quality Alliance

National Maternal and Child Oral Health
Resource Center, lead organization

Goal 1

Technical Assistance and Training

Perinatal and Infant Oral Health
Quality Improvement (PIOHQI)
Learning Collaborative

Title V / MCH Community

Goal 2

Maternal and Child Oral Health
Quality Indicators

Goal 3

Resource Development and
Dissemination



Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program

- First authorized in 2010 as part of the Patient Protection and Affordable Care Act.
- Most recently re-authorized in 2018 with \$400M appropriation annually for 2018-2022.
- Administered by HRSA (state/territory programs) in partnership with the Administration for Children and Families (tribal grants, research/evaluation, and technical assistance).



MIECHV: Reach and Scope

- Grantees are in all 50 states, D.C., and five territories, and 888 counties.
- In FY 2018, states reported:
 - Serving more than 150,000 parents and children
 - Providing over 930,000 home visits
- Grantees have provided 5.2 million home visits over the past seven years.



MIECHV: Program Measurement

Benchmark Areas

Maternal and
Newborn Health

Child Injuries, Maltreatment,
and Reduction of ED Visits

School Readiness and
Achievement

Crime or
Domestic Violence

Family Economic Self-
Sufficiency

Coordination
and Referrals

Corresponding Measures

Preterm Birth; Breastfeeding; Depression Screening; Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals

Safe Sleep; Child Injury; Child Maltreatment

Parent-Child Interaction; Early Language and Literacy Activities; Developmental Screening; Behavioral Concerns

IPV Screening

Primary Caregiver Education; Continuity of Insurance Coverage

Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals



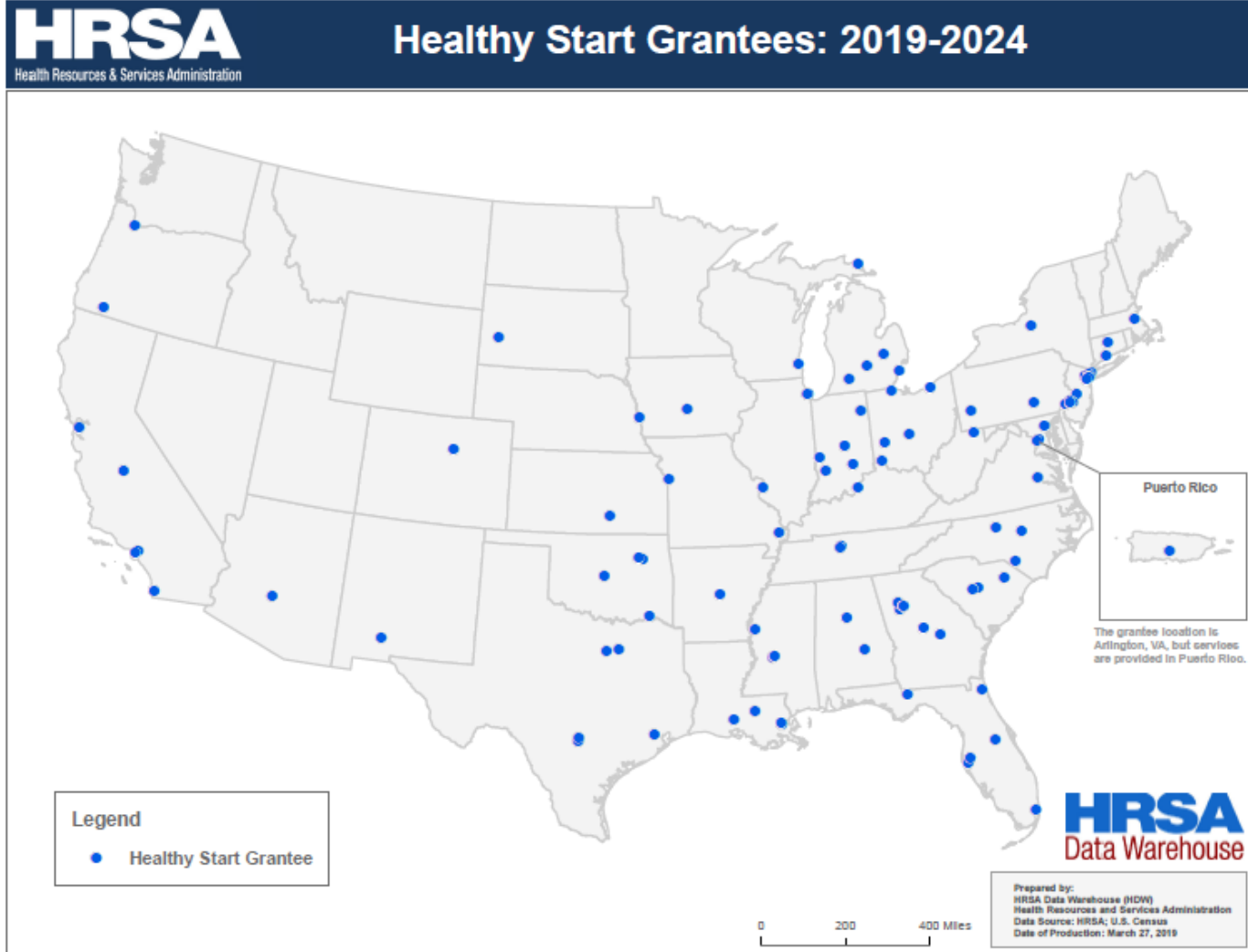
Healthy Start Initiative: Eliminating Disparities in Perinatal Health

FY 2019 Budget = \$123M

- Focus on communities with highest infant mortality rates
- Support community-driven efforts to decrease infant mortality
 - In 2017, the program's 100 grantees served **more than 83,000 women & children** in 37 states and D.C.



Healthy Start: Geographic and Population Diversity

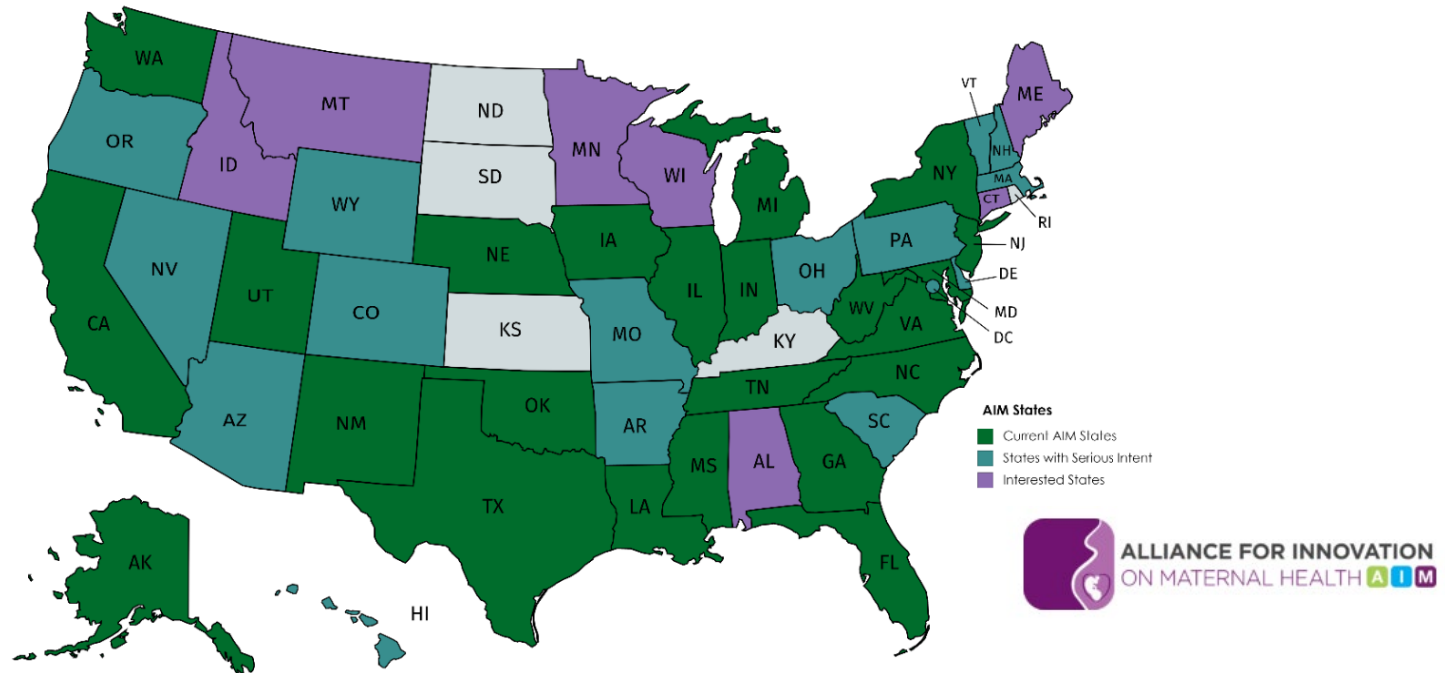


A Present and Growing Problem: Maternal Mortality

- Rate of maternal mortality and severe maternal morbidity **higher** in U.S. than other high-resource countries.
- Most common conditions causing maternal death are hemorrhage, severe hypertension, and venous thromboembolism.
- Mental and behavioral health conditions, including opioid use disorder, are emerging causes of maternal death.
- High-risk populations:
 - Racial and ethnic minorities
 - Non-Hispanic Black women are **three to four times** more likely to die from pregnancy complications than non-Hispanic White women.
 - Women of advanced maternal age
 - Women living in medically-underserved areas



Combatting Maternal Mortality: Catalyzing Quality Improvement



Alliance for Innovation on Maternal Health (AIM)

- 23 states and 1,030 birthing hospitals
- Structured bundle of established best practices
- Reaches nearly 2 million births annually

Combating Maternal Mortality: Convening Global Experts



HRSA Maternal Mortality Summit (June 2018)

- Experts from U.S., 6 countries, and WHO
- Highlighted innovative strategies in reducing maternal mortality

Combatting Maternal Mortality: Expanding MCHB's Reach

FY 2019 Budget = \$38M



SPRANS (\$26M)

- Expand AIM to all states (\$3M)
- State Maternal Health Innovation Awards (\$23M)

Healthy Start (\$12M)

- Clinical providers at program sites

MCHB Training Programs: Promoting a Diverse Workforce

MCH Interdisciplinary Training Programs

- Medium-Term Trainees – 10.4% Hispanic/Latino
- Long-Term Trainees – 9.8% Hispanic/Latino

MCH Pipeline and MCH Catalyst Programs

- Pipeline Trainees – 29.9% Hispanic/Latino
- Catalyst Trainees – 16% Hispanic/Latino



Improving Maternal Health for Our Future...



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