Wisconsin Title V Maternal and Child Health Services Block Grant

"Ensuring the health of Wisconsin's mothers and children"

2011 Annual Report Executive Summary

State of Wisconsin

Department of Health Services ● Division of Public Health

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Letter from Wisconsin's Title V Director

Dear Partner,

As Director of the Wisconsin Title V Program, it is my pleasure to introduce our state's first Executive Summary of Wisconsin Title V Maternal and Child Health (MCH) Services Block Grant. The purpose of this summary is to orient the reader to the Title V MCH Block Grant, highlight key programmatic themes and data points, provide specific examples of MCH Program activities, and discuss a number of challenges and opportunities. More detailed information can be found in the full-length Block Grant: http://www.dhs.wisconsin.gov/health/mch/BlockGrant/Index.htm

2011 was a year of exciting growth and development for the MCH Program. Our state identified eight new 2011-2015 MCH priority areas that relate to the Life Course Framework and our State Health Plan, *Healthiest Wisconsin 2020*. These priority areas recognize that health risk and protective factors influence an individual across the life span. By focusing on early intervention and prevention, and acknowledging the important role of families, systems, and communities, we can better support the health and wellness of individuals and populations. With this goal in mind, the MCH Program made significant changes to funding for activities within local public health departments, moving away from individual services, and towards Early Childhood Systems (ECS) approaches. The Wisconsin Healthiest Families and Keeping Kids Alive Initiatives were born out of this paradigm shift.

Important information on adverse childhood experiences (ACE) was collected as part of the Wisconsin Behavioral Risk Factor Survey. We learned that over half of adults in Wisconsin have experienced at least one ACE, which puts them at increased risk of unhealthy outcomes including smoking, alcohol use, chronic disease, impaired mental health, disability, and premature death. Viewing health through this lens aligns with our state's emphasis on the Life Course Framework, and will help inform future work.

The MCH Program values its partnerships and collaborations more than ever, the breadth and depth of which are abundantly clear in the full-length Block Grant. In times of scarce resources, it is especially important to work together on the common goal of improving the health of mothers, children, and families in Wisconsin. Thank you for the great work we were able to accomplish in 2011.

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Title V MCH Block Grant Background

What is Title V?

Title V of the Social Security Act is the longest-standing public health legislation in American history. Enacted in 1935, Title V is a federal-state partnership that promotes and improves maternal and child health (MCH). According to each state's unique needs, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling direct health care for children and youth with special health care needs. Title V resources are directed towards MCH priority populations: pregnant women, mothers, infants, women of reproductive years, children and adolescents, and children and youth with special health care needs.

Why is Title V important?

Without Title V, Wisconsin would not have dedicated funding to support core MCH public health functions. Title V is an essential mechanism to assure the health and safety of our nation's most precious resources: mothers, infants, and children.

Why is it called a Block Grant?

In 1981, seven categorical child health programs were combined into a single program known as a Block Grant. This consolidation also marked the introduction of stricter requirements for the use of funds and for state planning and reporting.

How does the MCH Block Grant work?

Every year the Federal government awards MCH Block Grant dollars to each state, based on the number of children living in poverty. States provide a $3 match for every $4 in federal funding. At least 30 percent of funds must be used for services and programs for children and 30 percent for children & youth with special health care needs (CYSHCN). The Wisconsin MCH Block Grant funds support state, regional, and local programs and staff, and are administered by the Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP), Family Health Section (FHS).

How does the MCH Block Grant meet the unique needs of Wisconsin families?

Wisconsin is required to complete a statewide needs assessment every five years. This process identifies Wisconsin's MCH program priorities and determines a plan of action to address those priorities. Wisconsin identified eight 2011-2015 MCH program priorities:

2011-2015 Wisconsin MCH Program Priorities:

Reduce **health disparities** for women, infants, and children, including those with special health care needs.
Increase the number of women, children, and families who receive preventive and treatment health services within a **medical home**.

Increase the number of children and youth with special health care needs and their families who **access necessary services and supports**.
Increase the number of women, men, and families who have knowledge of and skills to promote **optimal infant and child health, development, and growth**.
Increase the number of women, children, and families who have **optimal mental health and healthy relationships**.
Increase the number of women, men, and families who have knowledge of and skills to **promote optimal reproductive health and pregnancy planning**.
Increase the number of women, children, and families who receive **preventive screenings, early identification, and intervention**.
Increase the number of women, children, and families who live in a **safe and healthy community**.

How does the MCH Block Grant maximize its reach?

There are many more maternal and child health-related programs and activities beyond those funded by the MCH Block Grant. The MCH Program relies on collaborative efforts and partnerships to maximize reach and promote efficiency. For example, by working closely with the Immunization Program, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Early Childhood Comprehensive Systems (ECCS), and others, we can help assure that the diverse needs of Wisconsin families are met, without duplicating efforts.

How is Wisconsin held accountable?

Each year the MCH Program reports on over 80 indicators and performance measures. Some measures are determined by the Federal government and others by Wisconsin. Wisconsin also writes an annual report and application, which includes a description of state capacity and Title V activities. This document is reviewed and discussed with the Federal Maternal and Child Health Bureau (MCHB).

Where do I fit into the MCH Block Grant?

Whether you are a parent, government official, advocate, or member of the general public, the MCH Block Grant likely touches your life. Its success lies in the strength of partnerships and collaborations. Your input is needed to assure that the MCH Program is guided by the needs of Wisconsin families. To provide feedback, please visit our website:

http://www.dhs.wisconsin.gov/health/mch/PublicInput/index.htm

Where can I learn more?

To review the MCH Block Grant: http://www.dhs.wisconsin.gov/health/mch/BlockGrant/Index.htm

The Title V Information System (TVIS) website also allows you to compare Wisconsin to other states: https://mchdata.hrsa.gov/tvisreports/

Key Wisconsin Characteristics

Number of Births: 68,367

Ratio of the black to white infant mortality: 2.8

Number of children <20 years old: 1,502,196

% of children < 18 years old with special health care needs in Wisconsin: 15.5%

% of births covered by Medicaid: 37.5%

% of children <18 years old without health insurance: 2.2%

% of children <18 years old living below the Federal poverty level: 19.1%

% of children <20 years old living in rural areas: 26%

(2010 Data)

MCH Block Grant Budget Overview

$10.7 Million Federal Award + $9.4 Million Program Income + $9.7 Million State Match

Income is earned by agencies that charge for services on a sliding fee scale.

For every $4 of Federal funds, at least $3 must be matched by State and local funds.

Local Aids
$6.2 Million

Statewide Projects
Regional CYSHCN Centers
Grants to Local Public Health, Tribes, & Non-governmental agencies

State Operations
$4.5 Million

Funds received through program income and state match help to maximize the reach of the Federal Award.

Local aid grant dollars to local public health and tribes are distributed based on community rates of infant mortality, high school graduation, and low birth weight.

= $29.7 Million Total Funds

How Does Wisconsin Compare to Other States?

KIDS COUNT Key Indicators

Indicator	WI	U.S.	WI rank
Percent low birth weight babies (2009)	7.0	8.2	14
Infant mortality rate (per 1,000 live births) (2008)	7.0	6.6	29
Child death rate (deaths per 100,000 children ages 1-14) (2008)	18.0	18.0	21
Rate of teen deaths (deaths per 100,000 teens ages 15-19) (2008)	52.0	58.0	14
Teen birth rate (births per 1,000 females ages 15-17) (2009)	14.0	20.0	10
Percent of teens who are not in high school and not high school graduates (ages 16-19) (2010)	4.0	6.0	5
Percent of teens not attending school and not working (ages 16-19) (2010)	7.0	9.0	11
Percent of children living in families where no parent has full-time, year-round employment (2010)	30.0	33.0	16
Percent of children in poverty (2010)	19.0	22.0	22
Percent of families with children headed by a single parent (2010)	31.0	34.0	16

(The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org)

Compared to other states, Wisconsin's overall rank in 2011 was #12.

KIDS COUNT indicators provide a snap-shot of children's overall well-being.

How Do Medicaid Births Compare to Non-Medicaid Births?

Indicator	Medicaid	Non-Medicaid	All
Percent low birth weight (2,500 grams)	8.4	5.8	6.9
Infant mortality rate (per 1,000 live births)	6.4	4.1	5.0
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	76.7	91.3	85.1
Percent of pregnant women with adequate prenatal care	79.4	91.7	86.5
Percent of All Births	37.5	62.5	100

(2010 Matched File, Wisconsin Division of Public Health, Office of Health Informatics)

Key Block Grant Indicators by Priority Area

	2006	2007	2008	2009	2010	2011	Trend
Reduce **health disparities** for women, infants, children and families, including those with special health care needs							
The ratio of the black infant mortality rate to the white infant mortality rate	3.5	2.7	2.3	2.9	2.8	X	↓
Increase the number of women, children, and families who receive preventive and treatment health services within a **medical home**							
Percent of children who receive coordinated, ongoing comprehensive care within a medical home	52.5%	52.5%	62.9%	62.9%	62.9%	62.9%	↑
Increase the number of children and youth with special health care needs and their families who **access necessary services and supports**							
Percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health care, work & independence	44.5%	44.5%	44.5%	44.5%	44.5%	44.5%	●
Increase the number of women, men, and families who have knowledge of and skills to promote **optimal infant and child health, development, and growth**							
The infant mortality rate per 1,000 live births	6.4	6.4	7.0	6	5.7	X	↓
The child death rate per 100,000 children aged 1 through 14	18.3	18.3	17.7	14.4	15.2	X	↓
Increase the number of women, children, and families who have **optimal mental health and healthy relationships**							
Rate (per 100,000) of suicide deaths among youths aged 15 through 19	7.7	7.7	6.7	10.1	10.5	X	↑
Rate per 1,000 of substantiated reports of child maltreatment to Wisconsin children, ages 0 -17, during the year	5	5	3.6	4.0	4.0	X	↓
Increase the number of women, men, and families who have knowledge of and skills to promote **optimal reproductive health and pregnancy planning**							
Rate of Birth (per 1,000) for teenagers aged 15 - 17 years of age	16	16	15.4	13.9	11.7	X	↓
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	82.8%	82.8%	82.2%	83.4%	84.2%	X	●
Percent of women who have a live birth who report having an unintended or unwanted pregnancy	X	X	35.4%	35.4%	37.6%	37.6%	↑
Increase the number of women, children, and families who receive **preventive screenings, early identification, and intervention**							
Percent of newborns who received timely follow-up to definitive diagnosis & clinical management for conditions mandated by their State-sponsored NBS programs	100%	100%	100%	100%	100%	100%	●
Percentage of newborns who have been screened for hearing before hospital discharge	97.2%	97.2%	96.5%	95.7%	96.4%	98.9%	↑
Increase the number of women, children, and families who live in a **safe and healthy community**							
Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children	2.5	2.5	2	1.7	1.5	X	↓
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger	9.5	9.5	7.7	7.6	6.4	X	↓

| Downward trend ↓ | Upward trend ↑ | No Trend ● |

Good | Bad | Neutral

Activity Highlights

The following 2011 MCH Program highlights reflect major accomplishments and their connection to our MCH priority areas. Many represent joint efforts with our partners. Please see the full-length MCH Block Grant to learn more: http://www.dhs.wisconsin.gov/health/mch/BlockGrant/Index.htm.

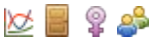
- The Wisconsin Newborn Screening Program (NBS) screened 67,057 infants for 47 different congenital disorders; 112 infants were confirmed to have a disorder, all of which were referred for appropriate follow-up care. 

- The Newborn Screening card number was successfully added to the state vital records database, which will improve data integration across public health data systems and help assure all babies receive a newborn screen. 

- A culturally sensitive "plain clothes" NBS brochure was developed in collaboration with Amish and Mennonite populations to help communicate the importance of NBS screening in these high-risk communities. 

- The Children and Youth with Special Health Care Needs (CYSCHN) Program funded five Regional Centers to support an integrated system of care for children and youth with special health care needs and their families. Instead of providing direct medical care, the Centers offer families and providers with information, referral and follow-up services, and critical technical assistance and training not available from other sources. 

- The CYSHCN Program funded the Wisconsin Statewide Medical Home Initiative (WISMHI) and Youth Health Transitions, collaborating with Project LAUNCH, ECCS and MCH ECS to promote health care provider implementation of evidence-based quality improvement practices in areas such as newborn and developmental screening, integration of mental and behavioral health in primary care, care coordination for CYSHCN, and pediatric to adult health care transitions planning. 

- Through the Medicaid Medical Home OB Pilot, Centering Pregnancy® group prenatal care was offered to pregnant women at a greater risk for late entry prenatal care in the southeast region of Wisconsin. 

- A new tool called “Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities” was developed to provide brief descriptions of programs, services and systems of support and gives contact information to learn more about these resources. 

- Prenatal Care Coordination (PNCC) was extended to all pilot participants of the Medicaid Medical Home OB Pilot and to all state-funded home visiting projects. 

- The Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) & Personal Responsibility Education Program (PREP) Grant initiatives kicked off their joint implementation. MAPPP and PREP aim to reduce the teen birth rate, the sexually transmitted infection rate, and school drop-out rate for at-risk youth in the cities of Milwaukee, Racine, and Beloit. 

- The Milwaukee Journal Sentinel began its two-year "Empty Cradles" series (http://www.jsonline.com/news/119882229.html) to examine the problem of infant mortality and "point to solutions." This series helped elevate awareness and prompt conversations about Wisconsin's racial disparities in infant mortality. 

- Medicaid evaluated the quality of prenatal care services provided to women by several health plans and required that appropriate level of care guidelines by the American Congress of Obstetricians and Gynecologists be followed as part of Maternal Child Health's Pay for Performance Initiative for Healthy Birth Outcomes. 

- The Life Course Framework was integrated into MCH programs. For example, partner and public awareness of the framework increased through statewide trainings, and information on local public health agency proficiency in the framework was collected via a web-based tool. 

- MCH staff served on the Minority Health Program Disparities Task Force and participated in a Community of Practice, to create a department-wide culture dedicated to reducing health disparities. 

- Wisconsin Healthiest Families was implemented with local health departments and tribal agencies to help assure that all families have access to a coordinated, integrated and sustainable system of services and supports focused on family supports, child development, mental health, and safety and injury prevention. 

- An MCH Core Competency tool was developed by MCH staff and completed by local health departments to assess skill levels across 29 key competencies (based on national MCH Leadership Competencies) important for successful early childhood systems-building. 

- The MCH Advisory Committee's Policy and Action Subcommittee developed a tool to identify and communicate policy changes considered by the state legislature that have a direct impact on mothers and children, or are relevant to population health. 

- Fact sheets on depression and safe sleep were developed using data from the Pregnancy Risk Assessment Monitoring System (PRAMS) and distributed to partners. 

- PRAMS received funding from the Wisconsin Partnership Program to oversample African Americans in southeastern Wisconsin, which will support an evaluation of the Life Course Initiative for Healthy Families (LIHF). This region has the highest African American infant mortality rate in the state.

Challenges and Opportunities

Wisconsin continues to be challenged with racial and ethnic health disparities. African American infants are over twice as likely to be low birth weight (<2,500 grams) than non-Hispanic White infants, and about three times as likely to die within the first year of life. According to the Pregnancy Risk Assessment Monitoring System (PRAMS), almost 70% of African American pregnancies are unplanned and 25% of African American women experience postpartum depression, compared to 45% and 14%, overall.

The Division of Public Health and Medicaid led a department initiative to, "Reduce preterm, low birth weight and infant mortality rates for BadgerCare Plus HMO members in Southeastern Wisconsin," which aims to: 1) develop a web-based registry for high-risk pregnant women, 2) identify new communities for fetal and infant mortality and child death review teams, 3) assess poor birth outcomes for BadgerCare Plus members, 4) target efforts to reduce preterm labor with the drug 17-P, and 5) and increase breastfeeding. This initiative has been a good opportunity for the MCH Program to work collaboratively with Medicaid.

The Wisconsin Healthiest Women Initiative is another effort intended to reduce health disparities and improve women's health. In 2011, we held three statewide forums and developed a framework for action to: 1) build and strengthen community capacity, 2) expand access to affordable and high quality services, and 3) improve accountability by identifying and monitoring relevant information in the areas of sexual health and pregnancy planning, and socioeconomic and environmental determinants.

The MCH Program funded local health departments to implement Healthiest Families and Keeping Kids Alive Initiatives in order to promote effective systems of care and mechanisms for community action. Local health departments were supported to develop and enhance partnerships, link parallel programs, and promote training and education opportunities. This paradigm shift from funding direct services was an adjustment for both local health departments and the MCH Program. Nonetheless, the opportunity to focus on systems-level activities and maximize the reach of the MCH Block grant funding is an exciting change, and Wisconsin is a national leader in the implementation of this work.

Wisconsin Division of Public Health

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