



# Health Resources and Services Administration

## MCHB Overview: Secretary's Advisory Committee on Infant Mortality

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Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



# HRSA's Mission



To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.



# Maternal and Child Health Bureau



**Mission:**  
Improve the health and well-being of America's  
mothers, children, and families

# Key MCHB Support to States and Communities: Title V Block Grant Program

FY 2019 Budget = \$677.7 M

## Title V MCH Services Block Grant to States

**56 million** people in FY2017

**86%** of all pregnant women,  
**99%** of infants, **55%** of children

Partial or complete funding support  
for **maternal mortality activities**



# Key MCHB Support to States and Communities: Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program

FY 2019 Budget = \$400M (Mandatory)



## Program Features

- Voluntary
- Evidence-based
- Support **at-risk pregnant women and parents** of young children



## In FY2018:

- **150,000** participants
- **896** US counties
- **930,000** home visits

**78% of caregivers were screened for depression** within 3 months of enrollment or 3 months of delivery



# Key MCHB Support to States and Communities: Healthy Start Initiative

FY 2019 Budget = \$122.5M



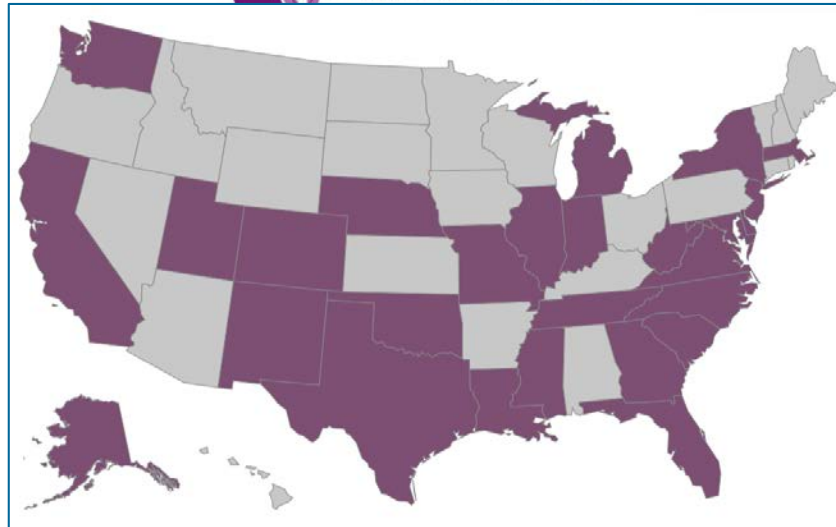
## Healthy Start Initiative: Eliminating Disparities in Perinatal Health

Focus on communities with **highest infant mortality rates**

Support **community-driven efforts** to improve outcomes and reduce disparities

**101 grantees** are serving women, children, and families in **34 states, D.C., and Puerto Rico**

# MCHB Focused Investments in Maternal Health



## Alliance for Innovation on Maternal Health (AIM)

- Development of evidence-based maternal safety bundles
- As of August 2019: **27** states enrolled and approximately **1,300** hospitals participating



## Expanding Investments through New Funding in FY2019

- State Maternal Health Innovation Awards (**\$23M**)
- AIM (**\$3M**)
- Support clinical providers at Healthy Start sites (**\$12M**)



# MCHB Focused Investments for Maternal Health



- **Screening and Treatment for Maternal Depression and Related Behavioral Disorders**
  - Address critical and growing mental/behavioral health issues with limited funding



- **Women's Preventive Services Initiative & Bright Futures**
  - Provides blueprint for preventive care



- **National Survey of Children's Health**
  - Provide national and state-level estimates on key child health indicators



# MCHB Focused Investments for Maternal Health



Remote  
Pregnancy  
Monitoring

- **MCHB Remote Pregnancy Monitoring Challenge**

- Tech-based innovations to improve the ability of prenatal care providers to monitor pregnant women's health remotely, as well as empower women to make informed decisions about their own care



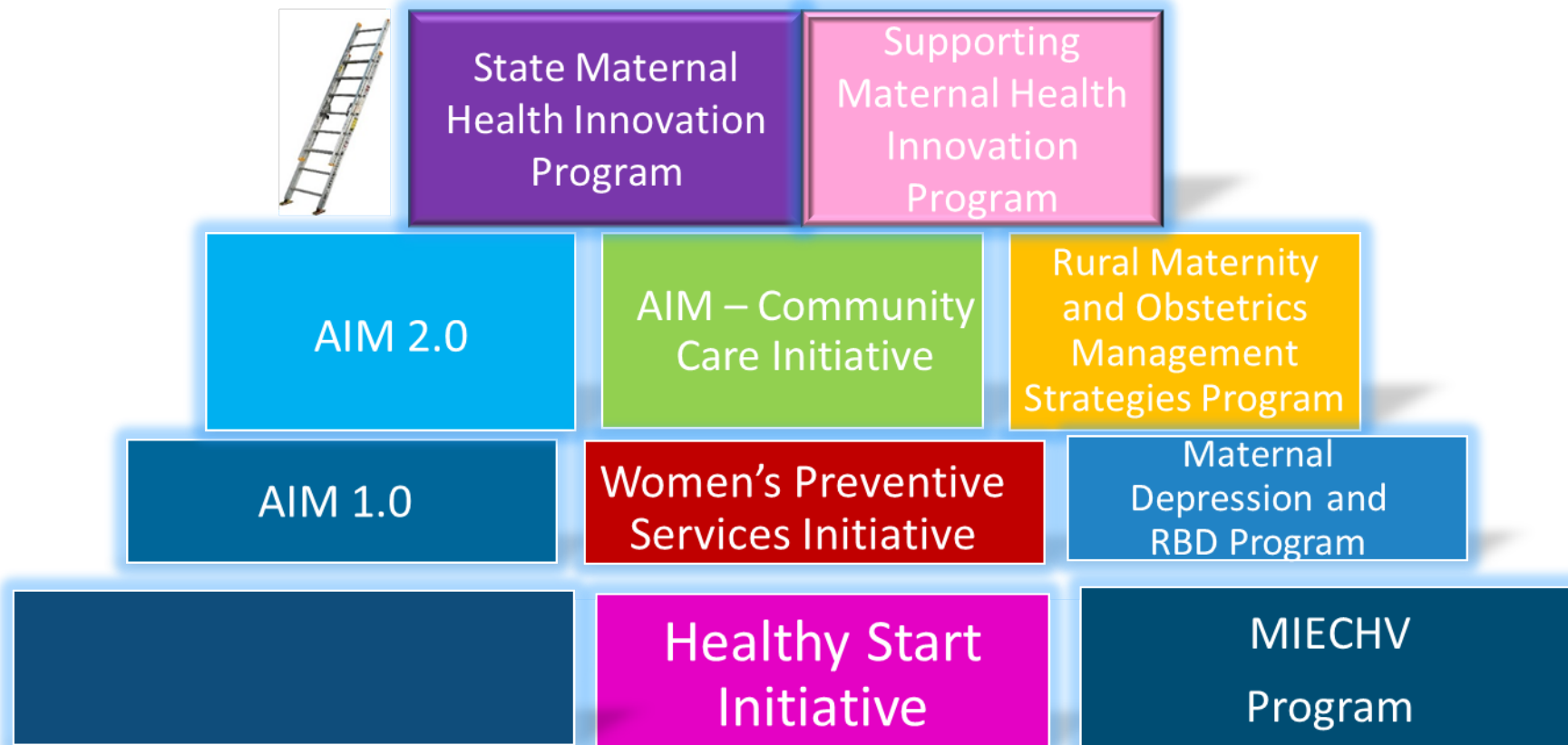
Addressing Opioid  
Use Disorder in  
Pregnant Women  
and New Moms

- **MCHB Opioid Use Disorder Challenge**

- Tech-based innovations to improve access to quality health care for pregnant women and new mothers struggling with opioid use disorder (OUD)

# Step by Step:

## HRSA's Growing Portfolio to Improve Women's and Maternal Health



# A Paradigm for Improving Maternal and Child Health

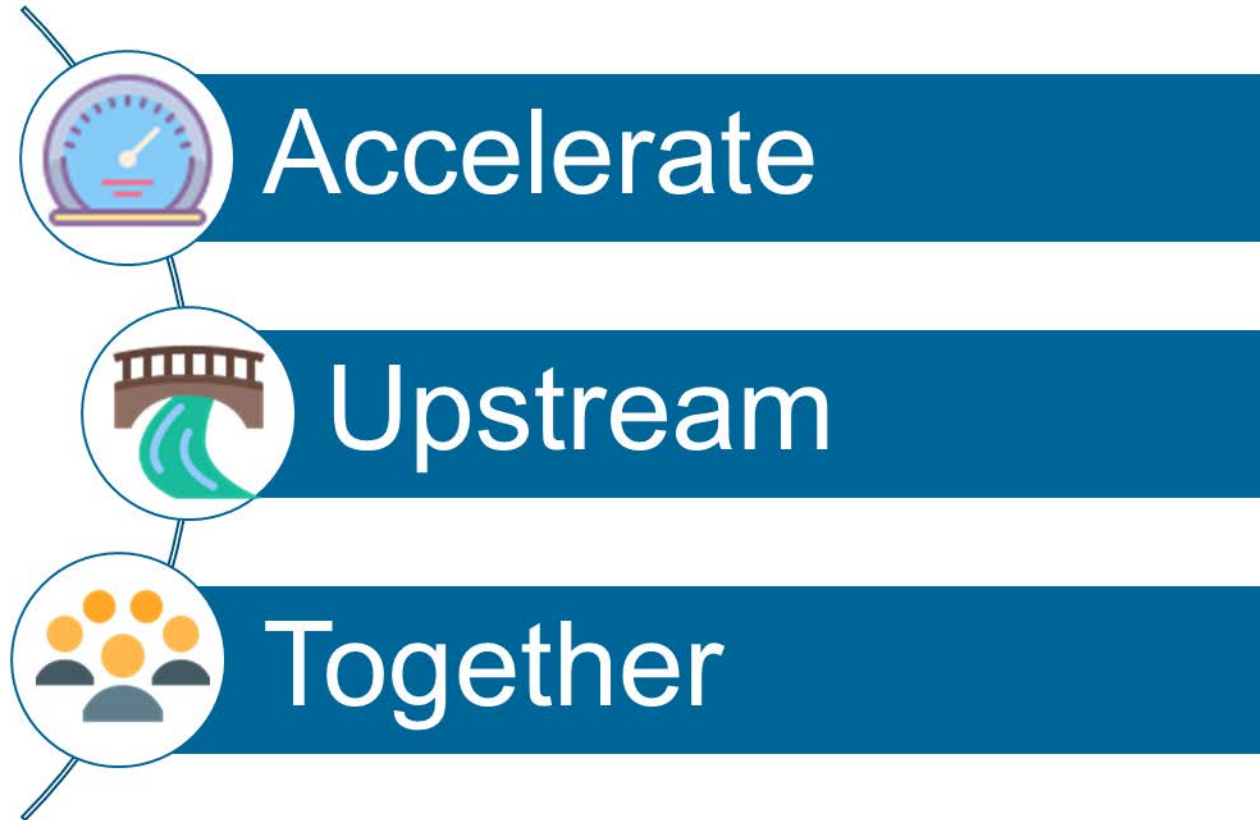


# Some Persistent Challenges

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- **Adolescent mental health**
- **Unsafe infant sleep positions**
- **Maternal mortality**
- **Medical home and transition for children and youth with special health needs**
- **Infant mortality**

# Paradigm for Improving Maternal and Child Health



# Accelerate.



LETTER OF TRANSMITTAL.

U. S. DEPARTMENT OF LABOR,  
CHILDREN'S BUREAU,  
Washington, September 25, 1916.

“...clearly that maternal mortality is in great measure preventable, that no available figures show a decrease in the United States in recent years, and that certain other countries now exhibit more favorable rates....”

SIR: I transmit herewith a report entitled “Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries,” by Dr. Grace L. Meigs, in charge of the hygiene division of this bureau. This report has been prepared because the bureau's studies of infant mortality in towns and rural districts reveal a connection between maternal and infant welfare so close that it becomes plain that infancy can not be protected without the protection of maternity.

In this study Dr. Meigs undertakes to do no more than to assemble and interpret figures already published by the United States Bureau of the Census and by the statistical authorities of various foreign countries, and to state accepted scientific views as to the proper care of maternity. She points out clearly that maternal mortality is in great measure preventable, that no available figures show a decrease in the United States in recent years, and that certain other countries now exhibit more favorable rates. This report reveals an unconscious neglect due to age-long ignorance and fatalism. It is earnestly believed that whenever the public realizes the facts it will awake to action and that adequate provision for maternal and infant welfare will become an integral part of all plans for public health protection.

The generous assistance of the United States Bureau of the Census in the preparation of this report is gratefully acknowledged.

Dr. Meigs desires that special mention be made of the assistance of Miss Emma Duke, head of the statistical division of the Children's Bureau, and of Miss Viola Paradise, research assistant in the division of hygiene.

Respectfully submitted.

JULIA C. LATHROP,  
*Chief of Bureau.*

HON. WILLIAM B. WILSON,  
*Secretary of Labor.*

Accelerate.

Upstream.





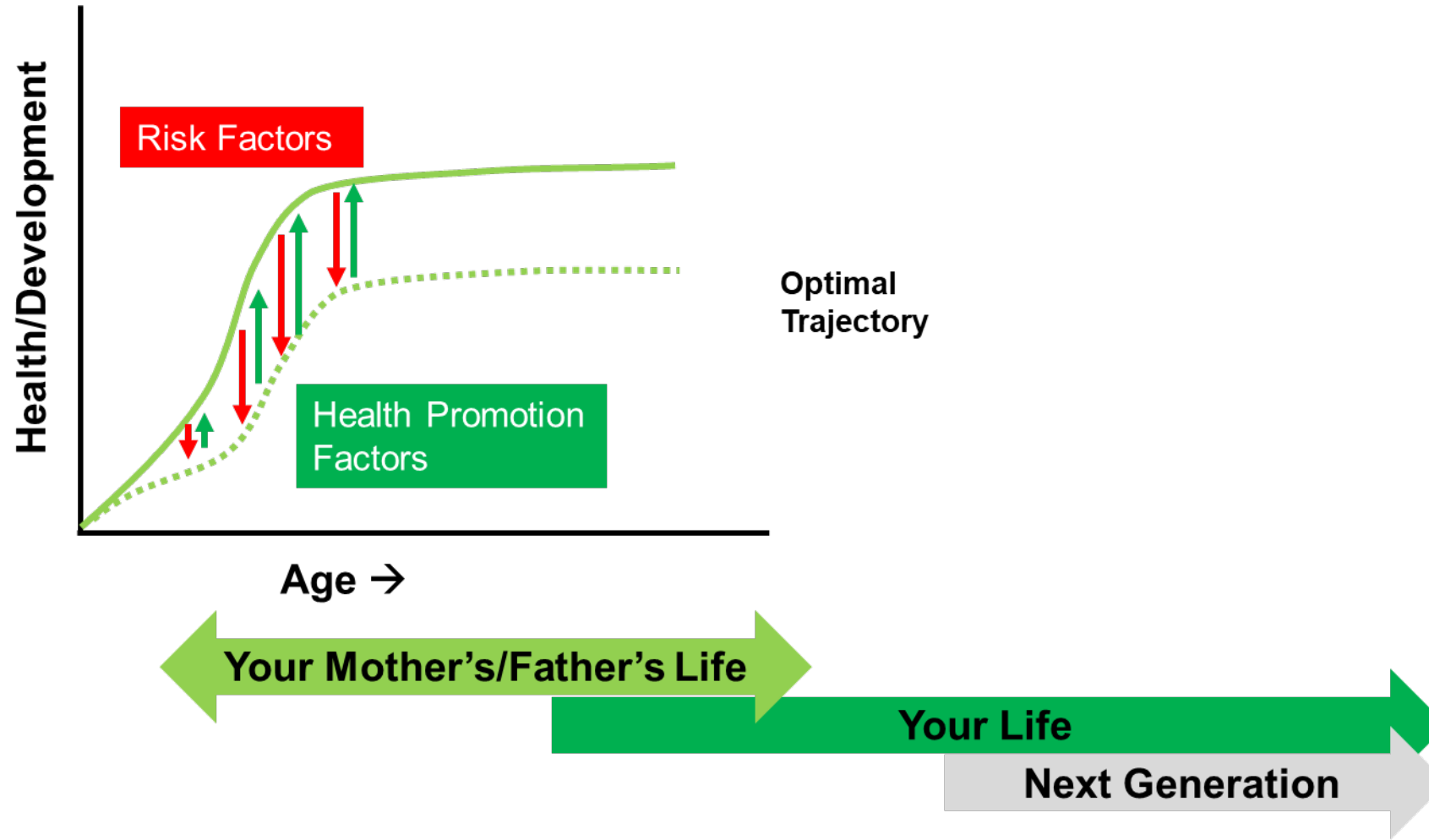
# Levels of Prevention

<b>PRIMARY</b> Prevention	<b>SECONDARY</b> Prevention	<b>TERTIARY</b> Prevention
An intervention implemented before there is evidence of a disease or injury	An intervention implemented after a disease has begun, but before it is symptomatic.	An intervention implemented after a disease or injury is established



Adapted from: Centers for Disease Control and Prevention. A Framework for Assessing the Effectiveness of Disease and Injury Prevention. MMWR. 1992; 41(RR-3); 001. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00016403.htm>

# Life Course Model

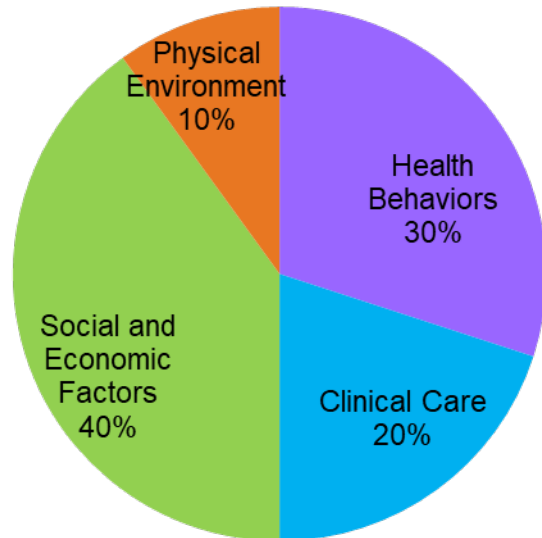
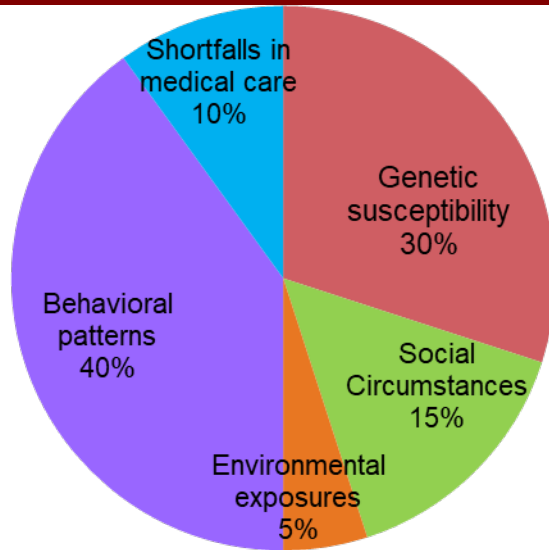


Adapted from the Life Course Toolkit by CityMatCH. Available at: <http://www.citymatch.org/projects/mch-life-course-toolbox>.  
Based on: Lu, M.C. & Halfon, N. Matern Child Health J (2003) 7: 13

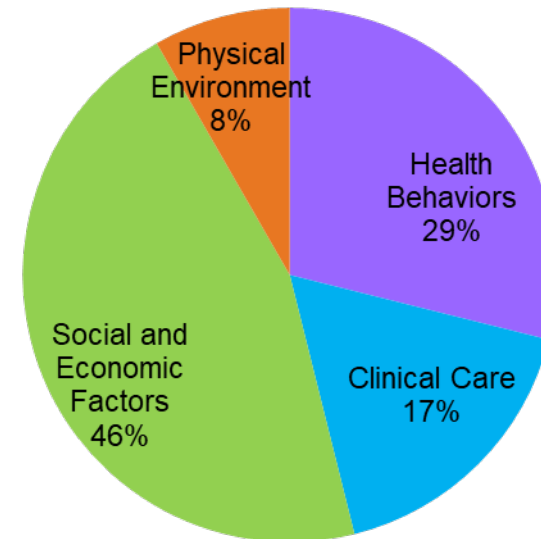
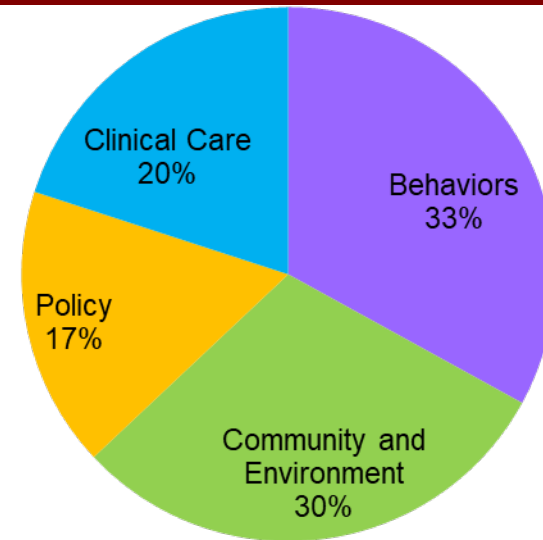


# What Determines Health?

**Upper left:** McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff.* 2002; 21(2):78-93. **Lower left:** Remington PL, Catlin BB, Gennusko KP. The County Health Rankings: rationale and methods. *Popul Health Metr.* 2014; 13:11. **Upper right:** American's Health Rankings. [www.americashealthrankings.org](http://www.americashealthrankings.org). **Lower right:** Park H et al. Relative Contributions of a Set of Health Factors to Selected Health Outcomes. *Am J Prev Med* 2015;49(6):961-969.



**Health care accounts for only 10-20% of overall health**



Accelerate.

Upstream.

Together.





# Paradigm for Improving Maternal and Child Health



## Accelerate

- Evidence-driven practice and innovation
- Strategic investments to achieve key outcomes faster



## Upstream (prioritize prevention and health promotion across the life course)

- **Title V:** State-driven health promotion for mothers, children and infants
- **Bright Futures:** Age-specific, clinical guidelines for pediatric primary and preventive care
- **Healthy Start:** Perinatal and infant health services to improve outcomes and reduce disparities
- **Home Visiting:** Evidence-based services to improve family health and promote positive parenting and early child development

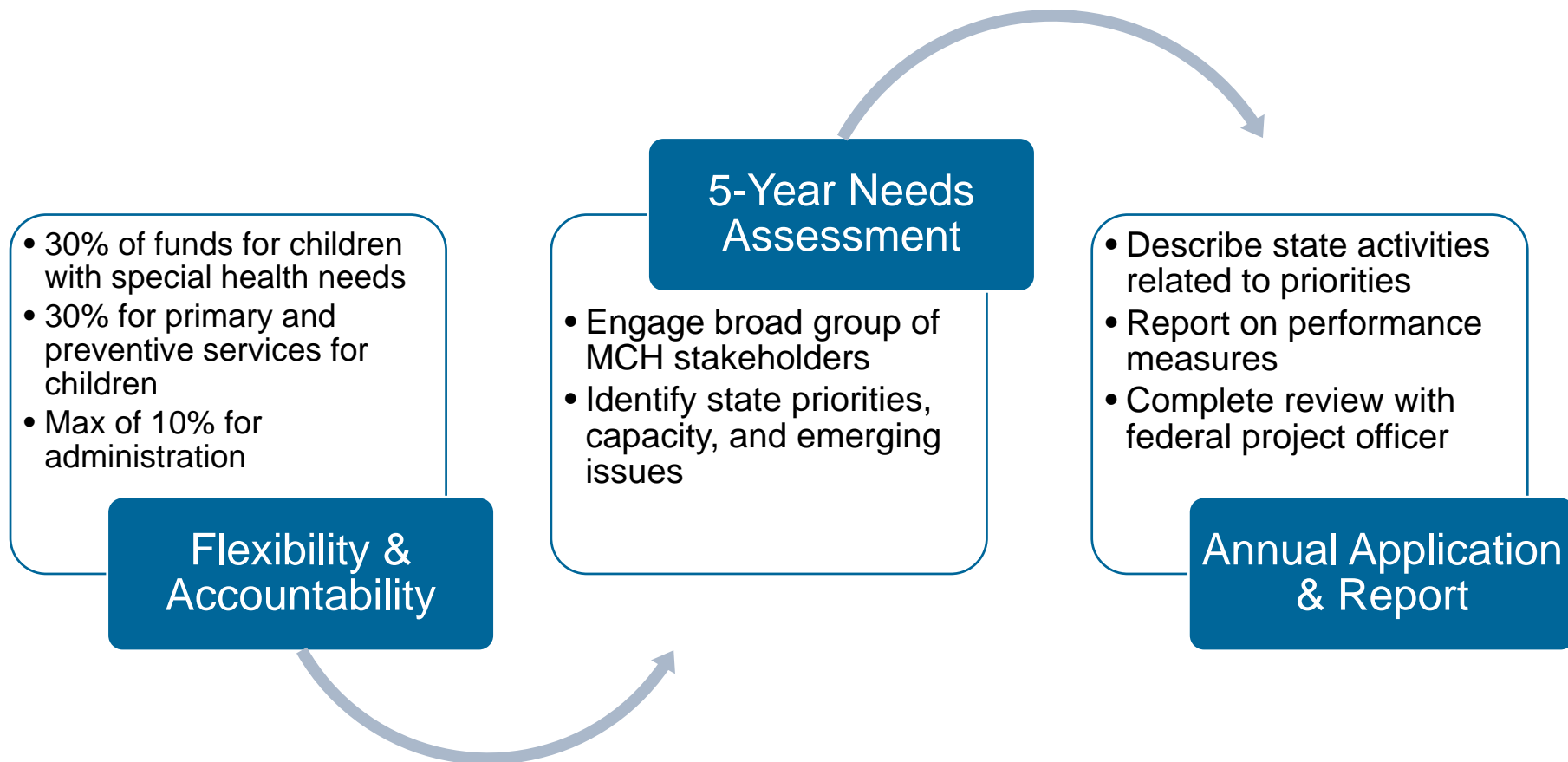


## Together

Partnerships at all levels (federal, state and in the field) , including

- Federal Partners Workgroup on Improving Maternal Health
- Collaboration with CDC and AHRQ on data and performance measurement
- State Title V agency MOUs with State Medicaid agencies

# MCH Block Grant to States and Five-Year Needs Assessment



# Five-Year Needs Assessment Summary

- Concise summary of the State's Needs Assessment **process and findings**
- Length: Not to exceed 60,000 characters or 20 pages
- Summary of key findings as they relate to State MCH priority needs.
- Findings from the Five-year Needs Assessment serve as the cornerstone for the development of the five-year State Action Plan.

**2020 Five-Year Needs Assessment – Due July 15, 2020**

Submitted as part of the FY 2021 Application/FY 2019 Annual Report  
(first year Application/Annual Report of the new five-year reporting cycle)





# Five-Year Needs Assessment Summary

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## Summary of Five-Year Needs Assessment **Process**:

- Goals, framework, methodology
- Level and extent of stakeholder involvement
- Quantitative and qualitative methods used to assess strengths and needs of each population health domain, MCH program capacity and partnerships
- Data sources used
- Interface between data, finalization of state priority needs, and action plan



# Needs Assessment Summary

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## Summary of Five-Year Needs Assessment Findings:

- MCH Population Needs
  - Summary of MCH strengths/needs, successes, challenges and gaps for population health domains
- Title V Program Capacity
  - Organizational structure
  - Agency capacity
  - MCH workforce development and capacity
- Partnerships, Collaboration and Coordination
  - Family/consumer engagement and leadership
  - Coordination with other MCHB, federal, state and local MCH investments



# Coordination with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment

## Two Needs Assessments stress coordination

- Title V MCH Services Block Grant – July 15, 2020
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) – October 1, 2020

## Block Grant:

- Long History of Needs Assessment
- State Perspective on Needs

## MIECHV:

- Insight into At Risk Communities
- Capacity and Partnership

## Practical Implications



# Title V Information System (TVIS)

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

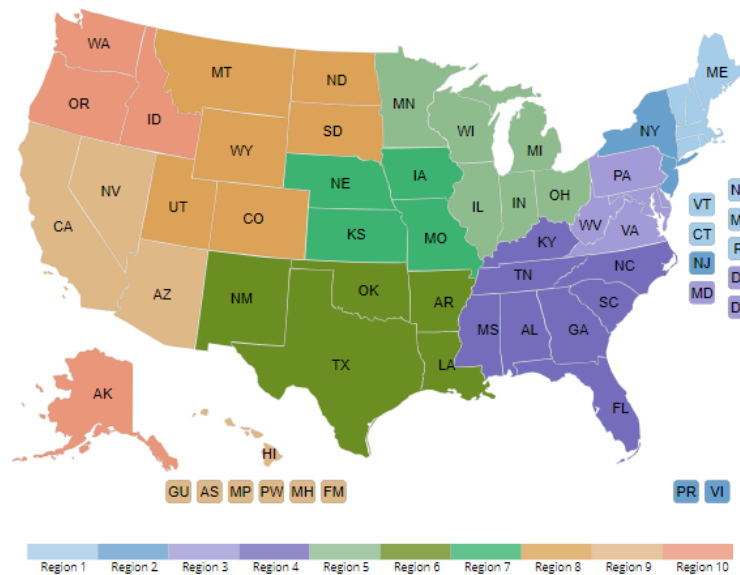


- Home
- Reporting Domains
- Priorities and Measures
- Financial
- State
- Archive
- Glossary

## Explore the Title V Federal-State Partnership

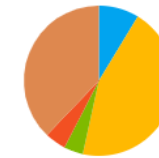
As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each 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 Data  
FY 2017 Expenditures: \$6,217,764,762



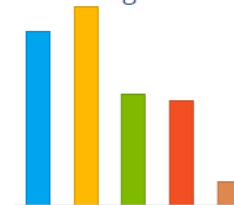
### FY 2017 Expenditures

National: \$6,217,764,762



### FY 2017

### Percentage Served



# National Survey of Children's Health

- Sponsored by the Health Resources and Services Administration's Maternal and Child Health Bureau; conducted by the U.S. Census Bureau.
- Annual, cross-sectional, address-based survey that collects information via the web and paper/pencil questionnaires on the health and well-being of children ages 0-17, including special health care needs, and related health care, family, and community-level factors that can influence health. 2018 data were released on October 7th for 30,530 children (≈ 600 from each State & DC) and can be accessed at <https://mchb.hrsa.gov/data/national-surveys>.
- **Current activities:**
  - 2019 NSCH in the field;
  - Cognitive testing underway to inform content revisions in 2020;
  - Design work underway to support 1<sup>st</sup> year of state oversamples in 2020;
  - Validation testing underway to revise and refine Healthy and Ready to Learn.



2018 NSCH-1001-0001-Approved-09/2019

 National Survey of Children's Health

*A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.*



The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses to a survey that could identify you or your household. The U.S. Census Bureau is conducting the National Survey of Children's Health on the behalf of the Department of Health and Human Services (HHS) under Title 15, United States Code, Section 895, which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 8953(c) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. Federal law protects your privacy and keeps your answers confidential under 12 U.S.C. Section 8. For the Federal Cybersecurity Enhancement Act of 2014, your data are protected from cybersecurity risks through encrypting of the systems that transmit your data.

Any information you provide will be shared for the work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552) and 16 CFR (CONSUMER PROTECTION) 1.1, Statistical Survey Collection (Census Bureau Sampling Frame).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining the most needed information is essential in order to achieve complete and accurate results.

NSCH-11  
09/2019

# Healthy People

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## Healthy People 2020:

- In closeout. Data have been provided to the National Center for Health Statistics and end-of-decade estimates are expected to be uploaded in December to website.

## Healthy People 2030:

- A total of **20 Objectives** have been identified for inclusion in the Maternal, Infant and Child Health (MICH) Topic Area with an additional **3 Developmental Objectives** also identified.
- Core MICH content areas continue to be represented, e.g., birth outcomes and breastfeeding.
- New MICH content proposed for postpartum depression screening, illicit opioid use during pregnancy, and safe sleep environment.
- Public website launch planned for March 2020 with Objective descriptions, baseline estimates and target setting methods.

# Contact Information

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