



TITLE V OF THE SOCIAL SECURITY ACT MATERNAL AND CHILD HEALTH INFANT MORTALITY EFFORTS

Michele H. Lawler, M.S., R.D.

**Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau**



Title V MCH Block Grant Program

SEC. 501 (a) (1) (A-D)



- Title V authorizes appropriations to States “to improve the health of all mothers and children”.
- “To provide and assure mothers and children...access to quality maternal and child health services”
- “To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children...”



Title V MCH Block Grant Program

SEC. 501 (a) (1) (A-D)



- “To increase the number of children... appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services...”
- “To promote the health of mothers and infants by providing prenatal, delivery and postpartum care for low-income, at-risk pregnant women”
- “To promote the health of children by providing preventive and primary care services...”



Title V MCH Block Grant Program

SEC. 501 (a) (1) (A-D)



- “To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX”
- “To provide and to promote family-centered, community-based, coordinated care...for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families.”



Title V MCH Block Grant Program

SEC. 505 (a) (1)



- Title V legislation requires the State to prepare a Statewide Needs Assessment every five years that identifies (consistent with health status goals and National health objectives) the need for:
 - Preventive and primary care services for pregnant women, mothers and infants up to age one;
 - Preventive and primary care services for children; and
 - Services for children with special health care needs.



Title V MCH Block Grant Program



- Operates as a partnership between Federal and State Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs.
- Implemented in collaboration with a wide range of Federal, State, local and private sector partners.
- Emphasizes accountability through annual reporting on key MCH indicators while providing appropriate flexibility for each State to respond to the particular needs of its MCH population.



Title V MCH Block Grant Program



- **Maternal and Child Health Block Grant helps States to support capacity and infrastructure building, population-based and enabling services, as well as direct health care services where no services are available.**
- **Decreasing the National rate of infant deaths has been and continues to be one of the primary focuses of the Maternal and Child Health Block Grant.**



Title V and Infant Mortality



- Dr. Wakefield has identified Infant Mortality as a **HRSA priority**.
- Maternal and Child Health Bureau (MCHB) is collaborating with the Association of State and Territorial Health Officials (ASTHO) around the potential development of a National strategy to reduce infant mortality across the U.S.



Title V and Infant Mortality



- In 2010, ASTHO convened a meeting of State Health Officials, MCH Directors and U.S. Department of Health and Human Services Regional Health Administrators to discuss the “burden of infant mortality” and to identify a strategic direction for addressing this issue.
- MCHB plans to lend collaborative and logistical support and technical assistance to the multi-State effort initiated by ASTHO in Regions IV and VI.



Title V and infant Mortality



- **Proposed Implementation:**
 - MCHB will organize a series of summits on infant mortality, beginning with Regions IV and VI.
 - Working with ASTHO, MCHB will plan and implement follow-up activities based on the recommendations from the Regions IV and VI Infant Mortality Summit .
 - MCHB will provide technical assistance to States to address identified needs.



ASTHO/MCHB Infant Mortality Summits and Follow-up Activities



- **Specific Objectives:**
 1. **Work with ASTHO and the State Title V Directors to identify areas of potential collaboration based on ASTHO's strategic plan for addressing infant mortality;**
 2. **Plan and convene a series of Infant Mortality Summits to bring Federal, State, and other MCH leaders and stakeholders together to promote coordination and collaboration in planning, implementing and sharing cross-State and multi-Regional efforts directed at reducing infant mortality;**



ASTHO/MCHB Infant Mortality Summits and Follow-up Activities



- **Specific Objectives (Continued):**
 3. Identify similarities and differences across States to better understand data trends and reporting, health status of at-risk populations, contributing factors (e.g., pre-term birth, pre-conception status, nutritional status and environmental/social determinants of health) and interventions that show promising results which could potentially be replicated in other States;
 4. Identify opportunities for leveraging resources and maximizing investments across Federal and State programs;



ASTHO/MCHB Infant Mortality Summits and Follow-up Activities



- **Specific Objectives (Continued):**
 5. Identify needs and provide technical assistance through a variety of vehicles to State MCH and CSHCN programs; and
 6. Define an organizational framework for continued collaboration and sharing of program successes and lessons learned across Regions, State Title V MCH Block Grant programs and their MCH partners.



Title V MCH Block Grant to States Program



- Performance/Outcome Measures and Health Status Indicators Related to Infant Mortality:
 - **National Outcome Measures #1-5**
 - Infant Mortality Rate per 1,000 live births.
 - Ratio of the black infant mortality rate to the white infant mortality rate.
 - Neonatal mortality rate per 1,000 live births .
 - Postneonatal mortality rate per 1,000 live births.
 - Perinatal mortality rate per 1,000 live births.



Title V MCH Block Grant to States Program



- Performance/Outcome Measures and Health Status Indicators Related to Infant Mortality:
 - **National Performance Measures**
 - Percentage of women who smoke in the last three months of pregnancy (**#15**).
 - Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates (**#17**).
 - Percent of infants born to pregnant women receiving care beginning in the first trimester (**#18**)



Title V MCH Block Grant to States Program



- Performance/Outcome Measures and Health Status Indicators Related to Infant Mortality:
 - **Health Status Indicators**
 - Low Birth Weight – Percent of singleton and all live births (**#1A and #1B**) weighing less than 2,500 grams.
 - Very Low Birth Weight – Percent of singleton and all live births weighing less than 1,500 grams (**#2A and #2B**).



Title V MCH Block Grant to States Program



State Priority Needs – Birth Outcomes

(FY 2011 MCH Block Grant Applications/FY 2009 Annual Reports)

- **Total of 30 Priority Needs Identified by 27 States**
 - **Infant Mortality – 17 States**
 - **Pre-term Births – 5 States**
 - **Disparities in Adverse Birth and Pregnancy Outcomes/
Infant Health Status/Health Outcomes – 5 States**
 - **Low Birth Weight – 5 States**
 - **Health Pregnancy/Improved Pregnancy Outcomes –
3 States**

(Some States target multiple needs.)



Title V MCH Block Grant to States Program



State Priority Needs – Birth Outcomes

CA – Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy.

KY – Decrease the infant mortality rate and eliminate the disparities in infant mortality in KY.

LA – Decrease infant mortality through reduction of preterm births in the African American population.

MO – Reduce disparities in adverse birth and pregnancy outcomes.



Title V MCH Block Grant to States Program



State Performance Measures (SPMs) – Birth Outcomes

(FY 2011 MCH Block Grant Applications/ FY 2009 Annual Reports)

- **Total of 18 SPMs Identified by 17 States**
 - **Infant Mortality/Infant Deaths – 11 States**
 - **Pre-term Births – 3 States**
 - **Substance Use (Alcohol/Tobacco) During Pregnancy – 2 States**
 - **Low Birth Weight – 1 State**
 - **Cleft Lip and/or Palate – 1 State**



Title V MCH Block Grant to States Program



State Performance Measures (SPMs) – Birth Outcomes

AL – The degree to which Statewide fetal and infant mortality review (FIMR) is implemented.

AZ – The percent of preventable fetal and infant deaths out of all fetal and infant deaths.

GA – Infant mortality rate among infants born weighing 1,500 grams or more who survive in the first 27 days of life.

NJ – The percentage of Black non-Hispanic preterm infants in New Jersey.

WA – Decrease the rate of infant mortality among the Native American population.



Title V MCH Block Grant to States Program



State Outcome Measures – Birth Outcomes

4 States Developed an Optional Outcome Measure:

MI – Ratio of Native American infant mortality to the white infant mortality rate.

MT – Native American Infant Mortality Rate.

SD – The American Indian infant mortality rate per 1,000 live births.

TX – The ratio of the Black perinatal mortality rate to the White perinatal mortality rate.



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

- Focus On **Prevention/Reduction** of :
 - Low Birth Weight and Very Low Birth Weight
 - Late Pre-term Birth
 - Prematurity
 - Birth Defects
 - SIDS
 - Infant Injury
 - Maternal Complications and Infections
 - Teenage Pregnancy
 - Unintended Pregnancy



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

- Focus On **Promotion** of :
 - Pre-conception and Inter-conception Care
 - Newborn Screening
 - Safe Sleep
 - Early and Regular Prenatal Care
 - Smoking Cessation During Pregnancy
 - Improved Maternal Nutritional Status/Reduction of Obesity
 - Substance Abuse Programs
 - Depression Screening



Title V MCH Block Grant to States Program



Identified State Infant Mortality Strategies Include:

- Reduction of Racial/Ethnic Disparities
- Community Education and Outreach
- Infant Safety Messaging, Including Sleep Position and Safe Sleep Environment
- Community-Based Prenatal Case Management and Care Coordination for Low-Income and High-Risk Women
- Reduction in Barriers to Medicaid or Other Types of Coverage
- Strengthening of Perinatal Systems of Care
- Reduction of Barriers to Early/Regular Prenatal Care
- Improvement of Pre-Conception Wellness
- Avoidance of Risky Behaviors
- Integration of a Life Course Approach
- Utilization of the CenteringPregnancy Model
- Use of Local Child Fatality/Fetal Infant Mortality Review Findings to Identify and Better Understand Factors That Contribute to Infant Mortality



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

- **Key Data Sources**
 - Perinatal Periods of Risk (PPOR) Approach
 - Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Fetal Infant Mortality Reviews (FIMR)
- **Partnerships/Collaborations with:**
 - Healthy Start Projects
 - State/Local WIC Agencies
 - March of Dimes
 - Injury Prevention Programs



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *AZ – Recommendations regarding prevention of infant deaths included implementation of an infant safe sleep message, evaluation of safe sleep education programs for parents at Arizona Perinatal Trust site visits of birthing hospitals, and launching a preconception health awareness campaign which includes messaging that targets African Americans in Arizona.*
- *CA – Black Infant Health (BIH) which has as its goal of reducing African American infant mortality in California uses case management and group interventions to support African American women in their pregnancies and improve birth outcomes.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *DE – Intervention programs in Delaware specifically aimed at reducing infant mortality include the Healthy Women, Healthy Babies program. The program, initiated in 2007, focuses on women who are members of minority groups, reside in zip codes with high numbers of infant deaths, are underinsured or uninsured, have experienced a previous poor birth outcome such as low birth weight or premature delivery, fetal death, stillbirth, or infant death, and who are coping with chronic diseases. Also, the Smart Start program is a prenatal program that traditionally has focused on prenatal care for underserved populations throughout the state.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *FL – In an effort to ensure that we continue to employ best practices to help reduce infant mortality, the Department of Health and the Florida Association of Healthy Start Coalitions have assembled a statewide Research to Practice Workgroup. The purpose of the workgroup is to review existing and ongoing research to ensure the continued effectiveness of the Healthy Start model. The workgroup will employ evidence-based practices to evaluate the Healthy Start program at the state and local levels, providing program improvements through the identification, implementation, and evaluation of best practices across the state.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *IL – The Chicago Healthy Start Project, Targeted Intensive Prenatal Case Management and Healthy Births for Healthy Communities are DHS [Department of Human Services] case management programs that target women at high-risk for poor pregnancy outcomes. The goal of these programs is to enroll the women early in pregnancy, connect her with needed medical and social services, monitor care throughout pregnancy, and encourage adoption of healthy lifestyle behaviors. In the past two years, there has been a growing focus on adoption of a lifecourse model, with recognition that good prenatal care alone is not enough to reduce the overall incidence of infant mortality.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *KY – Kentucky will continue to prioritize infant mortality and prematurity as a core MCH measure of well-being of women of childbearing age, and improving pregnancy outcomes. Newer approaches involve addressing contextual and community factors as well as the traditional risk factors.*

Fetal Infant Mortality Review (FIMR): Two fetal infant mortality review projects are currently underway in KY. One is in Louisville, which has the state's largest African American population, and the second in Bowling Green, KY, where there is a significant Hispanic population. The review teams in these areas will provide more accurate data on fetal and infant deaths along with the identification of risk factors and potential prevention strategies. System barriers that may influence infant mortality may be identified and addressed by the community team members.



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *LA – Fetal & Infant Mortality Review Initiatives (FIMR) have been established in all regions of the state. The FIMR program (staff and coalition structure) is charged with assessing service delivery gaps including prenatal care. Partners for Healthy Babies supports public relations efforts of Fetal & Infant Mortality Review coordinators to engage local media to highlight relevant issues. The Nurse Family Partnership (NFP), nurse home visiting program provides case management services for first time mothers statewide, assuring early and adequate care for its enrollees. FIMR programs collaborate with Healthy Start programs in 5 of 9 DHH [Department of Health and Hospitals] regions and encourage providers to refer to Healthy Start and/or NFP.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *MI – Priorities for the 2011-2016 period will not only focus on the traditional risk factors associated with infant mortality, including low birth weight, preterm birth and unintended pregnancy, but also on the social determinants of health and the patterns of health established during the life course. Strategies will focus on improving the pre-conception and inter-conception health status of women of child-bearing age, including addressing chronic disease, obesity and domestic violence factors. Increasing the proportion of intended pregnancies, including reducing adolescent pregnancy, will also continue to be an important effort. With a grant from the Kellogg Foundation, the Department will develop and implement a training curriculum for state staff on multi-culturalism and the effects of racism in areas such as developing a common language, analysis and definition of racism, and understanding the connection of their work to institutional racism.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *MN – The infant mortality reduction initiative provides resources, education, and technical assistance to local health departments, tribal governments, and community agencies to improve birth outcomes and reduce infant mortality with a particular focus on reducing racial and ethnic disparities in infant mortality and other poor birth outcomes. MDH [Minnesota Department of Health] also supports work to improve the health disparities around infant mortality that exists in the tribal communities in Minnesota. Partners in the program include the Office of Minority and Multicultural Health, the American Indian Community Action Team, the March of Dimes, the Department of Human Services, Twin Cities Healthy Start, Minnesota SID Center, Tribal nursing directors, urban American Indian programs, local health departments, and ACOG Minnesota.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *MS – Mississippi PRAMS is part of a CDC initiative to reduce infant mortality and low birth weight deliveries in Mississippi through the identification and monitoring of selected maternal experiences and behaviors including unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, and mother and infant health.*
- *NJ – Increasing Healthy Births is a state priority that encompasses reducing low birth weight, preterm births, infant mortality, and increasing first trimester prenatal care and adequate prenatal care (NPM #8, 15, 17, 18). Several initiatives address healthy births including Healthy Mothers, Healthy Babies Coalition outreach activities, Healthy Start outreach activities, Community Action Team projects based on FIMR findings, and most recently the Access to Prenatal Care Initiative.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *OK – Another example is the statewide infant mortality reduction initiative, "Preparing for a Lifetime, It's Everyone's Responsibility." MCH provides leadership for this initiative with critical support provided by state and community-based partners to impact preconception and interconception care and education; maternal infections; prematurity; postpartum depression; breastfeeding; tobacco use; infant safe sleep; and, infant injury prevention.*
- *PA – Specific interventions include home visiting programs, prenatal care for uninsurable women, faith based initiatives, community round table discussions, and community intervention grants.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- **TN** – *Currently-funded activities include intervention for pregnant smokers, CenteringPregnancy clinical services, obstetrical faculty to increase capacity for services, health education for pregnant women, Tennessee Initiative for Perinatal Quality Care (TIPQC) to improve health outcomes for mothers and infants through quality improvement methodologies , education and outreach for pregnant Hispanic women, and pilot projects for fetal-infant mortality review teams*
- **TX** – *Planning focused on sleep safety for infants, including collaboration with the Texas Department of Family and Protective Services (DFPS) continued in FY09 through a cross agency work group called the Infant Health Workgroup. In addition, DSHS [Department of State Health Services] has partnered with DFPS on two safe sleep projects, including an online training for CPS [Child Passenger Safety] caseworkers in assessing a sleep environment for safety when working with a family.*



Title V MCH Block Grant to States Program



State Title V MCH Infant Mortality Activities

(Excerpts from FY 2011 Applications/FY 2009 Annual Reports)

- *VA – Prematurity and low birth weight are major contributors to infant mortality. The Infant Mortality Working Group during the past year has developed ways to share information with pregnant women, their families and others in the community. Their emphasis is on helping expectant moms with birth preparations that include information on prenatal care, nutrition, controlling weight gain, not smoking and carrying a baby to full term whenever possible. One innovative program that has been implemented is text4baby.*
- *VT – VDH is working to improve health outcomes using the framework of social determinants and also the Lifecourse approach to public health interventions.*
- *WI – Eliminating racial and ethnic disparities in birth outcomes has been identified as one of the highest priorities for WI.*



Contact Information

Michele Lawler, M.S., R.D.

Deputy Director

Division of State and Community Health

MCHB/HRSA

301-443-8152

mlawler@hrsa.gov