



Maternal and Child Health Bureau Updates

Advisory Committee on Infant Mortality

January 25, 2021

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Associate Administrator

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



Objectives

- Highlight recent MCHB appropriations
- Summarize state Title V efforts related to infant/maternal health
- Gather input on approaches to infant mortality objectives in Healthy People 2030



MCHB FY2021 Appropriations



MCHB FY2021 Appropriations

MCHB Programs	FY2020 Enacted	FY2021 Enacted	FY2021 Change
Maternal and Child Health Block Grant	\$687.7	\$712.7	+ \$25.0M
Maternal, Infant and Early Childhood Home Visiting*	\$400.0	\$400.0	--
Healthy Start	\$125.5	\$128.0	+\$2.5M
Autism and Other Developmental Disabilities	\$52.3	\$53.3	+\$1.0M
Emergency Medical Services for Children	\$22.3	\$22.3	--
Early Hearing Detection and Intervention	\$17.8	\$17.8	--
Heritable Disorders	\$17.9	\$18.9	\$1.0M
Pediatric Mental Health Care Access	\$10.0	\$10.0	--
Family-to-Family Health Information Centers*	\$6.0	\$6.0	--
Sickle Cell Treatment Demonstrations	\$5.2	\$7.2	+\$2.0M
Screening and Treatment for Maternal Depression	\$5.0	\$5.0	--

Dollars in Millions / *Receives mandatory appropriations



MCHB FY2021 Appropriations

- Within \$25.0M increase to MCH Block Grant line:
 - \$5.0M increase in formula block grant to states
 - \$4.0M increase for Alliance for Innovation on Maternal Health (AIM)
 - \$2.0M increase for Sickle Cell disease programming
 - \$10.0M for new Regional Pediatric Pandemic Network
 - \$3.0M for new Maternal Mental Health Hotline
 - \$1.0M for new Adverse Childhood Experiences study



MCHB FY2021 Appropriations

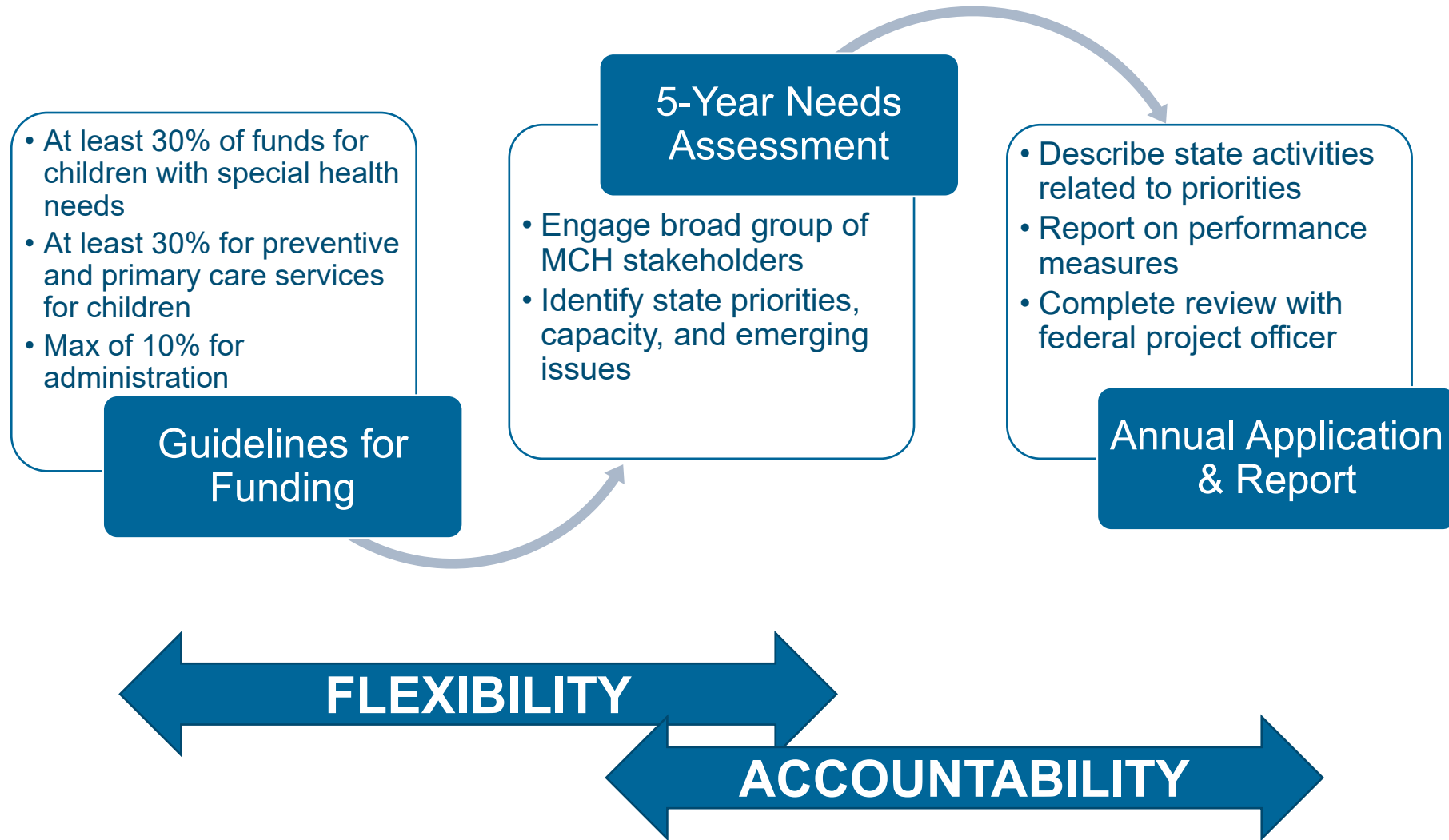
- Appropriations bill also included provisions for MCHB's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program
- Allows for the use of grant funds to:
 - Provide emergency supplies;
 - Support the provision of virtual visits through staff training; and
 - Help families acquire appropriate technology to participate in virtual services



Title V/MCH Block Grant Maternal & Infant Health Efforts



MCH Block Grant to States



MCH Block Grant to States Performance Measurement System

National Outcome Measure

- Infant Mortality

National Performance Measures

- Breastfeeding
- Smoking During Pregnancy
- Safe Sleep Position

State Action Plan

- Implement hospital breastfeeding policies
- Promote smoking cessation through home visits
- Train parents and caregivers on safe sleep

States select at least 5 NPMs that align with their priorities

States may develop state performance measures to address items in action plan

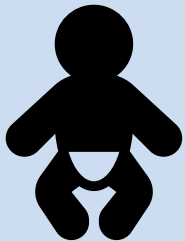
MCH Block Grant to States

2021-2026 State Priority Needs



MATERNAL HEALTH

- Reducing maternal morbidity and/or mortality (N=16)
- Reducing disparities in maternal morbidity and mortality (N=6)



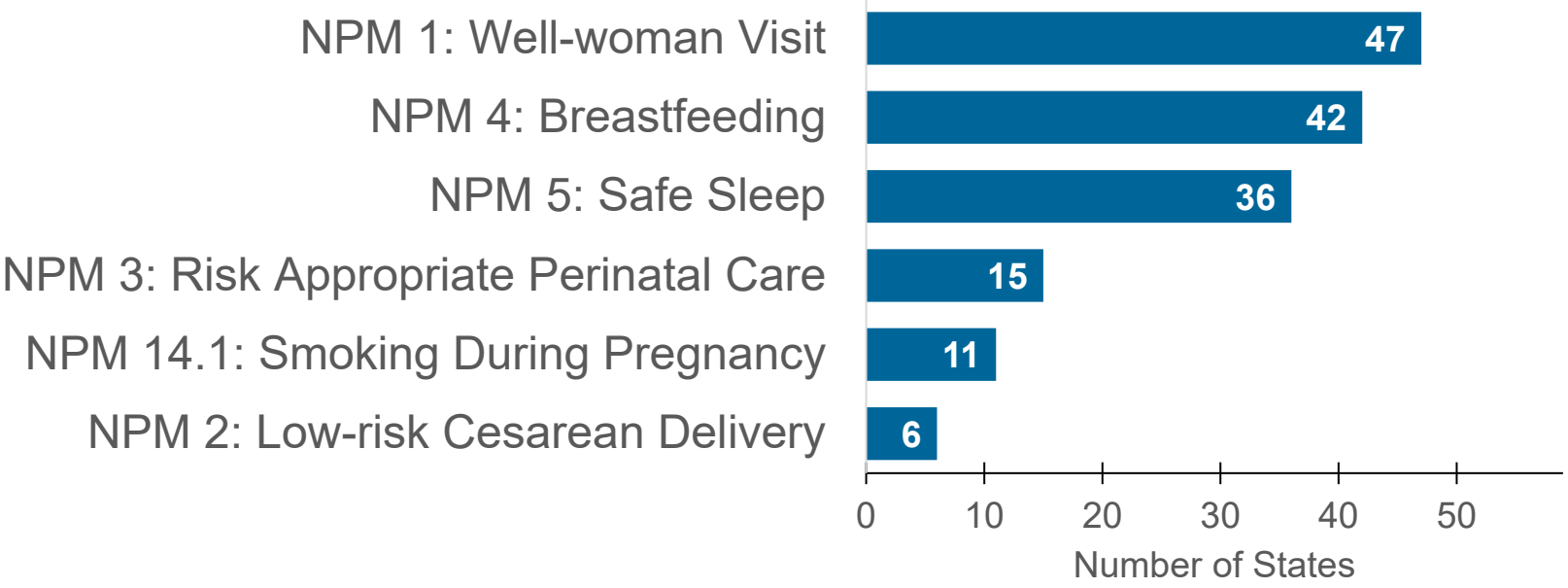
INFANT HEALTH

- Reducing infant mortality (N=23)
- Improving perinatal/birth outcomes (N=12)
- Reducing disparities in birth/infant outcomes (N=8)

N=number of states/jurisdictions (out of 59) who receive Block Grant

MCH Block Grant to States

2021-2026 National Performance Measures



MCH Block Grant to States

2021-2026 State Performance Measures

American Samoa:
Percent of newborns receiving a Newborn Metabolic Screening

UT: Percent of mothers that report a doctor, nurse or other health care worker asked if they were feeling down or depressed during prenatal and postpartum care

WI: Percent of women receiving a quality postpartum visit

MA: Percent of cases reviewed by MMRC within two years of maternal death

OH: Percent of women 19-44 with unmet mental health or counseling need in past year

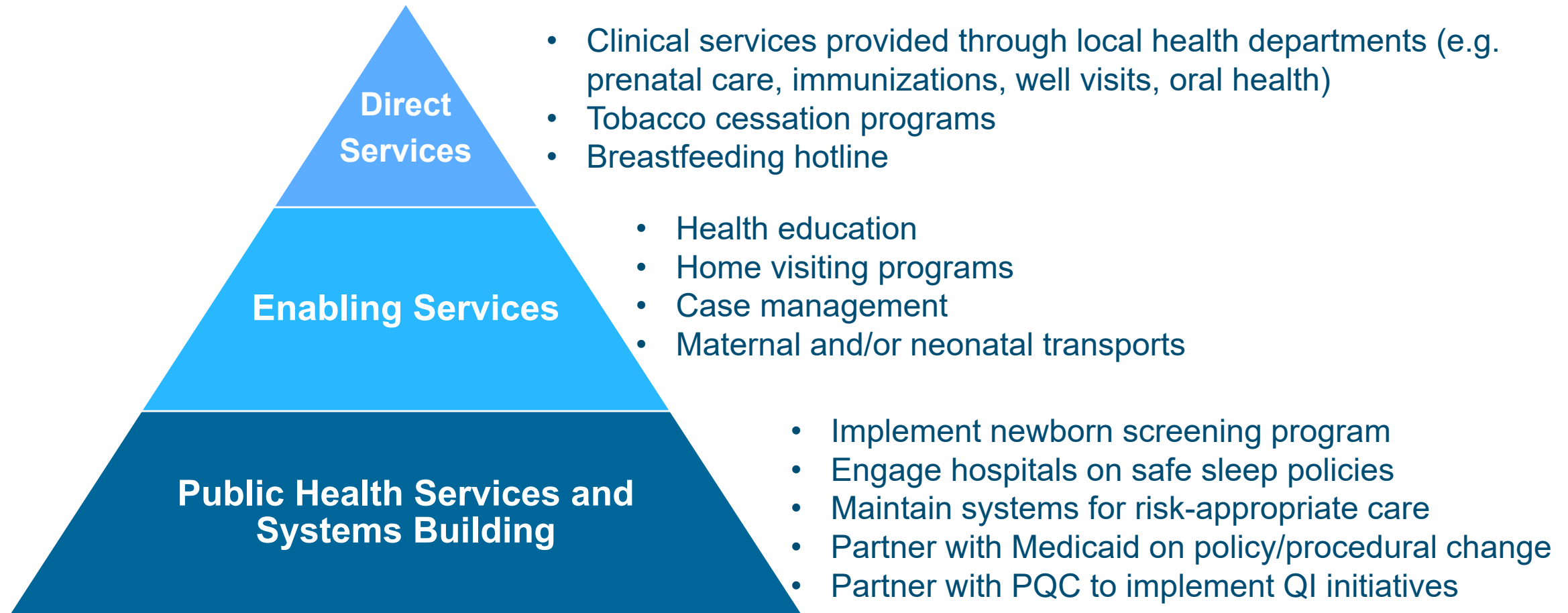
NM: Proportion of eligible families receiving plan of safe care for their substance-exposed newborn

USVI: Percent of women who enroll in prenatal care in first trimester



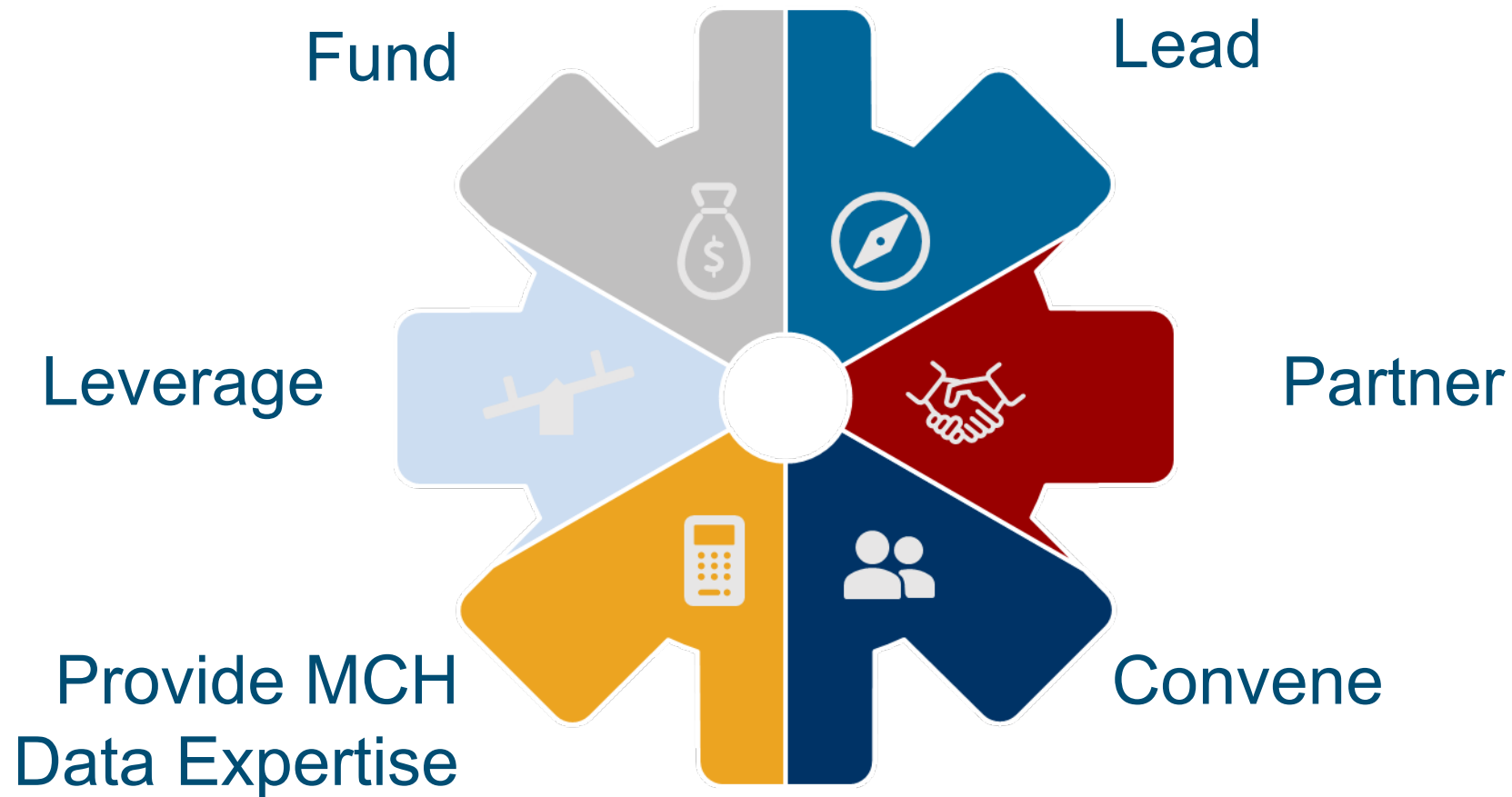
MCH Block Grant to States

Pyramid of Services: Maternal/Infant Health Examples



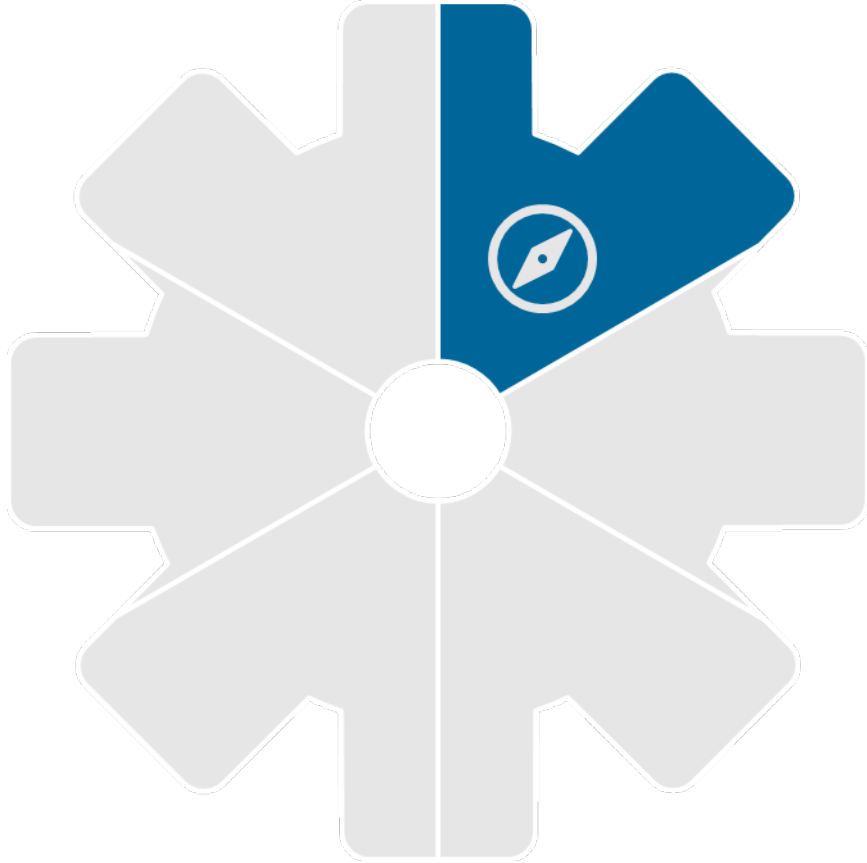
MCH Block Grant to States

Role of Title V in Maternal and Infant Health



MCH Block Grant to States

Role of Title V in Maternal and Infant Health

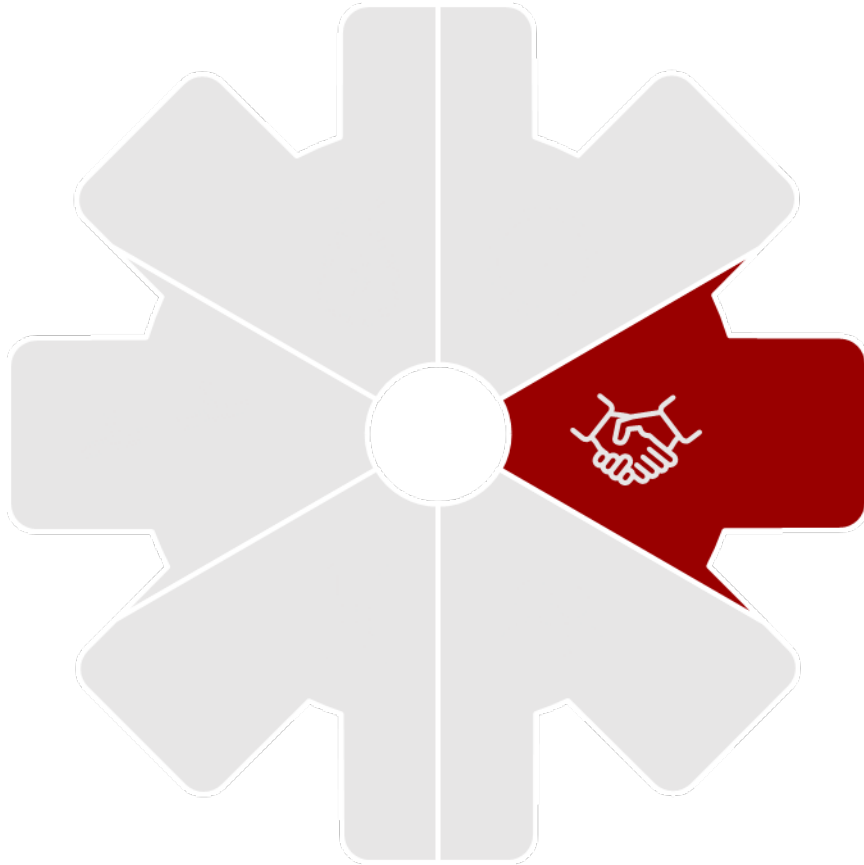


Lead

The Arizona Governor's Goal Council identified Maternal Mortality as a Breakthrough Project for 2020-2025 and tasked Arizona's Title V Program with developing and executing the plan.

MCH Block Grant to States

Role of Title V in Maternal and Infant Health



Partner

The Maine Title V Program coordinated with the WIC program to conduct a survey with WIC participants to learn about their behavior change as a result of viewing safe sleep messages in a media campaign.

MCH Block Grant to States

Role of Title V in Maternal and Infant Health

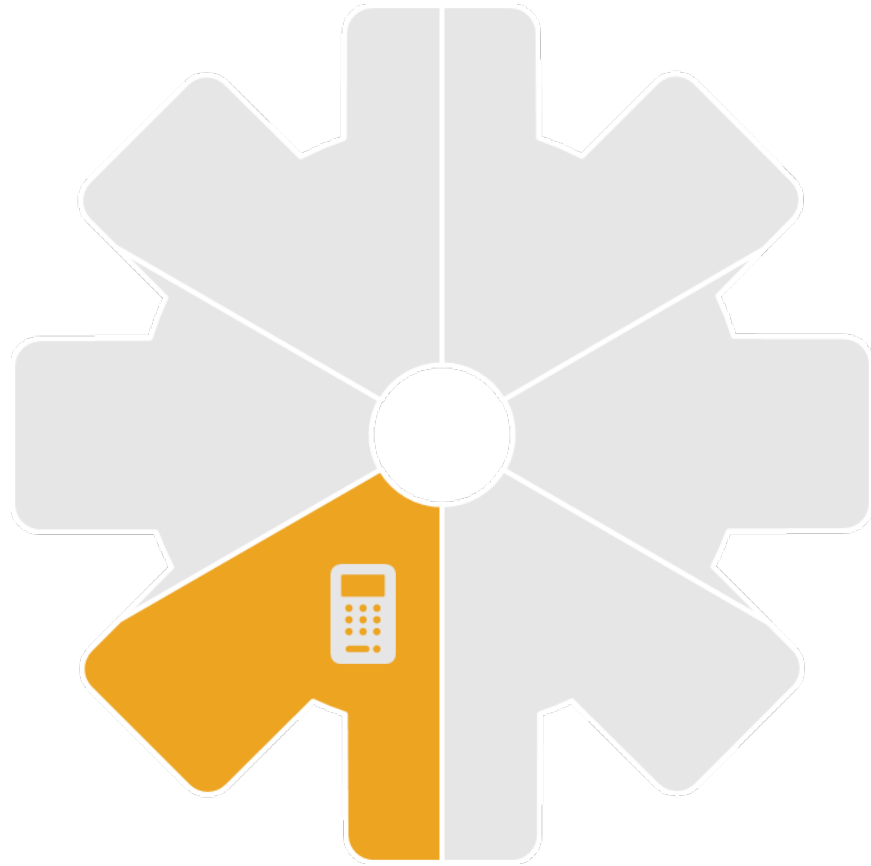


Convene

The New York State Title V Program provided key staffing and financial support for a series of listening sessions engaging Black women in conversations about how to improve their experiences and outcomes giving birth in NY. This feedback informed the recommendations by the Governor's Taskforce on Maternal Mortality and Disparate Racial Outcomes.

MCH Block Grant to States

Role of Title V in Maternal and Infant Health

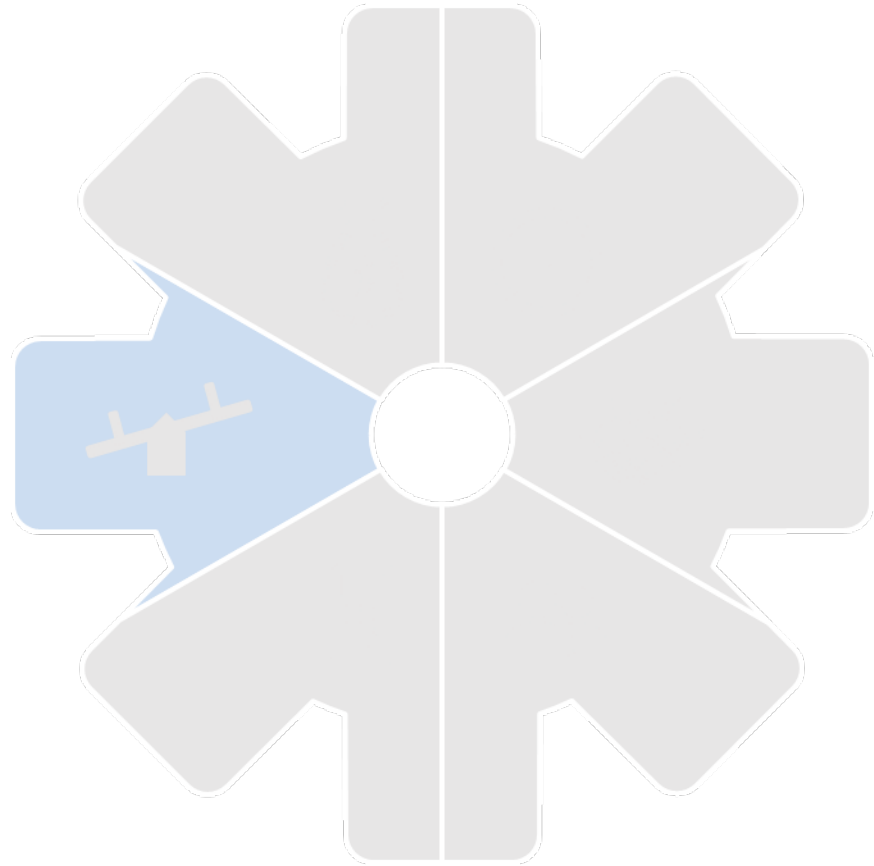


Provide MCH Data Expertise

Alabama's Governor convened the Children's Cabinet to address the issue of infant mortality. A subcommittee was created to develop an action plan. Title V funded program managers and MCH Epi staff developed and implemented strategies and data support for the plan.

MCH Block Grant to States

Role of Title V in Maternal and Infant Health

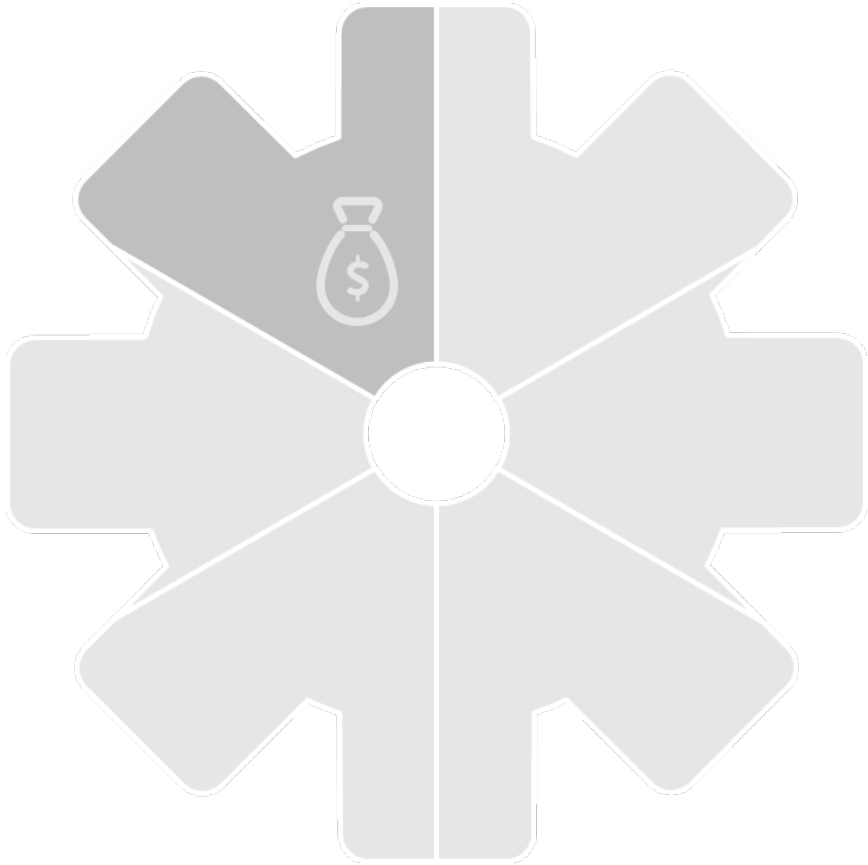


Leverage

The Wisconsin Title V Program leveraged Title V-supported staff time and data products to successfully demonstrate the need for establishment of a new unit focusing on maternal and infant mortality prevention.

MCH Block Grant to States

Role of Title V in Maternal and Infant Health



Fund

The Minnesota Title V Program funded the St. Paul-Ramsey County Public Health Department to implement the Birth Equity Community Council, a collaborative to improve birth outcomes and reduce infant mortality disparities.

Because of the sustained Title V and state funds for the Pregnancy Associated Mortality Review program since 2010, Ohio Department of Health was well positioned to receive two federal grants to further support maternal mortality prevention efforts.

For More Information

U.S. Department of Health and Human Services www.hrsa.gov

HRSA
Maternal & Child Health

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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 2019 Expenditures: \$6,092,223,884

FY 2019 Expenditures
National: \$6,092,223,884

FY 2019 Percentage Served

Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7 Region 8 Region 9 Region 10

- **Title V Information System**

- State Profiles
- National Outcome and Performance Measures
- Federally Available Data

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



Infant Mortality and Healthy People 2030



What would it take to achieve equity in infant mortality rates by 2030?



Healthy People 2030: Infant Mortality



U.S. Department of Health and Human Services



Office of Disease Prevention and Health Promotion

Objectives and Data ▾

Tools for Action ▾

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Healthy People 2030

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Reduce the rate of infant deaths — MICH-02

Objective Overview

Data Methodology and Measurement

Add to Custom List

Status: Baseline only

[Learn more about our data release schedule](#)

Reduce the rate of infant deaths within 1 year of age

Baseline: 5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017

Target: 5.0 infant deaths per 1,000 live births

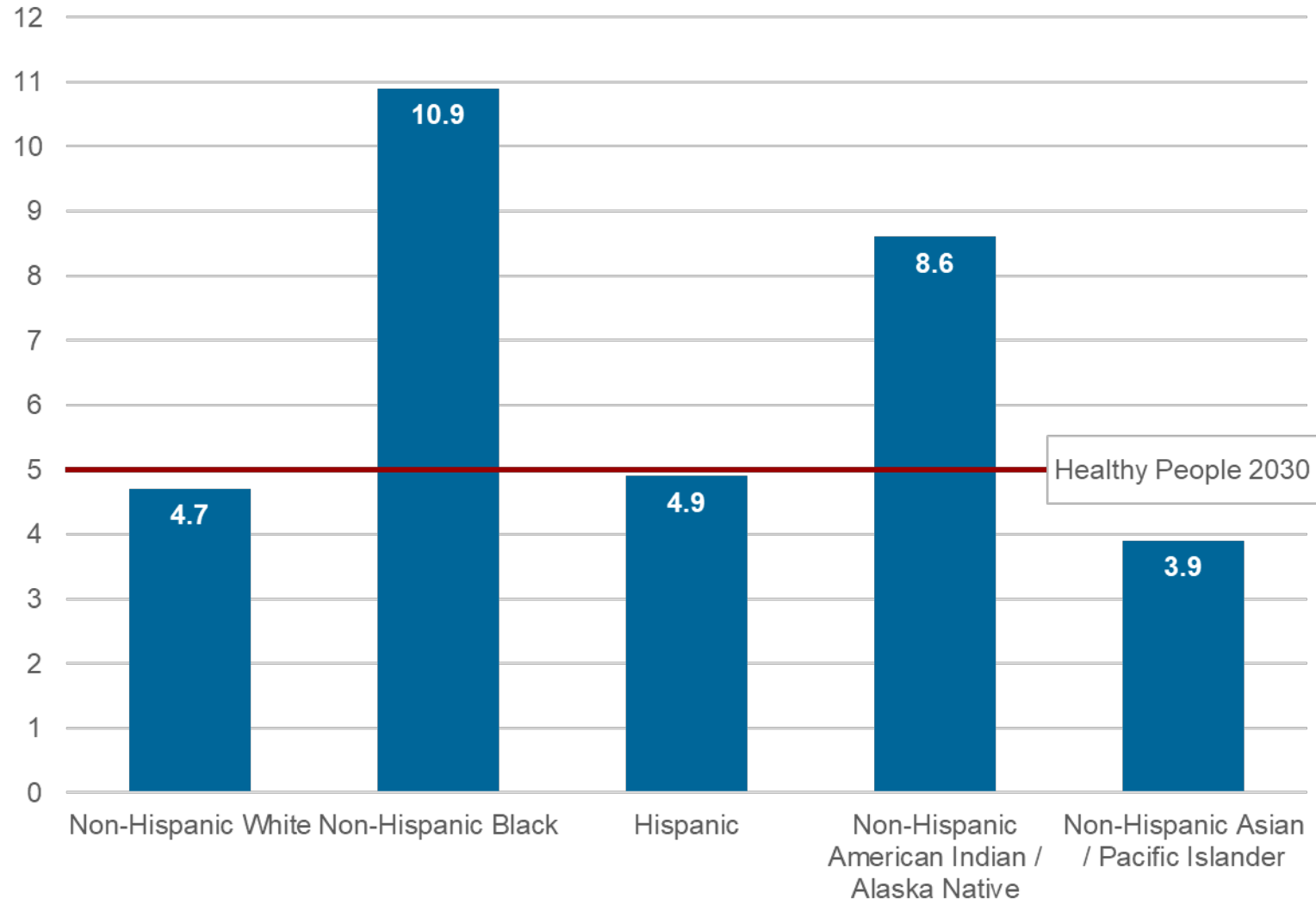
Target Setting Method: Projection

Data Source: [Linked Birth/Infant Death Data Set, CDC/NCHS](#)

[Learn more about data measurement for this objective](#)



Where Are We Now?



Of broad or bridged race/ethnic groups, **only NH Black and AI/AN infants have not already met the HP 2030 target.**

In fact, they have not even made the original HP 2000 target (7.0) 30 years after it was set.

Even if they meet the target, they wouldn't achieve equity with NH White majority group.

Using the same target setting projection for the overall IMR, NH White infants are projected to reach **4.0 by 2030** – this is the true target for equity.



Where Do We Go From Here?

- Ultimately, we want to **prevent every infant death possible**.
- Given the large and persistent gap between black and white infant mortality, we need to **accelerate efforts to achieve equity now**.

What Would It Take to Achieve Equity?

Population	Annual Births	Current IMR	Reduction to Achieve Equity (Subtract 4.0)	Number of Annual Deaths Needed to Prevent (Multiply by Births/1,000)
NH Black	583,439	10.9	6.9	4,026
NH AI/AN	34,801	8.6	4.6	160

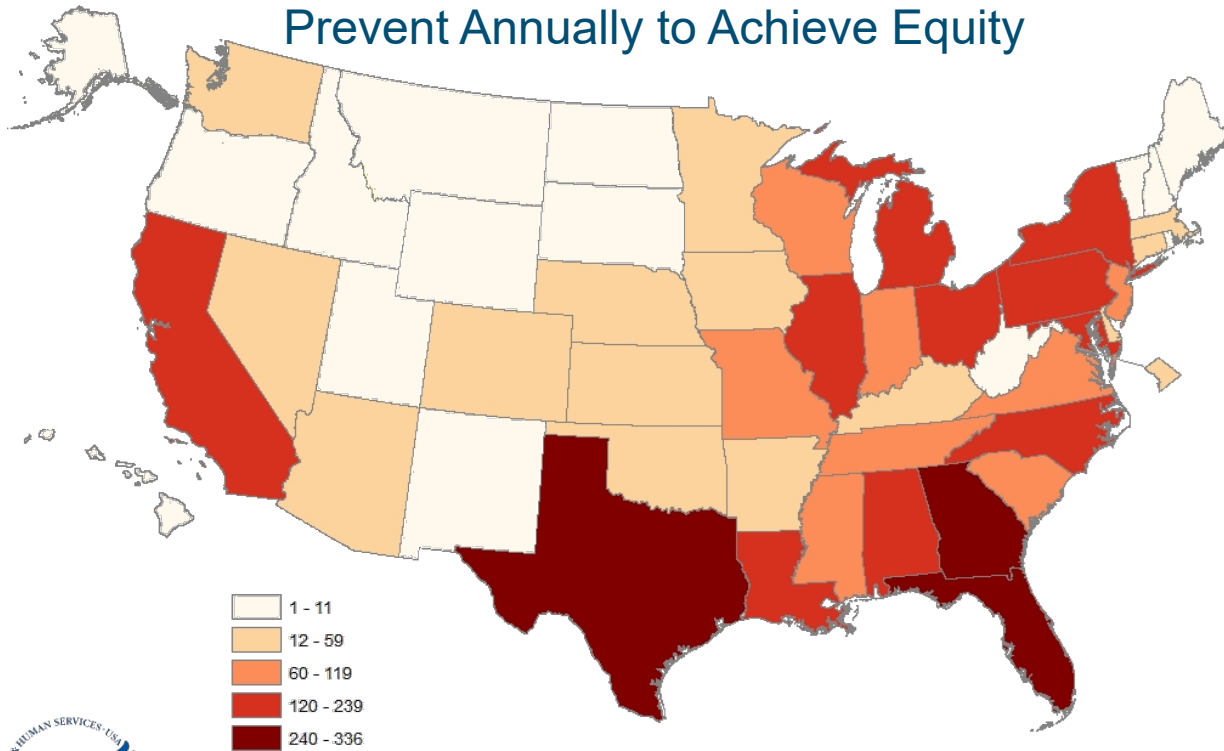
To achieve equity, an additional 4,186 babies need to celebrate their first birthday. That's **~12 babies/day**.

For context: ~10,500 babies born each day in the United States.



What Can States Do to Achieve Black-White Equity?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity

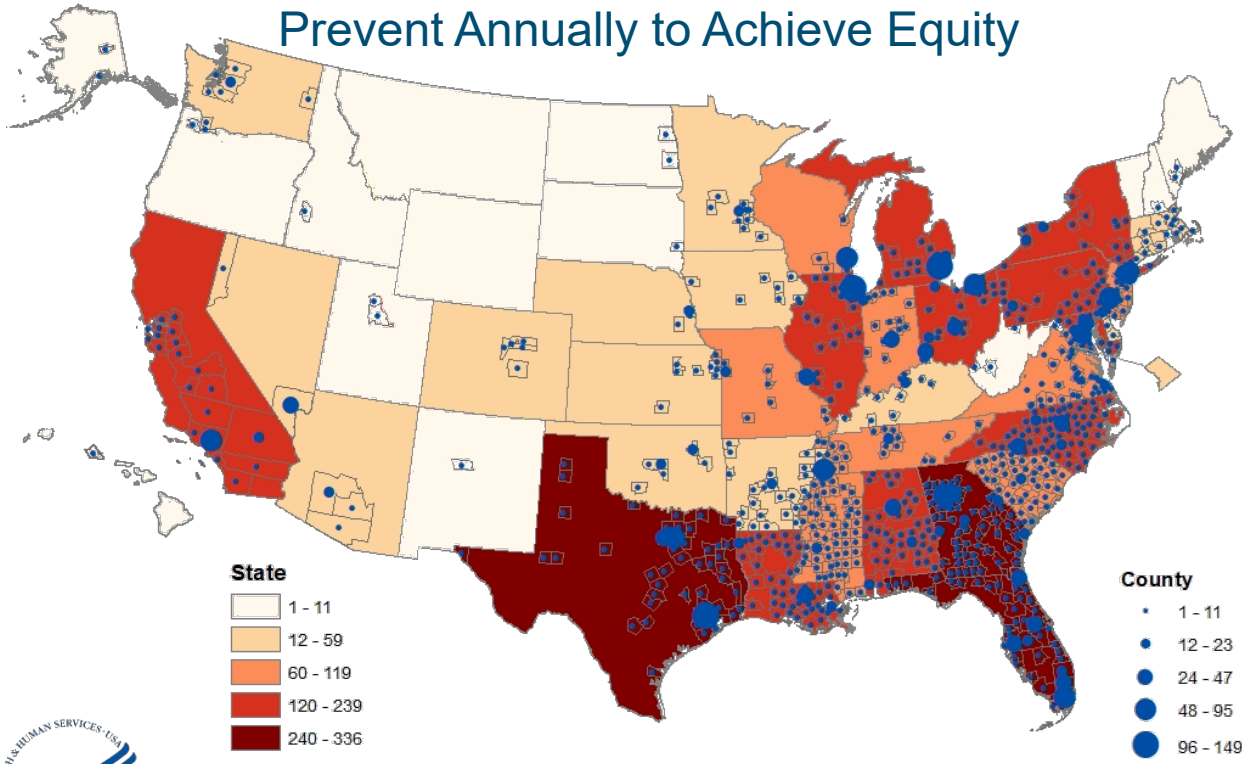


To Achieve Equity			
Black Infant Deaths to Prevent Annually	Black Infant Deaths to Prevent Monthly	# States	% of Total Black Infant Deaths to Prevent
1-11	<1	15	1%
12-59	1-4	15	11%
60-119	5-9	8	19%
120-239	10-19	10	45%
240-336	20-28	3	24%



What Can Counties Do to Achieve Black-White Equity?

Number of Black Infant Deaths to Prevent Annually to Achieve Equity



To Achieve Equity			
Black Infant Deaths to Prevent Annually	Black Infant Deaths to Prevent Monthly	# Counties	% of Total Black Infant Deaths to Prevent
1-5	<1	646	29%
6-11	<1	70	14%
12-23	1	42	18%
24-47	2-3	21	18%
48-95	4-7	8	11%
96-149	8-12	3	9%



Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7); 324 counties had no Black births and 2,023 counties had too few births to expect one death per year

What Can MCHB Do To Help Achieve Equity?

From the ACIM charter:

*Provide the Secretary with advice on how best to coordinate the myriad of **federal, state, local, and private programs and efforts** that are designed to deal with the health and social problems impacting infant mortality and maternal health, **including implementation of the Healthy Start program** and maternal and infant health objectives from the National Health Promotion and Disease Prevention Objectives.*

- We welcome your input on:
 - Existing programs
 - Suggested new approaches
 - Communication strategies
 - Key partners

Contact Information

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