



Maternal and Child Health 101

Colorado Maternal and Child Health
Prevention Services Division
www.mchcolorado.org

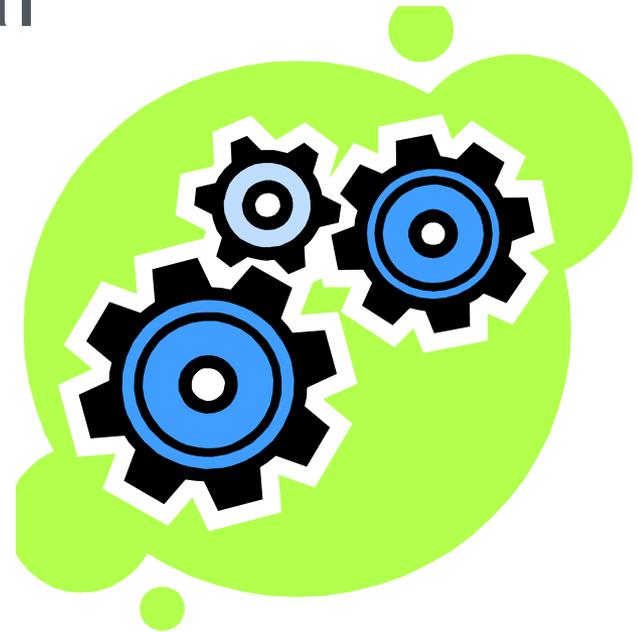
Presented by:
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Presentation Overview

- Federal / National
- State
- Local



Maternal and Child (MCH) Health

“The professional and academic field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, well-being and appropriate development of children and their families in communities and societies in order to enhance the future health and welfare of society and subsequent generations” (Alexander, 2004).

Primary National Partners

- Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. DHHS
- Association of Maternal and Child Health Programs



➤ MCH Navigator <http://navigator.mchtraining.net/>

- CityMatCH



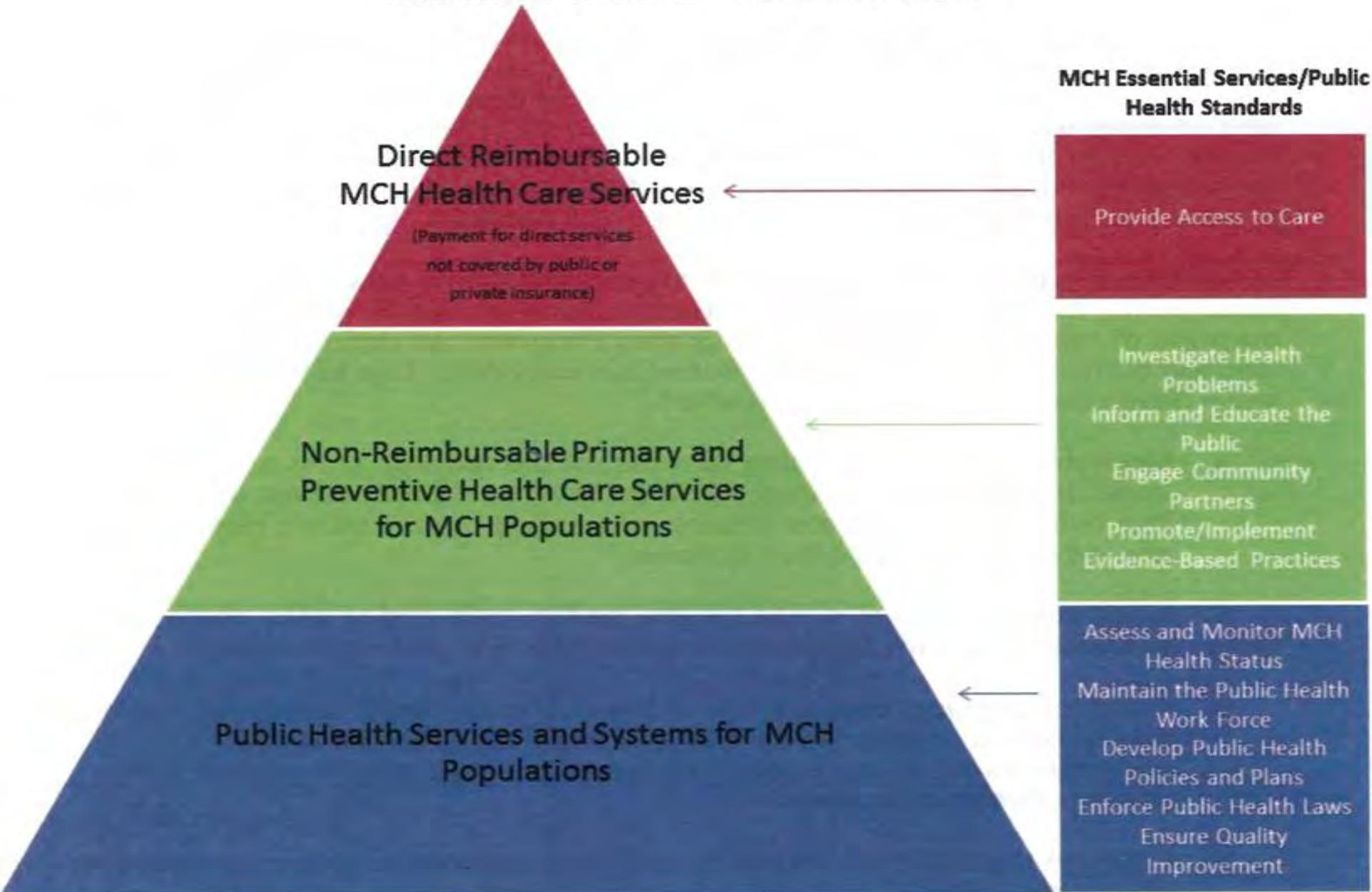
Title V MCH Block Grant

- Began in 1935 as part of Social Security Act
- Administered by Maternal and Child Health Bureau, HRSA, U.S. DHHS
- Only federal program devoted to improving the health of all women, children and families.
- Provides \$650 million in funding to states

Title V Vision and Mission

- Vision - A nation where all mothers, children and youth, including children and youth with special health care needs, and their families are healthy and thriving.
- Mission - To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Public Health Services for MCH Populations: The Title V MCH Services Block Grant



Block Grant Requirements for States

- 30/30/10
 - 30% of total state BG funds must be allocated to child/adolescent population;
 - 30% of total state funds must allocated to CYSHCN population
 - No greater than 10% administrative cost
- Administer a state hotline for MCH health info.
- Conduct state-level needs assessment once every five years on the MCH population; Identify 7-10 priorities to guide work for the next five years;

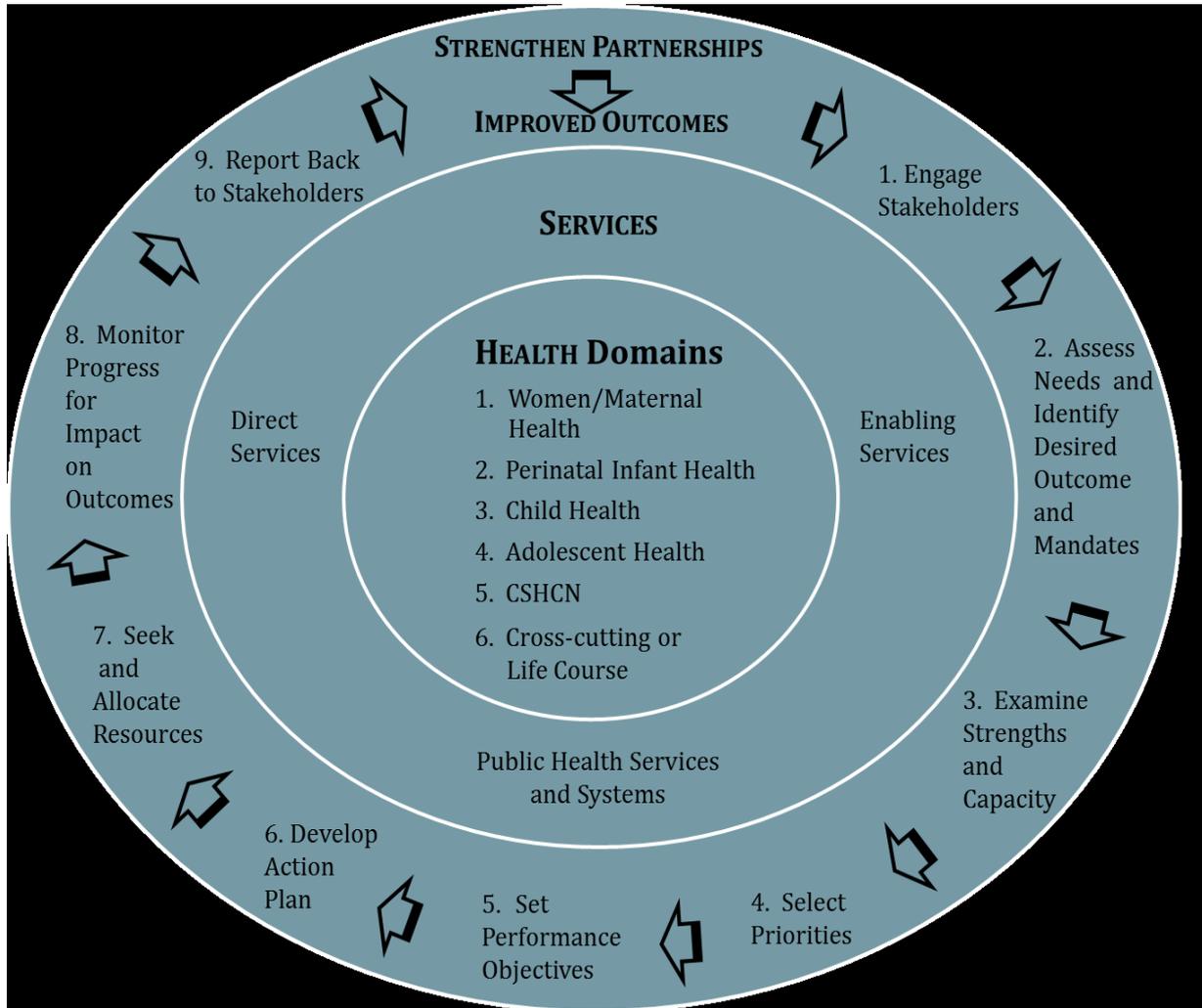
Block Grant Requirements for States

- Address 8 national performance measures with at least one from the six federal population domains

NPH #	National Performance Priority Area	MCH Population Domains
1	Well-woman visit	Women/maternal health
2	Low-risk cesarean delivery	Women/maternal health
3	Perinatal regionalization	Perinatal/infant health
4	Breastfeeding	Perinatal/infant health
5	Safe sleep	Perinatal/infant health
6	Developmental screening	Child health
7	Injury	Child health and/or adolescent health
8	Physical activity	Child health and/or adolescent health
9	Bullying	Adolescent health
10	Adolescent well-visit	Adolescent health
11	Medical home	Children with special health care needs
12	Transition	Children with special health care needs
13	Oral health	Cross-cutting/life course
14	Smoking	Cross-cutting/life course
15	Adequate insurance coverage	Cross-cutting/life course

- Identify and address 3-5 state performance measures

Title V MCH Program Public Health Process



Colorado Maternal and Child Health



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Colorado's MCH Vision and Mission

- Vision - Healthy people, healthy families and thriving communities;
- Mission - Optimize the health and well-being of the MCH population by employing primary prevention and early intervention public health strategies;

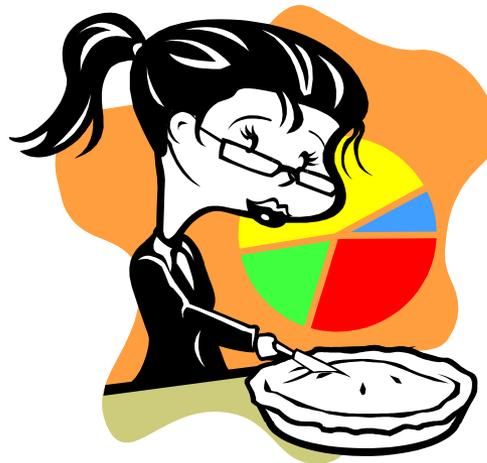
*MCH population includes women, children, youth, children and youth with special health care needs, and families.

Strategic Direction

- Life course approach and socio-ecologic framework
- Emphasize population health
- Focus on primary prevention / early intervention
- Promote health equity

Colorado MCH Title V Funding

- \$7.2 million total
- \$2.88 million to state-level activities (40%)
- \$4.32 million to local partners and programs (60%)



Colorado State General Funds

- Supports the HCP Program and children and youth with special health care needs
- \$2.6 million total
- \$1.8 million to local partners and programs (69%)



Who's Who:

State Team Supporting Maternal and Child Health Priorities

Last updated: 12/2014

Maternal and Child Health Implementation Teams (MITs)

Team Leads

- Develop logic models and action plans.
- Identify and implement state and local strategies to address priorities.
- Employ evidence-based and promising practices grounded in sound public health theory or research.
- Enhance collaboration among internal and external partners.
- Evaluate, and ensure progress toward impacting state performance measures.

Team Sponsors

- Check-in monthly with the team leads.
- Monitor progress of MIT strategy development, strategy implementation, and evaluation.

Team Lead	Title	Phone	MCH Priority	Team Sponsor
Early Childhood Dental Caries				
Beth Wyatt	Child and School Oral Health Coordinator	303.692.2569	Prevent development of dental caries all children ages birth to 5.	Marcy Bonnett
Early Childhood Obesity Prevention				
Jennifer Dellaport	Early Childhood Obesity Prevention Unit Manager	303.692.2462	Prevent obesity among all children ages birth to 5.	Erin Ulric
Early Childhood Screening				
Eileen Auer Bennett	Assuring Better Child Health and Development Executive Director	720.333.1351	Improve developmental and social emotional screening and referral rates for all children ages birth to 5.	Mandy Bakulski Anne-Marie Braga

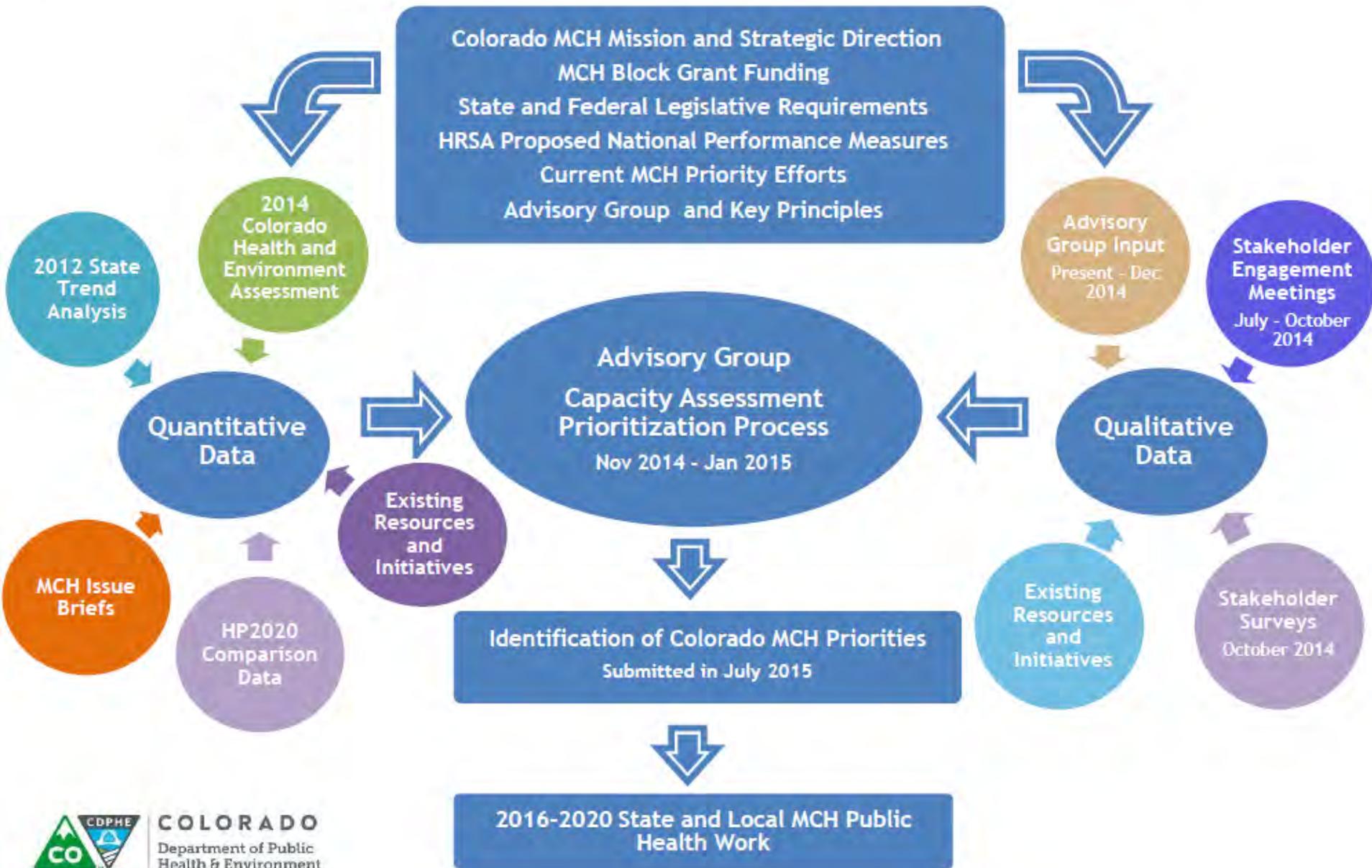
MCH Steering Team

- Provides leadership, accountability and oversight to Colorado's MCH efforts;
- Sets strategic direction for Colorado MCH;
- Serves as the key decision-making body for MCH program wide;
- Identifies and provides support to state and local level efforts;

State-level MCH Administration

- Title V Block grant application and reporting
- 5-year state-level needs assessment
- Manage budget and allocate funds to state-level programs
- Administer funds to MCH at local health agencies
- Oversee MCH data development, compilation, interpretation, and dissemination
- Promote evidence-based programs
- Professional development / training / TA to state and local partners
- Performance management and quality improvement

Colorado Maternal and Child Health (MCH) 2016-2020 Needs Assessment Process



Issue Briefs

**Maternal and Child Health
Issue Brief**
July 2014 № 6

Mental Health Among Women of Reproductive Age in Colorado

Why is women's mental health a concern?
Poor mental health, such as depression and anxiety, can diminish a woman's quality of life, work productivity and physical health, as well as have a negative impact on pregnancy.^{1,3} Pregnancy-related depression (PRD) among women of reproductive age (ages 15-44) is a mood disorder that occurs during pregnancy or up to one year after giving birth or experiencing pregnancy loss.⁴ Children of depressed mothers are more likely to display social and emotional problems, delays or impairments; poor self-control; aggression; poor peer relationships; and difficulty in school.¹

More than one in every 10 (10.5 percent) Colorado women who gave birth between 2009 and 2011 experienced postpartum depressive symptoms (PDS) since their new baby was born.⁵ This makes depression the most common complication of pregnancy.⁴

Depression Symptoms:
A low or sad mood —
loss of interest in fun activities — changes in eating, sleep, and energy — problems in thinking and making decisions — feelings of worthlessness, shame, or guilt — thoughts that life is not worth living — many symptoms occurring together and lasting more than a week or two.⁶

What is the prevalence of poor mental health?
Since 2003, the number of Colorado women reporting poor mental health (stress, depression, and anxiety) has not improved (Figure 1).⁷ In 2012, nearly 1 in every 5 (18.7 percent) Colorado women of reproductive age experienced 8 or more days of poor mental health in the past 30 days.⁷

Depression and anxiety often occur together. In 2012, 10.4 percent of Colorado women of reproductive age were currently depressed, and 43.9 percent ever diagnosed with a depressive disorder had also been diagnosed with an anxiety disorder.⁷ Overall, 18.9 percent of women of reproductive age in Colorado reported an anxiety disorder diagnosis.⁷

Colorado's Goal:
By 2020, increase to 80 percent the number of mothers who report a healthcare provider talked to them about what to do if they felt depressed during pregnancy.

Year	Percent
2003	17.2
2004	17.5
2005	17.0
2006	16.5
2007	17.5
2008	16.5
2009	17.0
2010	17.5
2011	18.0
2012	18.7

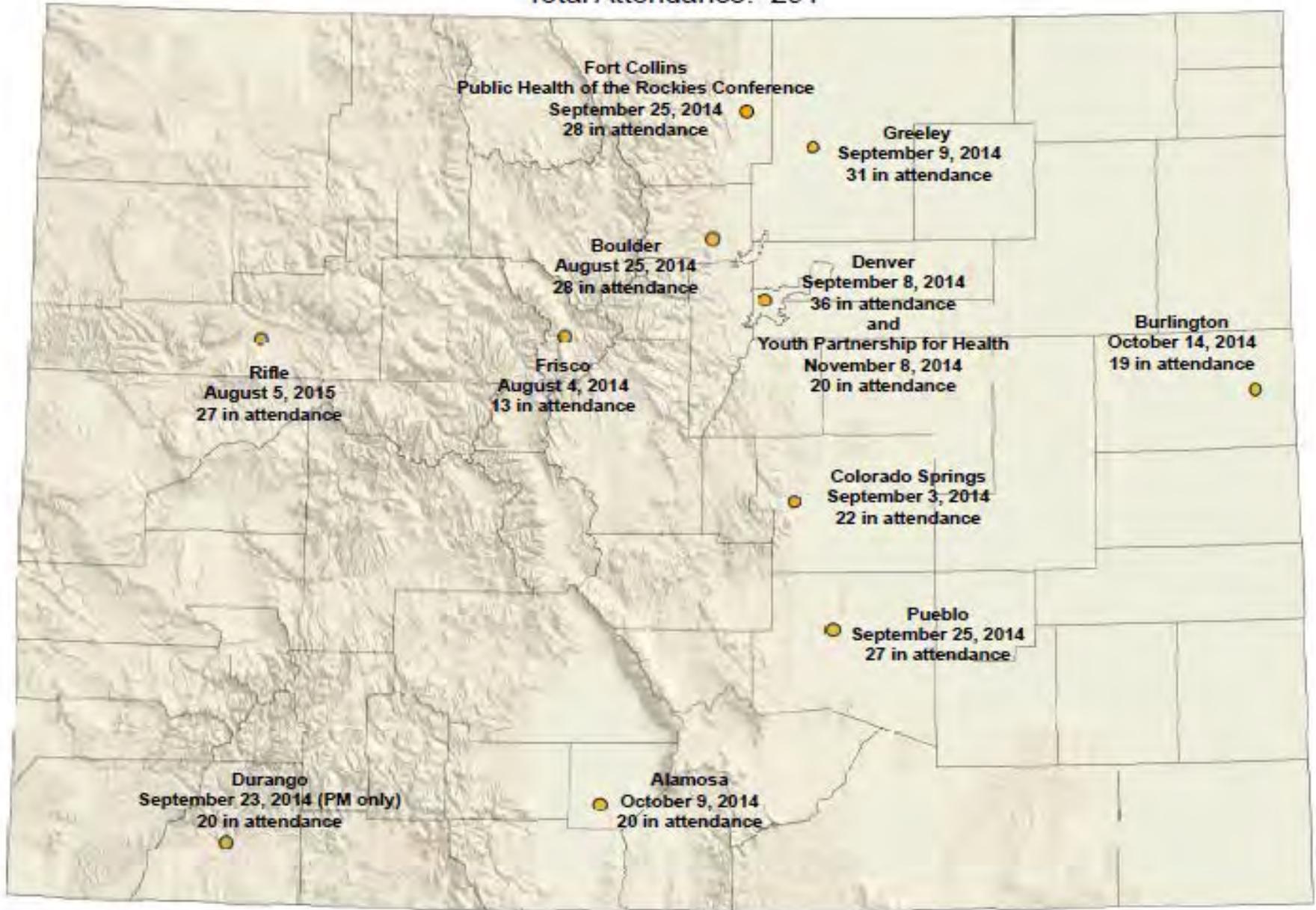
- Unintended pregnancy
- Mental health among women of reproductive age
- Substance use among women of reproductive age
- Infant mortality
- Early childhood obesity
- Immunization
- Child/adolescent injury
- Child and youth obesity
- Mental health among children and adolescents
- Substance use among adolescents
- Oral health
- Children and youth with special health care needs

HP2020 Comparison Table (for Phase 1 Prioritization)

Issue	HP2020 Objective	HP2020 Goal	Colorado Prevalence	Distance to Goal	Colorado Indicator
WOMEN AND INFANTS					
Unintended pregnancy	Increase the proportion of pregnancies that are intended	56.0%	64.0%	Meets the goal	Percent of live births that are intended
Well-woman care (including access to care)	N/A	N/A	62.2%	Data Not Available	Percent of women ages 18-44 who visited a doctor for a routine check-up in the past year
Insurance coverage	Increase the proportion of persons with medical insurance	100%	83.7%	Close/Some Distance	Percent with health insurance (all ages)
Medical home	home	63.3%	66.5%	Meets the goal	medical home
Mental health	Reduce the proportion of adults aged 18 years and older who experience major depressive episodes	3.8%	10.4%	Close/Some Distance	Percent of women ages 18-44 with current depression
Pregnancy-related depression	(Developmental) Decrease the proportion of women delivering a live birth who experience postpartum depressive symptoms	N/A	N/A	Data Not Available	N/A
Substance use/marijuana prevention (both pregnant and non-pregnant women)	Reduce the proportion of adults reporting use of any illicit drug during the past 30 days	7.1%	15.3%	Far from the goal	Percent of women ages 18-44 who used an illicit drug during past 30 days
	Reduce the proportion of persons engaging in binge drinking during the past 30 days - adults aged 18 years and older	24.4%	21.1%	Meets the goal	Percent of women ages 18-44 who engaged in binge drinking in past 30 days
	Reduce cigarette smoking by adults	12.0%	16.5%	Close/Some Distance	tobacco
	Increase the proportion of women delivering a live birth who did not drink alcohol prior to pregnancy	56.4%	40.1%	Close/Some Distance	Percent of women who did not drink alcohol during 3 months before pregnancy
	Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy	83.4%	77.1%	Close/Some Distance	Percent of women who did not smoke during 3 months before pregnancy
	Increase smoking cessation during pregnancy	30.0%	66.0%	Meets the goal	pregnancy
Healthy eating, active living	Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy	53.4%	52.7%	Close/Some Distance	Percent of women with a live birth who were at normal prepregnancy BMI
	(Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies	N/A	N/A	Data Not Available	N/A
	Reduce the proportion of adults who are obese	30.3%	19.8%	Meets the goal	obese
	Increase the proportion of adults who are at a healthy weight	33.9%	49.5%	Meets the goal	normal weight
	Reduce the proportion of adults who engage in no leisure time physical activity	32.6%	18.3%	Meets the goal	Percent of female adults ages 18+ who engaged in no leisure time physical activity
Low-risk cesarean deliveries	Reduce cesarean births among low-risk women with no prior cesarean births	23.9%	20.7%	Meets the goal	Percent of cesarean deliveries among low-risk births (term, singleton, vertex births to
Perinatal regionalization	Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or subspecialty perinatal centers	83.7%	87.9%	Meets the goal	Percent of VLBW births in Level III hospitals
Inadequate maternity leave	N/A	N/A	N/A	Data Not Available	N/A
Safety/injury of women	(Developmental) Reduce violence by current or former intimate partners	N/A	N/A	Data Not Available	N/A
	(Developmental) Reduce sexual violence	N/A	N/A	Data Not Available	N/A
Safe sleep	Increase the proportion of infants who are put to sleep on their backs	73.9%	84.5%	Meets the goal	beds
Breastfeeding (This is part of the ECOP state and local plans.)				Close/Some Distance	
	Increase the proportion of infants who are ever breastfed	81.9%	81.0%		Percent of infants who are ever breastfed
	Increase the proportion of infants who are breastfed at 6 months	60.6%	55.2%	Close/Some Distance	months
Infant mortality	Reduce the rate of all infant deaths	6.0 per 1,000	3.1 per 1,000	Meets the goal	Rate of all infant deaths
Oral health	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year	49.0%	46.1%	Close/Some Distance	Percent of women who had a dental visit during pregnancy
YOUTH					

MCH Stakeholder Regional Meetings Attendance

Total Attendance: 291



0 15 30 60 90 Miles



MCH Needs Assessment 2016-2020 Prioritization Process



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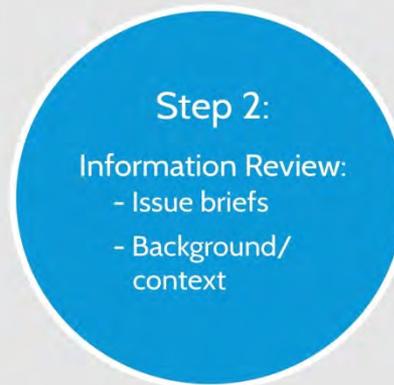
PHASE 1

All eligible potential priorities



Dec. 18, 2014

PHASE 2



Dec. 19, 2014 -
Jan. 13, 2015



Jan. 29, 2015

48
priorities

19
priorities

7
priorities

Criteria will be used at each step in the process.

Colorado Maternal & Child Health Priorities 2016-2020

Women's mental health including pregnancy-related depression

Reducing disparities in infant mortality among the African-American population

Early childhood obesity prevention

Developmental screening and referral systems building

Youth systems building with a focus on bullying, youth suicide and substance use prevention

Medical home for children and youth with special health care needs

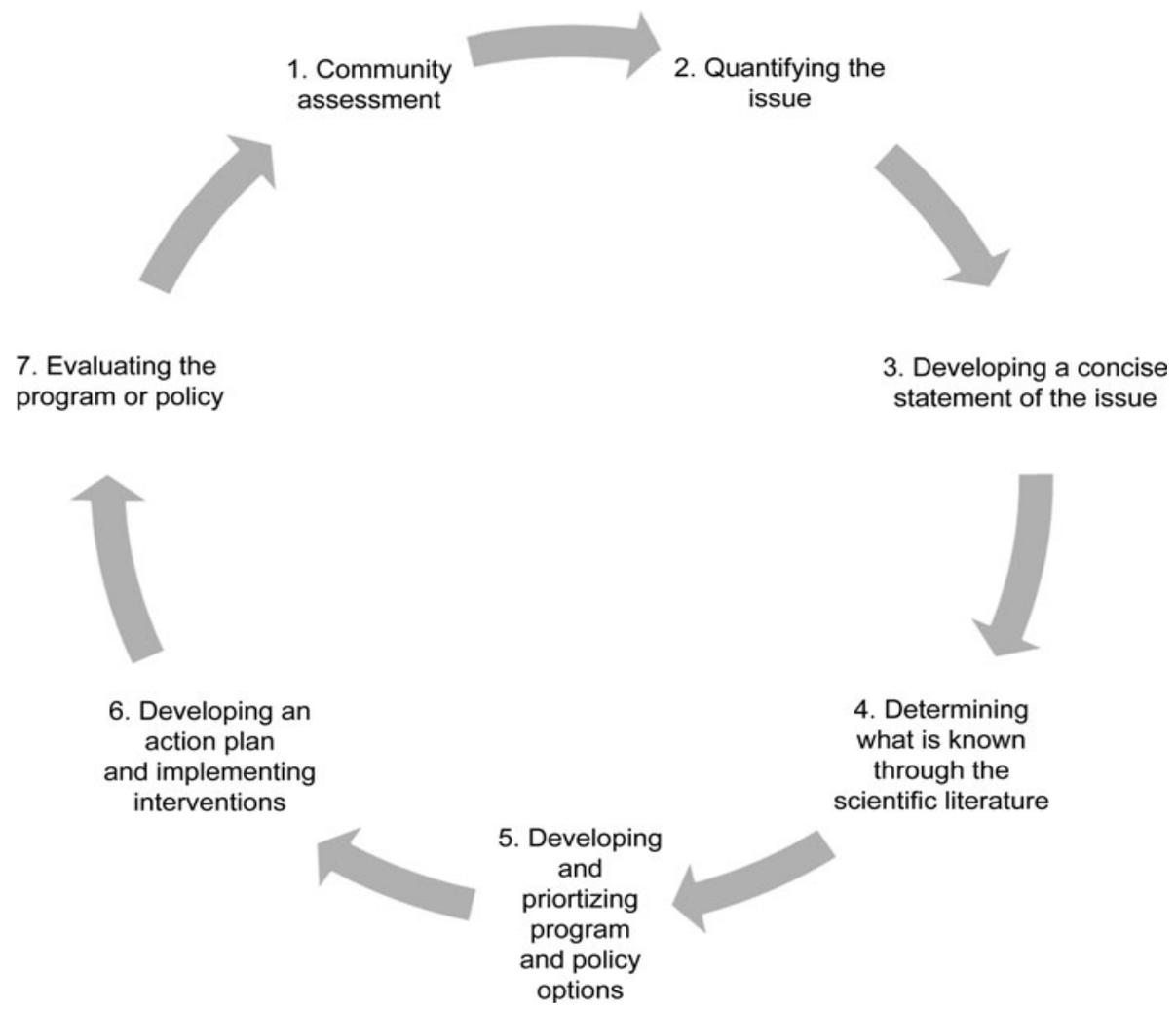
Substance use/abuse prevention among the MCH population including marijuana, prescription drug abuse, alcohol and smoking (Specific focus to be determined)

MCH Implementation Teams (MITs)

- MIT formed for each MCH priority;
- State program staff person with expertise in the priority area leading each team;
- Teams (6-10 people) varied in composition: state, local stakeholders;
- Engage local/family and youth stakeholders for input/ feedback;
- See Who's Who doc for members

Brownson Evidence-based Public Health Model

Brownson, RC; Fielding JE; Maylahn CM. Ann. Rev. Public Heal



MIT Role and Priority Efforts

- Develop and implement state-level logic models and action plans for the next 3-5 years;
- Develop and provide technical assistance to local public health agencies on local-level logic models and action plans for the next 3-5 years;
- Available at www.mchcolorado.org;

HCP – Who They Serve?

“those who have, or are at **increased risk for having**, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children [and youth] generally”



HCP Services

- Information and resources
- Individualized care coordination
- Access to specialty care

HCP Care Coordination

- Individualized, need based activity
- HCP works with the family to:
 - Identify and prioritize needs
 - Develop a plan to achieve goals
 - Advocate for the child



How Families Benefit from HCP?

- Receive information, resources and referrals specific to the community support in their area
- HCP promotes communication between families and providers
- May gain a greater understanding of their child's medical condition and coordinating their child's care.
- All leading to a more successful and fulfilling experience at home, at school and in the community.

Local Maternal and Child Health in Colorado



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MCH Local Funding Policy

- Use the same, consistent formula for all 55 LPHAs (MCH population x poverty of MCH pop.)
- MCH and HCP funding are combined in order to provide more flexibility for LPHAs and due to integrated nature of priorities
- Align contract expectations with MCH priorities and HCP program direction

Alignment of Local MCH Funding >\$50,000

- Administered through Office of Planning, Partnerships, and Improvement - LPHA per capita contracts
- 44 LPHAs / Total of \$570,000
- \$1500-\$15,000 and \$15,000-\$50,000 Levels
 - HCP Model of Care Coordination with data entry in CYSHCN Data System (Required for higher level);
 - MCH priorities by implementing part or all of a state-developed local action plan related to an MCH priority;
 - Community health assessment process and public health improvement planning process;

Alignment of Local MCH Funding >\$50,000

- Administered through state MCH/HCP Programs
- 11 LPHAs / Total of \$4.6 million
 - Boulder, Denver, El Paso, Jefferson, Larimer, Mesa, Northeast, Pueblo, San Juan Basin, Tri-County, Weld
- Participate in intensive MCH action plan/budget development, implementation and reporting
- Required HCP Model of Care Coordination with data entry in CYSHCN Data;
- 30% of funds focused on MCH priorities by implementing part or all of a local action plan;

MCH Local Public Health Agency / State Fiscal Partnership

- Administered like a grant program
- Contractual relationship with CDPHE
- Federal fiscal year (Oct 1 - Sept 30)
- Invoice for services rendered
- Contract management system
 - 3 ratings per year
- Monitoring mechanisms
 - 3 progress check-ins and annual report



MCH Local Public Health Agency / State Program Partnership

- State MCH Generalist Consultant Model
- State MCH Implementation Team Leads
 - Provide consultation, technical assistance, and professional development opportunities
 - Supportive relationship - two way communication / sharing
 - Use collaborative decision-making/planning



QUESTIONS?



www.mchcolorado.org



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