

# Wisconsin Title V Maternal and Child Health Services Block Grant

“Ensuring the health of Wisconsin’s mothers and children”

## 2012 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 and Medical Director of the Children and Youth with Special Health Care Needs Program

Dear Partner,

As Director of the Wisconsin Title V Program and Medical Director of the Children and Youth with Special Health Care Needs Program, we are pleased to share the 2012 Executive Summary of the 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>.

**2012** was a year of continued growth and development for the MCH Program. Wisconsin adopted and operationalized the Life Course Framework through multiple initiatives, including early childhood systems of care in communities, developmental screenings, reproductive health planning, disability and health, and preconception health promotion. MCH initiatives emphasized social determinants of health, partnership building between multiple stakeholders, the linkage of parallel programs, training and education for social service and health providers, and the inclusion of families. Continuous integration of diverse initiatives and systems-level efforts characterize much of the important MCH work carried out in 2012.

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 2012.



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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). Title V resources are directed toward MCH priority populations: pregnant women, mothers, infants, women of reproductive years, children and adolescents, and children and youth with special health care needs. In Wisconsin, Title V funds are focused on infrastructure-building services like quality assurance, evaluation, coordination, standards development, training, and systems of care.

### Why is Title V important?

Title V provides dedicated funding to support core MCH public health functions in Wisconsin. Title V programs also play an important role in helping families access care and understand changes to the health care system. It 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 and youth with special health care needs (CYSHCN). Wisconsin MCH Block Grant dollars support state, regional, and local programs, as well as staff. The funds 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 MCH 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:

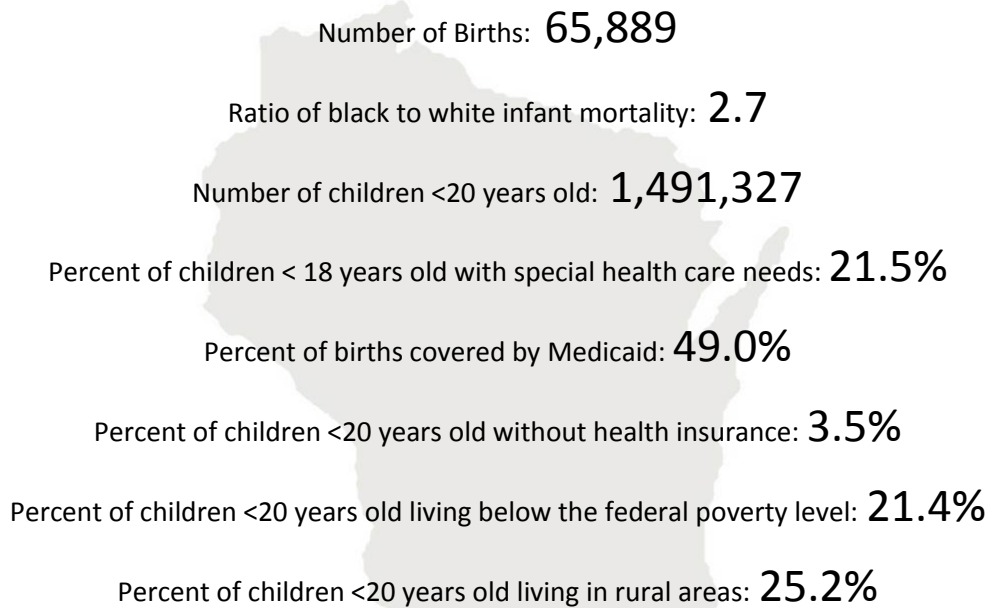
<http://www.dhs.wisconsin.gov/health/mch/PublicInput/index.htm>

### **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/>.

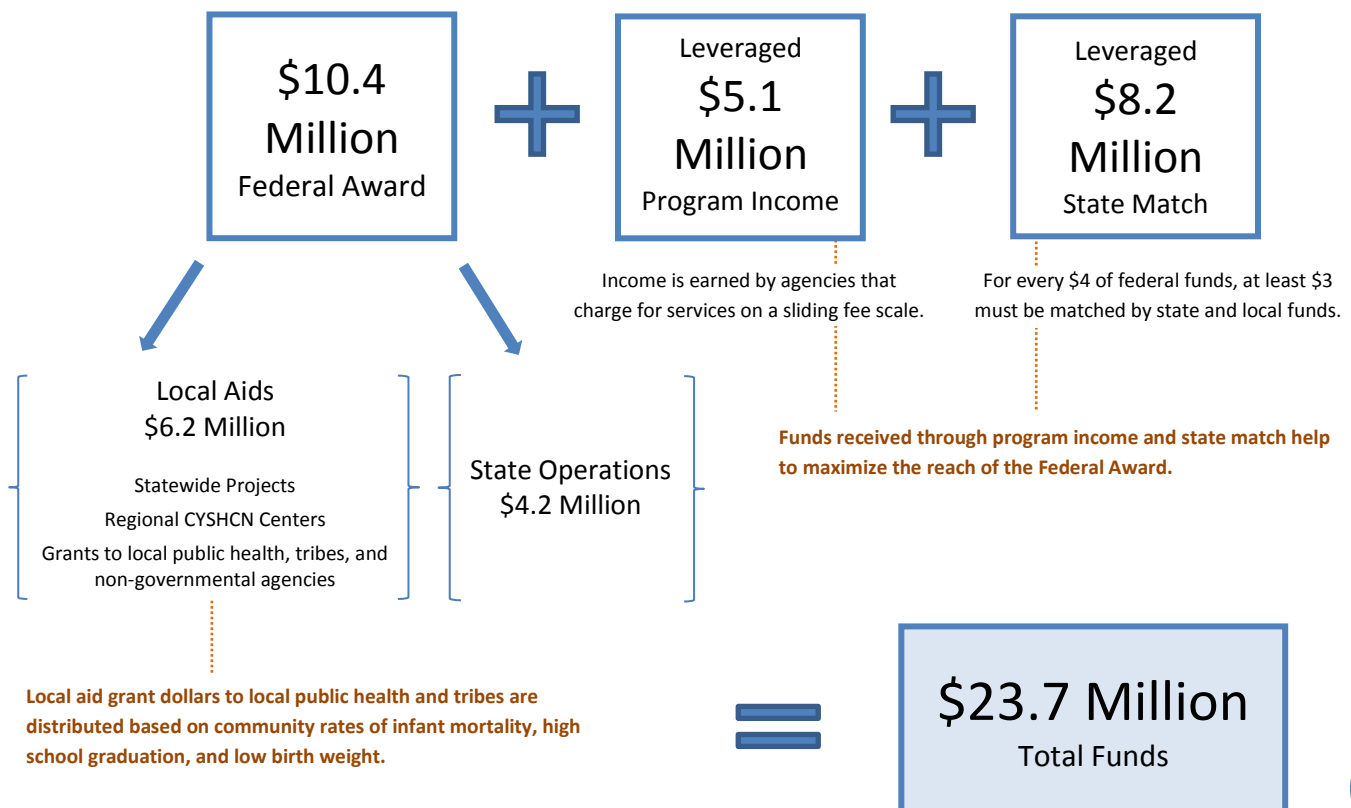
## Key Wisconsin Characteristics



(2011 Data)



## MCH Block Grant Budget Overview (Fiscal Year 2014)



## How Do Children in Wisconsin Compare to Other States?

### 2012 KIDS COUNT Indicators

	Indicator	Wis.	U.S.	Wis. rank
Economic Well-being	Children in poverty (2010)	19%	22%	
	Children whose parents lack secure employment (2010)	30%	33%	15
	Children living in households with a high housing cost burden (2010)	36%	41%	
	Teens not in school and not working (2010)	7%	9%	
Education	Children not attending preschool (2008-10)	59%	53%	
	Fourth-graders not proficient in reading (2011)	66%	68%	10
	Eighth-graders not proficient in math (2011)	59%	66%	
	High school students not graduating on time (2008-09)	9%	24%	
Health	Low birth weight babies (2009)	7.1%	8.2%	
	Children without health insurance (2010)	5%	8%	18
	Child and teen deaths per 100,000 (2009)	24	27	
	Teens who abuse alcohol or drugs (2008-09)	9%	7%	
Family and Community	Children in single-parent families (2010)	31%	34%	
	Children in families where household head lacks a high school diploma (2010)	10%	15%	18
	Children living in high-poverty areas (2006-10)	8%	11%	
	Teen births per 1,000 (2009)	29	39	

(The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org))

Compared to other states, Wisconsin's overall rank in 2012 was **15**











## How Do Wisconsin's 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%
<b>Percent of All Births</b>	<b>49.0%</b>	<b>51.0%</b>	<b>100.0%</b>

(2011 Matched File, Wisconsin Division of Public Health, Office of Health Informatics; \*2010 Matched File)

## Select Block Grant Indicators by MCH Priority Area

	2007	2008	2009	2010	2011	2012	Trend
 Reduce <b>health disparities</b> 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	2.7	2.3	2.9	2.8	2.7	X	↓
 Increase the number of women, children, and families who receive preventive and treatment health services within a <b>medical home</b> .							
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 <b>access necessary services and supports</b> .							
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 and independence	44.5%	44.5%	44.4%	44.4%	44.4%	44.4%	●
 Increase the number of women, men, and families who have knowledge of and skills to promote <b>optimal infant and child health, development, and growth</b> .							
The infant mortality rate per 1,000 live births	6.4	7.0	6.0	5.7	6.3	X	↓
The child death rate per 100,000 children aged 1 through 14	18.3	17.7	14.4	15.1	15.4	X	↓
 Increase the number of women, children, and families who have <b>optimal mental health and healthy relationships</b> .							
Rate (per 100,000) of suicide deaths among youths aged 15 through 19	7.7	6.7	10.1	10.5	11.6	X	↑
Rate (per 1,000) of substantiated reports of child maltreatment to Wisconsin children, ages 0 -17, during the year	5.0	3.6	4.0	4.1	3.9	X	↓
 Increase the number of women, men, and families who have knowledge of and skills to promote <b>optimal reproductive health and pregnancy planning</b> .							
Rate of birth (per 1,000) for teenagers aged 15 - 17 years of age	16.0	15.4	13.9	11.7	10.4	X	↓
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	82.8%	82.2%	83.4%	84.2%	73.2%	X	N/A
Percent of women who have a live birth who report having an unintended or unwanted pregnancy	X	X	35.4%	37.6%	37.6%	37.3%	↑
 Increase the number of women, children, and families who receive <b>preventive screenings, early identification, and intervention</b> .							
Percent of newborns who received timely follow-up to definitive diagnosis and clinical management for conditions mandated by their State-sponsored NBS programs	100%	100%	100%	100%	100%	100%	●
Percent of newborns who have been screened for hearing before hospital discharge	97.2%	96.5%	95.7%	96.4%	98.9%	98.3%	↑
 Increase the number of women, children, and families who live in a <b>safe and healthy community</b> .							
Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children	2.5	2.0	1.7	1.5	1.2	X	↓
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger	9.5	7.7	7.6	6.4	5.8	X	↓

| Downward trend ↓ | Upward trend ↑ | No Trend ● | X = Data unavailable at time of reporting | N/A = Data not comparable

Good










Bad






























Neutral



## Activity Highlights

The following 2012 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 Medical Home Initiative dramatically increased primary care provider training and use of developmental and autism-specific screening tools, in partnership with the five Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) and the Birth to 3 Program. 
- The Children and Youth with Special Health Care Needs Program collaborated with the American Family Children's Hospital to host the first state Youth Health Transition Summit. CYSHCN Regional Centers reported assisting 104 youth in transition assessment, planning and development of a written transition plan. 
- The Wisconsin Healthiest Families initiative engaged local health departments and tribal agencies in assessment, planning, and implementation activities to build early childhood systems focusing on family supports, child development, mental health, and safety and injury prevention.   

- The Personal Responsibility and Education Program (PREP) provided education to reduce the teen birth rate and sexually transmitted infection rate for at-risk youth in the cities of Milwaukee, Racine and Beloit. Participating teens also received education on financial literacy through innovative "Got Money?" conferences. 
- The Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) developed and distributed to partners two new fact sheets on breastfeeding and unintended pregnancy. 
- Wisconsin PRAMS continued its collaboration with the Wisconsin Partnership Program to oversample African Americans in southeastern Wisconsin for an evaluation of the Lifecourse Initiative for Healthy Families (LIHF). This region has the highest African American infant mortality rate in the state. 
- Wisconsin PRAMS partnered with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to pilot an outreach program through WIC projects in southeastern Wisconsin to increase PRAMS response rates among African American mothers. 
- 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. The Centers offer referral and follow-up services, critical technical assistance and training, information and community resource connections to Wisconsin families and providers. 

- Stakeholders in Wisconsin began exploring the creation of a statewide mental health consultation phone line with child psychiatrists to assist primary care clinicians in serving children with mental health needs. 
- Wisconsin joined the Region V Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality in conjunction with stakeholders.   
- The UW-Madison Lifecourse Initiative for Healthy Families (LIHF) funded 23 two- to three-year implementation projects and community collaboratives in Beloit, Kenosha, Milwaukee, and Racine, based on community action plans. These include 11 fatherhood initiatives. More information [here](#).        
- The Division of Public Health's Strategic Plan for 2012-2013 included women's health, chronic disease, home visiting, the integration of eliminating disparities in birth outcomes with Medicaid services, and the University of Wisconsin School of Medicine and Public Health's \$10 million, multi-year Lifecourse Initiative for Healthy Families.       
- The Wisconsin Healthiest Women Initiative worked with women's health clinics to implement pre/interconception health screening and interventions with women of childbearing age.    
- The MCH Program funded the Children's Alliance of Wisconsin (CHAW) to expand fetal, infant, and child death review teams to all counties. CHAW provides training and technical assistance to local teams to develop a system that reviews all fetal, infant, and child deaths and identifies recommendations for preventive action.   
- A DHS team began work on an [HW2020 Baseline and Health Disparities Report](#), which includes data for populations experiencing health disparities related to race/ethnicity, socioeconomic status, sexual minority status (LGBT), disability, and geography. HW2020 fact sheets were also developed and included evidence-based actions for individuals, communities and statewide initiatives for select health and crosscutting focus areas. 
- The infrastructure for newborn screening of critical congenital heart defects (CCHD) was developed as part of a collaborative project with the University of Wisconsin-Madison. Screening results are collected on the newborn blood card and saved in the newborn hearing screening data system (WE-TRAC). Follow-up data for failed screens are entered in a new module in WE-TRAC, and confirmed cases are reported to the Wisconsin Birth Defects Registry. 
- Wisconsin Sound Beginnings continued to implement a hearing screening follow-up protocol that included statewide outreach to medical homes, parent-to-parent support, and coordinated community hearing screening done by regional outreach specialists. 

## Challenges and Opportunities

Health disparities are an ongoing public health challenge in Wisconsin, and the elimination of racial and ethnic disparities in birth outcomes remains a Wisconsin Department of Health Services priority. The MCH Program is participating in a number of federal and non-governmental initiatives to reduce adverse pregnancy outcomes, including the Region V Collaborative Improvement and Innovation Network (CollIN) to Reduce Infant Mortality, the National Maternal Mortality Review Initiative, the Association of State and Territorial Health Officials Prematurity Challenge, the March of Dimes Prematurity Campaign, preconception pilot projects, and the University of Wisconsin School of Medicine's Lifecourse Initiative for Healthy Families (LIHF). In addition, DHS and the Wisconsin Medicaid Program have a joint initiative to reduce the rates of preterm birth, low birth weight, and infant mortality among BadgerCare HMO members in southeast Wisconsin. Efforts are also under way to address the high prevalence of genetic disorders and low rates of newborn genetic and hearing screening among the Amish and Mennonite populations in Wisconsin. Although health disparities persist, Wisconsin continues to concentrate program activities and efforts that address this ongoing challenge.

Wisconsin has experienced other challenges, including the low percentage of mothers who breastfeed their infants at six months of age – a national performance indicator. Compared to the national average of 47.2 percent, only 25.8 percent of Wisconsin mothers breastfeed their infants at six months of age. The MCH Program has also received input from the public and from public health partners that alcohol and drug use by pregnant women is of continuing concern, as is access to rural mental health services.

Despite challenges, the Wisconsin MCH Program continues to seek new opportunities and sustain current successes in improving the health of mothers, children, and families. The Life Course Framework remains the core foundation for MCH programs and continues to be seen as an opportunity for guiding both existing and new, promising state, local and community initiatives. Application of the framework to the work of professionals and communities is strong in Wisconsin. Statewide trainings and information on local health department proficiency in applying the Life Course Framework continue to be tracked.

The MCH Program also continues to fund local health departments to implement statewide Healthiest Families and Keeping Kids Alive initiatives. MCH staff is dedicated to helping communities promote effective systems of care and enhance community action. Program data show that local health departments are developing and enhancing partnerships, linking parallel programs, and promoting training and education opportunities with local stakeholders. The state's continued focus on systems-level activities to maximize the reach of MCH Block Grant funding has been both exciting and challenging. The MCH Program continues to be a national leader in the implementation of this work.



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