**Title V Maternal and Child Health Block Grant**

**FY23 Application/FY21 Annual Report**

**Executive Summary**

**Maternal and Child Health in Massachusetts**

Massachusetts (MA) is committed to ensuring that all residents have the opportunity for optimal health regardless of race, ethnicity, socioeconomic status, physical ability, or other factors. This vision is supported by a strong public health infrastructure and health care delivery system, led by the MA Department of Public Health (MDPH), which provides outcome-driven, evidence-based programming to prevent illness, injury, and premature death, ensures access to high quality health services, and promotes wellness and health equity.

MA has a history of strong funding for health and social service programs, of which maternal and child health (MCH) is an important investment. MA is a national leader in MCH programs and policy, being the first state, for example, to link disparate data together to study the opioid epidemic. MA reports state match that is much higher than the required $3 for every $4 federal. Based on FY21 federal expenditures of $11,109,052, required state match expenditures were $8,331,789 and over-match expenditures were $42,799,446. In FY21, Title V provided direct and enabling services to over 860,000 pregnant women, infants, children, and children and youth with special health needs (CYSHN).

**Role of Title V**

MA Title V supports a statewide system of services that is comprehensive, community-based, and family-centered. Title V sits in the Bureau of Family Health and Nutrition (BFHN), which houses other important MCH programs such as WIC, Early Intervention (EI) and Maternal, Infant, and Early Childhood Home Visiting (MIECHV). The Bureau of Community Health and Prevention (BCHAP) is a key partner. BFHN and BCHAP maintain staff in regional offices who work directly with families and support systems-building activities. The statewide reach of staff and integration of Title V across Bureaus are key to addressing MCH needs. Coordinated and integrated systems of care are a priority across all MCH programs, and especially for CYSHN, a population uniquely served by Title V. BFHN manages a continuum of linked services to ensure that CYSHN are connected to and supported by health, education, and social services in their communities. An Office of Family Initiatives supports this effort.

Title V plays an important policy and systems-building role, and most funding is dedicated to population-based and enabling services, such as maternal mortality and morbidity review and injury surveillance. Title V is a convener and collaborator in addressing MCH issues and enhances initiatives funded through other sources, such as MIECHV. Federal Title V funding is critical to support program managers, epidemiologists, and other staff who are not covered by state funding. Within MDPH the Title V priorities and performance measure framework provide a unifying vision and strategic plan for MCH programs resulting in improved communication and greater collective impact.

Partnerships are critical in serving the MCH population and expanding Title V’s reach. MDPH collaborates with families, community-based agencies, federal, state, and local government, hospitals and clinical providers, academia, and public health organizations, which allow Title V to have an impact beyond individuals served through direct and enabling services.

**Impact of COVID-19**

The COVID-19 pandemic has exacerbated existing public health concerns and created new health crises. Findings from the MA [COVID-19 Community Impact Survey (CCIS)](https://www.mass.gov/info-details/covid-19-community-impact-survey), conducted from September-November 2020, are being used to understand the immediate and long-term health needs of people in MA and create new, collaborative solutions with community partners. The CCIS illustrated the impact of the pandemic on families and youth in MA, including disruptions in healthcare access, increasing mental health concerns and use of substances, food insecurity, loss of employment, and the twin pandemics of COVID-19 and racism.

Title V staff have supported the MCH population throughout the pandemic in a variety of ways, such as: offering services virtually; facilitating access to concrete supports; raising awareness for families and providers of the importance of emergency care planning; and supporting data collection and surveillance for pregnant people, fathers, and infants. Many Title V staff have also supported the state’s vaccination efforts. For example, they serve as liaisons to municipalities to develop community tailored solutions to address vaccination barriers, act as MDPH ambassadors to provide clear, accurate, consistent, culturally sensitive information about the vaccine, and lead efforts to increase vaccination among children and their families.

**Program Framework & State Action Plan**

Racial equity and the life course model are guiding frameworks for Title V. Health inequities exist due to structural racism – the ways in which institutions and social norms systematically advantage White people and oppress Black, Indigenous, and People of Color – leading to differential access to opportunities and resources that negatively affect MCH outcomes. The life course model posits that there are critical periods in life that shape our health, and that exposure to risk and protective factors impact both an individual’s lifespan and future generations.

In 2019-2020, MA conducted a statewide needs assessment to understand strengths and gaps in services, prioritize MCH needs, and develop a five-year state action plan. The table below lists Title V priorities for 2020-2025 and the corresponding National and State Performance Measures. Key accomplishments, challenges, and plans for each priority are described below.

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| **Domain** | **Priority** | **Performance Measure** |
| Maternal/Women | **Maternal morbidity and mortality:** Reduce rates of and eliminate inequities in maternal morbidity and mortality. | SPM 1: % of cases reviewed by the Maternal Mortality and Morbidity Review Committee within 2 years of maternal death |
| **Substance use prevention:** Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant people. | NPM 14: % of women who smoke during pregnancy |
| **Mental health and emotional well-being:** Strengthen the capacity of the health system to promote mental health and emotional well-being. | See Child domain |
| Perinatal/Infant | **Nutrition and physical activity:** Foster health nutrition and physical activity through equitable systems and policy improvements. | NPM 4: % of infants who are ever breastfed and % of infants breastfed exclusively through 6 months |
| Child | **Mental health and emotional well-being:** Strengthen the capacity of the health system to promote mental health and emotional well-being. | NPM 5: % of children, ages 9-35 months, who received a developmental screening using a parent-completed tool in the past year |
| **Nutrition and physical activity:** Foster health nutrition and physical activity through equitable systems and policy improvements. | See Perinatal/Infant domain |
| Adolescent | **Sexual and reproductive health:** Promote equitable access to sexuality education and sexual and reproductive health services. | SPM 2: Rate of teen births among Latinx adolescents  NPM 10: % of adolescents ages 12-17 with a preventive medical visit in the past year |
| **Substance use prevention:** Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant people. | See Maternal/Women domain |
| **Mental health and emotional well-being:** Strengthen the capacity of the health system to promote mental health and emotional well-being. | See Child domain |
| Children and Youth with Special Health Needs | **Health transition**: Support effective health-related transition to adulthood for adolescents with special health needs. | NPM 12: % of adolescents ages 12-17 who received services necessary to transition to adult health care. |
| **Mental health and emotional well-being:** Strengthen the capacity of the health system to promote mental health and emotional well-being. | See Child domain |
| Crosscutting | **Racial equity:** Eliminate institutional and structural racism in MDPH programs, policies, and practices to improve maternal & child health. | SPM 3: % of Bureau staff who have used any racial equity tool or resource in their work |
| **Family, father, and youth engagement:** Engage families, fathers and youth with diverse life experiences through shared power and leadership to improve MCH services. | SPM 4: % of Title V programs that offer compensated family engagement and leadership opportunities. |
| **Social determinants of health:** Eliminate health inequities caused by unjust social, economic, and environmental systems, policies, and practices. | SPM 5: % of families who have had difficulty since their child was born covering basics, like food or housing, on their income. |
| **Healing and trauma:** Support equitable healing centered systems and approaches to mitigate the effects of trauma, including racial, historical, structural, community, family, and childhood trauma. | SPM 6: % of staff that report a workplace culture that reflects a safe and supportive environment to mitigate primary and secondary trauma |

Maternal morbidity and mortality

Pregnancy-associated mortality rates increased 33% between 2012 and 2017 in MA, with stark racial inequities. MDPH convenes the Maternal Mortality and Morbidity Review Committee (MMMRC) to review maternal deaths and make recommendations to improve outcomes. The five-year action plan aims to improve the timeliness of the review process, engage community members, and leverage collaborative partnerships to disseminate MMMRC recommendations. Due to competing demands of the COVID-19 pandemic, 0% of pregnancy-associated deaths were reviewed within two years in FY21. MDPH recently hired staff to support this effort and participated in a Lean Six Sigma quality improvement training to identify activities that would improve the timeliness of the review and community contributions to the process.

Substance use prevention

Title V plays an important role in preventing substance use during pregnancy and among youth, critical periods of development in the life course. The percentage of women who report smoking during pregnancy decreased from 4.3% in 2018 to 3.5% in 2020. However, CCIS findings indicate substance use has increased during the pandemic, including among people with a cognitive disability, youth in rural areas, and parents of children with special needs. Title V focuses on preventing use of substances including tobacco, alcohol, marijuana, and opioids. Central to the state action plan is revising the PRAMS survey to improve the measurement of tobacco, marijuana, and alcohol use during pregnancy and partnering with school districts and school-based health centers to promote screening, brief intervention, and referral to treatment.

Mental health and emotional well-being

Barriers to promoting mental health and emotional well-being in MA include a shortage of culturally and linguistically diverse providers and a focus on intervention rather than prevention. Mental health concerns have been exacerbated by the COVID-19 pandemic. Key strategies to address this priority among women and children include providing training and technical assistance on perinatal mental health to providers and state agencies and promoting understanding of and screening for infant and early childhood mental health. Among adolescents and CYSHN, Title V is integrating positive youth development principles in MDPH-funded programs to foster protective factors, providing mental health support in schools, raising awareness of mental health concerns and resources for treatment among CYSHN and their families, and partnering with racially diverse communities to understand cultural differences for families with CYSHN and develop strategies to reduce stigma.

Nutrition and physical activity

Among 2018 births, 84.8% of MA infants were ever breastfed compared to 83.9% nationally and the Healthy People 2020 goal of 81.9%. However, there remain inequities in breastfeeding outcomes by race/ethnicity and socioeconomic status. According to the 2019-2020 National Survey of Children’s Health, 84.3% of families with children ages 0-5 could always afford to eat good nutritious meals. The pandemic has made it more difficult for families to purchase enough food or healthy food. Key strategies to address this priority are to support hospital policies that promote breastfeeding for all people giving birth; partner with MassHealth and other agencies to maximize families’ access to affordable, nutritious food; and promote safe physical activity through injury prevention initiatives such as management of sports-related concussions.

Sexual and reproductive health

Although the MA teen birth rate decreased 64% between 2008 and 2018, rates for Black and Hispanic youth are three and eight times higher than for Whites, respectively. Improvements can be made in the availability of inclusive, age-appropriate, and evidence based sexual health education and resources. Key strategies to address this priority focus on ensuring sexual and reproductive health clinical services are accessible to Latinx and Black youth, integrating reproductive justice principles into the delivery of sexuality education and sexual and reproductive health services, and promoting access to preventive care at school-based health centers and with clinical sexual and reproductive health providers.

Health transition

NSCH 2019-2020 data indicate that 26.3% of MA youth with special health needs aged 12-17 received the services necessary to make transitions to adult health care. Although this is a decrease from 37.2% in 2018-2019, previous data had to be interpreted with caution due to small sample size and large confidence intervals. NSCH 2019-2020 data still exceeds the 2016-2017 baseline of 17.9%. To support continued improvement, Title V will increase the availability of youth health transition information and resources, provide culturally and linguistically appropriate services and supports to youth and their families based on individual needs prior to and throughout the transition process, include youth voice in efforts to determine systems improvement work around health transition, and engage internal and external partners to strengthen the system and align services around health transition for young adults.

Racial equity

Although MA is a healthy state overall, racial inequities persist in many MCH outcomes, such as infant mortality and teen births. Title V aims to address root causes of these inequities by working to eliminate institutional and structural racism in its programs, policies, and practices by engaging with the MDPH Racial Equity Movement. Key strategies include developing tools and resources to address institutional racism within core elements of public health work, such as procurement and data collection and analysis; fostering a workplace culture that acknowledges and addresses the impact of systems of oppression on MDPH staff; and changing hiring practices to increase employment of staff with intersectional identities.

Family, father, and youth engagement

Effective engagement acknowledges that the families with lived experience bring valuable expertise to a partnership and should be compensated in meaningful ways. In FY21, 34.7% of programs funded by Title V offered compensated opportunities for families, fathers, and youth, a slight decrease from 36.6% in FY20; the goal is to reach 50% by 2025. Title V is addressing institutional barriers to ensuring families and youth receive financial compensation for their partnership and leadership roles; building and sustaining relationships with families to share power in the design and delivery of services; implementing a statewide Family Engagement Framework; and developing best practices for virtual engagement of families, fathers, and youth beyond the COVID-19 pandemic that maintain quality of engagement and equity of opportunity.

Social determinants of health

Access to affordable, accessible, and safe housing, transportation, and employment are pressing needs in MA, and many families and youth are experiencing negative social and economic consequences due to COVID-19. To address this priority, Title V will support and advise external coalitions and agencies to promote equitable access to childcare and educational opportunities for all children, support families in accessing concrete supports such as housing, job training, and public benefits, and promote best practices for access to virtual health and social services to help bridge the digital and economic divide.

Healing and trauma

Trauma affects individuals, communities, and systems. The performance measure for this priority tracks Title V efforts to improve policies, practices, and conditions to increase MDPH’s capacity to operate as a healing-centered organization to mitigate the effects of trauma. The data source for this measure is in development. Title V will implement changes in policies, practices, and workplace culture; develop a data dashboard to measure community, family and child factors that reflect healing-centered systems of care; and ensure principles of healing centered engagement are embedded within MDPH-funded programs.

COVID-19 continues to change both the lives of families and children and the public health system in innumerable ways. The Title V program is well positioned to contribute to the response and recovery from the COVID-19 pandemic and to improve the health and well-being of parents, children, and families across the life course.