



# **Title V Maternal and Child Health Block Grant: State Performance Measures**

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**Division for Family and Community Health Services**

**STAKEHOLDER WEBINAR**  
**February 4-5, 2016**



# Welcome & Webinar Purpose

- Welcome!
- Purpose of the webinar
- Webinar participation

**□ Karen Ruggiero, PhD**

Office of Program Decision Support  
Director

**□ Manda Hall, MD**

Title V Children with Special Health Care Needs  
Director

**□ Natalie Clifton, MEd, CHES**

Office of Title V and Family Health  
Title V Block Grant Administrator

- 1) What is needed to improve...
  - a) Maternal and Women's Health
  - b) Perinatal and Infant Health
  - c) Child Health
  - d) Adolescent Health
  - e) Health of Children with Special Health Care Needs
  - f) Cross-Cutting or Life Course Health Issues
  
- 2) What are the priority needs?
  
- 3) How progress towards meeting these needs will be measured using...
  - a) National Performance Measures (methodology by Health Resources and Services Administration)
  - b) State Performance Measures (methodology by State)
  
- 4) Stakeholder feedback
  
- 5) Next Steps

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Please select the response that best describes the population you serve:

- Maternal/Women
- Infant/Perinatal
- Children
- Adolescents
- Children and Youth with Special Health Care Needs

# **1) What is needed to improve maternal and child health in Texas?**

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# Determining Maternal and Child Health Needs

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- Needs assessment:
  - Scientific analysis
  - Community outreach surveys
  - Focus groups
- Stakeholder polling and feedback:
  - Webinars
  - Public comments
- Final review and approval:
  - DSHS leadership

## 1a) Maternal and Women's Health

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### DATA

- Less than two-thirds of Texas women of childbearing age had a routine checkup in the past year.
- Rate of women giving birth who received adequate prenatal care has plateaued.
- Rates of hypertension, diabetes, and obesity are increasing.
- Only Hispanic women met the Healthy People 2020 target (98.6%) for abstinence from smoking during pregnancy.
- Only half of women who reported not wanting to become pregnant used contraceptives.
- Over half of all pregnancies in Texas are unintended.

### NEEDS

- Increase infrastructure and capacity to promote prenatal care, health, and wellness among women of childbearing age.

## 1b) Perinatal and Infant Health

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### DATA

- Percent of women who exclusively breastfeed is still relatively low, as is the percent of births that occur in a “Baby Friendly Hospital”.
- Preterm and low birth weight births continue to be higher than Healthy People 2020 target and national average, especially among Black women.
- Infant mortality rate and feto-infant mortality rate for Black mothers is significantly higher than it is for White mothers.
- Disparities still exist in sleep-related infant deaths, with infants of Black mothers having lower rates of being placed on their back.

### NEEDS

- Continue to address barriers to breastfeeding, given the tremendous health gains involved.
- Expand collaborative capacity to decrease the prevalence and disparities of preterm and low birth weight births, infant and feto-infant mortality, and sleep-related infant deaths.

### DATA

- Only 30.4% of Texas children 10 months to 5 years currently receive a developmental screening.
- Child injury continues to be one of the leading causes of death for children aged 1-14.
- Non-natural child deaths frequently involve motor vehicle crashes, drowning, and child abuse and neglect.
- Disparities still exist for children with developmental disabilities who require comprehensive and coordinated care.

### NEEDS

- Increase the prevalence of developmental screenings among Texas children.
- Enhance child injury prevention efforts and child deaths due to abuse and neglect.
- Develop comprehensive and coordinated systems and infrastructure to serve children with developmental needs.

## 1d) Adolescent Health

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### DATA

- Although the overall mortality rate for adolescents (ages 15-17) is decreasing, the rates of accidental deaths and suicides as the leading causes of non-natural deaths are increasing.
- Substance use, including alcohol, marijuana, and prescription drugs for nonmedical use, continues to be problematic, with alcohol and marijuana use higher among White and Hispanic youth.
- Risky sexual behaviors have resulted in an increase in the prevalence of sexually transmitted infections, especially Chlamydia.
- Only one in three adolescents and young adults report having a quality care visit, and young adults self-report lower good or excellent health.

### NEEDS

- Enhance and expand adolescent injury prevention efforts to reduce adolescent deaths due to accidents and suicides, substance use, and sexually transmitted infections through the use of positive youth development (i.e., protective factors needed to become healthy and productive adults).
- Further utilize systemic approaches to promote the importance and availability of quality components of care for adolescents and young adults.



TEXAS  
Department of  
State Health Services

## 1e) Children with Special Health Care Needs

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### Definition of Children with Special Health Care Needs (CSHCN):

those who have or are at increased risk for 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 generally

## 1e) Children with Special Health Care Needs: Transition to Adulthood

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- Transition is a...

“dynamic, LIFELONG PROCESS that seeks to meet [youths’] individual needs as they move from childhood to adulthood. The goal is to MAXIMIZE LIFELONG FUNCTIONING and potential through the provision of high-quality, developmentally appropriate health care SERVICES THAT CONTINUE UNINTERRUPTED as the individual moves from adolescence to adulthood. It is PATIENT CENTERED, and its cornerstones are flexibility, responsiveness, continuity, comprehensiveness, and coordination.”

— AAP, AAFP, ACP – Pediatrics 2002

## **1e) Children with Special Health Care Needs: Transition to Adulthood (continued)**

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### **DATA**

- Only, 35.4% are receiving the services necessary to make the transition to adult health care.<sup>1</sup>
- 20% of families felt prepared for their child to transition to adulthood.<sup>2</sup>
- 40% of families had prepared for transition.<sup>2</sup>
- Most respondents had prepared for transition by themselves.<sup>2</sup>

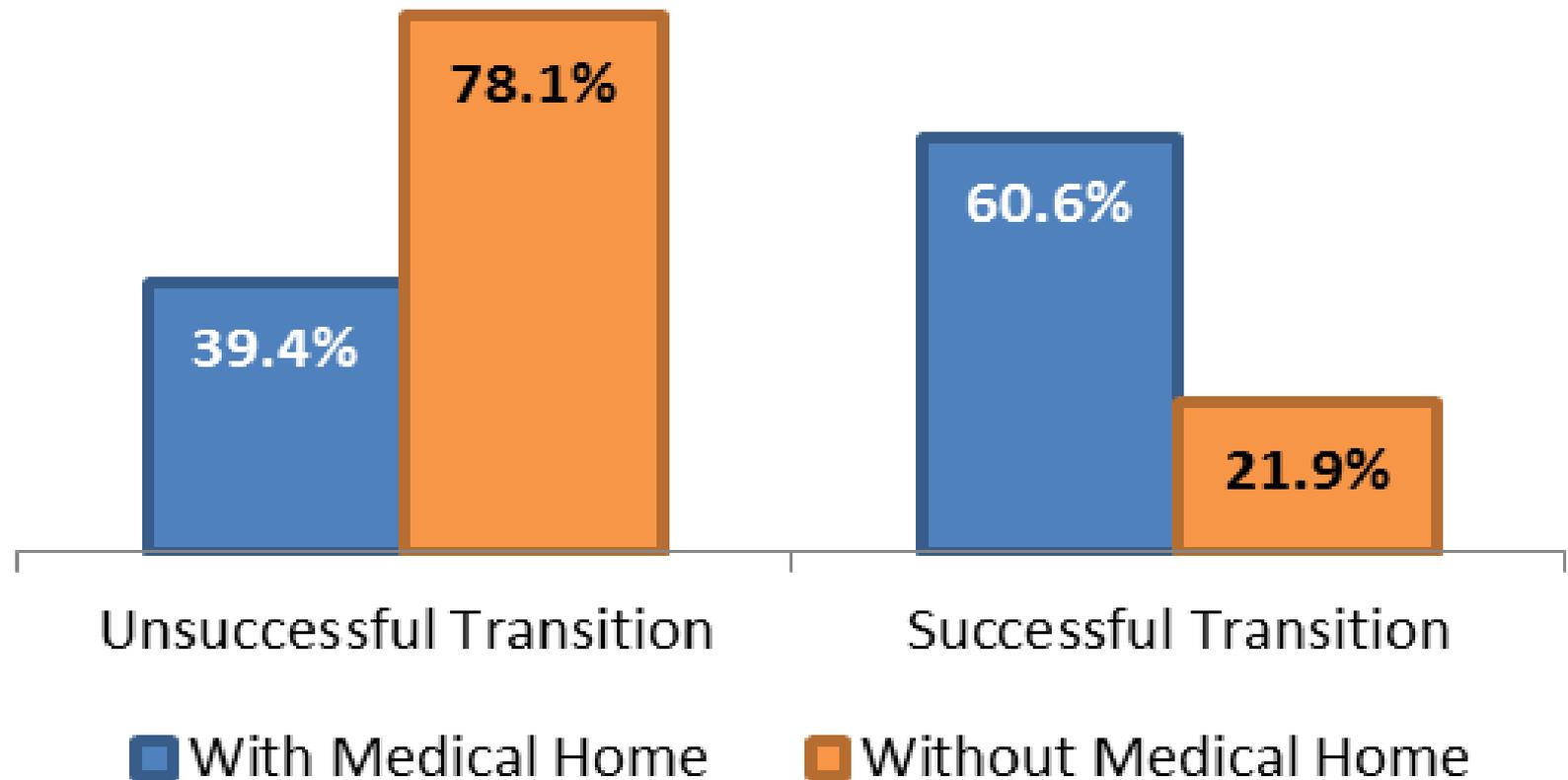
### **NEEDS**

- Transition — CYSHCN and their families have the services and supports necessary to transition to adulthood.

<sup>1</sup>2009/10 National Survey of Special Health Care Needs (2009/10 NS-CSHCN)

<sup>2</sup>CYSHCN Outreach Survey

## CYSHCN Transitioning in a Medical Home Texas Data from 2009/10 NS-CSHCN



## 1e) Children with Special Health Care Needs: Medical Home (continued)

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- **Medical Home...**
  - Approach to providing comprehensive primary care that facilitates partnership between patients, physicians, and families.
  
  - Care should be:
    - Accessible;
    - Family-centered;
    - Continuous;
    - Comprehensive;
    - Coordinated;
    - Compassionate; and
    - Culturally effective.

— AAP: National Center for Medical Home Implementation

## 1e) Children with Special Health Care Need: Medical Home (continued)

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### DATA

- Only 40.1% of Children and Youth with Special Health Care Needs (CYSHCN) are receiving their care within a medical home.<sup>1</sup>
- 22% of CYSHCN in Texas received any help in arranging or coordinating care.<sup>1</sup>
- 54.8% of families cited lack of a medical provider where the family lives as a barrier to care.<sup>2</sup>
- 71.6 % of families indicated that they are the ones who ensure that their child receives the care he/she needs.<sup>2</sup>

### NEEDS

- CYSHCN receive family-centered, coordinated care within a medical home model.

<sup>1</sup>2009/10 National Survey of Special Health Care Needs (2009/10 NS-CSHCN)

<sup>2</sup> CYSHCN Outreach Survey

### DATA

- A large proportion of CYSHCN and their families report feeling isolated in their communities.
- Parents reported looking for support from other parents of CYSHCN.
- Families desire more education and engagement about CYSHCN for the community at large.
- The lack of programs and facilities that are able to accommodate CYSHCN were reported.
- Families identified the need for physically accessible communities so that their children could fully participate alongside typically developing peers; and
- accessible parks and recreation centers, adaptive playgrounds, and inclusive sports programs and community-wide events.

### NEEDS

- Advance community integration efforts for CYSHCN and their families.

## **1f) Cross-Cutting or Life Course Health Issues**

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### **DATA**

- Women who smoke in Texas have more than a three-fold increase in the odds of their infant's death being classified as SIDS than women who do not smoke.
- Being overweight or obese is at the heart of many adverse maternal and child health consequences across the lifespan; approximately 61% of women and 37% of children (ages 10-17) in Texas are overweight or obese.
- The rates of pre-pregnancy obesity have increased more than 9% for Black and Hispanic women since 2009.

### **NEEDS**

- Increase collaborative outreach efforts for tobacco prevention and cessation among pregnant women.
- Continue to address the issue of maternal and childhood overweight/obesity through collaborative and systemic prevention and intervention efforts.

## **2) What are the priority needs?**

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# Maternal and Child Health Priority Needs

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- 1) CYSHCN receive family-centered, coordinated care within a medical home model.
- 2) CYSHCN and their families have the services and supports necessary to transition to adulthood.
- 3) Advance community integration efforts.
- 4) Reduce health disparities for maternal and child health populations.
- 5) Promote collaborations including family professional partnerships (to enhance maternal and child health programming).
- 6) Bolster access to quality statewide data, screening, and surveillance (to inform maternal and child health programming).
- 7) Improve coordination of care for maternal and child health populations.
- 8) Improve access to and quality of primary care, women's health, and specialty clinical services.
- 9) Ensure use of culturally and linguistically appropriate maternal and child health education and outreach efforts.
- 10) Increase maternal and child health safety programming for birth to 19 year olds.

### **3) How progress towards meeting these needs will be measured**

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## 3a) National Performance Measures

(methodology by Health Resources and Services Administration)

|   |  |
|---|--|
| <p><b><u>Maternal and Women’s Health</u></b></p> <ul style="list-style-type: none"> <li>Percentage of women with a past year preventative visit.</li> </ul>   | <p><b><u>Child and Adolescent Health</u></b></p> <ul style="list-style-type: none"> <li>Rate of injury-related hospital admissions per population ages 0 through 19.</li> </ul>  |
| <p><b><u>Perinatal and Infant Health</u></b></p> <ul style="list-style-type: none"> <li>a) Percent of infants who are ever breast fed; and b) Percent of infants breastfed exclusively through 6 months.</li> <li>Percent of infants placed on their backs to sleep.</li> </ul> | <p><b><u>Children with Special Health Care Needs</u></b></p> <ul style="list-style-type: none"> <li>Percent of children with and without special health care needs having a medical home.</li> <li>Percent of children with and without special health care needs who received services necessary to transition to adult health care.</li> </ul> |
| <p><b><u>Child Health</u></b></p> <ul style="list-style-type: none"> <li>Percent of children, age 9 through 71 months, receiving a developmental screen using a parent-completed screening tool.</li> </ul>   | <p><b><u>Cross-Cutting or Life Course Health Issues</u></b></p> <ul style="list-style-type: none"> <li>a) Percent of women who smoke during pregnancy; and b) percent of children who live in households where someone smokes.</li> </ul>  |

## 3b) State Performance Measures

(methodology by State)

| <b>Population</b>  | <b>Priority Need</b>         | <b>Proposed State Performance Measure</b>  |
|--|------------------------------|--|
|  Children with Special Health Care Needs | Community Integration        | Percent of CYSHCN and their families who received the supports and services necessary to be integrated in their communities<br><i>DATA SOURCE:</i> CYSHCN (Annual) Outreach Survey   |
| Cross-Cutting or Life Course Health Issues   | Overweight/Obesity           | A) Percent of infants born to mothers with pre-pregnancy BMI in the overweight/obese range<br>B) Percent of WIC participants aged 2-5 with BMI in the overweight/obese range<br>C) Percent of children with BMI in the overweight/obese range<br>D) Percent of adolescents with BMI in the overweight/obese range<br>E) Percent of adults with BMI in the overweight/obese range<br><i>DATA SOURCES:</i> Birth File; WIC Client Data; Youth Risk Behavior Surveillance System /School Physical Activity and Nutrition Survey; Behavioral Risk Factor Surveillance System (BRFSS) |
| Perinatal and Infant Health  | Infant Mortality Disparities | A) Ratio of black to white feto-infant mortality rate<br>B) Ratio of black to white infant mortality rate<br><i>DATA SOURCES:</i> Birth, fetal-death, and death files  |
| Adolescent Health  | Quality Components of Care   | Percent of adolescents and young adults (ages 18-24) who visited a doctor for a routine checkup in the past year<br><i>DATA SOURCE:</i> BRFSS  |

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## **4) Stakeholder feedback**

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# Providing Feedback

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Please share your thoughts on the draft measures!

- Raise your hand to ask a question
- Type in a question or comment
- Contact us via email by Friday, February 12<sup>th</sup> at:

[TitleV@dshs.state.tx.us](mailto:TitleV@dshs.state.tx.us)

## 5) Next Steps

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- This PowerPoint presentation will be posted on the DSHS Maternal and Child Health website following the February 5<sup>th</sup> webinar: <http://www.dshs.state.tx.us/mch/>
- Feedback on the draft State Performance Measures may be submitted by February 12<sup>th</sup> via email at: [titlev@dshs.state.tx.us](mailto:titlev@dshs.state.tx.us).
- Stay connected! Sign up for alerts with GovDelivery: <https://public.govdelivery.com/accounts/TXHHSC/subscribe/new?qsp=328>

**Thank You!**

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