

Advancing the Maternal & Child Health **VISION** Leadership Quality & Action

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Marketing Your MCH Block Grant to Gather Meaningful Input from Stakeholders

Skills-Building Training
Sunday, February 10, 2013 (9:00 – 12:00)

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Title V: The Context for “Marketing” Block Grant Through Public Comment and Input

Kathy Watters, MCHB, HRSA



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Title V of the Social Security Act


Maternal and Child Health (MCH) Block Grant to States Program “To improve the health of all mothers and children.”

Maternal and Child Health Bureau (To partner with States)

Discretionary Grants




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Title V Accountability through Public Comment and Public Input

Public Comment: "The annual (Block Grant) application shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person during its development and after its transmittal"




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MCH Block Grant to States Program

- The Application includes a Public Input Section
- Ongoing public input, in addition to public comment on application, is encouraged.




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Public Comment and Public Input

Both Require Knowledge of:

- Title V
- Block Grant to States Program
- Mission




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Ongoing Public Input For Title V (What does it look like?)

- Family/youth/community input at all levels (through forums and trained leaders)
- Organization partnerships at Federal, State and Community levels
- Advisories that understand Title V and their role for input (Title V Leaders educate others about Title V and its mission)
- Closing the Loop



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Outcomes of Public Comment and Input

- State and Communities have developed policies benefitting the MCH population
- Services have been improved to increase access and quality
- Health equity is improving.
- Public Health and MCH are better understood by the public (having a clear identity is part of accountability)



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Examples of Public Comment/Input

- Wisconsin and Tennessee- Tools we will hear about today
- “Facilitating Public Comment on the Title V MCH Block Grant: A Report on States’ FY 2005 Practices”
 By Catherine A. Hess, MSW
 Health Policy Consultant




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Other State Examples:

In addition to Wisconsin and Tennessee:

Maine	Colorado
Montana	New Hampshire
Guam	Arkansas
Hawaii	Wyoming
Ohio	




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Audience Participation

Other ideas/ examples/ questions?



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Tools from Wisconsin:

The Block Grant Executive Summary & Survey Tools

Linda Hale, Wisconsin Title V Director
 Jessica Seay, Wisconsin SSDI Coordinator




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Public Input Survey

Public Input Survey

- WHAT?
 - Tool to elicit data, information, opinions and perspectives
- WHO?
 - Partners and consumers
- WHY?
 - Required
 - Opportunities for public to comment
 - Hold program accountable to:
 - Intent of Federal monies
 - Populations served
 - Partners and the general public
 - Enhance services, programming, health outcomes



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Public Input Survey

- WHERE?
 - MCH website
<http://www.dhs.wisconsin.gov/health/mch/PublicInput/index.htm>
- WHEN?
 - During Block Grant development and after transmittal
- ABOUT?
 - MCH population
 - Existing MCH services and resources in Wisconsin
 - Existing political context and other environmental factors that can affect the implementation of policy and programmatic changes



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Survey Questions

1) Major & Emerging Health Concerns & Unmet Needs

- Reproductive Age Women
- Pregnant Adolescents & Women
- Newborns & Infants (Birth to Age 1)
- Young Children (1-5 years of age)
- School Age Children (6-12 years of age)
- Youth & Adolescents (13-18 years of age)
- Children with Special Health Care Needs (Birth to 12 years of age)
- Youth with Special Health Care Needs (13-21 years of age)



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Survey Questions

2) Service Delivery System for MCH populations

- Specific programs or aspects of service system that are:
 - Working? Not working?
- Specific populations or regions of state which the system needs to provide additional supports? If so,
 - Where?
 - What type of services are needed?



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Survey Questions

3) Recommendations for strengthening and improving health of mothers and children in WI

(after reviewing BG, in particular National & State Performance Measures)

For example:

- Collect data to better understand issue
- Reform or restructure an aspect of the service system
- Strengthen an existing policy impacting health of families
- Share information with stakeholders to provide education about a particular policy




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Survey Questions

4) Other Comments


5) Contact Information for follow-up communication



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Survey Distribution Methods


- Email blasts
- Advisory Committee meetings
- Conferences
- Statewide, Regional, Local meetings
- Individual contacts
- Technical Assistance
- Program Input
- Federal Input



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Response Challenges


- Passionate
 - Example
- Very focused or specific
 - Example
- Too general or nonspecific
 - Example



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Response Opportunities


- Life Course Framework
- Integration of Accreditation and Early Childhood Systems work
- End of Year Reports
- MCH Website



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Future Opportunities?

- Enhanced technology
- Changes in Block Grant requirements
- Others?



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Block Grant Executive Summary



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Executive Summary – Background

- Wisconsin's 1st Block Grant Executive Summary drafted in early 2013
- Long-recognized need
 - The Block Grant is not consumer friendly
 - Sometimes difficult to discern overarching themes and critical data within Block Grant
 - We needed tool to aid public input!
- Developed as collaborative effort



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Executive Summary – Development

- Discuss desired features with MCH partners
- Review existing resources
 - Wisconsin CYSHCN Program Success Stories
 - MCHB
 - MCH Navigator
 - AMCHP (State Profiles)
 - Kids Count
 - Other tools (across states)



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Executive Summary – Purpose

- Acquaints the reader with Federal Title V Block Grant
- Provides a high-level overview of the state MCH Program
 - What is MCH about?
 - What does MCH do?
 - How does it fit together?
- Highlights major accomplishments and challenges
- Promotes transparency and accessibility
- Aids stakeholder input
- Helps state prepare for annual Block Grant review



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Executive Summary – Format

- Length
- White space
- Graphics
 - Data
 - Images
- Template sections
- Branding



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Executive Summary – Content

- Letter from the Title V Director
- Q & A explaining Federal Block Grant
- State overview
 - Key data on grant spending
 - MCH indicators
- Challenges and Successes
 - Emphasize breadth and depth of MCH activities
 - Links activities to MCH Priority Areas



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Executive Summary – Distribution

- WHO?
 - General public
 - New staff
 - Practitioners
 - Policy makers
 - Upper-level management
- HOW?
 - Website
 - Advisory Committees
- WHEN?
 - Draft late spring, finalize late summer, distribute in fall



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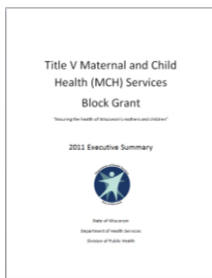
Executive Summary – Challenges

- Identifying and organizing program highlights and critical data from 100+ page document, 80+ indicators
- Assuring that document is:
 - Readable
 - Representative
 - Balanced
 - Concise
- Missing pieces?



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Executive Summary – Example



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Executive Summary – Next Steps

- Seek stakeholder feedback from MCH partners (e.g., MCH Advisory Committee)
- Finalize and distribute 2011 summary
- Begin work on 2012 summary!



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Tools from Tennessee:

Quick Reference Guide & Indicator Snapshot

Dr. Michael Warren, Tennessee Title V Director
 Loraine Lucinski, Administrator of Early Childhood Initiatives




Quick Reference Guide



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MCH Block Grant Public Input in TN

- Historically, staff joined WIC staff for required WIC Public Hearings
 - Low attendance
 - Dependent on attendees to raise issues
 - No standard presentation or overview
 - Allowed us to "check the box"



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2011 Public Input Opportunities

- Public Hearings (linked with WIC)
 - Three
 - Minimal attendance (mostly staff who facilitated the meeting)
- Online survey (via SurveyMonkey)
 - 20 responses
- Electronic copy of draft application sent to numerous stakeholders
 - Handful of responses



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2011 Public Input Opportunities

- Site visits to local health department clinics
 - 3 clinics visited
 - Diverse geography/services represented



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2011 Public Input Response

- Feedback from stakeholders:
 - Thanks for sending.
 - Never knew what this was really all about.
 - This is huge—where should I focus my attention?
 - There is some really great information here—can I use this in grants and reports?



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2012 Public Input Response

- No “public hearings”
- Clinic visits
 - Included home visit with CSHCN coordinator
 - Visits with clients and staff
- Online survey
 - 223 responses
 - 80+ pages of SurveyMonkey printout!
- Quick Reference Guide distributed with draft and survey announcement



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Quick Reference Guide

- Sorted by topic **and** state agency/department
- Linked to page numbers in draft of MCH Block Grant Report/Application



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Maternal & Child Health Block Grant 2011 Report & 2013 Application Quick Reference

This “Quick Reference Guide” has been developed to help you quickly locate items of interest in the MCH Block Grant Report/Application. **Note: The page numbers listed here refer to the numbers printed in red in the upper right-hand corner of each page.**

Listing By Topic Area

Topic	Relevant Performance Measures/Indicators/Narrative	Page(s)
Administrative	Forms 2-5: MCH Budget and Expenditures	117-28
	Budget Narrative	111-13
	State Overview (State Background, Health Overview, Health Initiatives, MCH Priorities, Agency Capacity, Organizational Structure, State Agency Coordination)	6-37
	Number of Individuals Served Under Title V	131-32
	Deliveries/Infant Served by and Entitled to Title V	133-34
	MCH Toll-Free State Hotline	136-38
	Form 10—State MCH Block Grant Profile	139
	Form 14—MCH Priority Needs	176
	Form 15—Technical Assistance Needs	176-79



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Future Plans for Public Input

- Ongoing input
 - Advisory Committee meetings
 - Monthly calls with Regional MCH Directors
 - Online survey w/ Quick Reference Guide



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Indicator Snapshot



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“...only MCH data necessary to fulfill the requirements of Title V which are not available at the national level or may be more timely from the State or required for tracking performance measures, will be gathered for the annual report”.

-Title V MCH Block Grant Guidance



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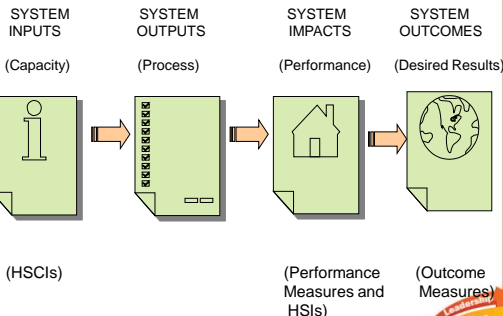
Which leaves....

- 16 Health System Capacity Indicators
(plus population specific indicators)
- 18 National Performance Measures
- 10 State Performance Measures
- 10 Health Status Indicators
(plus sub-set of indicators)
- 6 Outcome Measures



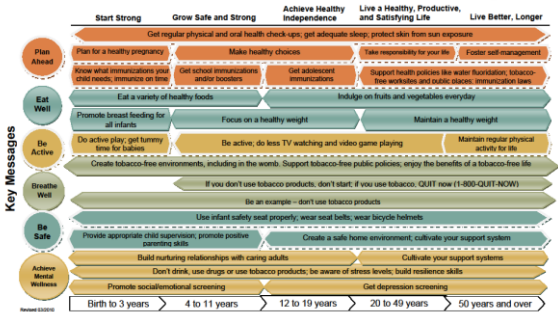
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Measurements of the MCH System



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HEALTHY PEOPLE AT EVERY STAGE OF LIFE FRAMEWORK: Core Messages



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- *Start Strong
- *Grow Safe and Strong
- *Achieve Healthy Independence
- *Live a Healthy, Productive and Satisfying Life
- *Live Better, Longer



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Indicator	Measurement	2007	2008	2009	2010	2011	5 yr. Trend
HSC02	Start Strong - Newborn and Infant (Up to low point of age) The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.	83.8%	71.8%	80.0%	82.0%	85.4%	
HSC05	Percent of low birth weight (< 3,500 grams) All	9.2%	8.4%	9.2%	9.0%	NA	
HSC05	Percent of low birth weight (< 3,500 grams) Medicaid Population	11.3%	10.4%	10.9%	10.0%	NA	
HSC05	Percent of low birth weight (< 3,500 grams) Non-Medicaid Population	NA	7.4%	7.3%	7.1%	NA	
HSC06	Infants deaths per 1,000 live births - All	9.4	8.5	8.0	7.8	NA	
HSC06	Infants deaths per 1,000 live births - Medicaid Population	11.2	10.0	9.8	10.3	NA	
HSC06	Infants deaths per 1,000 live births - Non-Medicaid Population	NA	8.2	8.3	4.8	NA	
HSC06	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester - All	85.0%	85.0%	85.0%	85.0%	NA	
HSC06	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester - Medicaid Population	76.0%	NA	80.0%	80.8%	NA	
HSC06	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester - Non-Medicaid Population	NA	NA	72.0%	71.7%	NA	
HS10A	The percent of live births weighing less than 2,500 grams.	9.4%	8.2%	9.2%	9.0%	9.3%	
HS10B	The percent of live singleton birth weighing less than 2,500 grams.	7.5%	7.4%	7.5%	7.4%	7.4%	
HS10C	The percent of live births weighing less than 1,500 grams.	1.2%	1.0%	1.1%	1.0%	1.0%	
HS10D	The percent of live singleton birth weighing less than 1,500 grams.	1.3%	1.3%	1.3%	1.2%	1.2%	
NFM1	The percent of newborns who received their follow-up to definitive diagnosis & clinical management for conditions mandated by their State-sponsored NBS programs.	100%	100%	100%	100%	100%	
NM11	The percent of mothers who breastfed their infants at 6 months of age.	31.4%	37.9%	33.0%	35.0%	35.5%	
NM12	The percent of newborns who have been screened for jaundice before hospital discharge.	95.1%	94.2%	95.0%	97.1%	96.9%	
NM13	The percent of very low birth weight infants delivered at facilities for high risk deliveries and neonates.	68.5%	80.7%	79.1%	82.9%	84.0%	
SFM1	Reduce sleep-related infant deaths.	NA	NA	129	131	NA	New Measure
CR1	The infant mortality rate per 1,000 live births.	8.2	8.0	8.0	7.9	7.4	
CR2	The rate of the black infant mortality rate to the white infant mortality rate.	2.4	2.5	2.7	2.7	3.1	
CR3	The neonatal mortality rate per 1,000 live births.	5.1	4.9	4.7	4.6	4.6	
CR4	The perinatal rate per 1,000 live births.	3.1	3.1	3.2	3.3	2.8	
CR5	The perinatal mortality rate per 1,000 live births plus fetal deaths.	9.9	9.8	9.8	9.5	7.3	
Save Babies and Strong Early Childhood (1-5 years of age)							
MP07	The percent of 18 to 24 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus influenzae, and Hepatitis B.	86.7%	83.0%	83.0%	77.0%	83.6%	
MP04	The percent of children, ages 2-5 years, receiving WIC services that have a BMI at or above the 85th percentile.	34.0%	34.9%	35.2%	35.4%	36.7%	
SFM6	Rate of emergency department visits for asthma for children age 1-4 (per 100,000)	NA	NA	NA	1027.0	NA	
HSC1	The rate of children hospitalized for asthma (ICD-9-Codes: 493.0-493.9) per 10,000 less than 5 years of age.	29.6	26.6	22.7	19.4	NA	



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Assists with finding relevant data for variety of stakeholders

Provides a “snapshot” of progress over time



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Feedback or ideas
from other states?



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