

# MATERNAL, CHILD, AND ADOLESCENT HEALTH AND BLACK INFANT HEALTH FUNDING ALLOCATION

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### MATERNAL, CHILD AND ADOLESCENT HEALTH AND BLACK INFANT HEALTH FUNDING ALLOCATION



- The California Department of Public Health receives Title V Maternal and Child Health Block Grant funding from the Health Resources and Services Administration and distributes these funds and State General Funds to Local Health Jurisdictions in threeyear funding cycles.
- Since 1998, the San Diego County Board of Supervisors has approved acceptance of Title V Maternal and Child Health Block Grant Allocations to support State-mandated Maternal, Child, and Family Health Services programs.



### BACKGROUND



Fetal and infant mortality rates for African-Americans are

2 TO 3 TIMES

that of whites.

Native American/Alaskan infants are
65% MORE LIKELY
to be born preterm compared to white infants.

Births rates among Hispanic girls aged 15-19 are

9 TIMES HIGHER
than among whites.

Women without a
high school degree are
20% LESS LIKELY
to get prenatal care in the first
trimester compared to those with
at least a bachelor's degree.

## MATERNAL, CHILD, AND ADOLESCENT HEALTH PROGRAM GOALS





- Link to quality healthcare services
- Reduce infant mortality and the incidence of preventable diseases
- Coordinate systems of care that are familycentered and community-based
- Administer a toll-free hotline to assist with accessing services for pregnant women
- Build partnerships and mobilize community

## MATERNAL, CHILD, AND ADOLESCENT HEALTH PROGRAMS





### Black Infant Health

Group-based approach with client-centered management to help improve birth outcomes

349 participants

### Comprehensive Perinatal Services

Enhanced services for Medi-Cal eligible pregnant and postpartum women

45 providers

### Fetal and Infant Mortality Review

Understanding healthcare systems and social problems that contribute to preventable fetal and infant deaths

### Perinatal Care Network

Connecting pregnant women to Medi-Cal, prenatal care, and other pregnancy-related services

2,265 pregnant women assisted

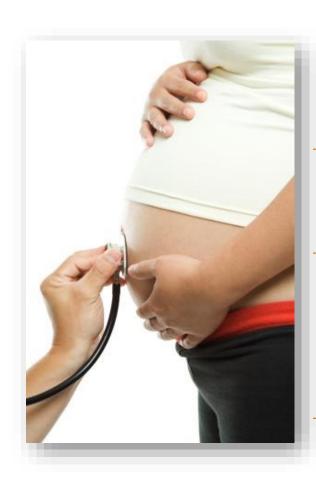
### Sudden Infant Death Syndrome

Education about SIDS, grief and bereavement support services

191 people educated on safe sleep practices

## PROGRAM OUTCOMES FISCAL YEARS 2019-2020 THROUGH FEBRUARY 2022





#### **Black Infant Health**

91% of Black Infant Health participants birthed infants of normal birth weight.

92% of Black Infant Health participants initiated breastfeeding at birth.

### **Comprehensive Perinatal Services Program**

3 new active providers joined Comprehensive Perinatal Services Program

#### **Perinatal Care Network**

87% clients referred to Medi-Cal successfully granted Medi-Cal.

**72%** clients without prenatal care were linked to a health care provider within 30 days.

### **Sudden Infant Death Syndrome**

94% SIDS referrals were contacted within three business days.

# MATERNAL, CHILD, AND ADOLESCENT HEALTH PROGRAMS



#### Challenges

- Lack of awareness of programs and outreach.
- Enrollment and retention to meet program outcomes.
- Time commitment to participate in programs
- Lack of resources (staffing, funding, partnerships).
- Address disparities in birth and health outcomes



#### **Solutions**

- Partner with State, County, and community partners to raise awareness of programs and eligibility.
- Emphasize benefits of the program.
- Understand and work to meet client's needs.
- Strengthen and maximize efficiencies of referral partnerships and systems.
- Maximize impact by leveraging resources with community partners and seek additional funding.
- Use a multi-level approach to address and improve health and social issues.
- Implement evidence-based or promising practices.
- Prioritize staff training and professional development.



## ACCEPTANCE OF MCAH AND BLACK INFANT HEALTH FUNDS



Requesting the Health Services Advisory Board's support for the Board of Supervisors to approve and authorize the Clerk of the Board to execute:

A new three-year Title V MCH Block Grant Allocation agreement with CDPH from July 1, 2022 through June 30, 2025 for a three-year total of approximately \$4,036,245.



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