The Role of Vital Statistics at the Health Resources and Services Administration, Maternal and Child Health Bureau

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Maternal and Child Health Block Grant

- The Maternal and Child Health Block Grant is the oldest continuous public health program in the US.
- The Maternal and Child Health Block Grant supports the improved health of America's children and families in all 50 States, District of Columbia (D.C.), and the territories.
- The Block Grant serves more than **50 million** mothers and children annually, including:
  - **1/2** of all pregnant women
  - **1/3** of all infants and children
  - **4 million** children with special healthcare needs

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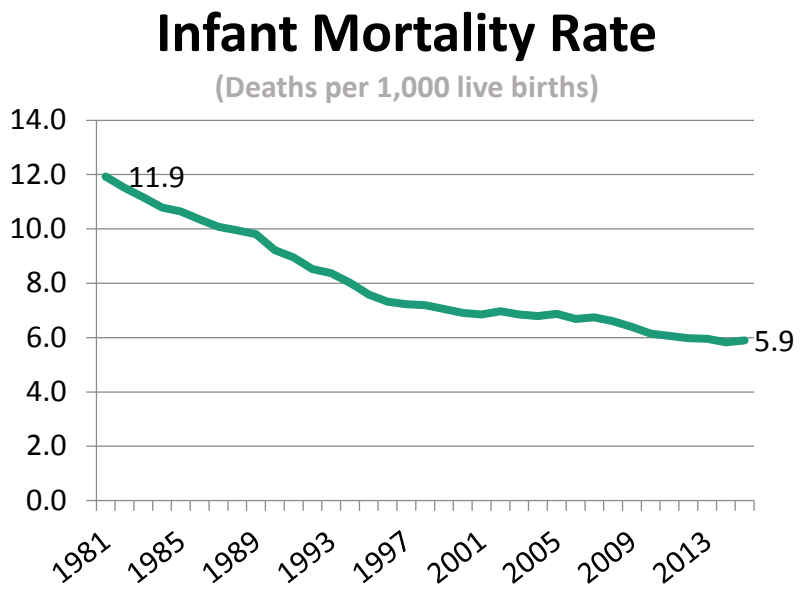
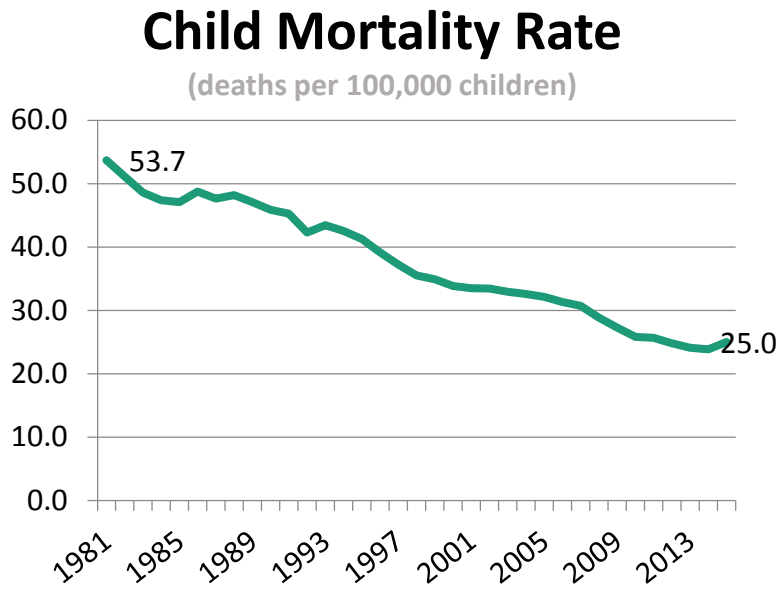
Maternal and Child Health Block Grant

- The program was redesigned as a block grant in 1981.
- It has helped States reduce infant mortality by **51%**, and child mortality by nearly **53%.**





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Maternal and Child Health Block Grant

- The Block Grant gives States **flexibility** in meeting the health needs of their children and families.
  - States are required to provide a three dollar match of non-Federal funds for every four dollars allocated.
  - MCHB assures **accountability** through performance measurement and technical assistance.
- The legislation stipulates that information should be collected on maternal and infant health
- Vital records have formed the bedrock for that data collection
- States also use vital statistics data to monitor progress on state priorities through state performance measures.

Title V Measurement Framework

Evaluation Logic Model

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National Outcome Measures

#	Short Title	Data Source
1	[redacted]	NVSS
2	Severe maternal morbidity	HCUP-SID
3	[redacted]	NVSS
4.1-4.3	[redacted]	NVSS
5.1-5.3	[redacted]	NVSS
6	[redacted]	NVSS
7	Early elective delivery	Hospital Compare
8	[redacted]	NVSS
9.1-9.5	[redacted]	NVSS
10	Drinking during pregnancy	PRAMS
11	Neonatal abstinence syndrome	HCUP-SID
12	Newborn screening timely follow-up	APHL
13	School readiness	NSCH
14	Tooth decay/cavities	NSCH
15	[redacted]	NVSS
16.1-16.3	[redacted]	NVSS
17	CSCHN, CSHCN systems of care, autism, ADD/ADHID	NSCH
18	Mental health treatment	NSCH
19	Overall health status	NSCH
20	Overweight/obesity – 2-4 years, 10-17 years, grade 9-12	WIC, NSCH, YRBSS
21	Uninsured	ACS, NSCH
22.1-22.5	Vaccination – infant, flu, HPV, Tdap, meningitis	NIS

National Performance Measures

#	Short Title	Data Source	MCH Population Domain
1	Well-woman visit	BRFSS	Women's/Maternal
2	[redacted]	NVSS	
3	[redacted]	NVSS + AAP	
4A,B	Breastfeeding – initiation and exclusive through 6 months	NIS	Perinatal/Infant
5	Safe sleep position	PRAMS	
6	Developmental screening	NSCH	Child
7	Injury hospitalization – 0-9 years and 10-19 years	HCUP-SID	Child and/or Adolescent
8	Physical activity – 6-11 years and 12-17 years	NSCH, YRBSS	
9	Bullying – perpetration and victimization	NSCH, YRBSS	Adolescent
10	Adolescent well-visit	NSCH	
11	Medical home	NSCH	CSHCN
12	Transition	NSCH	
13A,B	Preventive dental visit – during pregnancy, childhood	PRAMS, NSCH	
14A,B	[redacted] household	NVSS, NSCH	Cross-cutting/Life course
15	Adequate insurance	NSCH	

Healthy Start

- Works with local and community-based organizations to improve birth outcomes in communities with infant mortality rates 1.5 times the national average.
- Supports at-risk mothers and infants from entry into prenatal care through two years after birth.
- The program's **100** grantees serve more than **80,000** clients in **200** counties in **37** states and D.C.
- In 2015, the infant mortality rate among Healthy Start participants across 159 counties was 16% lower than the overall infant mortality rate in the same counties (5.2 vs. 6.2 per 1,000 live births).[1]

Healthy Start

- Use of vital statistics to determine IMR for eligibility or HS applicants
- Used to compare HS data against national data for CJ, OMBJ, HHSJ, and the national evaluation

Infant Mortality Collaborative Improvement and Innovation Network

- The Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) uses vital records as a key source of data to track progress in the initiative.
- Six CoIIN-wide measures that all participating states are asked to submit into a shared, online data dashboard using quarterly provisional vital records data. (i.e., using provisional vital records data for quality improvement (QI) purposes).
- The main outcome measures include rates of infant mortality, neonatal mortality, postneonatal mortality, sudden unexpected infant death (SUID), preterm-related mortality, and preterm birth.
- In addition, specific strategy-focused Learning Networks within the IM CoIIN use vital records data to track progress in meeting their QI aim.

Maternal, Infant, and Early Childhood Home Visiting Program

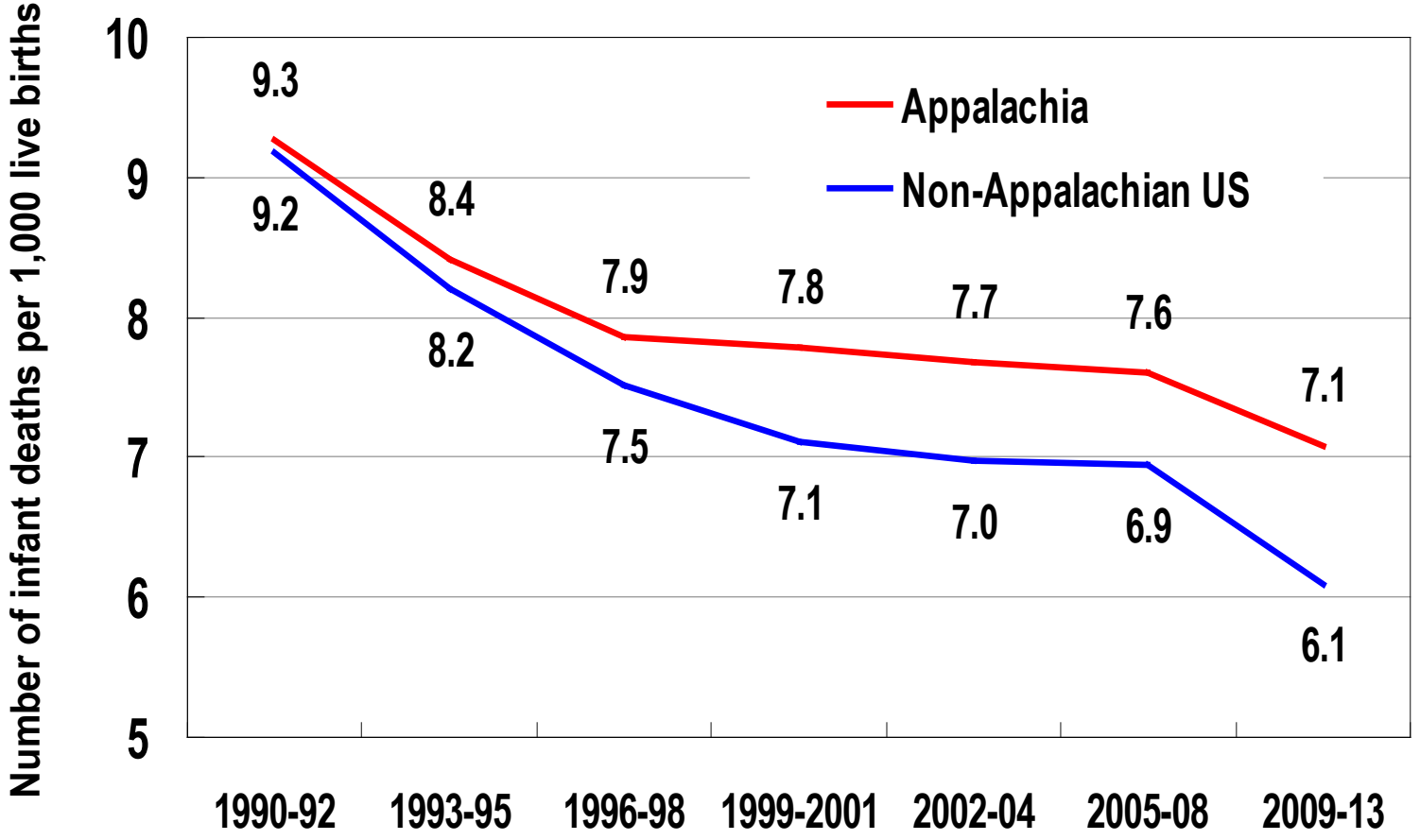
- Provides voluntary, evidence-based home visiting services to support at-risk pregnant women & parents with young children
- Builds upon decades of scientific research showing that home visits during pregnancy and in the first years of a child's life improves the lives of children and families
  - Prevents child abuse and neglect
  - Supports healthy behaviors and responsible parenting
  - Improves child development and school readiness
  - Promotes family economic self-sufficiency

Maternal, Infant, and Early Childhood Home Visiting Program

- **MIHOPE and MIHOPE-Strong Start collected individually-identifiable vital records (birth and fetal death certificates) from 17 states participating in the studies to measure impacts on selected outcomes and covariates.**
- **States provided these data by matching sample members' information to their data systems to return information on the following key outcomes:**
  - a) the health of the baby at birth, such as birth weight and gestational age;
  - b) mother's health behaviors, such as tobacco use during pregnancy, gestational weight gain, and adequate prenatal care;
  - c) breastfeeding at discharge from the hospital.
- **The vital records data are combined with other data sources, such as Medicaid data, family baseline survey data, U.S. Census data, home visiting service delivery data, and 15-month follow-up survey data (for MIHOPE only).**

Research

Infant Mortality Rates in Appalachia and the Non-Appalachian United States, 1990-2013



Source: *Singh GK, Kogan MD, Slifkin RT. Health Affairs. 2017;36(8):1423-1432.*

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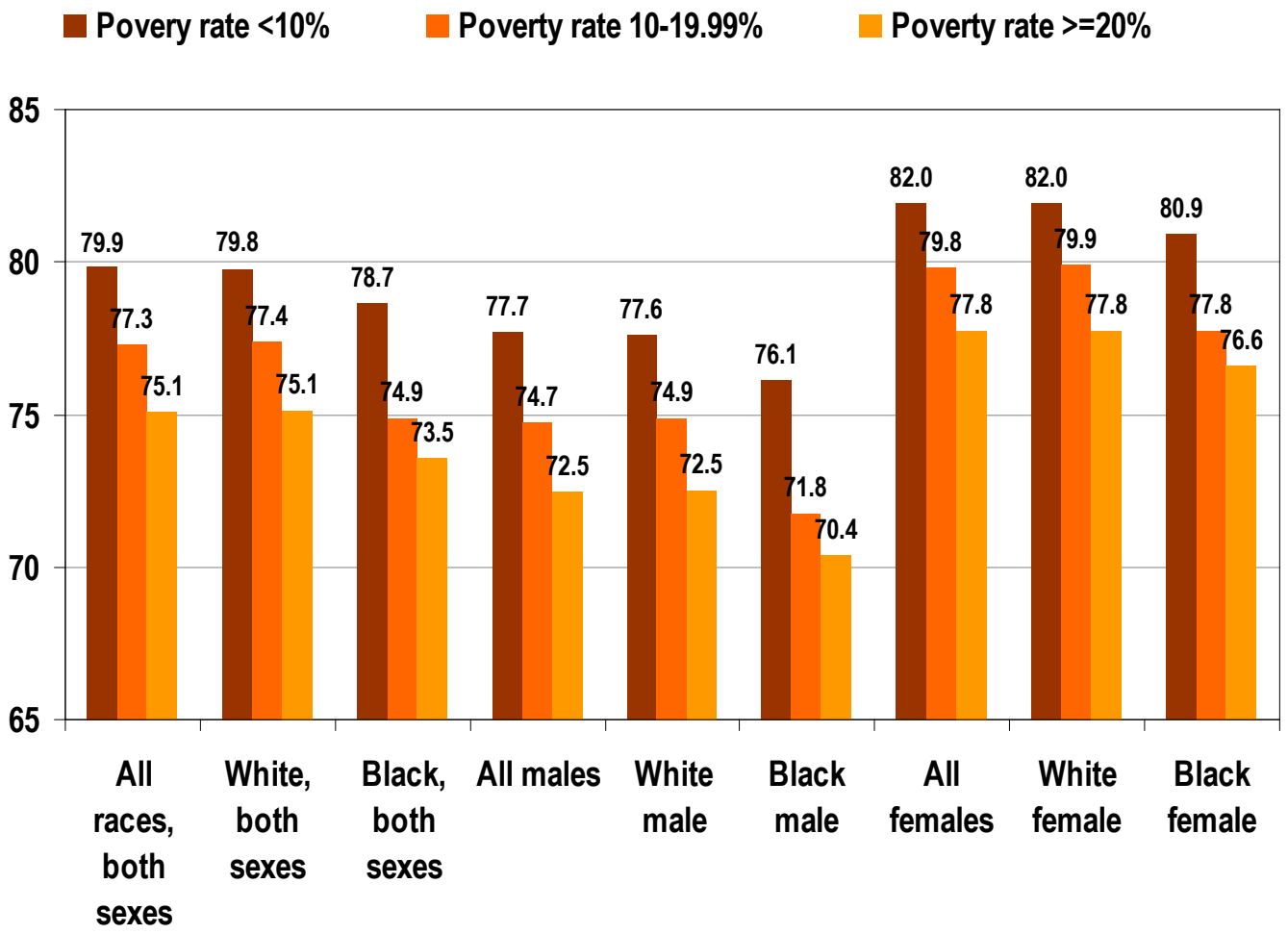
Life Expectancy at Birth (in Years) by County Poverty Level in Appalachia, 2009-2013



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