

DC Title V Maternal and Child Health Block Grant Program

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COMMUNITY HEALTH ADMINISTRATION

HEALTHY START REGIONAL MEETING

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Infant Mortality CoIIN: Safe Sleep (2015-2016)

Background

- In 2014, 7 deaths were related to unsafe sleep practices in DC.
- **Problem-** the Safe Sleep Program (SSP) emphasized Pack-N'-Play distribution but not compliance with safe sleep practices.
- DC DOH partnered with 5 pilot sites to assess participant's behavior and compliance with safe sleep practices.
- Participants received safe sleep education, which was followed by a home visit 30 days after to verify compliance of child safe sleep position.

Results

- In home checklists and Pack-N'-Play applications, were missing data, reporting inaccurately, and not on time.
- New reporting requirements and guidelines were implemented for partner agencies to follow.
- By August 2016, 72% agencies reported applicant responses accurately and on time.
- SSP educated over 1,000 District residents/year on safe infant sleep practices.

NPMs & MCH Population Domains

NPM #	NPM Area	MCH Population Domains
1	Well Women Care	Women/Maternal Health
4	Breastfeeding	Perinatal Infant Health
6	Developmental Screening	Child Health
8	Physical Activity	Child Health and/or Adolescent Health
9	Bullying	Adolescent Health
12	Transition	Children with Special Health Care Needs
13	Oral Health	Cross-Cutting Life Course
14	Smoking	Cross-Cutting Life Course

State Performance Measures (SPMs)

SPM 1 Healthy Food Access

Objective: Decrease the percent of children living in households that were food insecure at any point during the year.

Strategy: Reduce food insecurity among low income elementary age children and their families in Wards 7 and 8 and increase their consumption of fresh fruits and vegetables through Joyful Markets Program.

SPM 2 Teen Pregnancy Prevention

Objective: Decrease the teen birth rate.

Strategy: Implement school based teen pregnancy prevention programs in priority Wards 5-8 to reduce incidents of repeat teen births and sexually transmitted.

SPM 3 Interpersonal Violence

Objective: Decrease percent adolescents in grades 9-12 involved in a physical fight.

Strategies: 1) Expand partnerships, including those with non-traditional partners, in state/jurisdiction violence prevention coalitions using CDC's Essentials for Childhood Framework (focus on improving data). 2) Work with schools to increase implementation of evidenced-based multi-component suicide prevention programs.

State-Initiated Evidence-Based or Evidence-Informed Strategy Measures (ESMs)

Review of Available Data

- Food Security: 30.5% households with children unable to afford enough food
- Teen Pregnancy: Rates as high as 58.5 births per 1000 women ages 15-19 in some areas
- Interpersonal Violence: 1/3 DC high schoolers involved in a fight; homicide rate for African-Americans 15-24 years old 71.8 per 100,000 (US rate is 5.1)

Political Priorities (i.e. funding priorities)

- Food Access: Joyful Markets, Produce Plus
- Teen Pregnancy: Teen Pregnancy Prevention Fund
- Violence: Safer Stronger, NEAR (Neighborhood Engagement Achieves Results) Act

Community Support

Shared State Strategies/Performance Measures

- **NPM 1:** Well Women Care
- **NPM 4:** Breastfeeding
- **NPM 6:** Developmental Screening
- **NPM 14:** Smoking

Every community understands its health risks and role in improving perinatal health outcomes

