

How Title V Supports Pennsylvanians:

An Overview



MISSION

Equally protect and equitably promote the health and well-being of Pennsylvania's women, pregnant people and their partners, infants, adolescents, and children, including children with special health care needs, and their families through programming, state-level program management, and support for public health systems.

PRIORITIES

Based on population health data and the input of service recipients, providers, and stakeholders on health needs and the capacity of the maternal and child health system in Pennsylvania, the Title V Program adopted seven priorities to guide its state action plan from 2021 to 2025.

Priority 1: Reduce or improve maternal morbidity and mortality, especially where there is inequity

Priority 2: Reduce rates of infant mortality (all causes), especially where there is inequity

Priority 3: Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs

Priority 4: Improve the percent of children and youth with special health care needs who receive care in a well-functioning system

Priority 5: Reduce rates of child mortality and injury, especially where there is inequity

Priority 6: Strengthen Title V staff's capacity for data-driven and evidence-based decision making and program development

Priority 7: Support and effect change at the organizational and system level by supporting and promoting policies, programs and actions that advance health equity, address the social, environmental and economic determinants of health and deconstruct institutionalized systems of oppression

~2.6
million people served annually

\$76
million annually in Title V, state match, and other federal funds

45+
Partnerships with grantees, stakeholder groups and agencies

APPROACH

 Advance health equity

 Engage families and stakeholders

 Build the capacity of the maternal and child health workforce

 Develop effective partnerships and collaborations

 Continually assess priority health needs and identify evidence-based strategies

 Apply a life-course perspective, considering determinants of health from preconception through adulthood

 Look and listen for those bearing an unequitable burden of injury, disease, or mortality

 Adapt to emergent issues while also addressing persistent, long-term needs

 Develop an action plan and performance measures to evaluate progress and ensure accountability

How Title V supports:

Women's/Maternal Health



The health and well-being of people prior to, during, and after pregnancy can impact health outcomes across the life course and the health of the next generation. The Title V Maternal and Child Health Services Block Grant provides direct, enabling, and population level services to women and pregnant people across Pennsylvania. **Title V funds support over 120,000 pregnant people annually, approximately 91% of all deliveries in the state.** Beginning in 2021, women's/maternal health strategies will aim to advance Priority 1 of the Title V Action Plan.

PRIORITY 1

Reduce or improve maternal morbidity and mortality, especially where there is inequity

Addressing priority health needs with evidence-based strategies



Preconception Health

Title V programs at county and municipal health departments aim to support health prior to pregnancy. Pregnancy intention screening tools, such as One Key Question®, are used to decrease unintended pregnancies and improve the health of wanted pregnancies. This initiative aims to help people determine when they are ready to begin or expand their families and obtain optimal health before pregnancy.



Access to Prenatal Care

Title V supports Centering Pregnancy Programs, a patient-centered model of group prenatal care, at hospitals where low birthweight and racial disparities in infant health outcomes exceed the statewide average. The curriculum covers birth control, birth spacing, and active participation in interconception care.



Support for Families at Home

The county and municipal health department Title V home visiting programs aim to support people in the prenatal and postpartum period who may not be eligible for traditional home visiting programming, including those with repeat pregnancies or delayed enrollment. Home visiting programs provide health check-ups, screenings, referrals, caregiver advice, and guidance in navigating other family-focused programs and services in the community.



Interconception Care and Family Planning

Through an initiative with Family Planning Councils, Title V aims to reduce the rate of unplanned pregnancies among people with opioid use disorder. Projects include training behavioral health providers to assess pregnancy intention and contraceptive needs, facilitating access to family planning services for treatment facilities, conducting screenings in schools to identify youth in need of services, and educating communities about substance use disorder.

Title V also supports a partnership with the University of Pennsylvania to implement the IMPLICIT Interconception Care Program, wherein maternal screenings are conducted at well-child visits. This interconception care project works within scheduled well-child visits to evaluate the health of mothers.



Postpartum Care

Title V funds support the "4th Trimester" project, an initiative of the IMPLICIT Network, to address maternal morbidity and mortality in the postpartum period. The initiative allows providers to identify high-risk birthing people, develop tailored care recommendations for families and increase the number of birthing people receiving maternal health care within 28 days of delivery. Through this initiative, biomedical and psychosocial risk factors associated with maternal morbidity and mortality, such as cardiovascular health, mental health, substance use, and trauma, will be identified and addressed.



Collaboration and Partnership

Through coordination and collaboration with maternal health partners across the commonwealth, such as the Department of Human Services and Pennsylvania's Maternal Mortality Review Committee, Title V funds are leveraged to deliver non-duplicative services. Title V intends to implement recommendations and best practices as they are identified by the Pennsylvania Maternal Mortality Review Committee.

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How Title V supports:
Perinatal/Infant Health

Promoting health and wellness is important throughout infancy, from birth through the first year of life. The Title V Maternal and Child Health Services Block Grant provides safety net direct, enabling, and population level services to pregnant people and infants across Pennsylvania during the perinatal period and throughout early childhood. **Title V funds support over 132,000 infants annually, approximately 99% of all infants in the state.** Beginning in 2021, infant health strategies will aim to advance Priority 2, Priority 4, and Priority 6 of the Title V Action Plan.

PRIORITY 4

Improve the percent of children and youth with special health care needs who receive care in a well-functioning system

PRIORITY 2

Reduce rates of infant mortality (all causes), especially where there is inequity

PRIORITY 6

Strengthen Title V staff's capacity for data-driven and evidence-based decision making and program development

Addressing priority health needs with evidence-based strategies



Breastfeeding Education and Support

Title V supports Pennsylvania's Keystone 10 Initiative in birthing facilities statewide. This voluntary initiative focuses on facility adoption and implementation of the 10 evidence-based steps to successful breastfeeding. Additionally, community-based organizations in select counties with a breastfeeding rate below the statewide average and in areas with low rates of breastfeeding among African Americans receive Title V funds to provide breastfeeding education and outreach to help raise breastfeeding rates.

Title V funds also support the development and implementation of biannual breastfeeding collaborative meetings in regions throughout Pennsylvania. The collaborative meetings are designed to provide breastfeeding education and support, access to networking, and resources to local community-based organizations.



Safe Sleep Practices and Support

Title V supports a hospital-based safe sleep program that bundles multiple interventions, including nurse and caregiver education, to improve safe sleep practices. By the end of 2020, the hospital-based safe sleep program was fully implemented in 15% of birthing hospitals in the state. During 2020, caregivers of more than 31,000 newborns received safe sleep education as part of this program.



Newborn Screening

Infants born in Pennsylvania receive a dried blood spot screen, a hearing screen, and a critical congenital heart defect screen to identify conditions that can cause serious illness or death if untreated. In 2021, the department's contracted laboratory, PerkinElmer Genetics, performed 135,557 initial dried blood spot screenings. The number of infants receiving a hearing screening in 2021 was slightly less at 131,750 and 131,983 newborns received a critical congenital heart defect screening. Early recognition and treatment of conditions identified through a newborn screen can lead to a better outcome for the infant.



Healthy Baby Helpline

Title V supports a helpline, 1-800-986-BABY (2229), which provides callers with information on finding a doctor, getting healthcare coverage, immunizations, tests for baby, and breastfeeding.



Supporting Referral of Newborns with Neonatal Abstinence Syndrome (NAS)

Title V funds support review and analysis of neonatal abstinence syndrome (NAS) cases reported to the Newborn Screening Program to help identify birth hospitals that need to improve referrals to Early Intervention. Once birth hospitals needing support are identified, technical assistance is provided to improve rates of NAS case referral to Early Intervention.



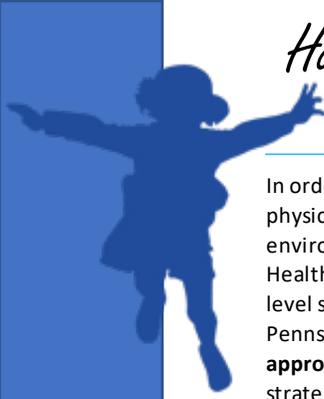
Reducing Disparity

Title V funds support three Perinatal Period of Risk (PPOR) studies. PPOR, an analytic framework for studying racial disparities in fetal and infant mortality rates, is based on core principles of full community engagement and equity, and follows a six-stage, community-based planning process. Fetal and infant deaths are categorized into four periods of risk, based on birthweight and age at death and that correspond to specific factors associated with birth outcomes. PPOR determines the period(s) of risk with the most disparity in deaths to focus community efforts.

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How Title V supports:
Child Health

In order to enable children to reach their full potential, it is important to promote physical, mental, and emotional well-being while also addressing factors in the environment in which children live and play. The Title V Maternal and Child Health Services Block Grant provides safety net direct, enabling, and population level services to children aged one through twenty-one and their families across Pennsylvania. **Title V funds support over 1.45 million children annually- approximately 45% of all children in the state.** Beginning in 2021, child health strategies will aim to advance Priority 3 and Priority 5 of the Title V Action Plan.

PRIORITY 3

Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs

PRIORITY 5

Reduce rates of child mortality and injury, especially where there is inequity

Addressing priority health needs with evidence-based strategies



Safe and Healthy Homes

Title V supports the Prevent Injuries in Children (PIC) program. PIC utilizes in-home programming to create a healthier and safer environment for children and their families. Working in conjunction with qualified home-visiting programs, the PIC Program targets families with at least one pregnant person or child ages zero through nine to provide in-home education and low-cost interventions to prevent child injuries, especially those leading to hospitalization or death.



Preventing Childhood Injury and Concussion

Title V supports prevention of childhood injury through concussion prevention and management training and protocols in youth sports in Pennsylvania. The goal of the Safety in Youth Sports Program is to educate and train personnel involved in youth sports, both school-based and club-based, regarding traumatic brain injury, concussion prevention, concussion identification, and concussion management through the ConcussionWise™ curriculum.



Child Death Review

The Child Death Review (CDR) program promotes the safety and well-being of children by reducing preventable childhood fatalities. This is accomplished through systematic, multi-agency reviews of the deaths of children up to age 21. All 67 Pennsylvania counties are represented by local CDR teams. The CDR program is supported through a combination of Title V and other federal funds. Other federal funds are being used to fund staff time. Title V funds are used to support training and technical assistance efforts as well as prevention activities.



Child Wellness and Development

In collaboration with the county and municipal health departments (CMHDs), Title V supports child health programming that educates families on the importance of well child visits, child development, safety, and nutrition. School-based programs targeting children's self-esteem, positive body image, and goal setting have also been implemented. In areas without CMHDs, Title V supports the State Health Centers in referring children to medical homes so that they may continue to receive consistent, ongoing care that will help them develop into healthy adults.

Title V funds also support the state's Growth Screening Program, which aims to measure the height and weight of all school-aged children at least once annually, including children with special health care needs. The pattern of growth for each child can be more effectively interpreted with repeated measurement and the results are used to educate families about healthy development for children.



Lead Information Line

Title V supports a toll-free information line, 1-800-440-LEAD, to respond to caller questions and provide electronic materials about lead poisoning and other environmental hazards.

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How Title V supports: **Children with Special Health Care Needs**

Children with special health care needs (CSHCN) are 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. According to the National Survey of Children's Health, as of 2020-2021, approximately 22.7% of children in Pennsylvania aged 0 to 17 are CSHCN. **Title V funds support more than 402,000 CSHCN annually, approximately 53% of all youth with special health care needs in the state.** Beginning in 2021, CSHCN health strategies will aim to advance Priority 3 and Priority 4 of the Title V Action Plan.

PRIORITY 3

Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs

PRIORITY 4

Improve the percent of children and youth with special health care needs who receive care in a well-functioning system

Addressing priority health needs with evidence-based strategies



Specialty Care Services

Title V and matching state funds support patient-centered, team-based care and rehabilitation for children diagnosed with neuromuscular and orthopedic conditions, Cooley's Anemia, Cystic Fibrosis, Hemophilia, Sickle Cell, and Spina Bifida. Specialty Care Programs aim to promote comprehensive care and address barriers that prevent adherence to treatment plans. The state match also supports outreach and education for those with Epilepsy or Tourette Syndrome. Title V funds also support the use of telehealth to evaluate and diagnose children aged 12 to 18 months with autism.



Special Kids Network Helpline

The Special Kids Network phone line helps providers and families with children with special health care needs access local services and support. The network connects callers to resources in their communities and can provide information on education, transportation, insurance, transition, assistive devices, and more. The toll-free number is 1-800-986-4550 and is available Monday through Friday from 8:30AM to 4:00PM.



Youth Leadership and Development Training

In partnership with Pennsylvania's Family to Family Health Information Center (the Parent Education Advocacy Leadership Center), Title V supports youth leadership development among youth with disabilities and special health care needs across the state. The goal of youth leadership institutes is to help participating youth become self-sufficient and learn how to self-advocate.



Support for Families at Home

Established by the Philadelphia Department of Public Health in 2019, the Room2Breathe program utilizes community health workers to provide home-visiting services to families of children diagnosed with asthma. Services provided through the program include education, medication adherence, care coordination with primary care physicians, referrals to community resources, and environmental assessments to reduce in-home triggers. Families also receive assistance with pest management services and referrals for other identified needs around the social determinants of health.



Community to Home (C2H)

Community to Home is a home visiting program utilizing an evidence-based Community Health Worker model. The program focuses on rural, low-income families of CSHCN with a recent diagnosis as well as CSHCN who have recently moved to or are within the state. The goal is to empower families, develop care management plans, and connect families to needed resources.



Support for Children with Acquired Brain Injury

Title V supports the provision of rehabilitative and therapeutic services to individuals aged 18 through 25 with a non-traumatic acquired brain injury through its Acquired Brain Injury Program. Students with traumatic or non-traumatic acquired brain injury can also receive support through the Title V-funded BrainSTEPS program. BrainSTEPS assists students with transition back to school post-injury and supports schools in the development and implementation of educational plans.



Federally Qualified Health Center (FQHC) Program

The FQHC Program is designed to improve systems of care for CSHCN within participating FQHC health systems. In partnership with the Pennsylvania Association of Community Health Centers (PACHC), FQHCs are supported in implementing evidence-driven initiatives to target barriers and needs for CSHCN, then PACHC can operationalize successes across the FQHC system.

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How Title V supports: **Adolescent Health**

Establishing protective factors and helping youth navigate the health system and associated services during the transitional period between childhood and adulthood is essential to promoting adolescent health. The Title V Maternal and Child Health Services Block Grant provides safety net direct, enabling, and population level services to adolescents. **Title V funds support more than 1.45 million youth aged 1 to 21 annually, approximately 45% of all youth in the state.** Beginning in 2021, adolescent health strategies will aim to advance Priority 3, Priority 5, and Priority 7 of the Title V Action Plan.

PRIORITY 3

Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs

PRIORITY 5

Reduce rates of child mortality and injury, especially where there is inequity

PRIORITY 7

Support and effect change at the organizational level and system level by supporting and promoting policies, programs and actions that advance health equity, address the social, environmental, and economic determinants of health, and deconstruct institutionalized systems of oppression

Addressing priority health needs with evidence-based strategies



Child Death Review

The Child Death Review (CDR) program promotes the safety and well-being of children by reducing preventable childhood fatalities. This is accomplished through systematic, multi-agency reviews of the deaths of children up to age 21. All 67 Pennsylvania counties are represented by local CDR teams. The CDR program is supported through a combination of Title V and other federal funds. Other federal funds are being used to fund staff time. Title V funds are used to support training and technical assistance efforts as well as prevention activities



Reproductive Health Services

Title V supports reproductive health services for high school students through the Health Resource Center (HRC) program. The HRC program provides sexual and reproductive health education, confidential counseling, screening for sexually transmitted infections, pregnancy testing, distribution of safe sex materials, and referrals and linkages to family planning services. Through Family Planning Councils in Pennsylvania, Title V also supports reproductive health counseling and provision of effective contraceptive, including long-acting reversible methods, to adolescents up to age 21. Additionally, Title V funds support the SafeTeens Answers! program. Youth can text their sexual health and healthy relationship questions to the text line and receive a complete, age-appropriate, and medically accurate response within a few hours.



Male Involvement and Healthy Relationships

This Title V program utilizes the Coaching Boys into Men (CBIM) curriculum to promote violence prevention, greater gender equity, and respectful and non-violent relationships with dating partners among male adolescents.



Bullying Awareness and Prevention

Eight community youth organizations are supported by Title V as they are trained in and implement the Olweus Bullying Prevention Program curriculum in their areas. The objective of this initiative is to increase the number of adolescents in Pennsylvania who have access to, and participate in, bullying awareness and prevention programming.



Youth Mentorship and Social Support

Title V funds support programming that aims to provide evidence-based or evidence-informed behavioral health services in the areas of mental health, suicide prevention, or substance use for LGBTQ youth.



Acquired Brain Injury and Opioid Training for Providers

Title V supports an Acquired Brain Injury and Opioid Training Program that trains providers on the correlation between acquired brain injury and opioid use and misuse. The program creates and delivers training to professionals who serve adolescents and are within the brain injury and drug and alcohol field on a statewide level.

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How Title V supports:

Cross-cutting Needs and Systems Building

In Pennsylvania, Title V work within the cross-cutting and systems building domain is focused on the foundation of the maternal and child health pyramid: the development of public health services and systems. The work of this domain is the basis of all the Title V health programming and strategies. Title V's commitment to workforce development and addressing health disparities is actualized through the strategies of this domain, which include building workforce capacity, especially as it relates to using data to make decisions, implementing and maintaining continuous quality improvement processes, and strengthening systems and infrastructure to enhance service delivery and address key social determinants of health. Beginning in 2021, cross-cutting and systems building strategies will aim to advance Priority 6 and Priority 7 of the Title V Action Plan.

PRIORITY 7

Support and effect change at the organizational level and system level by supporting and promoting policies, programs and actions that advance health equity, address the social, environmental and economic determinants of health and deconstruct institutionalized systems of oppression

PRIORITY 6

Strengthen Title V staff's capacity for data-driven and evidence-based decision making and program development

Addressing priority health needs with evidence-based strategies



Advancing Health Equity

The Pennsylvania Title V Program's administrator, the Bureau of Family Health, aims to educate staff on health equity principles and guide staff and grantees as they seek to identify and address health disparities. Workforce training on developing and evaluating health equity plans is ongoing. New initiatives that aim to educate staff on meaningful community engagement and understanding and applying the principles



Leveraging the Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a joint research project between the Centers for Disease Control and state health departments which collects state-specific, population-based data on attitudes and experiences before, during, and after pregnancy through a survey. PRAMS has been a data source in Pennsylvania since 2007. To increase the visibility of the PRAMS dataset and the insights it can provide to maternal and child health stakeholders, Pennsylvania's Title V Program will annually disseminate at least two PRAMS data analysis products.



Data Access and Use

State and national data sources are important in assessing the health status of maternal and child health populations in the state and also informing Title V strategy implementation. Title V staff receive technical assistance on how to identify and access datasets that can be used to support and develop new programming.

One such dataset, the National Survey of Children's Health, is a national survey that provides state-level data on intersecting aspects of children's health and well-being. Pennsylvania's Title V Program is conducting an oversample, which will result in an increased number of completed surveys. Once implemented, the oversample will enable reporting on smaller populations, such as children with special health care needs, or rare outcomes with greater precision.



Building the Capacity of Child Death Review Teams

Pennsylvania's Title V Program provides training and support to all of the state's Child Death Review (CDR) teams. CDR teams summarize the findings from the reviews of child deaths and make recommendations on how to utilize those findings to inform prevention strategies and programming. The percentage of child deaths reviewed in Pennsylvania has been declining since 2003. In order to increase the number of reviews conducted, build team expertise, and enhance the quality of the review data entered into the National Case Reporting System, Title V staff will support additional, targeted technical assistance to underperforming teams.



Quality Improvement, Data Collection, and Reporting

Title V staff are developing standard operating procedures in order to streamline data collection and reporting from service recipients and grantees. Increased standardization will allow the workforce to ensure quality and consistency in data collection and identify areas for improvement.



Development of Objectives and Measures

Title V staff receive ongoing technical assistance and training on how to develop objectives that are specific, measurable, attainable, realistic, and time-bound. Existing measures and programmatic data sources are also continuously evaluated and tracked in order to monitor performance and progress.

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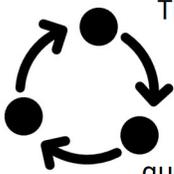
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TITLE V INTERIM NEEDS & CAPACITY ASSESSMENTS

WHAT IS THE PURPOSE OF TITLE V INTERIM NEEDS & CAPACITY ASSESSMENTS?

From 2018 to 2020, Pennsylvania’s Title V Maternal and Child Health Services Block Grant Program conducted its [five-year needs and capacity assessment](#). The assessment included evaluation of maternal and child health status through quantitative analysis of state data, collection and analysis of qualitative data through focus groups and surveys, and engagement of stakeholders across Pennsylvania to assess, identify, and rank priority health needs among the state’s women, pregnant people, infants, children, adolescents, and children with special health care needs. During this assessment, the Bureau of Family Health also evaluated its capacity to serve the maternal and child health populations. As a result of the five-year needs and capacity assessment, [seven maternal and child health priorities](#) were identified to guide the state’s work from 2021 to 2025. The next five-year needs and capacity assessment will begin in 2023. In order to continually assess the health of women, birthing and pregnant people, infants, children, adolescents, and children with special health care needs in the state, the Title V program conducts ongoing needs assessment activities. Ongoing needs assessment activities are considered “interim” because they occur between five-year needs and capacity assessments.

WHAT ARE THE COMPONENTS OF INTERIM NEEDS ASSESSMENTS?



There are three primary components of ongoing needs assessment activities: engagement of stakeholders to characterize maternal and child health status in the state, identify emerging issues, and inform development and implementation of strategies linked to the priorities identified in the five-year needs and capacity assessment; assessment of qualitative data collected through stakeholder engagement and quantitative state data to further characterize the health status of the maternal and child health populations; and evaluation of the maternal and child health system and the Bureau of Family Health’s capacity as the Title V administrator. Health equity remains an overarching framework of the Bureau’s needs assessment activities and is continually considered, including when evaluating data, conducting focus groups and key informant interviews, and when assessing workforce capacity. Health equity is achieved when all people can attain health and wellness.

HOW DO INTERIM NEEDS ASSESSMENTS AFFECT ME?

Ongoing needs assessment activities provide the Bureau of Family Health with an opportunity to identify persistent and emergent maternal and child health issues affecting your community or network of care and to evaluate whether the [existing action plan](#) continues to address the priority needs of [women, pregnant people, infants, children, adolescents](#), and [children with special health care needs](#) in the state. Results of the assessments will inform [programming and strategies](#) that the Bureau of Family Health implements throughout the state to promote and improve health and well-being among maternal and child health populations. Maternal and child health partners, including providers, clients, service recipients, and any Pennsylvanian can contact the Title V program at RA-DHPATITLEV@pa.gov to learn more about the assessment or to identify opportunities to participate, such as by responding to a survey or participating in a focus group or listening session.

The Department of Health’s Bureau of Family Health has a mission to equally protect and equitably promote the health and well-being of pregnant people, their partners, their children, and all families in Pennsylvania.

The Bureau of Family Health and its Title V Program acknowledge that systemic racism, other forms of oppression, and social, environmental, and economic inequities contribute to poor health outcomes and have a greater impact on health than individual choices, behaviors, or access to healthcare. These factors and experiences of discrimination impact a person’s health throughout life and can result in trauma that impacts health across generations. Certain communities and groups that have experienced historic and ongoing discrimination and oppression often experience a higher burden of negative health outcomes as compared to others. It is important to note that these differences in health outcomes by race, ethnicity, income, gender identity, sexual orientation, and other characteristics are the result of systematic, unfair, and unjust circumstances.

NEEDS ASSESSMENT UPDATE: committed to promoting system-level change to address the social determinants of health and advance health equity.

TITLE V POPULATION DOMAIN	EXISTING PRIORITIES	PERSISTENT NEEDS AND NOTABLE CHANGES IN HEALTH STATUS	UNMET NEEDS IDENTIFIED BY STAKEHOLDERS	NEEDS ADDRESSED BY EXISTING PRIORITIES AND STRATEGIES?
<p>Women's/Maternal Health*</p>  <p><small>*This domain encompasses health before, during, and after pregnancy and includes non-binary and transgender birthing people</small></p>	<p>Reduce or improve maternal morbidity and mortality, especially where there is inequity</p>	<ul style="list-style-type: none"> - Black-white racial disparity in maternal mortality and morbidity - Accidental poisoning, a category that includes drug-related overdose, identified as a lead cause of pregnancy-associated death - Increase in prevalence of self-reported depression during and after pregnancy - Decrease in percentage of people receiving routine preventive care 	<ul style="list-style-type: none"> - Accessible care before, during, and after pregnancy - Increased focus on family needs and social determinants of health - Improved availability and receipt of preventive, behavioral, and mental health services 	<p>Existing priority and associated strategies encompass the identified needs and notable changes in health status, but strategies may need to be expanded or evaluated.</p> <p>Additional strategies that aim to address family needs may be identified.</p>
<p>Infant/Perinatal Health</p> 	<p>Reduce rates of infant mortality (all causes), especially where there is inequity</p> <p>Improve the percent of children and youth with special health care needs who receive care in a well-functioning system</p>	<ul style="list-style-type: none"> - Black-white racial disparity in infant mortality - Minimal change in rates of breastfeeding initiation and continuation at six months - Increase in percentage of infants sleeping on separate surface without loose bedding; minimal change in percentage placed to sleep on back - Minimal change in rate of low birthweight births; increase in rate of preterm births 	<ul style="list-style-type: none"> - Increased focus on family needs and social determinants of health - Parent/caregiver education and social support in the community - Postpartum support and education for parents and caregivers - Lactation and breastfeeding/chest-feeding support 	<p>Existing priorities and associated strategies encompass many of the needs and notable changes in health status, but strategies may need to be expanded or evaluated.</p> <p>Additional strategies that help families thrive and advance development of protective factors among parents and caregivers may be identified.</p>
<p>Child Health</p> 	<p>Reduce rates of child mortality and injury, especially where there is inequity</p>	<ul style="list-style-type: none"> - Black-white racial disparity in child mortality and injury hospitalization - Decrease in percentage of children reported to be in excellent or very good health - Increase in percentage of children not receiving needed mental or behavioral healthcare - Bullying among children ages 6 to 11 - Decrease in percentage of children receiving routine preventive care 	<ul style="list-style-type: none"> - Access to routine, preventive healthcare - Mental and developmental health resources, services, and support - Increased focus on child social and emotional health 	<p>Existing priorities and associated strategies encompass many of the needs and notable changes in health status, but strategies may need to be expanded or evaluated.</p> <p>Identification of specific strategies that aim to address mental, behavioral, and developmental health outcomes is ongoing.</p>
<p>Adolescent Health</p> 	<p>Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special healthcare needs</p> <p>Reduce rates of child mortality and injury, especially where there is inequity</p>	<ul style="list-style-type: none"> - Black-white racial disparity in adolescent mortality and significant increase overall - Increase in prevalence of self-reported depression and suicidal ideation - Decline in nonfatal injury hospitalizations among youth ages 10 to 19 - Bullying, particularly among youth identifying as gay, lesbian, or bisexual 	<ul style="list-style-type: none"> - Mental health services and support - Access to patient-centered healthcare and providers - Sexual and reproductive health services and education - Safe spaces to socialize - Support from trusted adults and identity-affirming care providers 	<p>Existing priorities and associated strategies encompass the identified needs and notable changes in health status.</p> <p>Reproductive health strategies are linked to a separate priority addressing health equity.</p>
<p>Health of Children with Special Health Care Needs</p> 	<p>Improve mental health, behavioral health, and developmental outcomes for children and youth with and without special health care needs</p> <p>Improve the percent of children and youth with special health care needs who receive care in a well-functioning system</p>	<ul style="list-style-type: none"> - Bullying and experiences with trauma/adverse childhood experiences - Minimal change in percentage of youth who receive care in a well-functioning system or who have a medical home - Support for infants with Neonatal Abstinence Syndrome (NAS) 	<ul style="list-style-type: none"> - Provider shortages and long waitlists for services - Access to care navigators that can coordinate healthcare and referrals - Increased education and support for families on available resources and self-advocacy 	<p>Existing priorities and associated strategies encompass many of the identified needs and notable changes in health status, but strategies may need to be expanded or evaluated.</p> <p>Identification of strategies that address mental, behavioral, and developmental health, care navigation, and access to medical homes is ongoing</p>

For additional information, please refer to the Needs Assessment section of Pennsylvania's Title V Maternal and Child Health Services Grant 2021 Report/2023 Application.