

Idaho Title V Maternal and Child Health Services Block Grant: Executive Summary

Application for Federal Fiscal
Year 2019



EXECUTIVE SUMMARY

TITLE V MCH BLOCK GRANT BACKGROUND

What is Title V?

The Title V Maternal and Child Health (MCH) Grant Program was established in 1935 with the passing of the Social Security Act. The goal of the grant program - the nation's oldest federal-state partnership and longest standing public health legislation - is to improve the health and well-being of mothers, infants, and children, including children and youth with special health care needs (CYSHCN), and their families. According to each state's unique needs, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling of direct health care services for CYSHCN.

Why is Title V important?

Each year, every state and jurisdiction is required to submit an Application and Annual Report for the Title V MCH Services Block Grant to the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), U.S Department of Health and Human Services. Title V provides dedicated funding to support core MCH public health functions and is essential to assuring the health and well-being of Idaho's most precious resources-mothers, infants, and children.

How does the Title V MCH Block Grant work?

The grant is awarded to each state based on a formula that considers the number of children living in poverty in each state. At least 30% of the funding must be used for services and programs for children and another 30%, at a minimum, must be used for services and programs for CYSHCN. No more than 10% may be used for administrative costs. States must provide a \$3 match for every \$4 in federal funds received. Although there are no minimum spending requirements, funding is also to be spent on preventive and primary care services for pregnant women, mothers, and infants up to age one. The Idaho MCH Block Grant funds support state and local program and staff, and are administered by the Bureau of Clinical and Preventive Services within the Division of Public Health, Idaho Department of Health and Welfare.

The nature of the block grant gives discretion to Idaho on how funds are spent to meet the unique needs of our MCH populations. While only general provisions are in place, the recent transformation of the MCH Block Grant has increased the state's accountability for how funds are spent, with increased focus on performance and impact. States are encouraged to support evidence-based programs and strategies and collect data to demonstrate improvement.

How does the MCH Block Grant Program determine the needs of Idaho families?

Every five years, states are required to conduct a comprehensive, statewide needs assessment to assess the gaps in needs and strengths and limitations of services available to MCH populations across six population domains: Women's/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs (CYSHCN), and System-Building. Idaho uses the "Title V Needs Assessment, Planning Implementation, and Monitoring Framework" to guide the needs assessment and program planning process each five-year cycle, with emphasis placed on engaging stakeholders and community partners.

In 2015, the MCH Program contracted with the Boise State University (BSU) Center for Health Policy (CHP) to conduct statewide needs assessment activities, assist with building the state action plan including identification of evidence-based strategy measures, and assist with data collection and analysis. A phased approach was used to arrive at the state’s final priority needs, which included primary and secondary data collection, theme identification from data, and stakeholder input on prioritization of the most significant health needs for Idaho’s families. Final selection of priorities was based on programmatic capacity, evidence-base, cost, and ability to make a measurable impact.

The Idaho MCH Program is committed to conducting annual, on-going needs assessment activities to continue to monitor the health needs of MCH populations and take a deeper dive into specific gaps to further illuminate areas of need.

What are Idaho’s MCH priorities?

Based on the results of the 2015 statewide needs assessment, Idaho selected eight MCH Priorities across the respective population domains. The table below illustrates the selected MCH Priorities for Idaho and the corresponding population domain and performance measure.

MCH Domain	MCH Priority	National or State Performance Measure
Women/Maternal Health	Increase percent of women accessing well-woman care, including prenatal care	Well-Woman Visits
	Decrease substance abuse among MCH populations	Smoking During Pregnancy
Perinatal/Infant Health	Improve breastfeeding rates	Breastfeeding
	Support services, programs, and activities that promote safe and healthy family functioning	Safe Sleep
		Injury Prevention
Child Health	Decrease the prevalence of childhood overweight and obesity	Child Physical Activity
	Improve childhood immunization rates	Immunizations
	Improve maternal and child health population access to medical homes*	Oral Health
Adolescent Health	Improve maternal and child health population access to medical homes*	Adolescent Well-Visit
CYSHCN	Improve maternal and child health population access to medical homes*	Medical Home
	Improve access to medical specialists for CYSHCN	Specialist Access
System-Building	Improve maternal and child health population access to medical homes*	MCH Workforce Development

*This MCH priority was originally identified as a priority across all MCH populations. Therefore, it was used in many domains to justify selection of strategies and was linked to respective performance measures.

These eight MCH priorities guide the services, programs, and strategies that Idaho will focus on from 2015 to 2020. The priorities were linked to National Performance Measures, as well as State Performance Measures that were developed by Idaho MCH leadership to capture the unique needs of our MCH populations. Idaho reports data annually to reflect the state's progress toward making an impact in each of the priority areas.

How is Idaho held accountable?

Each year the Idaho MCH Program reports on over 80 indicators and performance measures. Some measures are determined by the Federal government and others by the state. Idaho writes an application and annual report, which includes a description of state capacity, collaborations and partners, and details the plan to meet the needs and priorities of MCH populations through Title V-funded/supported activities. This document is reviewed and evaluated annually by the Maternal and Child Health Bureau (MCHB) and feedback is provided to the state program.

Where do I fit into the Title V Block Grant?

Whether you are a parent, government official, advocate, service provider, or member of the general public, the Idaho MCH Block Grant likely touches you or a family member's life. Its success lies in the strength of partnerships and collaborations and involvement of Idaho families. The program collects input related to existing services, population needs, and emerging issues throughout the year. Your input is needed to assure that the MCH Program is guided by the needs of Idaho. **To provide feedback, please send an email to DPHInquiries@dhw.idaho.gov** and include "MCH Grant" in the subject line. Learn more through the Federal Title V Information System (TVIS) website which allows you to compare Idaho to other states: <https://mchb.tvisdata.hrsa.gov/>.

How does MCH Block Grant meet the needs of Idaho's MCH populations?

There are many more MCH-related programs, activities, and services beyond those funded by the Title V MCH Block Grant. The Idaho MCH Program relies on collaborative efforts and partnerships to maximize reach and promote efficiency. For example, by working closely with the Oral Health Program, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV); the Family Planning Program, community-based organizations, health systems, and health care providers, we can help assure that the diverse needs of Idaho's MCH populations are met, without duplicating efforts.

Idaho MCH leadership developed a state action plan with specific objectives and strategies to address the eight priorities identified during the needs assessment process. The following sections present these objectives and strategies by each domain area.

Women's and Maternal Health

Priority Need: Increase percent of women accessing well-womancare, including prenatal care.

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

Objective:

By July 2020, increase the number of women who are linked to routine well-woman care, including prenatal care during the first trimester.

Strategies:

- Through collaboration with the Idaho WIC program, MIECHV program, and the Family Planning program, increase referrals of pregnant women to prenatal care.
- Through collaboration with the Idaho MIECHV program and Family Planning program, increase pre- and interconception education and referrals to prenatal care and well-woman care using One Key Question® (OKQ).
- Provide funding to the Family Planning Program to support reproductive health services and provision of contraception.

Priority Need: Decrease substance abuse among maternal and child health populations.

NPM 14.1: Percent of women who smoke during pregnancy.

Objective: By July 2020, increase the percentage of pregnant women and women of reproductive age that have attempted to quit smoking in the past 12 months.

Strategies:

- In collaboration with the Idaho Tobacco Prevention and Control Program, increase referrals to smoking cessation services for pregnant and breastfeeding women and women of reproductive age.
- In collaboration with the Idaho Tobacco Prevention and Control Program, promote the use of Nicotine-Replacement Therapy (NRT) for women of reproductive age enrolled in cessation services.
- In collaboration with the Idaho Tobacco Prevention and Control Program, implement an evidence-based, incentive-driven smoking cessation program for pregnant and postpartum women in select communities across the state.

Perinatal and Infant Health

Priority Need: Improve breastfeeding rates.

NPM 4: A) Percent of infants who are ever breastfed, B) Percent of infants breastfed exclusively through 6 months.

Objective: By July 2020, increase the percentage of infants breastfeeding at 6 months of age.

Strategies:

- Through collaboration with the MIECHV program and the WIC program, host a breastfeeding education and support training to home visitors across the state.
- Support the Idaho Breastfeeding Coalition's Annual Breastfeeding Summit for lactation consultants, health care providers, and public health professionals.

Priority Need: Support services, programs, and activities that promote safe and healthy family functioning.

NPM 5: A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding.

Objective: By July 2020, reduce infant sleep-related deaths by improving safe sleep practices.

Strategies:

- Through collaboration with community partners, increase safe sleep practices through the provision of safe sleep education and sleep sacks.
- Participate in the Child Fatality Review Team to review child deaths and offer recommendations for prevention and education, including Sudden Unexpected Infant Death (SUID) cases.
- Through partnership with the Pregnancy Risk Assessment Tracking System (PRATS), fund the purchase and distribution of safe sleep board books to 4,200 new moms across the state selected for the survey.

SPM 3: Unintentional death rate to children 0-4 years of age.

Objective: By July 2020, fund injury and disease prevention activities to reduce morbidity and mortality rates among pregnant women and young children.

Strategies:

- Fund the Idaho Poison Control Center to provide statewide consultation on poison exposure, maintain the poison control hotline, and provide community education about poisoning prevention.
- Fund the Idaho Bureau of Epidemiology to provide statewide education regarding disease risks to maternal and child health populations, including treatment and prevention recommendations, public health law, and outbreak reporting.
- Provide congenital cytomegalovirus education to pregnant women, women of reproductive age, child care workers, schools, health care providers, and faith-based organizations.
- Support the Idaho Newborn Screening Program to detect certain genetic, endocrine, metabolic, and immunologic disorders in newborns.
- Participate in the Child Fatality Review Team to review child deaths and offer recommendations for prevention and education.

Child Health

Priority Need: Decrease the prevalence of childhood overweight and obesity.

NPM 8: Percent of children ages 6 through 11 who are physically active at least 60 minutes per day.

Objective: By July 2020, help fund and support existing programs and initiatives to expand education and activities focused on physical activity and nutrition for children.

Strategies:

- Partner with the Idaho Physical Activity and Nutrition Program to enhance current strategies focused on reducing overweight and obesity among children.
- Through collaboration with the Idaho Physical Activity and Nutrition Program, increase the number of child care providers trained on healthy behaviors for children.
- Determine the percentage of third grade students who are overweight or obese based on results from the Smile Survey.

Priority Need: Improve childhood immunization rates.

SPM 1: Percent of children at kindergarten enrollment who meet state immunization requirements.

Objective: By July 2020, collaborate with the Idaho Immunization Program to increase vaccination education and vaccine uptake among MCH populations.

Strategies:

- Through collaboration with the Idaho Immunization Program, support the purchase and distribution of vaccines for insured children through the Vaccine Assessment Fund.
- Through collaboration with the Idaho Immunization Program, provide health care provider education about addressing vaccine hesitancy and improving clinic-level immunization rates.
- Through collaboration with the Idaho Immunization Program, provide public education about the importance of vaccinations.

Priority Need: Improve maternal and child health population access to medical homes (and dental homes).

NPM 13.B: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

Objective: By July 2020, increase the number of women, children, and families who receive information about the importance of regular dental visits and oral health care.

Strategies:

- Through collaboration with the Idaho Oral Health Program, conduct the Smile Survey of third grade students in the state to assess oral health status.
- Fund the Idaho Oral Health Program to provide dental sealants, apply fluoride varnish, offer oral health education, and refer elementary school students to dental homes.
- Host a statewide learning collaborative for pediatric and family practice clinics focused on practice improvement and care delivery for children 0 to 5 years of age.

Adolescent Health

Priority Need: Improve maternal and child health population access to medical homes.

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objective: By July 2020, increase the number of adolescents who receive information about the importance of regular well-visits.

Strategies:

- Through collaboration with the Adolescent Pregnancy Prevention (APP) Program, assess awareness of and the reasons why adolescents don't seek well-visit care.
- Through collaboration with the APP, support youth-friendly clinic assessments in select communities and support clinic improvements based on recommendations from youth-friendly clinic assessments.

CYSHCN

Priority Need: Improve Maternal and Child Health population access to medical homes.

NPM 11: Percent of children with and without special health care needs having a medical home.

Objective: By July 2020, fund and support services, programs, and activities focused on improving quality of care for CYSHCN.

Strategies:

- Support the medical home demonstration to improve quality of care for CYSHCN in rural areas and support clinic transition to the medical home model of care with goals of improved experience of care, enhanced health of populations, and reduced costs.
- Support the Idaho Children's Special Health Program to provide financial support to uninsured CYSHCN for payment of eligible medical claims.
- Develop and disseminate age-specific transition tool kits for youth with special health care needs to help empower teens and young adults to take a more active role in their health care.
- CYSHCN Director to serve on the state's Emergency Medical Services for Children Advisory Board to represent the CYSHCN population.
- Partner with Idaho Parents Unlimited - IPUL (State's Family to Family Resource Center) to increase parent engagement, provide parent education about medical home and other relevant topics, assist with parent navigation, and provide program consultation.

Priority Need: Improve access to medical specialists for children and youth with special health care needs

SPM 2: Percent of children with special health care needs who needed or received specialist care in the past 12 months, and experienced some problem accessing care.

Objective: By July 2020, fund and support services, programs, and activities focused on screening, referral, and access to medical specialists.

Strategies:

- Host a statewide learning collaborative for pediatric and family practice clinics focused on practice improvement and care delivery related to developmental screening.
- For clinics participating in the shared medical home coordinator model, support quality improvement activities to improve depression screening among adolescents.
- Support the Idaho Newborn Screening Program to detect certain genetic, endocrine, and metabolic disorders that can affect a child's long-term health and survival, and link children to appropriate specialist care.
- Implement Critical Congenital Heart Defect (CCHD) screening for all newborns born in Idaho through legislation.
- Fund pediatric specialty clinics across the state.
- Explore telehealth options, such as Project ECHO, with the goal of linking Idaho primary care providers to pediatric specialists to help increase specialty care to CYSHCN in areas lacking such care.

MCH Systems-Building

Priority Need: Improve maternal and child health population access to medical homes.

SPM 4: Number of health care providers and other professionals who serve MCH populations that receive training with the goal of improving delivery and quality of care.

Objective: By 2020, increase MCH workforce capacity by increasing the number of health care providers and other professionals who participate in topical learning collaboratives.

Strategies:

- Host topical statewide learning collaboratives for pediatric, family practice, OB/GYN, or other health care providers focused on practice improvement and care delivery for MCH populations.

Services and Systems of Care

The Idaho MCH Program is dedicated to strengthening the systems of care and supporting comprehensive, coordinated, and family-centered services for women and children. Since 2016, the MCH Program has contracted with St. Luke's Children's Hospital to host a series of annual learning collaboratives focused on pediatric practice improvement and care delivery. Topics have included integrating oral health care into the primary care setting for children 0 to 5 years of age and implementing developmental screening in primary care settings. Participation in each learning collaborative has exceeded 50 health care providers across the state. Additionally, the MCH Program has contracts with the children's hospital and the public health district in eastern Idaho to support specialty pediatric clinics and bring in pediatric specialists from neighboring states to fill pediatric specialty shortages. The MCH Program has contracted with two public health districts to pilot the Idaho Medical Home Project, which seeks to build capacity for patient-centered medical home and care coordination by introducing the concepts to pediatric and family practice clinics through intensive practice improvement.

Title V Partnerships

Within an environment of limited resources, health care shortages, and geographic challenges, the Title V staff are experts in a variety of MCH areas and are skilled at developing creative and nimble partnerships to address MCH issues. Most often MCH leadership and staff serve as a convener, collaborator, and/or partner to move the needle on MCH issues. One benefit of working in a small state is the tightknit community of public health professionals, social service programs, community organizations, and health care providers, and often, the same stakeholders are “at the table” for many MCH matters. The MCH Program has close working relationships with the Idaho Medical Association, Idaho Chapter of the American Academy of Pediatrics, St. Luke’s Children’s Hospital, Idaho Parents Unlimited, March of Dimes, local public health districts, and a number of pediatric and pregnancy care providers. Over the past couple of years, MCH leadership has been the primary convener with stakeholders to drive policy development, decisions, and activities related to newborn screening program operations, critical congenital heart disease screening rule changes and implementation, infant mortality reduction (safe sleep and pregnancy tobacco cessation), congenital cytomegalovirus awareness-building, and vetting of implementing maternal mortality review team.

To address the priorities in Idaho’s state action plan, MCH leadership collaborates with a variety of partner programs by allocating Title V funding to public health programs that specialize in respective priority areas. For example, Title V provides funding to the Idaho Oral Health Program to implement school-based oral health assessments for children, to the Family Planning Program to augment activities funded by Title X Family Planning grants, to the Idaho Tobacco and Prevention Program to implement an Idaho-grown, incentive-driven tobacco cessation program for pregnant women, and to the Idaho Bureau of Epidemiology to provide statewide education regarding disease risks to MCH populations. MCH and partner programs work together to identify evidence-based programming and monitor implementation and progress of the funded activities.

The Title V Program is skilled at community engagement and has a number of formal and informal partnerships with community-based organizations across the state to assist with MCH efforts. Formal partnerships include those cemented via contract, subgrant, or memorandum of understanding (MOU). Informal partnerships are those in which MCH works closely with another program or organization to provide information, technical assistance, or referrals. For example, MCH has a MOU with Ada County Paramedics to support their safe sleep education efforts. MCH leadership and staff also serve on a variety of workgroups, councils, and advisory boards, including the Idaho Perinatal Project, Idaho Child Fatality Review Team, Idaho Council on Developmental Disabilities, Sound Beginnings Advisory Board, and the Newborn Screening Advisory Board.

Key Idaho MCH Indicators



22,462

Number of resident births

408,753

Number of children < 18 years old

17.5%

Children < 18 years old with special health care needs

5.8%

Children < 18 years old without health insurance

9.5

Teen pregnancy rate (per 1,000 females aged 15-19)



77.7%

Pregnant women who initiated prenatal care in the first trimester

8.7%

Pregnant women who smoked during pregnancy



37.0%

Births covered by Medicaid

94.7%

Infants who were breastfed

6.9%

Low birthweight infants (< 2,500 grams)

6.1

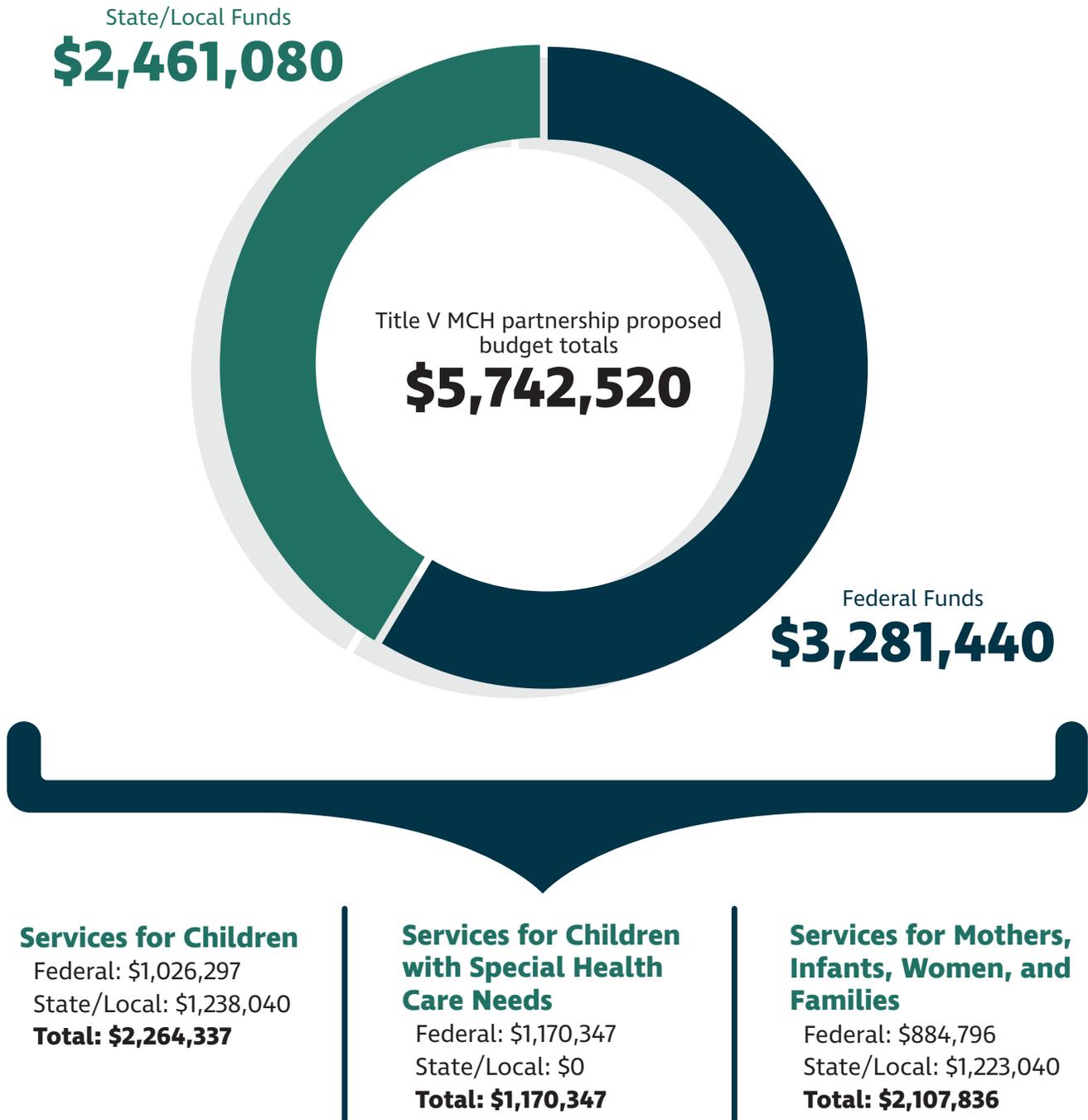
Infant mortality rate (per 1,000 live births)

Sources:

- Idaho Vital Statistics - 2016, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, November 2017.
- Results From the 2016 Pregnancy Risk Assessment Tracking System (PRATS) Annual Report. Boise: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2018.

HOW TITLE V FUNDS SUPPORT STATE MCH EFFORTS

Idaho Title V MCH Funds are used to support services, programs, and activities that are detailed in the state’s action plan to address MCH priorities. For FY 2019, The Federal-State Title V MCH partnership proposed budget totals \$5,742,520 (federal funds: \$3,281,440 and state/local funds: \$2,461,080).



Note: Administrative costs in the amount of \$200,000 are excluded from the budgets above. State and local costs include funds for congenital cytomegalovirus education and vaccine assessment funds which enable infants and children to receive immunizations.

MCH SUCCESS STORY

The Idaho MCH Program is skilled at leveraging partnerships, developing innovative approaches, and collaborating across programs to best serve Idaho's women, children, and families. While the Idaho MCH Program has realized many successes and accomplishments, the most notable success is the partnership with St. Luke's Children's Hospital to host and facilitate topical learning collaboratives with the goal of improving health care quality for children across the state. Since 2016, the MCH Program has contracted with St. Luke's Children's Hospital to host a series of annual learning collaboratives focused on pediatric practice improvement and care delivery. The first year's learning collaborative focused on integrating oral health assessment for children 0 to 5 into the primary care setting with more than 50 health care provider participants. The second year's learning collaborative focused on implementing developmental screening in primary care settings and again had more than 50 participants. The planning team is currently developing the next learning collaborative which will be focused on implementing screening for Adverse Childhood Experience (ACEs) among families of very young children.

“ We are still doing the (oral health) screening. I use this to educate the parents about dental hygiene. I have started the fluoride varnish applications for my patients, and the parents of my patients truly appreciate this. I feel better that they are getting some dental care even if they have not seen the dentist yet. ”

Dr. Khristine Miller, St.
Luke's Treasure Valley
Pediatrics (Meridian, Idaho)



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