Idaho Division of Public Health

Idaho Title V Maternal & Child Health Services Block Grant:

Executive Summary

Application for Federal Fiscal Year 2021

Idaho maternal & child health

EXECUTIVE SUMMARY

TITLE V MCH BLOCK GRANT BACKGROUND

What is Title V?

The goal of Idaho's Title V Maternal and Child Health (MCH) Program 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. In Idaho, 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.

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.

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, strengths, and limitations of services available to MCH populations across six domains (identified in the table below). 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.

The MCH Program contracts with the Boise State University Center for Health Policy to conduct needs assessment activities, assist with building the state action plan, 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.

What are Idaho's MCH priorities?

Based on the results of the 2020 needs assessment, Idaho selected nine MCH Priorities across the respective population domains. The table below illustrates the selected 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
	Support services, programs, and activities that promote safe and healthy family functioning	
	Decrease substance abuse among maternal and child health 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 and dental homes	Oral Health
Adolescent Health	Support services, programs, and activities that promote safe and healthy family functioning	Adolescent Bullying
CYSHCN	Improve maternal and child health population access to medical homes	Medical Home
	Improve access to medical specialists for children and youth with special health care needs	Specialist Access
System-Building	Improve social determinants of health for maternal and child health populations	MCH Workforce Development

Note: Some priorities were used in multiple domains to justify selection of strategies and linkage to respective performance measures.

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

Idaho MCH leadership developed a state action plan with specific objectives and strategies to address the nine MCH priorities. The following sections present these objectives and an abbreviated description of notable strategies by each domain area.

Women's and Maternal Health

Priority Need: Increase percent of women accessing well-woman health care, including prenatal care

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

Objective: By September 2025, 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 Family Planning Program, increase pre- and interconception education and referrals to prenatal care and well-woman care using One Key Question
- Provide funding to the Family Planning Program to support reproductive health services and provision of contraception

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

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

Objective: By September 2025, lead the legislatively-required Maternal Mortality Review Committee (MMRC) to review maternal deaths in Idaho and develop recommendations for prevention

Strategy:

- Lead implementation, operation, and facilitation of Idaho's MMRC

Objective: By September 2025, support the development and implementation of a Perinatal Quality Collaborative (PQC) with the goal of accelerating improvement efforts for maternal and infant health outcomes

Strategy:

- Issue a request for proposals to identify a community partner to lead PQC implementation.

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

NPM 14.1: Percent of women who smoke during pregnancy

Objective: By September 2025, increase the percentage of pregnant women and women of reproductive age that have attempted to quit smoking in the past 12 months

Strategy:

- Implement an evidence-based, incentive-driven smoking cessation program for pregnant women and families with young children

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 September 2025, increase the percentage of infants breastfeeding at 6 months of age

Strategy:

- 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 September 2025, reduce infant sleep-related deaths by improving safe sleep practices

Strategies:

- Increase safe sleep practices through the provision of safe sleep education and sleep sacks
- Distribute safe sleep board books to 4,200 new moms across the state
- Train MIECHV home visitors to conduct safe sleep surface assessments
- Develop a safe sleep media campaign in Spanish

SPM 1: Unintentional death rate to children 0-4 years of age

Objective: By September 2025, fund injury and disease prevention activities to reduce morbidity and mortality rates among 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
- Provide congenital cytomegalovirus education to pregnant women, women of reproductive age, child care workers, and other relevant populations
- Participate in the Child Fatality Review Team 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 September 2025, 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 (IPAN) Program to enhance current strategies focused on reducing overweight and obesity among children
- Through collaboration with IPAN, increase the number of child care providers trained on healthy behaviors for children

Priority Need: Improve childhood immunization rates

SPM 2: Percent of children at kindergarten enrollment who meet state immunization requirements

Objective: By September 2025, collaborate with the Idaho Immunization Program to increase vaccination education and vaccine uptake among MCH populations

Strategy:

- Through collaboration with the Idaho Immunization Program, support the universal purchase of vaccines for children through support from the Vaccine Assessment Fund

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 September 2025, increase the number of women, children, and families who receive information about the importance of regular dental visits and oral health care

Strategy:

- Fund the Oral Health Program to provide dental sealants, apply fluoride varnish, offer oral health education, and refer elementary school students to dental homes

Adolescent Health

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

NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objective: By September 2025, collaborate with the Idaho Suicide Prevention Program (ISPP) to enhance suicide prevention activities for adolescents

Strategy:

- Through collaboration with the ISPP, expand the number of schools receiving evidence-based suicide prevention programs, including elementary school classrooms

Objective: By September 2025, implement a plan to increase the public health system's capacity to address adolescent health issues with recommendations for strengthening and coordinating systems for adolescent health

Strategies:

- Through collaboration with the Adolescent Pregnancy Prevention (APP) Program, develop an adolescent health working group to collaborate on adolescent health issues and implement a positive youth development programming approach
- Through collaboration with the APP Program, assess public health's capacity for addressing youth mental health

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, ages 0 through 17, who have a medical home

Objective: By September 2025, 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
- Support the Idaho Children's Special Health Program to provide financial support to uninsured CYSHCN for payment of eligible medical claims
- Partner with Idaho Parents Unlimited (IPUL) to increase parent engagement, provide parent education about medical home and other relevant topics, assist with parent navigation, and provide program consultation

- Partner with IPUL to develop digital resources that empower teens and young adults to take an active role in their transition into adulthood

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

NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objective: By September 2025, fund and support services, programs, and activities focused on screening, referral, and access to medical specialists

Strategies:

- Support the Idaho Newborn Screening Program to detect certain genetic, endocrine,and metabolic disorders and link children to appropriate specialist care
- Explore implementation of Project ECHO to increase knowledge and capacity of Idaho primary care providers to link to pediatric specialists
- Fund pediatric specialty clinics across the state

Systems-Building

Priority Need: Improve social determinants of health for maternal and child health populations

SPM 3: 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 2025, increase MCH workforce capacity by increasing the number of health care providers and other professionals who participate in topical learning collaboratives.

Strategy:

- 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

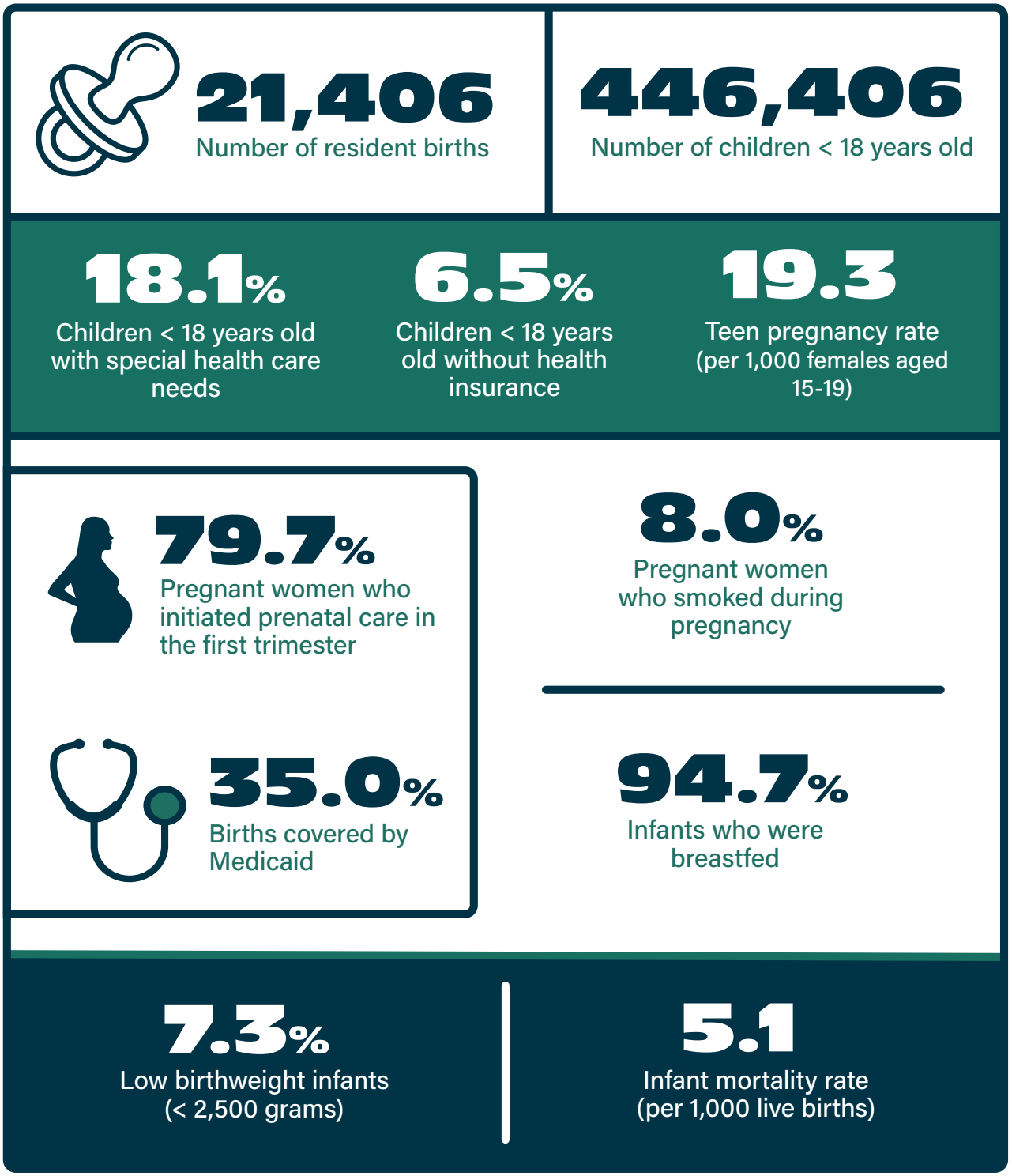
The MCH Program is dedicated to strengthening the systems of care and supporting comprehensive, coordinated, and family-centered services for women and children. The MCH Program has taken an active role in promoting Bright Futures Guidelines and providing topical quality improvement events to encourage various screenings to identify special needs early allowing for prevention or early intervention and treatment. To increase access to medical homes, pediatric specialists, and needed clinical services, the MCH Program contracts with the children's hospital and public health districts to support specialty pediatric clinics and bring in pediatric specialists from neighboring states to fill pediatric specialty shortages. The MCH Program contracts with one public health district to implement 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 funds support the Newborn Screening Program which screens over 99% of Idaho babies for various disorders and ensures babies are linked with appropriate follow-up care. Title V also funds the Children's Special Health Program which is a direct service, financial support program for Idaho children who meet certain diagnostic and eligibility criteria.

Title V Partnerships

Within an environment of limited resources, health care shortages, and geographic challenges, MCH Program staff are experts in a variety of 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, other public health programs, and many health care providers. MCH leadership has been the primary convener with stakeholders to drive policy development, decisions, and activities related to the newborn screening program, critical congenital heart disease screening, infant mortality reduction, CMV education, and implementing a MMRC.

Idaho MCH Population

Key Idaho MCH Indicators 2018



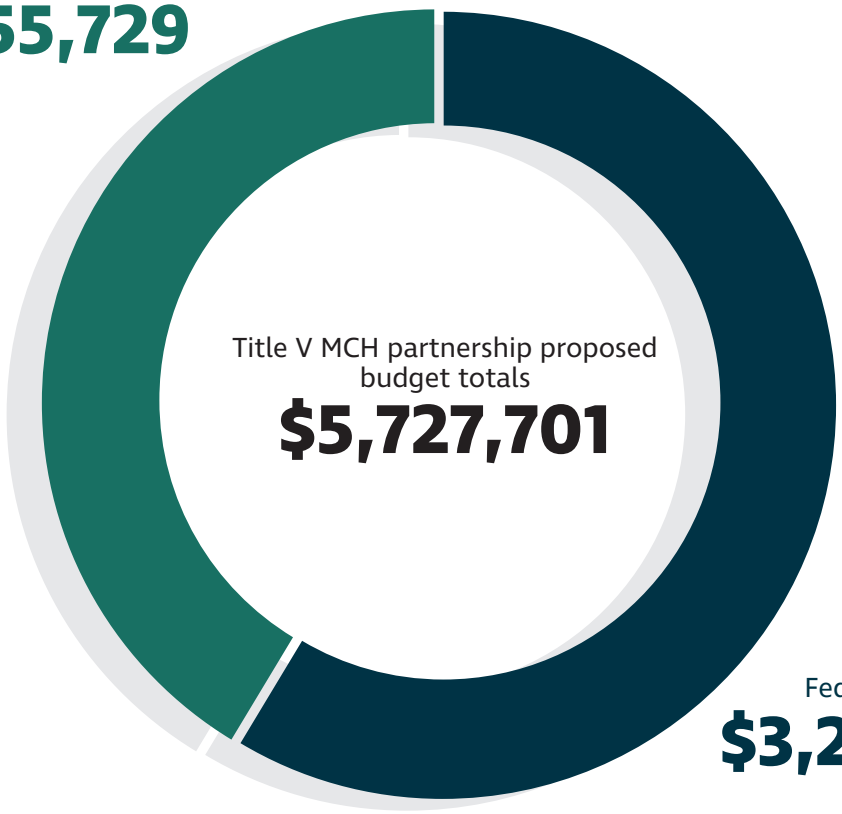
Sources:

- Idaho Vital Statistics - 2018, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, November 2019.
- 2018 Pregnancy Risk Assessment Tracking System (PRATS) Dataset: Ad Hoc Data Analysis. Boise: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2020.

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 2021, the proposed budget for the Federal-State Title V MCH partnership totals $5,727,701 (federal funds: $3,272,972 and state/local funds: $2,455,729).

State/Local Funds
$2,455,729



Federal Funds
$3,272,972

Services for Mothers, Infants, Women, and Families
Federal: $949,162
State/Local: $711,871
Total: $1,661,033

Services for Children
Federal: $1,080,080
State/Local: $810,060
Total: $1,890,140

Services for Children with Special Health Care Needs
Federal: $1,243,730
State/Local: $932,798
Total: $2,176,528

MCH SUCCESS STORY

The Idaho MCH Program is skilled at 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, a notable success story comes from the Eastern Idaho Public Health (EIPH) Medical Home Program and a participating office, Bee Happy Pediatrics.

The medical home program is not a place you can visit. Rather, it is a method of providing comprehensive medical care to children by facilitating partnerships between patients, clinicians, medical staff, and families. EIPH has been participating in the medical home program since 2013, and over the past seven years numerous medical offices and their staff, patients, and families have seen the value and impact of the medical home program as it has been incorporated into the medical home neighborhood. Due to the strong framework and implementation of the medical home program, five medical offices at EIPH continued their medical journey by participating in the Statewide Healthcare Innovation Plan (SHIP). Six clinics have received national recognition through the National Committee for Quality Assurance (NCQA), which demonstrates each clinic's dedication to continuously seek to improve quality and the patient experience, increase staff satisfaction, and reduce health care costs. Most importantly, these clinics put parents and families at the forefront of care. EIPH has implemented the medical home program in eight different medical offices, including Bee Happy Pediatrics.

Bee Happy Pediatrics is run and operated by Deborah "Debbie" Hill, a certified pediatric nurse practitioner, along with her two sisters, Kathy and Janice. The office has been involved in the medical home program for one year and has had great success in their implementation process. They have established PHQ-9 and MCHAT screenings, conduct routine Plan, Do, Study, Act (PDSA) cycles, hold monthly staff meetings, and develop patient care plans. Bee Happy Pediatrics' involvement in the medical home program encouraged the staff to extend their care beyond just the patient being seen that day to the family unit.

One impactful and memorable experience of extending care came from a young patient's mother who broke her leg and was advised by her primary care provider to remain non-weight bearing and at home for two weeks to heal properly. This mother has a few children all under the age of 10, and the challenge of being physically limited and confined to the house greatly increased her anxiety as she realized how difficult it would be to maneuver around to care for her family during her recovery period. As she planned for the challenge ahead of her, she realized her injury would prevent her from being able to take her youngest child to their pre-scheduled well-child check and

immunizations appointment and called Bee Happy Pediatrics to reschedule. Upon learning of the mother's situation, Debbie and a nurse practitioner student gathered the necessary supplies and materials and traveled to the mother's home. Debbie and her staff were able to perform the youngest child's well-child exam, administered the proper immunizations, and made sure the mother and her other children were doing well, including ensuring they had essential materials and resources. The mother was very appreciative and grateful for Bee Happy Pediatrics support. By making sure she had everything she needed to recover comfortably, Bee Happy Pediatrics provided peace of mind she and her family needed.

> *"Debbie and her staff truly demonstrated, and continue to demonstrate, what it means to provide patient-centered medical care. Their dedication to see their patients and their families for who they are and assist in their care any way possible, truly makes a difference in the medical home neighborhood in the community in which they live."*
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> – Charisse Moser, Medical Home Coordinator
> Eastern Idaho Public Health

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