

MO Title V Maternal Child Health Block Grant FFY 2024 Application/Report Executive Summary

Program Overview

Missouri's Title V MCH Block Grant is managed by the Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH). Martha J. Smith, MSN, RN, is the state Maternal Child Health (MCH) Director and the interim Title V Children with Special Health Care Needs (CSHCN) Director. The Title V MCH Services Block Grant application is submitted by the DHSS as the designated state agency for the allocation and administration of these block grant funds. DHSS Title V MCH staff and programming are positioned throughout multiple divisions and organizational units. DCPH serves as the umbrella entity that facilitates access to numerous MCH-targeted programs and provides a majority of the services to the MCH populations. The capacity of Missouri's Title V MCH programming is large, encompassing DHSS programs and staff, programs and staff within the Office of Childhood at the Department of Elementary and Secondary Education, local public health agencies (LPHAs), and numerous private and community partners. It is through these programs, initiatives, and partnerships that a statewide system is supported to meet the needs of the MCH population. In 2021, Missouri's MCH population estimate, including women of childbearing age, infants, children, and adolescents, was 2,494,581, comprising 40.3% of the state's total population. This included 1,188,885 women of childbearing age (15-44 years; females 15-18 years are included in the women of childbearing age population estimate and excluded from the infant/child/adolescent total), and 1,305,696 infants, children, and adolescents (<1 to 18), 278,712 of which were CYSHCN.

Based on the Five Year Needs Assessment completed in the spring of 2020, the Missouri MCH leadership team identified the following FY2021-2025 state priorities and developed strategies and action plans to address these needs:

1. Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
3. Reduce obesity among children and adolescents.
4. Reduce intentional and unintentional injuries among children and adolescents.
5. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
6. Enhance access to oral health care services for children.
7. Promote protective factors for youth and families.
8. Address social determinants of health inequities.

Five National Performance Measures (NPMs) and three State Performance Measures (SPMs) were chosen to align with the priority needs and are discussed below by

population domain. Overall, Missouri retained six performance measures from the previous cycle and added two new measures. Progress will be monitored by tracking these performance measures. The needs assessment also identified two overarching principles to be applied across all priorities, performance measures, and strategies. These are to ensure access to care, including adequate insurance coverage, for MCH populations and to promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities.

Title V MCH resources are assigned and program activities are implemented to specifically address the identified priorities. Both budgeted dollars and expenditures are categorized and tracked by population served and across the three service levels in the MCH Pyramid: direct health care services, enabling services, and public health services and systems. State and Federal MCH funding helps sustain the following programming:

- Community Health Services (injury prevention, adolescent and school health)
- Environmental Health (childhood lead poisoning prevention)
- Epidemiology (vital statistics, analytics, surveillance systems)
- Healthy Children and Families (home visiting, newborn health, TEL-LINK, safe cribs, MCH WarmLine, MCH Navigators)
- Genetics (newborn screening)
- Early Childhood (developmental monitoring, child care health consultation, inclusion services, parent advisory council (PAC))
- Oral Health (preventive services, community outreach)
- Special Health Care Needs (family partnership, care coordination, assistive technology)
- Women's Health (MCH services, infant & maternal mortality, maternal substance use and mental health, health services for incarcerated women)
- Nutrition & physical activity (breastfeeding, obesity prevention)
- Crosscutting (immunizations, communicable disease prevention, health equity)

Women/Maternal Health

Priority: Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.

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

The health and wellbeing of the mother before, during, and after pregnancy is important not only for the woman but also for the newborn. Women who maintain a healthy lifestyle during the preconception period are less likely to experience adverse pregnancy and obstetric outcomes and are more likely to experience better health outcomes during the postnatal period and across the life span. According to data from the 2021 Behavioral Risk Factor Surveillance System (BRFSS), 72.4% of Missouri women between 18-44 years of age reported having a preventive health care visit within the past year. This was higher than the 2021 national prevalence of 69.7%. In Missouri, a higher percentage of insured women (76.5%) compared to uninsured women (41.3%) received

a preventive visit in 2021. Title V MCH funds efforts to improve access to preventive health care for women, including: TEL-LINK which provides referrals to care for women of childbearing age and their families; the Newborn Health Program which partners with community providers to educate the MCH population on health resources (including preventive care); the Home Visiting Program which facilitates enrollment in MO HealthNet and/or Affordable Care Act marketplace insurance programs for participants; and MCH contracts with the LPHAs to build community-based systems and expand the resources those systems can use to respond to priority MCH issues, including providing and assuring mothers and children (in particular those with low income or limited availability of health services) access to quality MCH services.

Perinatal/Infant Health

Priority: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.

NPM: 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.

Sudden unexpected infant deaths (SUID) combine infant deaths due to Sudden Infant Death Syndrome (SIDS), accidental suffocation and strangulation in bed, and deaths of unknown cause. In Missouri, the rate of SUID in 2020 was 102.6 per 100,000 live births, considerably higher than the national rate of 92.9 per 100,000 live births. In 2020, over half of SUID deaths in Missouri were attributed to accidental suffocation and strangulation in bed (56%). The remaining SUID deaths, due to SIDS and unknown causes, contributed to 24% and 20% of SUID deaths respectively. Safe sleep recommendations have made marked contributions to the reduction of the national SUID rate since the early 1990s. In Missouri, 2021 PRAMS data showed that mothers in a younger age group, with less education, with lower household income, or who were African-American were significantly less likely to follow safe sleep recommendations. Safe sleep continues to be a priority for Missouri's Title V MCH Block Grant, which is the primary resource for the Safe Cribs for Missouri Program. The Safe Cribs Program provides safe sleep education and free cribs to eligible families. Title V MCH Home Visiting Program participants also receive intensive education on safe sleep for their infants. Title V provides supplemental funds to support operations of the PRAMS survey, which monitors safe sleep practices in the state, and supports printing and distribution of the *Pregnancy and Beyond* book, which includes information on safe sleep and infant care. The MCH Services Program contracts with LPHAs to promote safe sleep practices to reduce sleep-related infant deaths, and regional Safe Kids coalitions work closely with community partners to provide cribs and safe sleep education, trainings and events to reduce the risk of infant injury or death due to unsafe sleep environments.

Child Health

Priority: Reduce obesity among children and adolescents.

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

Priority: Enhance access to oral health care services for children.

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

In 2021, 17% of WIC-enrolled two-to-four year olds in Missouri were overweight, and an additional 15% were obese. Among older children (10-17 years), 14.8% were overweight (85th-94th percentile for age), and 18.9% were obese (>95th percentile for age) in 2020-2021. Overweight and obesity were more frequent among 10-13 year olds than among high-school-aged youth (Overweight 16% vs 13.6%; Obese 24.4% vs. 13.8%). Physical activity levels decline as children get older; while 34.3% of 6-11 year-old children were physically active every day, only 18.2% of 12-17 year-olds were physically active every day.

High levels of physical activity in early childhood are predictors of continued physical activity as children age into young adulthood—underscoring the importance of establishing healthy physical habits among youth. The School Health Program supports school nurses to engage with students and families in addressing overweight/obesity among children. The MCH Services Program contracts with LPHAs to promote physical activity and prevent and reduce obesity among children and adolescents, and the Building Communities for Better Health LPHA contract implements policy and environmental changes that increase opportunities for children to engage in physical activity across multiple settings.

According to National Survey of Children's Health (NSCH) 2020-2021 data, 75.1% of children ages 1-17 years old nationally had a preventive dental visit in the last year. This was a greater percentage than in Missouri (69.8%). A lower percentage of Missouri children age 1-5 years old (48.2%) had a preventive dental visit than their national counterparts (54.7%). This age group also had a lower percentage than Missouri children age 6-11 years old (76.5%) and 12-17 years old (80.7%). 17.4% of Missouri children age 6-11 years had some degree of tooth decay. Title V MCH supports Office of Dental Health efforts to promote cavity prevention and oral health for schoolchildren through literature and programs, including providing fluoride varnish.

Adolescent Health

Priority: Reduce intentional and unintentional injuries among children and adolescents.

NPM: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Priority: Promote Protective Factors for youth and families.

SPM: Suicide & self-harm rate among youth ages 10 through 19.

Intentional and unintentional injury continue to be the leading cause of preventable death and hospitalization among Missouri's children. Missouri continues to report higher rates of injury related death and hospitalization than the national average. In 2021, the leading cause of death for youths aged 10-19 was unintentional injuries (20.0 per

100,000). Homicide among Missouri adolescents between the ages of 10-19 replaced suicide as the second leading cause of death for this age group (9.9 per 100,000). In 2021, 71 Missourians aged 10-19 died of suicide (8.9 per 100,000), the third leading cause of death for this age group, making up approximately 6% of all suicides that year. Improving resiliency and mental health among children and youth of all ages will impact suicide and risk-taking behavior. Safe Kids Coalitions in Missouri work to provide unintentional injury prevention services to children aged 0-19 years, including addressing teen driver safety. The Adolescent Health Program (AHP) focuses on Social-Emotional Learning, and the Injury Prevention Program, in partnership with the AHP, provides a Mental Health Crisis Toolkit for families with youth experiencing a mental health crisis. The MCH Services Program contracts with LPHAs to prevent intentional and unintentional injuries, prevent child abuse and neglect, and promote motor vehicle, water, bicycle, and other general safety among children and adolescents. LPHAs also promote protective factors for youth and families to prevent adolescent suicide and self-harm.

Children and Youth with Special Health Care Needs (CYSHCN)

Priority: Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.

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

In 2020-2021, 48.5% of Missouri CYSHCN received care that met medical home criteria, a rate less than that of children and youth without a special health care need (50.4%). Data from the 2020-2021 NSCH showed that 14.7% of Missouri CYSHCN received care that met the criteria for a well-functioning system compared to 13.7% nationwide. This same survey indicated that among children without special health care needs nationally, 47.7% received care through a medical home, compared with 50.4% in Missouri. This rate is below the HP2030 target of 53.6%. The Bureau of SHCN provides targeted education to enrolling families on the importance of a medical home. Additionally, Title V MCH programs promote health insurance coverage to improve the likelihood that all children will have a medical home and services to address their needs.

Cross-Cutting/Systems Building

Priority: Address Social Determinants of Health inequities.

SPM: Percent of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Social Justice trainings.

Qualitative and quantitative data indicate that Missouri continues to experience concerning outcome disparities in maternal and child health associated with socioeconomic status, race and geography. Title V MCH core team members facilitate workforce development training on essential MCH content that is foundational for effective and equitable leadership, including topics such as the social determinants of health inequities, trauma-responsive care and services, cultural competence, health literacy, and effective multisector collaboration. Activities to address the social determinants of health inequities include reviewing training resources, such as the MCH

Navigator trainings and MCH Leadership Competencies, establishing core training requirements for internal Title V MCH funded programs/staff and external contractors, and ongoing development and implementation of a progressive MCH Training Plan.

How Federal Title V Funds Support State MCH Efforts

Federal Title V funds provide backbone funding for approximately 125 key staff positions in MCH programs across the Department of Health and Senior Services and the Office of Childhood in the Department of Elementary and Secondary Education (not including senior leadership, budget/financial support staff, procurement staff, and information technology support staff). This includes staff who serve children and youth with special health care needs (CYSHCN), such as the Family Partners; epidemiological staff who analyze data to identify priority health needs of the maternal/child population; and staff who focus on women's, newborn, children's, and/or adolescent's health. Staff also provide technical assistance to community partners, such as Safe Kids coalitions and the 115 Local Public Health Agencies (LPHAs). Contract funding to LPHAs comprises almost thirty percent of federal funds to help build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues. The bulk of remaining contract funds are dispersed for home visiting, service coordination for CYSHCN, early childhood, and dental health contracts. The majority of state match supports newborn screening testing by the State Public Health Lab, newborn screening follow-up, and direct care for CYSHCN. State funds also support women's health services for incarcerated women and the Sexual Assault Forensic Examination – Child Abuse Resource and Education program. Federal Title V funds allow Missouri to coordinate public health services provided to the maternal child population by working across multiple state programs, engaging community partners and families, and collaborating with public health stakeholders throughout the state to address both ongoing and emerging issues.

MCH Success Story

The MCH Services Program is comprised of a Program Manager and four District Nurse Consultants (DNCs). Each DNC provides consultation and technical assistance to the LPHAs within one of four regions and serves as a liaison between the state and local levels. In 2022, the MCH Services Program was reorganized to the Bureau of Community Health and Wellness, enhancing collaboration with several other health promotion programs serving maternal and child populations.

During the pandemic, the MCH Services Program saw an unprecedented rate of turnover within LPHAs, including administrators, nurses, health educators, and administrative support staff. The resulting local public health workforce shortage significantly limited crosscutting and systems-building capacity. Many LPHA partners reported feeling isolated and requested a forum to communicate/collaborate with other LPHAs doing similar work, both within their respective regions and across the state. The MCH Services Program HUDDLE originated in November 2022 to strengthen LPHA knowledge, expertise and partnerships by facilitating dialogue about challenges and

possible solutions and encourage mutual commitment to work together to realize improvements, specifically increasing MCH system-building capacity at the local level. The HUDDLE is convened quarterly in a virtual format and includes a presentation by a content expert on a MCH topic, followed by breakout sessions facilitated by the DNCs. Approximately 75-100 LPHA staff attend each quarterly meeting, and participants report increased feelings of comradery, support from peers and access to resources and tools for building capacity and supporting system-building.

HUDDLE presenters have included DHSS programs, LPHAs and other MCH partners. The Jefferson County Health Department presented how they use digital engagement to improve communication and drive success in health and safety programming for the MCH population. Many LPHA partners verbally expressed they learned something new and planned to apply the knowledge by creating branding for their social media, email signatures, and letterheads. These activities have helped them become more recognizable to their community members and partners that serve the MCH population. ParentLink presented the services offered for the MCH population, focusing on the WarmLine and the MCH Navigator program, and discussed how LPHAs can utilize ParentLink services to improve MCH outcomes at the local level. In a follow-up conversation, the ParentLink Executive Director shared that 12 LPHA requested ParentLink materials within the 20 minutes following the discussion. LPHAs verbally shared plans to share the materials widely and connect more families to ParentLink. Some LPHAs have reported placing the ParentLink brochures in laundromats, grocery stores and other local establishments to increase awareness of ParentLink's statewide resources for the MCH population and their families.

The MCH Services Program is 100% funded by Title V MCH Block Grant funding. The success experienced by the MCH Services Program is a direct result of Title V MCH Block Grant partnership, support and funding. The effectiveness of the LPHAs to address the needs of their local MCH population is largely dependent on the strong partnership between the MCH Services Program and the Title V MCH Block Grant.