



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALABAMA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Alabama

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

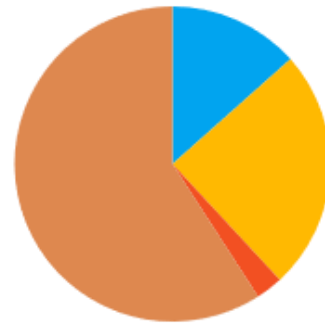
State Contacts

| MCH Director | CSHCN Director | State Family or Youth Leader |
|---|---------------------------------|--------------------------------------|
| Chris R. Haag | Melinda Davis | Susan Colburn |
| Deputy Director, Bureau of Family Health Services | Assistant Commissioner | CSHCN State Office Parent Consultant |
| chris.haag@adph.state.al.us | melinda.davis@rehab.alabama.gov | susan.colburn@rehab.alabama.gov |
| (334) 206-5331 | (334) 293-7049 | (334) 293-7041 |

Funding by Source

| Source | FY 2014 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$11,255,100 |
| State MCH Funds | \$20,748,301 |
| Local MCH Funds | \$0 |
| Other Funds | \$2,324,670 |
| Program Income | \$49,611,366 |

FY 2014 Expenditures



Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|--------------|
| Direct Services | \$5,987,316 | \$34,632,805 |
| Enabling Services | \$439,230 | \$11,377,936 |
| Public Health Services and Systems | \$4,828,554 | \$26,673,596 |

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

| Populations Served | Individuals Served | FY 2014 Expenditures | % |
|---------------------|--------------------|----------------------|-------|
| Pregnant Women | 908 | \$1,149,116 | 1.4% |
| Infants < 1 Year | 57,584 | \$7,525,359 | 9.0% |
| Children 1-22 Years | 30,389 | \$42,258,366 | 50.3% |
| CSHCN | 10,162 | \$31,315,396 | 37.3% |
| Others * | 93,697 | \$1,691,200 | 2.0% |
| Total | 192,740 | \$83,939,437 | 100% |

FY 2014 Expenditures



FY 2014 Individuals Served



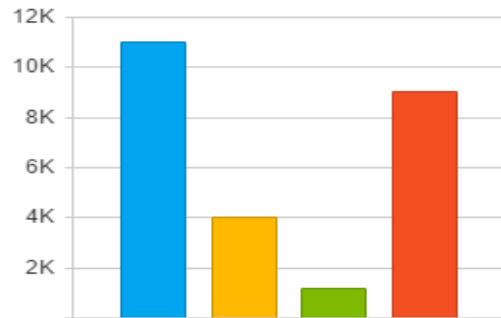
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

| Measure # | Measure Short Name | Population Domain |
|-----------|---------------------------------|---|
| NPM 1 | Well-Woman Visit | Women/Maternal Health |
| NPM 3 | Risk-Appropriate Perinatal Care | Perinatal/Infant Health |
| NPM 5 | Safe Sleep | Perinatal/Infant Health |
| NPM 6 | Developmental Screening | Child Health |
| NPM 10 | Adolescent Well-Visit | Adolescent Health |
| NPM 11 | Medical Home | Children with Special Health Care Needs |
| NPM 12 | Transition | Children with Special Health Care Needs |
| NPM 13 | Preventive Dental Visit | Cross-Cutting/Life Course |

Communication Reach

| Communication Method | Amount |
|----------------------------------|--------|
| State Title V Website Hits: | 11,014 |
| State Title V Social Media Hits: | 4,030 |
| State MCH Toll-Free Calls: | 1,152 |
| Other Toll-Free Calls: | 9,003 |



Executive Summary

A Maternal and Child Health (MCH) needs assessment was recently performed by the Alabama Department of Public Health's (ADPH's) Bureau of Family Health Services (Bureau, FHS) and the Alabama Department of Rehabilitation Services' (ADRS') Children's Rehabilitation Service (CRS), through contractual agreements with the University of Alabama at Birmingham (UAB) School of Public Health's Health Care Organization and Policy Department and in partnership with key stakeholders. Salient findings from the fiscal years (FY) 2014-15 (FY 2014-15) 5-Year Statewide MCH Needs Assessment were key to understanding the health needs of the State's Title V populations as were the priority MCH needs based on these findings. The MCH Title V Block Grant to States Program (MCH Title V Block Grant, Block Grant) has recently undergone a transformation and the MCH Title V Program staff at ADPH must seek to change the ways in which the grant is administered in order to better align with the objectives and goals of the newly-transformed MCH Title V Block Grant.

The primary goal of the statewide Needs Assessment is to improve MCH outcomes and to strengthen its state, local and community partnerships for addressing the needs of the State's Title V population, which is represented by six population health domains that fall within the three MCH population groups that are defined in Section 505(a)(1) of the Title V legislation. More specifically, the goals of the State of Alabama's FY 2014-15 5-Year Statewide MCH Needs Assessment were to:

- Engage stakeholders to assure collaboration among key stakeholders.
- Assess needs and identify desired outcomes and mandates by conducting studies that collected qualitative primary data.
- Analyze pertinent existing databases or reports.
- Examine strengths and capacity.
- Select MCH priority needs.
- Develop a State Action Plan.

MCH POPULATION HEALTH DOMAINS

- 1) Women/Maternal Health
- 2) Perinatal/Infant Health
- 3) Child Health
- 4) Children with Special Health Care Needs (CSHCN)
- 5) Adolescent Health
- 6) Cross-Cutting or Life Course

Selected Priority Needs

According to the guidance for the newly-transformed MCH Title V Block Grant, the priority needs identified should have been based upon the findings of the FY 2014-15 5-Year Statewide Needs Assessment and should have informed selection of the national performance and outcome measures for programmatic focus by the Title V Program over the five-year period.

Alabama's MCH priority needs were identified and ranked at Needs Assessment Advisory Group Meetings convened by ADPH and by CRS.

SELECTED MCH PRIORITY NEEDS

- 1) **Lack of or inadequate access to comprehensive reproductive and well woman health care**
- 2) **Lack of awareness of and trust in safe sleep recommendations**
- 3) **Desire to maintain and strengthen regionalized perinatal care**
- 4) **Low rates of preventive health and developmental screening for children**
- 5) **Low rates of preventive health and developmental screening for adolescents**
- 6) **Inadequate and insufficient health education and outreach pertaining to oral health**
- 7) **Inadequate health and dental insurance for all Title V populations**
- 8) **Lack of or inadequate access for CSHCN to family-centered, coordinated, ongoing comprehensive care within a medical home**
- 9) **Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life**

After which, the state's MCH priority needs were then selected at follow up meetings convened by the individual agencies.

National Performance Measures (NPMs)

In partnership with the State Title V Program leadership and other MCH stakeholders, the Maternal and Child Health Bureau (MCHB) identified 15 national priority areas for the Title V MCH program. Based on the identified state priority needs, states were to select eight of the 15 national measures to be addressed over the five-year period in their Title V program. Based upon the findings of the FY 2014-15 5-Year Statewide Needs Assessment, the National Performance Measures for programmatic focus by the Alabama Title V Program over the five-year period were selected.

NATIONAL PERFORMANCE MEASURES (NPMs)

- **NPM 1:** Percent of women with a past year preventive medical visit
- **NPM 3:** Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
- **NPM 5:** Percent of infants placed to sleep on their backs
- **NPM 6:** Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
- **NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
- **NPM 13:** A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- **NPM 11:** Percent of children with and without special health care needs having a medical home
- **NPM 12:** Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health

Women/Maternal Health

An assessment of the needs through web-based surveys, focus groups, key informant interviews, and analyses of quantitative data from select databases and national surveys yielded a variety of issues for the Women/Maternal Population Health Domain. In particular, the following issues were identified: 1) lack of or inadequate access to comprehensive reproductive and well woman health care, 2) lack of or inadequate access to family planning services and education, 3) high obesity/overweight levels among adults, 4) lack of access to smoking cessation services among pregnant and preconception women, 5) lack of or inadequate comprehensive postpartum depression services, 6) lack of or inadequate substance abuse treatment, and 7) lack of or inadequate access to dental care and oral health services.

The national performance priority areas for the Women/Maternal Population Health Domain were as follows: 1) well-woman visit and 2) low-risk cesarean delivery. In consideration of the national priority areas, the issues identified, desired outcomes, required mandates, existing capacity, and a reasonable opportunity for a focused programmatic effort to lead to an improved outcome, "lack of or inadequate access to comprehensive reproductive and well woman health care" was selected as the state priority need with "well-woman visit/(Percent of women with a past year preventive medical visit)" having been selected as the linked national priority area/national performance measure. In order to address the identified priority needs, the MCH Title V Program staff will partner with or consult with key stakeholders.

Perinatal/Infant Health

An assessment of the needs through the aforementioned methods yielded a variety of issues for the Perinatal/Infant Population Health Domain. In particular, the following issues were identified: 1) high infant mortality rates for those without private insurance, 2) lack of support and acceptance of breastfeeding, 3) lack of awareness of and trust in safe sleep recommendations, 4) higher than national rates for infant mortality, especially among African Americans, 5) unacceptable rate of preterm births, 6) lack of anticipatory guidance in safe sleep recommendations, 7) lack of awareness about risks of early elective delivery, 8) unacceptable rate of early elective deliveries, and 9) desire to maintain and strengthen regionalized perinatal care.

The national performance priority areas for the Perinatal/Infant Population Health Domain were as follows: 1) perinatal regionalization, 2) breastfeeding, and 3) safe sleep. In consideration of the aforementioned concerns, "lack of awareness of and trust in safe sleep recommendations" and "desire to maintain and strengthen regionalized perinatal care" were selected as the state priority needs with "safe sleep/(Percent of infants placed to sleep on their backs)" and "perinatal regionalization/(Percent of very low birth weight [VLBW] infants born in a hospital with a Level III+ Neonatal Intensive Care Unit [NICU])" having been selected as the linked national priority areas/national performance measures. In order to address the identified priority needs, the MCH Title V Program staff will partner with or consult with key stakeholders.

Child Health

An assessment of the needs through the aforementioned methods yielded a variety of issues for the Child Population Health Domain. In particular, the following issues were identified: 1) perceived lack of resources and supports to promote parenting skills and child development among new parents of young children, 2) concern over bullying 3) low rates of preventive health and developmental screening for children 4) inadequate follow-up and treatment for identified health and developmental issues in children,

5) inadequacy of insurance/lack of insurance, 6) lack of access to a medical home, and 7) high rates of asthma among children and youth.

The national performance priority areas for the Child Population Health Domain were as follows: 1) developmental screening, 2) injury, and 3) physical activity. In consideration of the aforementioned concerns, “low rates of preventive health and developmental screening for children” was selected as the state priority need with “developmental screening/(Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)” having been selected as the linked national priority area/national performance measure. In order to address the identified priority needs, the MCH Title V Program staff will partner with or consult with key stakeholders.

CSHCN

An assessment of the needs of CSHCN (excluding transition to adulthood and access to medical home) are: 1) families need assistance to identify providers and resources and to navigate the system of care, 2) support shared decision-making and partnerships between families and health and related professionals, 3) insufficient and inappropriate preparation and planning for emergency and disaster situations, 4) increase family and youth involvement and participation in advisory groups, program development, policy-making, and system-building activities, 5) lack of or inadequate information about healthy habits and behaviors, including recreation, physical activity, nutrition, sexual health, and risk behaviors, 6) lack of awareness of state health-related issues that may impact children and youth with special health care needs (CYSHCN) and families, including the Affordable Care Act (ACA) and Medicaid reform’s Regional Care Organizations (RCOs), 7) dissatisfaction with special education services, Individualized Education Plan (IEP) process, and receipt of allied health therapies in school, 8) lack of or inadequate access to health and related services, including allied health therapies, mental health/behavioral services, and specialty care, 9) inadequate insurance, including cost and benefit coverage issues, and 10) youth with special health care needs (YSHCN) are not meeting guidelines for physical activity and nutrition.

The national performance priority areas for the CSHCN Domain were as follows: 1) medical home and 2) transition. To address these priority needs, CRS will align its objectives with strategies from the Standards for Systems of Care for Children and Youth with Special Health Care Needs. Public/private partnerships, including agreements with the State’s two tertiary-level pediatric hospitals, will enable CRS to bridge gaps in the system of care, thereby increasing the State’s capacity to address the health, social, and educational needs. CRS will also partner with family and youth organizations to address the above mentioned priority needs. CRS Program staff have low to moderate capacity to address medical homes and moderate capacity to address transition.

Addressing the service delivery needs of Alabama’s CYSHCN presents special challenges. Comprehensively meeting the needs of CYSHCN in rural areas is more difficult due to transportation barriers and an inadequate supply of providers with specialized experience in treating complicated health issues. Specialists and allied health professionals with pediatric experience are mainly located in the larger urban areas, necessitating travel to access them. CRS has the capacity to serve an integral direct service role in the State’s system of care for CYSHCN via its 14 community-based offices. Public/private partnerships, including agreements with the State’s two tertiary-level pediatric hospitals, enable CRS to bridge gaps in the system of care, thereby increasing the State’s capacity to address the health, social, and educational needs of Alabama’s CYSHCN. Through its intradepartmental collaboration with VRS, CRS promotes the transition of youth with special health care needs, including SSI beneficiaries, from school to work and to independence.

Adolescent Health

An assessment of the needs through web-based surveys, focus groups, key informant interviews, and analyses of quantitative data from select databases and national surveys yielded a variety of issues for the Adolescent Population Health Domain. In particular, the following issues were identified: 1) youth’s risky behaviors and decision making, including driving safety, 2) lack of or inadequate access to mental health services, 3) low rates of preventive health and developmental screening for adolescents, 4) inadequate and insufficient health and sexual health education, 5) concern over youth violence, including bullying, 6) inadequate follow-up and treatment for identified health and developmental issues in adolescents, and 7) teen and young parents unprepared to raise their children.

The national performance priority areas for the Adolescent Population Health Domain were as follows: 1) injury, 2) physical activity, 3) bullying, and 4) adolescent well-visit. In consideration of the aforementioned concerns, “low rates of preventive health and developmental screening for adolescents” was selected as the state priority need with “adolescent well-visit/(Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)” having been selected as the linked national priority area/national performance measure. In order to address the identified priority needs, the MCH Title V Program staff will partner with or consult with key stakeholders.

Cross-Cutting or Life Course

An assessment of the needs through the aforementioned methods yielded a variety of issues for the Cross-Cutting or Life Course Population Health Domain. In particular, the following issues were identified: 1) primary care not perceived as comprehensive, family-centered, and culturally-competent across all Title V populations, 2) inadequate health and dental insurance for all Title V populations, 3) lack of or inadequate access to obesity prevention and treatment services for all Title V populations, 4) inadequate nutrition and physical activity education and awareness for all Title V populations, 5) insufficient care coordination for all Title V populations, 6) Title V populations not meeting established guidelines for nutrition and physical activity, 7) inadequate and insufficient health education and outreach, 8) insufficient means for health department patients to provide feedback on services and experiences, 9) lack of or

inadequate access to mental health services for all Title V populations, 10) inadequate levels of family and consumer involvement in policy-making, evaluation, and partnering with providers, and 11) inadequate transportation.

The national performance priority areas for the Cross-Cutting or Life Course Population Health Domain were as follows: 1) oral health, 2) smoking, and 3) adequate insurance coverage. In consideration of the aforementioned concerns, “inadequate and insufficient health education and outreach pertaining to oral health” and “inadequate health and dental insurance for all Title V populations” were selected as the state priority needs with “oral health/(A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year)” having been selected as the linked national priority area/national performance measure. In order to address the identified priority needs, the MCH Title V Program staff will partner with or consult with key stakeholders.