



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

IDAHO

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Idaho

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>)

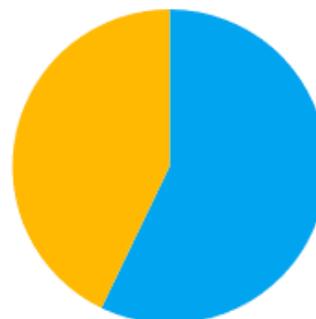
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Kris Spain	Jacque Watson	No Contact Information Provided
MCH Director/Bureau Chief	CYSHCN Director/MCH Program Manager	
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$3,246,758
State MCH Funds	\$2,435,069
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

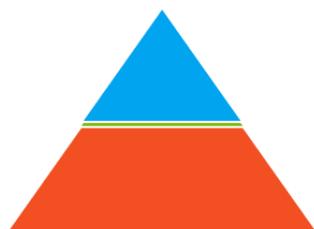
FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,640,288	\$0
Enabling Services	\$43,654	\$0
Public Health Services and Systems	\$1,562,816	\$2,435,069

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



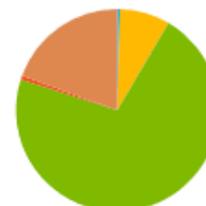
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	1,165	\$291,824	5.4%
Infants < 1 Year	22,811	\$1,343,452	24.9%
Children 1-22 Years	202,964	\$2,325,420	43.0%
CSHCN	1,733	\$1,152,354	21.3%
Others *	55,258	\$290,744	5.4%
Total	283,931	\$5,403,794	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 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	40,799
Other Toll-Free Calls:	15,329



Executive Summary

Based on the emergent needs from the five-year needs assessment, Idaho selected eight state MCH priorities for 2016 – 2020. Each of these priorities, noted below, serves as an overarching area of need for at least one of the six defined MCH population domains.

Prenatal Care: Increase percent of women accessing prenatal care (Women/Maternal Health) Data supports this area as a gap in service for women as Idaho's rate of annual well-woman visits is 14% lower than the national rate (2013 BRFSS data).

Perinatal Nutrition: Improve breastfeeding rates (Perinatal/Infant Health) Although national data indicate Idaho is faring better than the national averages for breastfeeding and safe sleep practice, the MCH team chose to identify these as priority areas in order to leverage the momentum behind current program activities and initiatives to continue to improve state rates.

Healthy Home Environments: Increase the number of families who practice safe and healthy parenting behaviors (Perinatal/Infant Health) As part of the Infant Mortality CollN work, Idaho is addressing safe sleep practices through increasing child care and health provider education.

Childhood Healthy Weight: Decrease the prevalence of childhood overweight and obesity (Child Health) Idaho children get slightly less daily physical activity on average than those nationally and are faring slightly better for the percentage of children who are overweight or obese than those nationally (National Survey of Children's Health, 2011/12). The MCH program plans to collaborate with the Idaho Physical and Nutrition program to increase state activities focused on helping children achieve a healthy weight.

Childhood Immunizations: Improve childhood immunization rates (Child Health) Although the percentage of Idaho children being current on key vaccinations has increased by 18% since 2008, Idaho still lags behind the national average. The MCH program will be supporting the work of the Idaho Immunization program to provide education to the public and health care providers about the importance of immunizations, addressing immunization hesitancy, and best practices to increase immunization rates.

Access to Medical Specialists: Improve access to medical specialists for children and youth with special health care needs (CYSHCN) According to the 09/10 NS-CSHCN, Idaho mirrors the national rate of CYSHCN who receive coordinated, ongoing, comprehensive care within a medical home at about 43%. Idaho plans to continue to provide financial support for pediatric specialty clinics and will partner with local public health districts and hospitals to identify specialist needs and recruit specialists. Idaho's work through the SHIP model testing grant will also help increase the number of CSHCN who are linked to a medical home.

Substance Abuse: Decrease substance abuse among maternal and child health populations (Cross-Cutting/Life Course) "NPM 14: Smoking" aligns with the state's priority need to decrease substance abuse among MCH populations. As part of the Infant Mortality CollN work, Idaho is addressing smoking cessation for pregnant women and women of reproductive age. This priority also aligns with the priorities to be addressed by Idaho's SHIP model testing grant and the Idaho Division of Public Health's "Get Healthy Idaho" plan.

Medical Home Access: Improve maternal and child health population access to medical homes (Cross-Cutting/Life Course) "NPM 13: Oral Health" aligns with the state's priority need to improve MCH population access to medical homes. The MCH program plans to partner with primary care providers to develop education messages for women and children about the importance of oral health care and link them to a dental medical home.

Following is a description of specific MCH accomplishments and challenges. The information is broken out by the three legislatively defined areas and associated population health domains.

Preventive and Primary Care services for pregnant women, mothers and infants:

To support the on-going efforts of the Title X Family Planning program in Idaho, FFY14 MCH block grant funds were used. Funding was provided directly to local public health agencies to assist women of reproductive age. Services included a broad range of family planning methods, services for adolescents, access to effective contraception and counseling, education and outreach. This directly impacts the Women/Maternal Health population domain, along with Child Health-adolescents.

MCH block grant funds support the Pregnancy Risk Assessment Tracking System (PRATS) survey which is Idaho's equivalent to PRAMS. This is an annual survey of new mothers regarding maternal experiences and health behaviors surrounding pregnancy. PRATS provides information on a variety of perinatal health topics, including unintended pregnancy, prenatal care, substance use, breastfeeding patterns, postpartum depression and immunizations.

MCH Block grant funds helped support the Sexually Transmitted Disease (STD) program which enabled local providers to screen, treat and prescribe appropriate medications for the public seeking STD services. These services included the population of pregnant women and mothers.

The formation of the Idaho CollN team and associated activities belongs with the MCH CYSHCN Director and the MCH Director who both reside within the Bureau of Clinical and Preventives Services in the Division of Public Health. Idaho selected Tobacco Cessation and Safe Sleep as the two strategies to focus efforts toward reducing infant mortality and morbidity. Idaho identified pilot site(s) to collect data that will inform the selected strategies.

FFY14 block grant funds helped support the Idaho Bureau of Epidemiology in multiple population domains by providing funding for contracts with the Idaho Public Health Departments (PHDs), as well as staff support. Specifically, funds were used in support of the Women/Maternal Health and Perinatal/Infant Health population domains by helping to fund Epidemiology's efforts to inform and educate the public regarding the outbreaks of multiple viruses and bacteria in 2014, including an outbreak of pertussis in southwest and central Idaho.

MCH block grant dollars were used to support the public health services and systems that serve the infant population through an enhanced data system update that allows medical providers to send birth records electronically to the Bureau of Vital Records and Health Statistics.

Another area of significant support to the infant and women/maternal populations occurred when block grant dollars were provided to the Idaho WIC Program to facilitate completion of a peer counseling platform in the WIC information system. The system now has a dedicated place for peer counselor to enter notes and refer on for more intensive breastfeeding support from a registered dietitian or the local breastfeeding coordinator.

Preventive and Primary Care services for children:

FFY14 block grant funds helped support the Idaho Bureau of Epidemiology in multiple population domains by providing funding for contracts with the Idaho Public Health Departments (PHDs), as well as staff support. Specifically, funds were used in support of the Child Health and Adolescent Health population domains by helping to fund Epidemiology's efforts to inform and educate the public regarding the outbreaks of multiple viruses and bacteria in 2014. These included the Enterovirus D68 state-wide outbreak that affected mostly children, an outbreak of pertussis in southwest and central Idaho, the measles outbreak associated with Disneyland, a mumps outbreak in schools located in northern, central, and eastern Idaho. Epidemiology's infection control education of professionals within the healthcare community was also partially funded through MCH grant funds.

The Idaho Oral Health Program (IOHP), during the prior year, was assigned an "A" grade for protecting children from tooth decay with the application of dental sealants by the PEW Charitable Trusts. Idaho was one of only five states to receive this distinguished grade. All seven Public Health Districts (PHDs) in Idaho provide dental sealants to elementary school children through School-Based/Linked Dental Sealant Clinics and Give Kids a Smile Day, two events focusing on the education and application of dental sealants. Along with providing dental sealants, the PHDs also provided oral health screenings or assessments, fluoride varnish applications, oral health education, and facilitated dental home referrals as needed.

The Idaho WIC Program participated in the 2014 Idaho Hunger Summit, the Idaho Hunger Relief Task Force, and a statewide Childhood Hunger Coalition. The Idaho WIC Program also participated in Healthy Eating Active Living (HEAL), which has a purpose of developing and maintaining an active engaged network of partners working together, investing resources and expertise to create/support an active living, healthy eating population in Idaho towards reducing/preventing childhood obesity. WIC is also assisting in piloting a Screen and Intervene Project as a targeted intervention for families with children who are food insecure.

In July 2014, contract with the Nebraska Regional Poison Center for the Poison Prevention hotline was moved under the MCH Program area. During 2011, the most recent year for which poison fatality data is available, poisoning was the third leading cause of unintentional injury deaths among Idahoans, subsequent only to motor vehicle crashes and falls. In 2014, the Nebraska Regional Poison Center received over 15,000 calls from Idaho residents; the majority of these calls were received from parents of children age 5 years and younger.

With the support of the MCH Block grant funds, the Idaho STD Program was able to increase services to screen, test, treat and prescribe medications around STD's. In addition, monies were used to support outreach and education services, specifically to address teen sexuality and inform about STD' and prevention.

Services for CYSHCN:

The Idaho patient-centered medical home demonstration project for CYSHCN is mid-way through year two of two. In 2013, the Title V MCH Program, Division of Medicaid Children's Healthcare Improvement Collaborative (CHIC Project), Eastern Idaho Public Health District and Southeastern Idaho Public Health District partnered to address persistent health disparities among CYSHCN residing in rural Idaho communities. The goal of the collaboration was to introduce a patient-centered medical home model to providers of pediatric and family care serving CYSHCN in rural parts of Idaho through the public health districts. A shared medical home coordinator operates from the health district and travels weekly to multiple participating practices to assist with quality improvement, patient education and referral coordination, PCMH transformation, and patient registry and workflow management. The project is evaluating the model of a shared medical home coordinator as an effective method to engage rural practices in comprehensive care coordination.

The Idaho Maternal and Child Health Program utilized FFY14 block grant funds in the purchase and dissemination of transition kits for CYSHCN. Issues like health insurance, finding a doctor who takes care of adults, choosing a work or school setting, transportation and housing present new and sometimes overwhelming challenges and are covered in an interactive and step-by-step approach in the transition kits by providing information and guidance about gaining healthcare independence. On average, the Idaho MCH Program releases around 1,250 kits annually to interested individuals and entities.

The Idaho Newborn Screening (NBS) Program will add Severe Combined Immunodeficiency (SCID) to the panel of conditions screened in November 2015. The Idaho NBS Program also instituted a courier service through UPS, which is free to all birthing centers, that has reduced specimen transit times from three-four days to an average of one day. This courier service has not only

reduced transit times, which ensures specimens are handled and processed as quickly as possible, but it has also reduced errors in screening, including lost to follow up claims.

MCH Challenges:

Despite the noted success of the patient-centered medical home project for CYSHCN in rural Idaho, the MCH program is faced with the challenge of whether or not to continue the project. The original intent of the project was to expand to additional local public health districts across Idaho. Since the Children's Healthcare Improvement Collaborative (CHIC) funding ends February, 2016, the medical home coordinator 'coach' and 'project manager' positions tied to that funding will no longer exist. The challenge for the MCH program is not so much the funding source to continue these positions, but rather the authority to hire the positions. In Idaho, the Full Time Equivalent (FTE) authority for the Department of Health and Welfare resides with the Idaho Legislature. This means that the department/division/programs are not authorized to add positions, even if there is an identified funding stream, unless FTE's are allocated.

There is no question of the importance of CollIN, yet there have been some challenges for MCH in taking on this initiative. The staff capacity to implement CollIN strategies in large part fell on already very full workloads of the department team members. The timelines for CollIN are aggressive and have not allowed for as much planning as would be desired. Further, funding for CollIN activities largely fell on the MCH block grant. Because the CollIN initiative expansion was not known when the prior grant application was due, funding allocation did not account for CollIN and this has created some challenge in identifying funding source within the block grant.

Family involvement remains a challenge for Idaho. The MCH Program does not have an open FTE to hire a family member and a historic effort to engage families has not been successful. In order to further this effort, the CYSHCN Director is a member of the Idaho Parents Unlimited which is comprised of families and is a platform for sharing concerns for CYSHCN. In addition, the MCH Director is part of the Governor appointed Early Childhood Coordinating Council that has parent representatives on the council. As noted in our Needs Assessment Summary and successes, Idaho engaged families of CYSHCN in the Capacity Assessment meeting and identification of priority MCH National Performance Measures.

In Idaho, there is strong support for the maternal and child health population, in terms of collaboration and referrals to existing programs and resources. No state funds are provided for specific maternal and child health programming, thus the block grant, WIC, MIECHV and various other grants remain the primary source of funding for MCH needs.