



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **KENTUCKY**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership - Kentucky

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> )

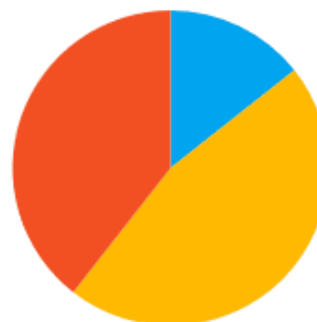
#### State Contacts

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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$8,890,360
State MCH Funds	\$28,653,411
Local MCH Funds	\$0
Other Funds	\$24,456,589
Program Income	\$0

FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,809,418	\$18,819,942
Enabling Services	\$1,760,558	\$13,220,264
Public Health Services and Systems	\$2,320,384	\$21,069,794

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	12,720	\$13,517,920	22.0%
Infants < 1 Year	53,795	\$13,663,685	22.2%
Children 1-22 Years	580,384	\$15,532,409	25.3%
CSHCN	53,514	\$15,041,699	24.5%
Others *	33,740	\$3,704,420	6.0%
Total	734,153	\$61,460,133	100%

FY 2014 Expenditures



FY 2014 Individuals Served



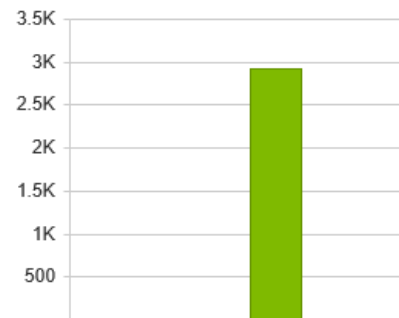
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 12	Transition	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:	2,919
Other Toll-Free Calls:	0



## Executive Summary

### Section 1.E. Executive Summary

The Kentucky Title V program is committed to assuring the health and well-being of Kentucky's maternal and child health (MCH) populations. The 2015 needs assessment process was used to identify emerging needs, evaluate progress, and explore opportunities for improvements in MCH programs. Topics were similar to 2010, but there were clear shifts in what consumers and stakeholders saw as most important. The priority topics, emerging needs, accomplishments and progress for each population health domain will be summarized in this executive summary.

#### Women/Maternal Health:

Substance abuse was the dominant emerging issue identified through Kentucky's (KY's) needs assessment process. This issue includes smoking during pregnancy, abuse of prescription medication, and use of illegal drugs. It affects every community with particularly devastating consequences to pregnant women and infants. Since this issue impacts all population health domains, it is discussed in more detail in the Cross-Cutting section of this summary.

The priority need for KY in this domain is maternal morbidity. Higher rates of pre-existing diabetes and hypertension are noted in KY compared to the Nation, and KY also has a higher percentage of first time cesarean sections compared to the national average. In order to address this priority need, KY will use National performance measure #2, the percent of cesarean sections among first time low risk births. This will align with our previous work on Early Elective Delivery (EED) through Healthy Babies are Worth the Wait (HBWW). Efforts will include increasing the number of hospitals with a hard-stop policy for EEDs, and continued participation in the Preterm (PT) and Early Term Births Collaborative Improvement and Innovation Network (CoIIN). With efforts so far, decreasing EED and C-section rates have contributed to a reduction in non-medically indicated EEDs among singleton term deliveries from 13% in 2011 to 10% in 2014. Although this is progress, much work remains to be done. Additional progress on MCH priority areas related to maternal morbidity include: From 2010-2014, the percent of singleton late PT infants declined from 8.8% to 7.9%; pre-pregnancy body mass index (BMI) in either the overweight or obese category declined from 50.6% to 46.6%; and the percent of women who smoked during the third trimester of pregnancy declined from 20.3% to 19.0%.

Improvements in maternal health are seen in the KY home visitation program, Health Access Nurturing Development Services (HANDS) and Maternal Infant and Early Childhood Home Visitation (MIECHV). Recent evaluation of the core HANDS program (first time parents) participants compared to similar risk families, showed higher adequate prenatal care, 49% less pregnancy-induced hypertension, and 40% fewer maternal complications in pregnancy. Improvements in the HANDS MIECHV projects (multigravida families) include increased percentage of HANDS participants with a medical home six months after delivery, reductions in the percentage of HANDS participants with a subsequent pregnancy at one year postpartum, increased referrals for positive depression screens, and increased screening for domestic violence.

#### Perinatal/Infant Health:

Infant mortality continues to remain a priority need for the state. In 2012, Kentucky's infant mortality rate (IMR) per 1,000 live births was 7.3, compared to 6.0 in the Nation. KY will focus on two national performance measures: #4: improving breastfeeding initiation and duration rates, and #5: increasing the percent of infants who are placed to sleep on their backs. The emerging issue identified impacting the Perinatal/Infant health population is Neonatal Abstinence Syndrome (NAS), consistent with the cross-cutting concerns of substance abuse. This topic is described in the Cross-Cutting sections of this application.

Progress on Perinatal/Infant health includes: From 2010-2014, the percent of mothers who breastfed their infants at six months of age increased from 29.6% to 31.5%; and the percent of very low birth weight infants delivered at a Level III facility increased from 58.9% to 64.2%. The HANDS program has shown success in improving infant outcomes and reducing infant mortality overall with the latest outcome data showing 26% less premature births, 46% less low birth weight births, and 47% less child abuse and neglect than similar high risk families respectively; and infant mortality was 74% less likely than statewide.

MCH is continuing to improve data around safe sleep to better inform prevention efforts, including applying to the Centers for Disease Control and Prevention (CDC) to become part of the Sudden Unexpected Infant Death (SUID) registry. Local health departments (LHDs) address unsafe sleep using several MCH Evidence Informed Strategies. In addition, The External Review Panel for Child Fatalities and Near Fatalities recommended a statewide public awareness campaign on the dangers of co-sleeping, especially with an impaired caregiver. An MCH Safe Sleep Taskforce is developing the campaign with a target launch set for October 2015.

The Kentucky Infant Safe and Strong (KISS) program is a collaborative effort between Title V and Women, Infants and Children (WIC), endorsed by KY March of Dimes (MOD) and the KY Perinatal Association (KPA). It is a hospital recognition program which includes infant safety and breastfeeding. Hospitals applying for recognition must do both steps to improve infant safety and steps towards becoming Baby Friendly. The Baby Friendly Hospital Initiative is being supported across the state.

#### Child Health Domain:

Child abuse and neglect is the priority need in the Child Health Domain. Noted as an emerging issue in 2010 by our consumers, in this needs assessment it was a priority identified by the consumer survey, stakeholder survey, focus groups, and stakeholders in the prioritization meeting. Although deaths due to child abuse and neglect among children less than five years of age did decline over the past five years, there was a 28% increase in the rate of these deaths during the past year. In order to address this issue, Kentucky has chosen to work towards the national performance measure aimed at reducing the rate of injury-related hospital admissions per population ages 0-19; this will include hospitalizations for child abuse and neglect.

The increased awareness of child abuse as a public health issue, particularly abusive head trauma (AHT), has resulted in legislation and action at the highest levels. The creation of a state-level Child Fatality and Near Fatality External Review Panel in 2013, an independent, multidisciplinary body housed in the Justice Cabinet, is evidence of the growing support for addressing child abuse in the state. In addition, legislation now requires all professionals serving children receive training on child abuse and prevention of AHT. In developing our statewide safe sleep campaign, we intend to integrate messages about prevention of AHT, as new parents need information on both topics. We will continue to work on projects with KY Safety Prevention and Alignment Network (KSPAN), the Division of Pediatric Forensic Medicine at the University of Louisville (UL), Prevent Child Abuse Kentucky (PCKA), the KY American Academy of Pediatrics (AAP), and LHDs on these issues.

Progress on MCH priority areas related to Child Health include: Over the past five years, (2010-2014) the rate of KY children less than five years of age who died from child abuse/neglect declined from 8.9/100,000 population to 6.5/100,000 population; and the rate of all non-fatal injuries among children 14 and younger declined from 120.7/100,000 population to 100.0/100,000 population.

### **Adolescent Health Domain:**

In Adolescent Health, substance abuse was again identified by our stakeholders as the top priority issue. It will be addressed under the Cross-Cutting section. The priority need chosen for this domain is obesity/overweight. In the 2010 needs assessment, obesity was identified as a children's issue, but in 2015, it emerged in adolescent health with stakeholders and consumers. According to the 2014 State of Obesity Report, KY ranked 8th in the obesity rate for 10-17 year olds at 19.7% and 1st in obesity for High School Students at 18%. In order to monitor progress towards improving this priority, KY has chosen national performance measure #8: increasing the percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day.

KY has seen progress in adolescent health in other areas of preventative and primary services. KY's teen birth rate has fallen to its lowest ever level at 38.7 per 1000 females ages 15-19. Although still above the national average, this is a huge improvement for KY. In addition, there are ongoing efforts to assure adolescents get immunized against HPV. These public health initiatives, though not led by Title V, have significant impact on the health of our adolescent population.

Through the Coordinated School Health Program (CSHP), a collaboration with the KY Department of Education (KDE), Title V is working on obesity prevention through school settings. These efforts include the KY School Health and Physical Education (SHAPE) Network. In addition, the CSHP team promotes the utilization of a Comprehensive School Physical Activity Program (CSPSP) in the school setting. As of 2015, the KY SHAPE Network has educated over 600 schools enrolled in Let'sMove! Active Schools. In school year 2013-2014, there was a 24% increase from the previous year in schools reporting proficiency in implementation of a CSPSP and a 17.4% increase in schools implementing their district wellness policy.

Training on the 5-2-1-0 program promoting healthy nutrition and physical activity, will continue with early childhood educators, staffs, LHDs, and communities. Kentucky plans to increase the number of communities with a pedestrian plan and encourage the development of more trail towns in communities.

### **Children and Youth with Special Health Care Needs (CYSHCN) Domain:**

Kentucky's CYSHCN program faces challenges associated with completing the transition from a traditionally direct service role to an assurance role with regard to ensuring statewide systems of care and infrastructure building. The gulf between the number of children served in CYSHCN specialty medical clinics and the estimated population of CYSHCN in KY illustrates the issue, as does the fact that KY's rate of CYSHCN is the highest in the country. Findings have shown a lack of access to medical and supportive services in KY's communities. The development and promotion of a more integrated system will ensure that CYSHCN in KY are able to access services in their communities. Improvement of transitions services is a core outcome and continued priority from the most recent Needs Assessment cycle. While data capacity will not directly impact any child to achieve outcomes, KY considers that developing the expertise to properly measure and evaluate available data will allow the agency to ensure that progress is being made toward achievement of the goals.

The Commission for Children with Special Health Care Needs (CCSHCN) reports improvement in six of eight performance measures between 2009 and 2014. Healthy weight and obesity rose slightly in 2013 and 2014. The state's scores on the transition action plan improved to 92.3%, doubling the 2010 score.

Regarding the three priorities linked to projected State Performance Measures (access to care, adequate insurance coverage, and improved data capacity), CCSHCN will leverage technical assistance resources through the upcoming National Governor's Association (NGA) Learning Collaborative to turn preliminary ideas into robust plans to strengthen and better integrate the overall system of care for CYSHCN in KY. Available data from the National Survey of Children with Special Health Care Needs (NS-CSHCN) and National Survey of Children's Health (NSCH) supplements data and determines trends among the larger CYSHCN population. While the revised NSCH will provide a backbone for annual block grant reporting, CCSHCN is examining data collection efforts for the purposes of developing more accurate management information to guide program evaluation and program planning and development.

### **Cross-Cutting Life Course:**

**Substance abuse.** The dominant issue impacting all population domains from our Needs Assessment was substance abuse. Kentucky is # 2 in the nation in overdose deaths. Rates of NAS have risen sharply. The consequences of this epidemic include pregnancy complications, increased risks of relapse, and overdose deaths in women; and for children, NAS, infant death from impaired bed sharing and deaths from pediatric AHT.

Accomplishments include legislation for mandatory reporting of NAS which will greatly enhance data quality related to NAS. The associated emerging issue identified in the client survey was Hepatitis C in these families. Kentucky's Viral Hepatitis Program has been tracking perinatal Hepatitis C Virus, and this reporting was codified by legislation as a reportable disease during this year's legislative session.

MCH has a leading role in addressing smoking. Legislation for a statewide smoke-free ordinance failed in the last legislature, but public opinion is now supportive. MCH has several activities aimed specifically at smoking in pregnant women, and will work toward the national performance measure aimed at reducing the percent of women who smoke during pregnancy and the percent of children who live in a household where someone smokes. Smoking in pregnancy in KY is gradually decreasing over time, from 24.1% in 2009 to 21.9% in 2013.

**Oral health** is another cross-cutting issue for KY. Dental caries is the most common chronic disease of childhood. MCH houses the KY Oral Health Program (KOHP) and State Dental Director. As a Governor's priority, many activities are in place to provide better access to preventative dental services, especially for children. To measure our continued progress, KY will use national performance measure # 13 aimed at increasing the percent of women who had a dental visit during pregnancy and the percent of children ages 1 through 17 who had a preventive dental visit in the past year.

An accomplishment for improving dental access was the creation of a new licensure category for public health dental hygienists, who will be able to provide preventative dental services to low risk patients without a dentist on site. The Governor designated funding for 10 pilot sites to establish a public health dental hygiene program; 5 were awarded in Fiscal Year (FY) 15 and 5 more will be started in FY 16. In addition, public health nurses across the state are trained to provide fluoride varnish treatments to children to prevent decay.