



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MISSISSIPPI**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership - Mississippi

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> )

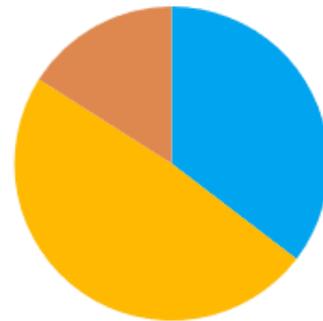
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Kathy Burk	Patricia Bailey	No Contact Information Provided
Title V MCH Director	Title V CYSHCN Director	
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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$7,348,762
State MCH Funds	\$10,097,563
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$3,319,802

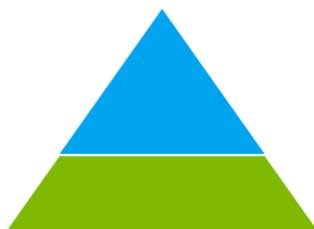
FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,848,581	\$0
Enabling Services	\$2,500,181	\$0
Public Health Services and Systems	\$0	\$13,417,365

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	%
<span style="color: blue;">■</span> Pregnant Women	17,371	\$5,824,312	34.8%
<span style="color: orange;">■</span> Infants < 1 Year	38,611	\$0	0.0%
<span style="color: green;">■</span> Children 1-22 Years	16,698	\$5,947,350	35.6%
<span style="color: red;">■</span> CSHCN	3,009	\$4,946,272	29.6%
<span style="color: brown;">■</span> Others *	94,567	\$0	0.0%
Total	170,256	\$16,717,934	100%

FY 2014 Expenditures



FY 2014 Individuals Served



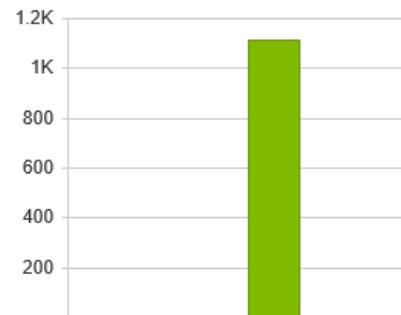
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### 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 4	Breastfeeding	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 15	Adequate Insurance	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	0
<span style="color: orange;">■</span> State Title V Social Media Hits:	0
<span style="color: green;">■</span> State MCH Toll-Free Calls:	1,112
<span style="color: red;">■</span> Other Toll-Free Calls:	0



## Executive Summary

### What is the Title V Maternal and Child Health Block Grant?

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Mississippi, the Title V program is managed by the Mississippi State Department of Health (MSDH), Office of Health Services. Allocation of Title V funds are based on Mississippi's maternal, infant and child health priorities.

### Title V Block Grant Application

Each year, all States and jurisdictions are required to submit an application to Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS). Without Title V, Mississippi would not have dedicated funding to support core Maternal and Child Health (MCH) public health functions. Title V is critical to assuring the health and safety of our nation's most precious resources: mothers, infants and children

### How Is the Title V Block Grant Used in Mississippi?

MCH Block Grant funds are awarded to each state based on the number of children living in poverty. States provide a three dollar match for every four dollars in federal funding. At least thirty percent of funds must be used for services and programs for children and thirty percent for children and youth with special health care needs (CYSHCN). Mississippi Block Grant funds support state, regional and local programs, as well as staff. The funds are managed by the Mississippi State Department of Health, Office of Health Services.

### Activity Highlights

The following 2014 MCH Program highlights reflect major accomplishments, representing joint efforts across programs and partners.

- Through working with the Collin initiative, MS has reduced early elective deliveries by over 33% since 2011, and decreased premature births by 5% since 2008.
- In November 2014, the MSDH convened the 1st annual meeting of the Mississippi Perinatal Quality Collaborative (MSPQC). Ensuring that each mother and infant receives the safest, risk-appropriate and evidence-based care is fundamental to improving birth outcomes in MS. The development of the state-based MSPQC will provide the infrastructure for clinicians and hospitals to implement proven practices to enhance care safety and quality.
- During the 2015 Mississippi Legislative session, a distracted driving law was passed to restrict texting while driving for all MS drivers, which will reduce motor vehicle related injuries and death.
- From 2011 to 2012, Mississippi reduced the number of teenage births by 8% (from 5,362 to 4,778).
- MS CYSHCN program has partnered with FQCHCs to provide medical homes for CYSHCN in rural areas across the state. Among children enrolled in the Children's Medical Program, more than 60% report having a medical home.
- Since the initiation of the Insurance Marketplace, the proportion of uninsured Mississippians has declined from over 20% to approximately 14% (KFF.org).

### Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. The 2015 Needs Assessment Plan will address national and state priorities and performance measures for 2015 through 2019 by the six MCH population health domains: 1) Women's/Maternal Health; 2) Perinatal/Infant's Health; 3) Child Health; 4) Children with Special Health Care Needs (CSHCN); 5) Adolescent Health; and 6) Cross-Cutting or Life Course.

A SurveyMonkey® instrument was developed to elicit partner and stakeholder input in selecting the MCH priorities for the FY16-FY20 five-year cycle. A total of 576 participants spread across all nine public health districts responded to the survey, with the majority (31%) located in District V, the most populous district and home to MSDH central campuses. Survey respondents were similar to the overall racial mix of the state with 57% being white/Caucasian and 38% black/African American. Most participants (93.9%) ranged in age from 25 to 64 years.

### DOMAIN: Women/Maternal Health

MS historically leads the nation in some of the most confounding health conditions. High rates of obesity, chronic health conditions, and infant mortality are serious concerns for MS's MCH population. MS women of child-bearing age share in these chronic health problems, which contribute to the high rates of maternal and infant deaths. The pregnancy-related mortality rate (PRMR) is the number of pregnancy related maternal deaths per 100,000 live births. MS has one of the highest PRMR in the US and that rate has been climbing for more than a decade. The total 3-year (2011-2013) average PRMR for MS was 31.6 deaths per 100,000 live births.

In 2012, the premature birth rate in MS was 16.9 per 1000 births compared to 11.5 per 100 in the U.S. The overall premature birth rate decreased slightly in MS between 2003 and 2012. The rate of low birth weight (LBW) in MS has not changed significantly over the past ten years (11.5 LBW births per 1000 live births in 2003 and 11.6 LBW births per 1000 live births in 2012), and racial disparities persist, with substantially higher rates of low birth weight births occurring among minority mothers.

*Identified State MCH Priority Need: Reduce low birth weight and premature birth.*

### DOMAIN: Perinatal/Infant Health

Infant mortality is defined as the death of an infant before the first birthday, and it is often used when measuring a population's health. MS achieved its lowest infant mortality rate in ten years with 8.9 infant deaths per 1,000 live births in 2012. This was a 6% reduction in infant mortality from 2011 (9.4 per 1,000 live births to 8.8 per 1,000 live births) with a slight increase occurring again during 2013. The 2012 number of Sudden Infant Death Syndrome (SIDS) deaths was also substantially reduced, showing a 50% decline from 42 SIDS deaths to 21 SIDS deaths. Over time, infant mortality has declined steadily throughout the decade, with a few spikes. The rate has

consistently decreased since 2009 (see chart above). Although these are noteworthy developments, there are still changes to be made. MS's rates are still much higher than the 2012 US infant mortality rate (5.98 infant deaths per 1,000 live births), and disparities continue to exist.

*Identified State MCH Priority Need: Decrease infant mortality & Increase access to early prenatal care*

### **DOMAIN: Child Health**

Since 2003, the National Survey of Children's Health (NSCH) has presented in-depth data on the health and wellbeing of children in their families and communities. The latest round of the survey, conducted in 2011-2012, provides a snapshot of children's physical, mental, and developmental health status; access to health care; activities at school, outside of school, and at home; and their safety and security in their neighborhoods and at school. According to the 2011-2012 NSCH, MS parents report that 84.2% of children are in excellent or very good health and 71.3% report excellent or very good oral health. Nearly 1/3 (31.3%) aged 10-17 years were reported to be overweight or obese. According to the 2011-2012 NSCH, nearly all (92.7%) of participants reported current health insurance coverage at the time of the interview. However, 15.3% reported a lack of continuous insurance coverage during the previous year. MS children reported lower proportions than the national percent of children with a preventive medical visit in the previous year (MS 77.0%; US 84.4%) and a preventive dental visit in the previous year (MS 74.2%; US 77.2%).

*Identified State MCH Priority Need: Increase access to comprehensive health care*

### **DOMAIN: Adolescent Health**

According to U.S. Department of Health and Human Services Office of Adolescent Health, MS had the second highest teen birth rate of the 50 states and the District of Columbia in 2011. The rates of teen pregnancy have been declining in the United States, but the number of pregnant teens in the U.S. remains high. Teenage pregnancy poses a serious risk to the health of teen mothers and their babies, and to society as a whole, which pays the economic and social costs of teen pregnancy.

*Identified State MCH Priority Need: Decrease teen pregnancy and teen birth rate*

### **DOMAIN: Children with Special Health Care Needs**

The National Survey of Children with Special Health Care Needs estimates that MS has about 124,905 CYSHCN. MS's prevalence of CSHCN is slightly higher than the national percentage (MS 16.4%; US 15/1%). The percent of male CSHCN (18.8%) is higher than the percent of female CSHCN (13.8%). Nearly 37% of MS CSHCN live at or below 200% of the Federal Poverty Level, slightly more than the US (31.4%). About 45% are white and 55% are black. The National Survey indicated that 28.4% of MS CSHCN have conditions that consistently affect their activities, often a great deal. About 16.1% report having missed 11 or more days of school absences due to illness. Core System Outcomes findings from the National Survey follow.

MS's CMP has enhanced their Stakeholders' Advisory Council to include the MS Primary Health Care Association and other entities to assist in this effort. Internally, CMP has done well with this effort for those children served by the program, as well over 60% of those reflected in the program's annual Patient Satisfaction survey report having a medical home.

*Identified State MCH Priority Need: Increase access to health care and medical homes*

### **DOMAIN: Cross-cutting/Life Course**

Community input from the statewide Community Themes and Strengths Assessment (CTSA) survey and community focus groups revealed participants' perspectives related to health and quality of life in their communities. Residents recognized the critical role of social and environmental factors in shaping community health, emphasizing the importance of community safety and access to quality education and employment. Survey and focus group participants frequently perceived the need for greater access to health and social services in their community. The issue of insufficient access to insurance coverage and affordability of healthcare was a theme in both the focus group and survey responses. 19% of survey respondents lacked any insurance coverage. In focus groups across the state, residents emphasized the cost of healthcare as a substantial barrier, and reported that high premiums, co-pays, and deductibles make health care cost prohibitive even for those with private insurance coverage. Children's Medical Program (CMP) is payer of last resort and remains committed to working with CYSHCN and their families in identifying resources to assist with applying for and obtaining health care coverage. To assist in this effort, the program will continue its stakeholder and resource relationship with Health Help for Mississippi; a non-profit organization charged with assisting Mississippians with eligibility determination, the program will continue to refer uninsured patients and their families to the state's only tertiary center's Navigator office for assistance in selecting a health care plan that is affordable and useful in meeting their respective health care needs.

*Identified State MCH Priority Need: Increase health insurance coverage*

### **Key Mississippi Characteristics**

The following represents a snapshot of key Mississippi characteristics and health indicators.

- Number of Births<sup>a</sup>: **38,611**
- Ratio of the black non-Hispanic to white non-Hispanic infant mortality<sup>a</sup>: **1.7**
- Number of children <20 years old<sup>a</sup>: **832,997**
- % of children <18 years old with special health care needs<sup>b</sup>: **16.4%**
- % of births covered by Medicaid<sup>c</sup>: **64.7%**
- % of children <18 years old without health insurance<sup>d</sup>: **7.3%**

Key Women, Maternal and Infant Health Indicators by Priority Area							
Indicators	2008	2009	2010	2011	2012	2013	Related HP2020
<b>Increase access to prenatal care.</b>							
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. (MS-PRAMS)	74.6	77.5	76.2	79.7	-	-	77.9
Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ NICU. (MS Vital Statistics)	-	67.1	69.1	63.3	65.0	64.0	83.7
<b>Reduce preterm births (including low birth weight and infant mortality).</b>							
Percent of women with a past year preventive medical visit. (BRFSS)	-	64.7	68.1	61.2	67.2	67.8	-
*Rate of live births that are born preterm less than 37 weeks of gestation.(MS Vital Statistics)	17.7	17.4	17.0	16.5	16.9	13.1	-
*Rate of Non-Medically Indicated (NMI) early term deliveries (37, 38 weeks) among singleton term deliveries.(MS Vital Statistics)	19.8	18.9	18.0	18.1	17.6	12.9	-
<b>Increase initiation, duration and exclusivity of breastfeeding.</b>							
Percent of mothers who breastfed their infants at 6 months of age. (NIS)	4.4	6.4	6.4	10.1	-	-	25.5

\*Rate per 100

HP2020: Healthy People 2020 Goal

KIDS COUNT Key Indicators			
Compared to other states, Mississippi's overall child well-being rank for 2015 is 50			
Indicators	Mississippi	United States	Rank
<b>Economic Well-Being</b>			
Percent of children in poverty (2013)	34	22	
Percent of children whose parents lack secure employment (2013)	39	31	
Percent of children living in households with a high housing cost burden (2013)	33	36	
Percent of teens (ages 16-19) not attending school and not working (2013)	12	8	
<b>Education Indicators</b>			
Percent of children (ages 3-4) not attending preschool (2011-13)	52	54	
Percent of fourth graders in public school not proficient in reading (2013)	79	66	
Percent of eighth graders in public school not proficient in math (2013)	79	66	
Percent of high school students not graduating on time (2011/12)	32	19	
<b>Health Indicators</b>			
			48

Percent low birth weight babies (2013)	11.5	8.0	
Percent of children without health insurance (2013)	8	7	
Child and teen death rate (per 100,000 children ages 1-19) (2013)	36	24	
Percent of teens (ages 12-17) who abuse alcohol or drugs (2012-13)	6	6	
<b>Family and Community Indicators</b>			50
Percent of children in single-parent families (2013)	48	35	
Percent of children in families where the household head lacks a high school diploma (2013)	15	14	
Percent of children living in high-poverty areas (2009-13)	27	14	
Teen birth rate (per 1,000 females ages 15-19) (2013)	43	26	
<b>Source:</b> Annie E. Casey Foundation, 2015 KIDS COUNT Data Book, <a href="http://www.aecf.org/m/resourcedoc/aecf-2015kidscountdatabook-2015.pdf">http://www.aecf.org/m/resourcedoc/aecf-2015kidscountdatabook-2015.pdf</a>			

**Sources:**

<sup>a</sup> Vital Statistics Mississippi, 2013

<sup>b</sup> National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10

<sup>c</sup> Kaiser Family Foundation 2010

<sup>d</sup> National Survey of Children's Health. NSCH 2011/12.