



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OKLAHOMA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Oklahoma

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>)

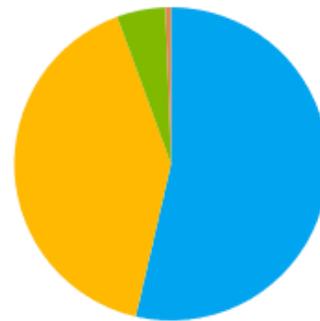
State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$6,903,092
State MCH Funds	\$5,252,960
Local MCH Funds	\$641,942
Other Funds	\$0
Program Income	\$75,564

FY 2014 Expenditures



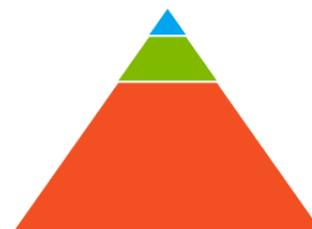
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$933,236	\$704,020
Enabling Services	\$1,759,230	\$1,189,421
Public Health Services and Systems	\$4,210,626	\$4,077,025

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	80,178	\$501,069	4.1%
Infants < 1 Year	58,330	\$2,693,642	22.1%
Children 1-22 Years	566,232	\$5,424,076	44.5%
CSHCN	27,621	\$3,564,462	29.3%
Others *	612,562	\$0	0.0%
Total	1,344,923	\$12,183,249	100%

FY 2014 Expenditures



FY 2014 Individuals Served



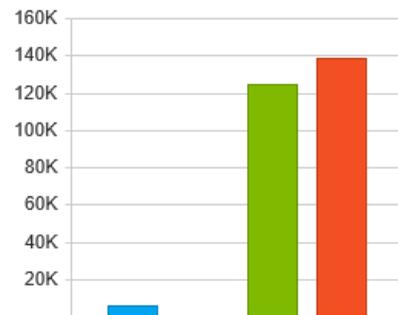
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

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 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	5,681
State Title V Social Media Hits:	116
State MCH Toll-Free Calls:	124,387
Other Toll-Free Calls:	138,657



Executive Summary

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 35 million women and children in the U.S. Since 1935, federal and state funds have supported state activities that improve the health of pregnant women, mothers and infants, children, and children with special health needs. These groups are often referred to as the "MCH population."

Title V funds are used to address the state's maternal and child health priorities. Every state has a Title V Block Grant and is required to write annual reports and complete a statewide needs assessment every five years. For 2014, Oklahoma benefited approximately 1.3 million women, infants, and children with Title V programs. In Oklahoma, Title V is administered by the Oklahoma State Department of Health (OSDH) and the Department of Human Services (DHS), in close partnership with the Oklahoma Family Network (OFN), assuring families have a voice in the services they receive.

Emergent Needs and Priority Selection:

Beginning in the Fall of 2013, MCH (Maternal and Child Health Service at OSDH) and CSHCN (Children with Special Health Care Needs Program at DHS) released a public input survey, with the help of OFN, to identify emergent needs for the state of Oklahoma's MCH population. CSHCN also sought input from Sooner SUCCESS on the needs of Medicaid-eligible CYCHSN (children and youth with special health care needs). Health-related data were reviewed from a variety of sources, including birth and death certificates, population-based surveillance systems, school-based surveys, and focus groups. Tribal listening sessions were conducted with seven of the largest tribal nations in the state and their health care providers. Coalition meetings and partner meetings were also used to gather information on needs and the capacity of the state to serve the MCH population.

MCH, CSHCN, and OFN synthesized and discussed the information received from the public input survey, tribal listening sessions, coalition and partnership meetings, and the data analysis to establish the following Title V priorities for 2016-2020. Two priorities are continued from the 2011-2015 Title V Needs Assessment, infant mortality and unplanned pregnancy; the others are new (See Table 1). The 2016-2020 priorities are those most likely to "move the needle" in improving the health of the Oklahoma MCH population.

Table 1. Oklahoma's Title V Priorities for the 2016-2020 Title V Block Grant

Reduce infant mortality	<i>Continued priority</i>
Reduce the incidence of preterm and low birth weight births	<i>New priority</i>
Reduce the incidence of unintentional injury among children	<i>New priority</i>
Reduce the incidence of suicide among adolescents	<i>New priority</i>
Reduce health disparities	<i>New priority</i>
Improve the transition to adult health care for children and youth with special health care needs	<i>New priority</i>
Reduce teen pregnancy	<i>New priority</i>
Reduce unplanned pregnancy	<i>Continued priority</i>
Improve the mental and behavioral health of the MCH population	<i>New priority</i>
Reduce the prevalence of chronic health conditions among childbearing age women	<i>New priority</i>

Development of the 5-year State Action Plan:

The MCH Title V Block Grant is arranged by population domains. The six domains include Maternal/Women's Health, Infant and Perinatal Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs (CYSHCN), and Cross-cutting or Life Course. Table 2 highlights the National Performance Measures which were selected for Oklahoma and the rationale for

selecting each particular measure. MCH and CSHCN staff then created a 5-year State Action Plan (available in the narrative section of the block grant application) to impact these measures. Each objective and strategy outlined in the State Action Plan was created to assist the program areas in impacting their designated performance measure. Over the next year, Oklahoma Title V will work to identify State Performance Measures to further address identified priority needs and create Evidence-Based Strategy Measures to facilitate work on the National Performance Measures.

Table 2. National Performance Measures Selected for Oklahoma, by Population Domain		
Domain	National Performance Measures	Priorities Impacted and Rationale
Maternal	Percent of women with a past year preventive visit	<p>MCH Priorities Impacted: Chronic Disease, Family Planning, Preterm and LBW, Health Disparities, Teen Pregnancy, Infant Mortality</p> <p>Rationale: Impacts 6 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and 4 statewide Oklahoma Health Improvement Plan priority flagship and goal areas (<i>Children's Health: Improve Maternal and Infant Health Outcomes</i> along with additional flagship priority areas in relation to Smoking, Obesity and Behavioral Health).</p>
	Percent of infants who are A) ever breastfed and B) Percent of infants breastfed exclusively through 6 months	<p>MCH Priorities Impacted: Infant Mortality, Chronic Disease, Preterm and LBW, Health Disparities</p> <p>Rationale: Impacts 4 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Maternal and Infant Health Outcomes</i> along with priority flagship area, Obesity).</p>
Perinatal	Percent of infants placed to sleep on their backs	<p>MCH Priorities Impacted: Infant Mortality, Unintended Injury, Preterm and LBW, Health Disparities</p> <p>Rationale: Impacts 4 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Maternal and Infant Health Outcomes</i>).</p>
	Rate of injury-related hospital admissions per population ages 0 through 19 years	<p>MCH Priorities Impacted: Unintended Injury, Health Disparities, Infant Mortality</p> <p>Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
Child	Rate of injury-related hospital admissions per population ages 0 through 19 years	<p>MCH Priorities Impacted: Unintended Injury, Health Disparities, Infant Mortality</p> <p>Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
	Percent of adolescents, ages 12 through 17 years, who are bullied	<p>MCH Priorities Impacted: Suicide Prevention, Behavioral and Mental Health, Health Disparities</p> <p>Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and 2 statewide Oklahoma Health Improvement Plan priority flagships and goal areas (<i>Behavioral Health: Reduce Suicide Deaths and Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
Adolescent	Percent of adolescents with a preventive services visit in the last year	<p>MCH Priorities Impacted: Suicide Prevention, Unintended Injury, Chronic Disease, Teen Pregnancy, Behavioral and Mental Health, Health Disparities</p> <p>Rationale: Impacts 6 of 10 Title V/MCH Priorities as listed above and 3 statewide Oklahoma Health Improvement Plan priority flagships and goal areas (<i>Tobacco Use: Reduce Adolescent Smoking Prevalence; Obesity: Reduce Adolescent Obesity Prevalence; and Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
	Percent of children with and without special health care needs who received services necessary to make transitions to adult health care	<p>MCH Priorities Impacted: Transition to Adulthood, Health Disparities, Behavioral and Mental Health</p> <p>Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
CSHCN	Percent of children with and without special health care needs who received services necessary to make transitions to adult health care	<p>MCH Priorities Impacted: Transition to Adulthood, Health Disparities, Behavioral and Mental Health</p> <p>Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>).</p>
Crosscutting	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes	<p>MCH Priorities Impacted: Infant Mortality, Chronic Disease, Preterm and LBW, Mental and Behavioral Health, Health Disparities</p> <p>Rationale: Impacts 5 of 10 Title V/MCH Priorities as listed above and 2 statewide Oklahoma Health Improvement Plan priority flagship and goal areas (<i>Tobacco Use: Adult Smoking Prevalence; and Children's Health: Improve Maternal and Infant Health Outcomes and Improve Child and Adolescent Health Outcomes</i>).</p>

Major Accomplishments and Plans for the Coming Year:

Below is a summary of some of the major accomplishments and planned activities for the coming year by population domain.

Maternal/Women:

Accomplishments:

- Partnered with the Oklahoma Health Care Authority (OHCA, the state's Medicaid agency) to develop customized Text4Baby messages with Oklahoma specific programs and resources. Oklahoma won the 2014 Text4Baby enrollment contest in the medium state category.
- Assisted, through the county health departments, over 50,000 women with pregnancy testing and family planning services, linking women to appropriate services or assisting with Medicaid (SoonerCare) enrollment as needed.
- Produced and aired public service announcements (PSAs) on the importance of being healthy before pregnancy and on developing a life plan.

Plans:

- Continue to work with the OHCA to provide family planning services to low-income females and males of reproductive age not eligible for Medicaid-covered services, and help those who are eligible to enroll in Medicaid.
- Encourage family planning providers to treat every visit as a preconception health visit and provide targeted preconception health counseling to every client using the Women's Health Assessment tool.
- Participate in the Association of Maternal and Child Health Programs (AMCHP) Every Mother Initiative and the Alliance for Innovation on Maternal Health (AIM) team, to improve data collection and develop and implement public health policy and strategies to prevent maternal death and improve health outcomes for mothers after and between pregnancies.
- Use the work from the Collaborative for Innovation and Improvement Network (CollIN) strategy team on preconception health to inform future activities, and partner with OHCA and March of Dimes in new CollINs to provide preconception/interconception care and education in the community and increase access to long acting reversible contraception.

Perinatal:

Accomplishments:

- Provided funding for the Oklahoma Mothers' Milk Bank (OMMB) and the Oklahoma Breastfeeding Hotline (OBH). Promoted breastfeeding duration and the establishment of Baby-Friendly Hospitals through the Hospital Breastfeeding Education Project (HBEP) and Becoming Baby-Friendly Projects in Oklahoma.
- Supported the *Every Week Counts* learning collaborative focused on providing birthing hospitals with support to reduce elective deliveries prior to 39 weeks. Ninety percent of Oklahoma birthing hospitals participated, resulting in a 94% decrease from baseline data in 2011 for scheduled deliveries prior to 39 weeks gestation.
- Increased the number of infants sleeping on their backs from 64.9% in 2009 to 72.6% in 2012.
- Reduced the preterm birth rate to 12.8%, moving up to a "C" grade on the March of Dimes grade card.
- Ensured the availability of tools and information developed by the Association of Women's Health, Obstetric and Neonatal Nurses and March of Dimes that could be readily adapted and disseminated.
- Oklahoma's hospitals saw a 30% increase in score on the Maternity Practices in Infant Nutrition and Care (mPINC) Survey, from 55 in 2009 to 71 in 2013.

Plans:

- Support newborn screening activities, including the "Every Baby Counts" project to enhance the process of newborn screening specimen collection by hospitals and submission to OSDH.
- Promote breastfeeding initiation and duration through joint efforts of the Breastfeeding Friendly Worksite Initiative, OMMB, OBH, HBEP, and Becoming Baby-friendly in Oklahoma. MCH will continue to work with partners to promote the Baby Café Project, focused on improving access to professional and peer support in African American, Native American, and Hispanic communities.
- Coordinate with the Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) Preterm Birth initiative, to work with hospitals to appropriately screen and triage women who present with signs and symptoms of preterm labor; ensure the use of progesterone therapy for appropriate candidates to prevent preterm births; finalize formal designation for neonatal levels of care for Oklahoma hospitals; and, review new guidelines released for formal designation of hospitals related to maternal levels of care.

Child:

Accomplishments:

- Partnered with Safe Kids Oklahoma and Safe Kids Tulsa Area to support the prevention of unintentional child injuries.
- Presented distracted driving and Graduated Driver's Licensing information to communities using the Adolescent Health Specialists in county health departments.
- Provided outreach and education to clients and communities about available health insurance coverage for children, including Medicaid (SoonerCare) enrollment and referrals to online enrollment at www.healthcare.gov.
- Continued to be involved in the Oklahoma Health Improvement Plan (OHIP) Children's Health Work Group.

Plans:

- Fund the 2015-2016 school year Oklahoma Oral Health Needs Assessment among Third Grade Children.
- Continue the Infant Injury Prevention Work Group, as part of the statewide infant mortality initiative, *Preparing for a Lifetime, It's Everyone's Responsibility*. MCH will continue to provide leadership for the work group.
- Maintain a supportive relationship with Injury Prevention Service (IPS) and Safe Kids Oklahoma, including car seat funding for IPS and designating MCH staff to become Child Passenger Safety (CPS) Technicians.
- Train and identify partners to provide education in local communities on Graduated Driver's Licensing, distracted driving, seatbelt use, and alcohol use while driving as they relate to children and youth.

Adolescent:

Accomplishments:

- Maintained five state-funded adolescent pregnancy prevention projects in local county health departments and continued administrating and monitoring the Personal Responsibility Education Program (PREP) grant for Oklahoma City and Tulsa County Health Departments.
- Reduced teen pregnancy from 40.8 per 1,000 females in 1994 to 20.5 in 2013.
- Provided family planning clinical services to adolescents in county health department and contract clinics.
- Served on the planning committee for the 2014 Annual Suicide Prevention Conference in May 2014. One staff member received training to become a *Question, Persuade, and Refer (QPR)* instructor.
- Provided presentations, educational materials, and fact sheets for several conferences to audiences of school administrators, teachers, counselors, and community members. Shared data on adolescent tobacco use, overweight and obesity in adolescents, and student hopelessness and suicidality.
- Funded ten rural district school nurses through a contractual agreement with the Oklahoma State Department of Education (OSDE).

Plans:

- Collaborate with local county health departments to establish, support, and sustain local Public Health Youth Councils to identify issues within their communities affecting adolescents and work with public health professionals to implement solutions.
- Conduct trainings with others who work with youth in evidence-based methods such as QPR, Positive Youth Development (PYD), and Life Course Perspective.
- Fund the ten rural school health nurses to continue school-based wellness programs.
- Partner with the Anti-Bullying Collaboration to provide training and staff OSDE committee updating bullying prevention curriculum.
- Ensure MCH-funded school health education and promotion programs will continue to provide age and grade appropriate nutrition education, promote physical activity, and assist in monitoring body mass index (BMI) of students attending those schools.

CYSHCN:

Accomplishments:

- Continued funding the Oklahoma Infant Transition Program, a program which helps families with infants in the neonatal intensive care unit make the transition from the hospital to home.
- Provided formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need that was not otherwise covered by Title XIX (or Medicaid funds).
- Participated in the Joining Forces Conference, held by OFN, to bring families and professionals together to work to improve service systems for CYSHCN and to promote Life Course Perspective understanding and activities.
- Funded Sooner SUCCESS activities, which worked to build a comprehensive system of health and educational services in 13 counties, to meet the needs of CYSHCN and their families.
- Helped plan the 9th Annual Oklahoma Transition Institute, providing opportunities for professionals and families to learn about a variety of subjects related to transition, including developing attainable goals.
- Funded parent-to-parent support, sibling support, training, and opportunities for family leadership via OFN.

Plans:

- Continue to provide formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need.
- Continue to collaborate with and support Sooner SUCCESS to develop plans to address health care transition for adolescents across the state.
- Work with the OFN to identify gaps in the provision of transition services to youth with special health care needs.

Crosscutting:

Accomplishments:

- Participated on the CollIN Smoking Cessation Strategy Team in Regions IV and VI, focused on promoting tobacco cessation among expectant mothers and their families.
- Produced and aired PSAs for radio and television that provided various rationales for quitting, the Oklahoma Tobacco Helpline (OTH) number, and information on the effect of secondhand smoke on newborns.
- Counseled family planning and pregnant clients seen at county health departments (CHDs) and contract clinics on the impact of smoking across the life course, and referred to smoking cessation resource, as needed.
- Maintained MCH data capacity in spite of two key staff vacancies, by relying on the skills and expertise of analytic staff responsible for other MCH projects.

Plans:

- Disseminate pharmacy bags to pharmacies agreeing to share information on *Preparing for a Lifetime*, Text4Baby, and the OTH. The bags feature the *Preparing for a Lifetime* logo, as well as a bottle of folic acid, and both sides of the bags display the OTH number.
- Refer clients to OTH, as needed.
- Provide training and technical assistance to CHDs and other providers on the Edinburgh Post Natal (Depression) Screen (EPNS).
- Perform economic analysis to assist in the reduction of health disparities.

Other Emergent Needs:

Emerging needs identified by MCH and CSHCN include mental and behavioral health, particularly for children, e-cigarette use, and substance use, including opioid use by pregnant women. MCH and CSHCN will monitor the prevalence of these issues and determine how to best meet needs programmatically, as appropriate.

Comments and Contact Information:

MCH, CSHCN, and OFN welcome comments and suggestions for needs and issues not identified during this Title V Needs Assessment and Block Grant Application process. The Needs Assessment is meant to be an on-going review of health needs and capacity issues across the state. It is recognized that not all needs can be addressed by Title V nor can Title V address identified needs and priorities alone. Collaboration, partnership, and working with non-traditional partners will be the only way to truly impact the health of the state's MCH population.

For more information about this document, the process, to provide comments, or to partner with Title V please contact: **Joyce Marshall**, MCH Title V Director at 405-271-4480 or joycem@health.ok.gov or **Karen Hylton**, CSHCN Title V Director at 405-521-3602 or Karen.Hylton@okdhs.org.