



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **SOUTH CAROLINA**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership – South Carolina

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> )

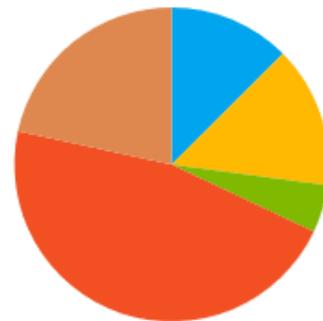
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$8,400,597
State MCH Funds	\$9,775,264
Local MCH Funds	\$3,286,873
Other Funds	\$31,108,758
Program Income	\$14,470,518

FY 2014 Expenditures



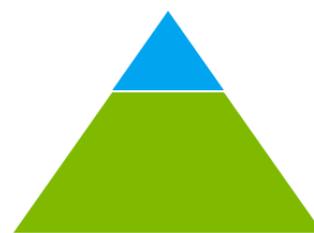
#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$7,328,188	\$21,116,980
Enabling Services	\$806,852	\$37,520,021
Public Health Services and Systems	\$265,557	\$211,914

FY 2014 Expenditures Federal



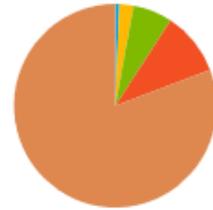
FY 2014 Expenditures Non-Federal



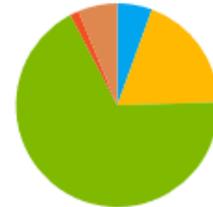
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	15,944	\$478,211	0.6%
Infants < 1 Year	54,510	\$1,722,107	2.3%
Children 1-22 Years	194,762	\$4,739,810	6.3%
CSHCN	3,941	\$7,641,772	10.1%
Others *	18,097	\$61,068,207	80.7%
<b>Total</b>	<b>287,254</b>	<b>\$75,650,107</b>	<b>100%</b>

FY 2014 Expenditures



FY 2014 Individuals Served



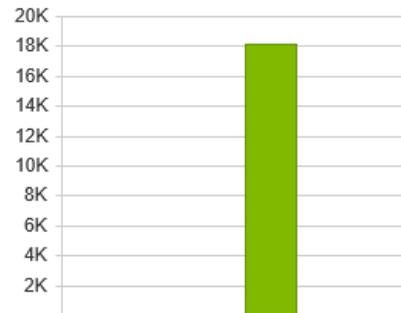
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### 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 8	Physical Activity	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
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:	18,097
Other Toll-Free Calls:	0



## Executive Summary

### Background and Introduction

The South Carolina (SC) Title V program is housed within the Bureau of Maternal and Child Health (MCH) at the SC Department of Health and Environmental Control (DHEC). The mission of DHEC is to protect the state's environment and promote public health so that the residents of SC can prosper. The MCH Bureau seeks to provide leadership, support, and services to improve the health of women, infants, children – including children and youth with special health care needs (CSHCN), and families in SC.

The SC MCH Bureau includes five divisions: the Division of Women's Health, which includes the Family Planning Program among other efforts; the Division of Children's Health, which includes the CSHCN Program among other efforts; the Division of Women, Infants, and Children, which includes the state administration of the Federal WIC program; the Division of Research and Planning, which includes MCH Epidemiology among other efforts; and the Division of Oral Health, which includes the School Dental Health Program among other efforts.

Many of the key ongoing efforts of the SC MCH Bureau are included in the development, implementation, and updating of *Healthy Mothers, Health Babies: South Carolina's Plan to Reduce Infant Mortality and Premature Births*. This statewide plan was released in October 2013 after nearly a year of research and collaboration with partners and experts within and outside SC. The *Healthy Mothers, Health Babies* plan is built around the conceptual framework presented in Figure 1. This conceptual framework identifies priority areas for partners around SC to coordinate efforts to most efficiently impact the risk factors that cause infant mortality, maintaining a focus on implementing efforts in the priority areas in an equitable way and measuring equity in assessment of risk factors and mortality outcomes.

Other current priorities for the SC MCH Bureau include expanding outreach efforts to improve the direct services and education provided by the WIC and Family Planning programs, expanding support for breastfeeding initiation and continuation, expanding the capacity to provide care coordination for CSHCN and their families, enhance existing contract to facilitate services for CSHCN, and increase the utilization of data analysis, epidemiology, and quality improvement methods to inform and improve programmatic efforts in MCH.

This summary of the SC MCH Bureau's 2016 Title V MCH Block Grant Application and Annual Report for 2014 will summarize the process and results of a comprehensive needs assessment that was conducted in 2014-2015, summarize important accomplishments from 2014, and challenges faced by the SC MCH Bureau.

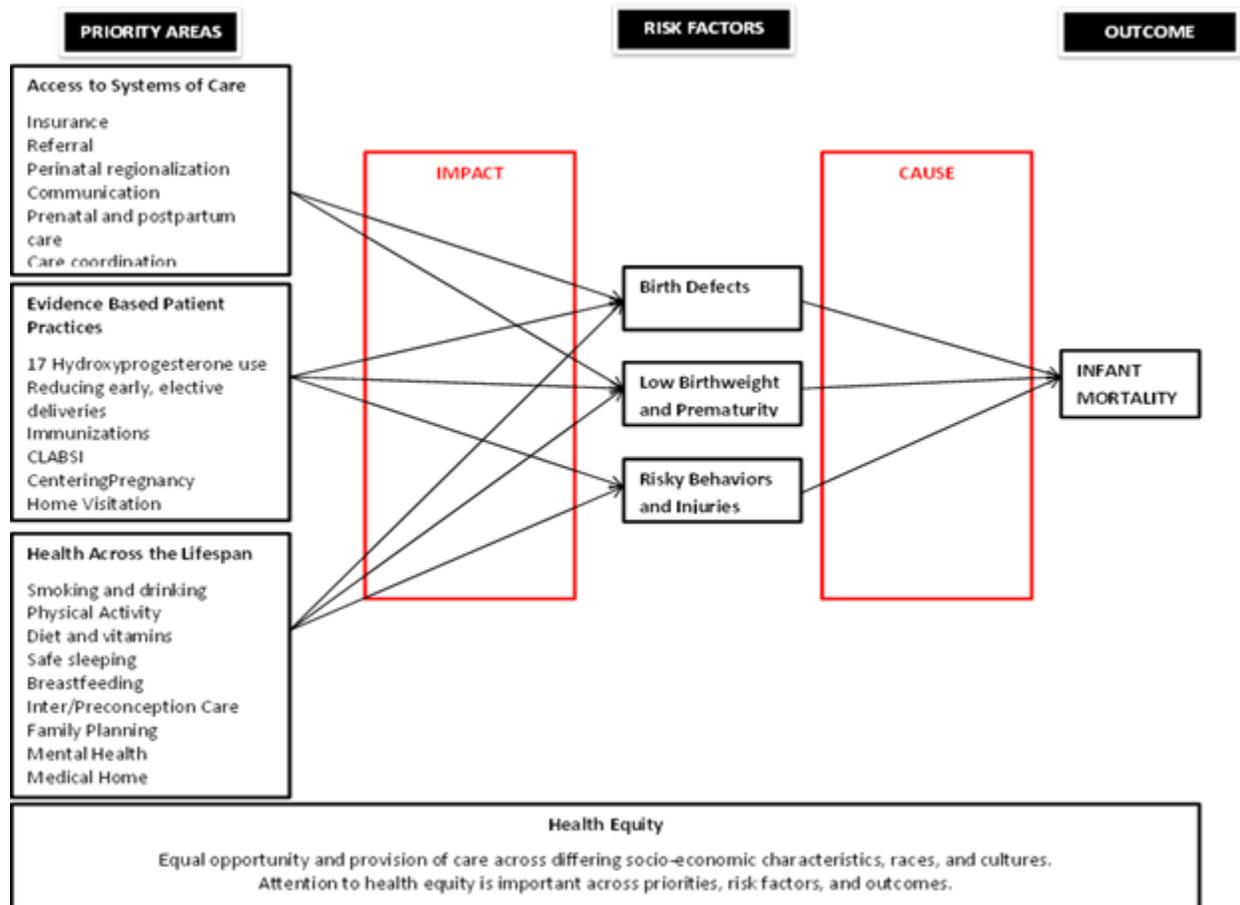


Figure 1: Conceptual model for SC's plan to reduce infant mortality.

### SC MCH Needs Assessment Process

The SC MCH Bureau worked with numerous partners and stakeholders to conduct a comprehensive MCH needs assessment from August 2014 through June 2016. This needs assessment involved three levels of participants: (1) "workers" – a small group responsible for the planning and facilitation of the needs assessment process, (2) "advisors" – an advisory council made up of 32 stakeholders and partners representing a variety of organizations, and (3) "informers" – a broad set of community members, family members, experts, practitioners, service recipients, and other stakeholders who fed information into the needs assessment process through a variety of qualitative data collection methods.

In order to collect meaningful input from the "informers," the SC MCH Bureau partnered with an expert in qualitative data collection and analysis from the University of South Carolina Arnold School of Public Health. Through this partnership, data was provided by "informers" through 23 key informant interviews, six focus groups including a total of 52 participants, and 228 surveys. This information was summarized and presented the "advisors" along with quantitative data from 13 population-based or programmatic data sources. Quantitative data indicators were presented as stratified by race/ethnicity, insurance payer status, maternal age, gender, geography (urban, suburban, and rural), and the direction of the five year trend.

Based on this qualitative and quantitative data, a set of 32 themes were identified by the "workers" and the "advisors" for discussion. These themes were then evaluated by the "advisors" based on the need for intervention and the feasibility of impact using a strategy grid tool. This resulted in consensus around 12 outcome themes and 6 strategy themes that were high-need, high-feasibility or high-need, low feasibility. Then, these themes were ranked by the "advisors" with respect to size of the issue, the seriousness of the issue, and the effectiveness of potential interventions using a prioritization matrix tool. Finally, the "advisors" met to select SC's top 10 MCH priority needs and corresponding national performance measures.

### MCH Priorities, Accomplishments and Challenges:

A bulleted summary of the 10 MCH priorities identified by this needs assessment process is presented below organized by population health domain. The accomplishments and challenges for each domain are also summarized.

- Women/maternal health:
  - Priority – Improve health promotion, including preventive health visits and screenings.
  - Selected National Performance Measure (NPM) – NPM 1: Percent of women with a past year preventive medical visit.
  - Accomplishments:
    - Continued sustained reduction in teen births. Teen births have decreased by 45% from 2000 to 2013 in SC.
    - Policy to enable LARC insertion during maternal delivery hospitalization.
  - Challenges
    - Lack of access to health screenings and preventive care in some areas.
    - Lack of patient education, lack of adequate nutrition education/counseling and inadequate family planning services.
  
- Perinatal/Infant Health:
  - Priorities – (1) Improve access to risk-appropriate care through evidence-based enhancements to the perinatal regionalization system; (2) Reduce the prevalence of preterm birth through evidence-based programs and clinical interventions; (3) Increase implementation of safe sleep environment practices; and (4) Improve breastfeeding support.
  - Selected NPMs – NPM 3: Percent of VLBW infants born in a hospital with a Level III+ NICU; NPM 4: Percent of infants who are ever breastfed and percent of infants exclusively through six months; and NPM 5: Percent of infants placed to sleep on their backs.
  - Accomplishments:
    - Updated state regulations to govern SC's long-standing and well-supported regional perinatal system.
    - Well-established partnerships in-state through the SC Birth Outcomes Initiative and across-states through the Infant Mortality Collaborative Improvement and Innovation Network.
    - Development of a standardized curriculum to address lack of consistent messaging in safe sleep education.
  - Challenges:
    - There is a gap in understanding of infant safe sleep environments as influenced by inconsistent education as well as cultural and social norms.
    - There is a wide gap between breastfeeding initiation and continuation. Many women lack the support systems and structures to successfully continue breastfeeding. This may include women who lack supportive family members, friends, health care providers, and/or workplace policies and locations to breastfeed.
  
- Child Health:
  - Priority – Increase appropriate preventive health and developmental screenings and referral to early intervention services.

- Selected NPM – NPM 6: Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool.
- Accomplishments:
  - Decrease from 12.3% of children uninsured in 2010 to 6.7% in 2014. This was accomplished through partnership with the SC Medicaid agency to enroll all eligible children in Medicaid.
  - The SC Early Childhood Comprehensive System Program has begun collaborative work with stakeholders throughout SC focused on universal developmental screening and early childhood mental health consultation.
- Challenges:
  - Nearly 30% of all SC women initiated prenatal care after the first trimester of pregnancy or did not receive any prenatal care in 2013.
  - Needs Assessment survey respondents indicated a lack of knowledge about developmental screenings, lack of follow up after screening, and lack of provider reminder or implementation of the screening as challenges to developmental monitoring and screening.
  
- Adolescent Health:
  - Priority – Increase physical fitness among children and adolescents.
  - Selected NPM – NPM 8: Percent of children 6-11 and adolescents 12-17 who are physically active at least 60 minutes per day.
  - Accomplishments:
    - Great strides have been made in motor vehicle safety among adolescents with the rate of motor vehicle accident mortality per 100,000 15-19 year olds dropping from 30.5 in 2007-2009 to 19.0 in 2011-2013.
  - Challenges:
    - Fewer than 25% of SC adolescents 12-17 were physically active for at least 60 minutes per day in 2013.
  
- CSHCN:
  - Priority – Improve care coordination for CSHCN.
  - Selected NPM – NMP 11: Percent of children with and without special health care needs having a medical home.
  - Accomplishments:
    - The DHEC CSHCN Program has greatly enhanced care coordination capacity over the past year by developing staffing standards for all public health regions in SC.
    - Continued operation of Camp Burnt Gin, a residential summer camp for CSHCN that has operated in SC since 1945.
    - Collaboration with the SC Medicaid agency to increase services for CSHCN through expanded service codes available for Medicaid reimbursement, revised provider fee schedules, and approval for payment for additional equipment.
  - Challenges:
    - Needs assessment survey respondents reported cumbersome processes related to filling prescriptions, restrictive controlled substance policies, and the time-consuming process of getting Medicaid approval for everyday supplies.
    - Lack of childcare provider training for CSHCN.
    - Lack of awareness of services and support and care coordination needs to navigate available services.
    - Challenges related to housing, especially for those who used wheelchairs, and the lack of public transportation which limited their mobility.
  
- Cross-cutting/Life Course:
  - Priorities – (1) reduce smoking and exposure to tobacco use among maternal and child health populations and (2) reduce racial and ethnic disparities in social determinants of health, including insurance coverage and other barriers to medical care and employment.
  - Selected NPM – NPM 14: percent of women who smoke during pregnancy and percent of children who live in households where someone smokes.
  - Accomplishments:
    - Decrease in smoking during pregnancy from 9.3% of pregnant women in 2010 to 8.3% of pregnant women in 2013.
    - Successful changes to Medicaid policies around reimbursement for early elective deliveries, LARC insertion in the immediate postpartum period, coverage for Tdap vaccination, and reimbursement for behavioral health screening.
  - Challenges:
    - In 2012, 27% of children lived in a household where someone smoked.
    - Substantial racial and geographic disparities in those without health insurance and those who are undersinsured.

- According to qualitative data collected during the needs assessment, many rural areas of SC lack safe spaces for recreation and physical activity, access to fresh fruits and vegetables, access to primary and prenatal care providers.