Title V Federal-State Partnership – South Dakota

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

<table>
<thead>
<tr>
<th>MCH Director</th>
<th>CSHCN Director</th>
<th>State Family or Youth Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Vacant</td>
<td>Barb Hemmelman</td>
<td>No Contact Information Provided</td>
</tr>
<tr>
<td>Administrator, Office of Family &amp; Community Health</td>
<td>CSHCN Director</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:barb.hemmelman@state.sd.us">barb.hemmelman@state.sd.us</a></td>
<td><a href="mailto:barb.hemmelman@state.sd.us">barb.hemmelman@state.sd.us</a></td>
<td></td>
</tr>
<tr>
<td>(605) 773-3361</td>
<td>(605) 773-4749</td>
<td></td>
</tr>
</tbody>
</table>

Funding by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2014 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Allocation</td>
<td>$2,511,344</td>
</tr>
<tr>
<td>State MCH Funds</td>
<td>$1,675,612</td>
</tr>
<tr>
<td>Local MCH Funds</td>
<td>$523,814</td>
</tr>
<tr>
<td>Other Funds</td>
<td>$10,348</td>
</tr>
<tr>
<td>Program Income</td>
<td>$736,796</td>
</tr>
</tbody>
</table>

Funding by Service Level

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Federal</th>
<th>Non-Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Services</td>
<td>$177,621</td>
<td>$0</td>
</tr>
<tr>
<td>Enabling Services</td>
<td>$1,411,429</td>
<td>$1,796,043</td>
</tr>
<tr>
<td>Public Health Services and Systems</td>
<td>$922,294</td>
<td>$1,150,527</td>
</tr>
</tbody>
</table>

FY 2014 Expenditures

Federal

Non-Federal
Total Reach of Title V in Serving MCH Populations

<table>
<thead>
<tr>
<th>Populations Served</th>
<th>Individuals Served</th>
<th>FY 2014 Expenditures</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>5,649</td>
<td>$958,609</td>
<td>17.8%</td>
</tr>
<tr>
<td>Infants &lt; 1 Year</td>
<td>12,956</td>
<td>$815,332</td>
<td>15.1%</td>
</tr>
<tr>
<td>Children 1-22 Years</td>
<td>40,038</td>
<td>$1,940,900</td>
<td>36.0%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>4,021</td>
<td>$1,453,779</td>
<td>26.9%</td>
</tr>
<tr>
<td>Others *</td>
<td>23,904</td>
<td>$230,006</td>
<td>4.3%</td>
</tr>
<tr>
<td>Total</td>
<td>86,568</td>
<td>$5,398,626</td>
<td>100%</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Short Name</th>
<th>Population Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>NPM 5</td>
<td>Safe Sleep</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>NPM 6</td>
<td>Developmental Screening</td>
<td>Child Health</td>
</tr>
<tr>
<td>NPM 7</td>
<td>Injury Hospitalization</td>
<td>Child Health, Adolescent Health</td>
</tr>
<tr>
<td>NPM 10</td>
<td>Adolescent Well-Visit</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>NPM 11</td>
<td>Medical Home</td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td>NPM 13</td>
<td>Preventive Dental Visit</td>
<td>Cross-Cutting/Life Course</td>
</tr>
<tr>
<td>NPM 14</td>
<td>Smoking</td>
<td>Cross-Cutting/Life Course</td>
</tr>
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</table>

Communication Reach

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Title V Website Hits:</td>
<td>0</td>
</tr>
<tr>
<td>State Title V Social Media Hits:</td>
<td>14,754</td>
</tr>
<tr>
<td>State MCH Toll-Free Calls:</td>
<td>1,311</td>
</tr>
<tr>
<td>Other Toll-Free Calls:</td>
<td>0</td>
</tr>
</tbody>
</table>
Executive Summary

The South Dakota Department of Health (DOH) conducted a comprehensive needs assessment of the health status of women, infants, and children in South Dakota in order to determine priority needs for the Title V Maternal and Child Health (MCH) Block Grant. The assessment provided an opportunity for the Title V program to review strengths, weaknesses, opportunities, and threats within each of the six population domains which resulted in the identification of 32 potential priority areas. The MCH team developed seven priorities from the 32 priority needs. In narrowing down the list of priorities, the team looked at alignment with: (a) DOH 2020 Initiative; (b) legislative priorities; (c) priorities of other partner programs and agencies; (d) where MCH was the lead agency and had capacity to impact change; (e) whether progress was measurable and if a data source was available; and (f) alignment with national performance measures (NPM) and national outcome measures (NOM).

The seven priorities selected are:
- Promote preconception/inter-conception health;
- Reduce infant mortality;
- Promote positive child and youth development to reduce morbidity and mortality (intentional and unintentional injuries, dietary habits, tobacco use, alcohol use, and other drug utilization);
- Improve early identification and referral of developmental delays;
- Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and children and youth with special health care needs (CSYHCN);
- Promote oral health for all populations; and
- Improve state and local surveillance, data collection, and evaluation capacity.

The MCH team identified at least one NPM for each of the six MCH population domains.
- Maternal/Women’s Health – NPM 1 Percent of women with a past year preventive medical visit;
- Perinatal Health – NPM 5 Percent of infants placed to sleep on their backs;
- Child’s Health – NPM 6 Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool;
- Adolescent Health – NPM 7 Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19;
- Adolescent Health - NPM 10 Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year;
- CYSHCN – NPM 11 Percent of children with and without special health care needs having a medical home;
- Cross-cutting/Life Course – NPM 13 A) Percent of women who have a dental visit during pregnancy and B) percent of infants and children, 1 to 17, who had a preventive dental visit in the past year; and
- Cross-cutting/Life Course - NPM 14 A) Percent of women who smoke during pregnancy and B) percent of children who live in a household where someone smokes

Each section below (organized by MCH population domain) highlights selected accomplishments for the previous year and contains a brief description of strategies for the coming year. Other accomplishments and additional detail about activities can be found in the MCH Block Grant Report/Application.

**Domain: Women/Maternal Health**

The priority need identified for this population domain is promoting preconception and inter-conception health. The overarching objectives and strategies are aimed at increased awareness of overall preventive medical care and risk factors that affect maternal and child wellness.

**Key Accomplishments**
- Provided family planning services to 6,614 clients in CY14;
- Supported the ForBabySakeSD website, Facebook page, TV, radio, and print media awareness campaigns to promote SD Infant Mortality Task Force priorities;
- Contracted with South Dakota State University (SDSU)/EA Martin to manage the distribution, collection, and analysis of population-based survey using Pregnancy Risk Assessment and Monitoring System (PRAMS) model/methodology;
- Partnered with the Department of Social Services (DSS) Medicaid program to assess all pregnant women for risks with the potential to adversely affect pregnancy outcome;
- Assessed pregnant women served in DOH Office of Family and Community Health (OFCH) offices on a monthly basis for tobacco use and readiness to quit and provided education on benefits to mother and baby of being tobacco free;
- Collaborated with Great Plains Tribal Epidemiology Center (GPTEC) and tribal health representatives to share data and foster working relationships;
- Through programs such as Family Planning, WIC, Baby Care, and the Tobacco Control Programs provide patient education on preconception and inter-conception and postpartum health to all consumers accessing services; and
- Collaborate with other agencies and offices with similar missions to increase awareness/education.
-
Domain: Perinatal/Infant Health
The priority need identified for this population domain is the reduction of infant mortality. The overarching objectives and strategies are aimed at increased awareness of safe sleep practices as well as other factors that affect infant mortality.

Key Accomplishments
- Faxed physician notifications of missed or not passed hearing screenings;
- Promoted the South Dakota QuitLine to pregnant women and include specific targeting of American Indian and pregnant women;
- Supported ForBabySake website, Facebook page, and TV/Radio media campaign;
- Supported statewide television, radio, and social media campaigns to educate women on early signs of pregnancy, the importance of early and adequate prenatal care, and healthy lifestyle choices; and
- Provided Bright Start Home Visiting Program in service areas targeting populations at highest risk.

Plans for Coming Year
- Educate clients served by DOH offices and community partners on the importance of safe sleep practices and dangers of tobacco use;
- Develop and implement strategies to increase awareness of the importance of safe sleep practices including the promotion of the For Baby’s Sake website; and
- Collaborate with other agencies and offices with similar missions to increase awareness/education.

Domain: Child Health
The priority needs identified for this population domain are promoting positive child and youth development to reduce morbidity and mortality including intentional and unintentional injuries, dietary habits, tobacco use, alcohol use, and other drug utilization; and improving early identification and referral of developmental delays. The overarching objectives and strategies are aimed at increased awareness of importance of developmental screening and early identification of concerns and risk factors that affect positive child and youth development.

Key Accomplishments
- Promoted Harvest of the Month curriculum;
- Collaborated with the Department of Game, Fish, and Parks (GFP) to use of Facebook to encourage physical activity in state and local parks;
- Promoted Munchcode, a healthy concessions model policy, to 93 non-school organizations;
- Supplied federally-funded vaccines to all enrolled clinics and state-funded vaccines to OFCH offices;
- Utilized OFCH offices to promote community awareness campaigns designed to increase seat belt use and decrease distracted driving;
- Collaborated with DSS to maintain the South Dakota Child Safety Seat Distribution Program;
- Collaborated with Boys and Girls Club to use abstinence education funding to provide risk reduction education including drug and alcohol use and appropriate decision making; and
- Provided oral health information to non-dental health professionals and students, Head Start/Early Head Start staff, WIC clinics (including Tribal), monthly school nurse newsletters, meetings/conferences, and via the oral health website.

Plans for Coming Year
- Provide technical assistance, training and expertise as an effective way to build a healthy environment and promote policy adoption toward prevention of obesity;
- Partner with other state agencies to provide education and resources on the importance of early identification and referral of developmental delays; and
- Facilitate the completion of developmental screenings for clients served by OFCH.

Domain: Adolescent Health
The priority need identified for this population domain is to improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN; and promote positive child and youth development to reduce morbidity and mortality. The overarching objectives and strategies are aimed at preventing adolescent injuries, suicides, and motor vehicle deaths through awareness of importance of preventive service visits and healthy life styles choices.

Key Accomplishments
- Promoted Munchcode to 93 non-school organizations;
- Promoted Harvest of the Month curriculum;
- Provided family planning services to 1,523 adolescents age 19 and under during CY14;
- Provide instruction to 90 adolescents in corrections or foster care utilizing the evidence-based curriculum “Reducing the Risk” utilizing Personal Responsibility and Education Program (PREP) funds;
- Provided instruction to 204 adolescents in the care of DSS utilizing the evidence-based curriculum “Be Proud Be Responsible” with PREP funds;
- Provided abstinence education to 240 youth ages 9-11;
- Provided evidence-based tobacco prevention curriculum to South Dakota schools;
• Supported/promoted HelpLine Center 24/7 statewide crisis line, crisis texting program, suicide prevention website, and mental health first aid training for youth; and
• Promoted community awareness campaigns designed to increase seat belt use and decrease distracted driving (i.e. May Mobilization Seat Belt Campaign)

_Plan for Coming Year_

• Collaborate/strengthen partnerships across the state to use evidence-based, up-to-date resources as a way to continue making progress around healthy lifestyle choices; injury prevention; motor vehicle safety; suicide prevention; preventive service visits; and immunizations.

_Domain: Children and Youth with Special Health Care Needs_

The priority need identified for this population domain is to improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN. The overarching objectives and strategies are aimed at the early identification and treatment of newborns with metabolic disorders and increasing the number of children with and without special health care needs having a medical home.

**Key Accomplishments**

• Partner with the State Hygienic Laboratory of Iowa (SHL) for the provision of newborn screening laboratory services for South Dakota’s mandated newborn screening of 28 of 32 Core Conditions listed on the Recommended Uniform Screening Panel (RUSP);
• Partner with Sanford Children’s Specialty Clinic for newborn screening program medical consultants and program assistance;
• Collaborating with South Dakota Parent Connection (SDPC) on parent training opportunities, FILEs, Family to Family contacts, and other activities to support families;
• Supported MyFILE transition tool trainings for youth/families in multiple communities in the state;
• Provided service coordination and financial assistance to children with chronic medical conditions and their families to ensure comprehensive care;
• Maintained e-mail address, website, and listserv for families to access assistance via the internet;
• Provided financial support to the State’s Respite Care program; and
• Collaborated with DSS Child Care Services to provide special needs car seats.

_Plan for Coming Year_

• Collaborate with SDPC on the Community of Care project to develop, promote, and provide training for families in areas such as shared decision making, care coordination, advocacy, and transition planning;
• Coordinate the newborn screening infrastructure to ensure all newborns are screened for disorders and receive prompt and appropriate follow-up testing and medical therapy; and
• Strengthen partnerships with the Medicaid Health Home program

_Domain: Cross-cutting/Life Course_

The priority needs identified for this population domain are promoting oral health for all populations; promote positive child and youth development to reduce morbidity and mortality; and improve state and local surveillance, data collection, and evaluation capacity. The overarching objectives and strategies are aimed at increased awareness of importance of oral health across the life span; dangers of tobacco use across the life span; and importance of data to support need for programs and effectiveness of efforts.

**Key Accomplishments**

• Referred clients seen in OFCH offices as appropriate to state Medicaid program and assisted with completion of forms as needed;
• Required all clients requesting financial assistance from the Children’s Special Health Services (CSHS) program to apply for Medicaid;
• Provided information to families on the Affordable Care Act (ACA) and Healthcare.gov; and
• Enhanced the WIC database to collect information on insurance coverage; field office provided resource information to clients reporting no form of health insurance coverage.

_Plan for Coming Year_

• Partner with providers across the state to provide education and resources on importance of oral health and tobacco cessation; and
• Work with data and epidemiology staff to identify data gaps and begin implementation of steps to collect needed data.