



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

COLORADO

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Colorado

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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

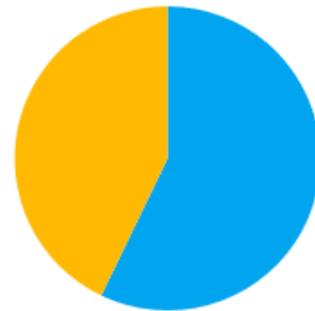
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$7,460,860
State MCH Funds	\$5,595,645
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

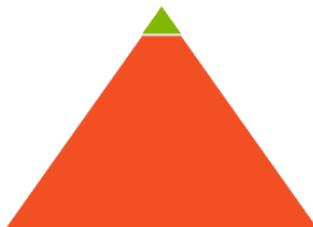
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$920,018	\$3,690,214
Public Health Services and Systems	\$6,540,842	\$1,905,431

FY 2015 Expenditures
Federal



FY 2015 Expenditures
Non-Federal



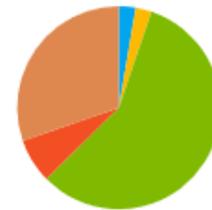
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	64,930	\$334,723	2.7%
Infants < 1 Year	62,247	\$320,891	2.6%
Children 1-22 Years	1,400,786	\$7,221,233	57.4%
CSHCN	173,248	\$893,116	7.1%
Others *	738,868	\$3,808,960	30.3%
Total	2,440,079	\$12,578,923	100%

FY 2015 Expenditures



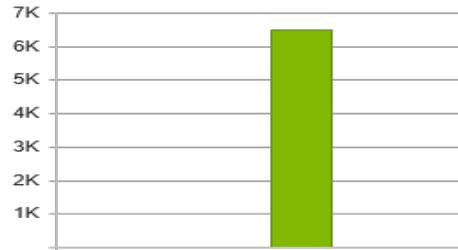
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	6,502
Other Toll-Free Calls:	0



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 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Completion of a report identifying NTSV data/rates for all Colorado delivering hospitals to identify facilities for C/S reduction/QI interventions
NPM 4	Breastfeeding	ESM 4.1	Number of delivering hospitals in Colorado that are certified as Baby-Friendly
NPM 6	Developmental Screening	ESM 6.1	Number of LPHAs, community and/or health care partners in Colorado that have implemented ABCD quality standards that support early childhood screening, referral and treatment services for developmental needs
NPM 7	Injury Hospitalization	ESM 7.1	Number of local partners reporting use of the Positive School Environment Toolkit in prioritized communities
NPM 8	Physical Activity	ESM 8.1	Number of licensed child care centers in select counties in Colorado that have physical activity as a part of daily curriculum
NPM 9	Bullying	ESM 9.1	Number of local partners reporting use of the Positive School Environment Toolkit in prioritized community
NPM 11	Medical Home	ESM 11.1	Percent of children and youth with special health care needs (CYSHCN) who receive HCP Care Coordination services and have an interagency shared plan of care
NPM 14	Smoking	ESM 14.1	Percent of women who report that a doctor, nurse, or other health care worker talked with them about how smoking during pregnancy could affect their baby
NPM 14	Smoking	ESM 14.2	Percent of women who report that a doctor, nurse, or other health care worker advised them during pregnancy and postpartum about the harms of their child's exposure to secondhand smoke
NPM 14	Smoking	ESM 14.3	Percent of children whose parents report that their child's' health care provider talked to them about their child's exposure to secondhand smoke

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of mothers that report a doctor, nurse or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery	Women/Maternal Health
SPM 2	Infant mortality rate among African Americans in Denver and Arapahoe counties	Perinatal/Infant Health
SPM 3	Percent of women who report using marijuana at any time during their pregnancy	Cross-Cutting/Life Course
SPM 4	Rate of emergency department visits for women for prescription drug use poisoning per 100,000 women ages 15 through 44	Cross-Cutting/Life Course
SPM 5	Rate of hospitalizations for prescription drug poisoning per 100,000 women ages 15 through 44	Cross-Cutting/Life Course

Executive Summary

Geography and Demographics

Colorado is the eighth largest state in the nation, located in the Rocky Mountain region of the western U.S. The Continental Divide runs from north to south through west central Colorado, dividing the state into the more mountainous western slope and the eastern plains. Eighty-six percent of the state's population lives in 16 urban counties along the Front Range of the Rocky Mountains; the north-south corridor just east of the mountains, with the remaining residing in rural (27) and frontier (21) counties within the state.

Colorado ranks 22nd among states in population size with a total state population in 2016 of 5,538,581. Twenty percent of the state's population is females ages 15-44; 29 percent are children and youth ages 0-21; and approximately 217,000 are children and youth with special health care needs (CYSHCN). Sixty-nine (69.4) percent of Coloradans identify as White non-Hispanic, 20.9 percent as of Hispanic origin, Black/African-American (4.0 percent), Asian and Native Hawaiian/Pacific Islander (2.9 percent), American Indian and Alaska Native (1.0 percent), and people who report another race (4.6 percent) or more than one race (3.5 percent).

The number of births in 2015 totaled 66,545, consistent with 2014, with declines noted among younger women. The Colorado Family Planning Initiative resulted in over 40,000 long-acting reversible contraceptives (IUDs and implants) being used by women between 2009 and 2015. Birth rates have fallen dramatically, especially among young women, because these methods are virtually 100 percent effective.

Employment, Income and Poverty

As of March 2016, Colorado's unemployment rate was 2.9 percent (U.S. rate – 5.0 percent), the 3rd lowest in the nation. In 2014, the median household income in Colorado was \$61,303, exceeding the national median of \$53,657, with variations noted by county. Douglas County, in metro Denver, demonstrates a median income (\$102,626) triple that of Costilla County, in southern Colorado (\$31,534). The percentage of Coloradans in poverty decreased since 2012. In 2014, 29 percent of Coloradans lived in low-income families (below 200 percent of the Federal Poverty Level), a five percent decrease from 30.6 percent in 2012. Almost thirty-seven percent of children younger than 18 were living in low-income families (\$47,700 for a family of four). Poverty among children in Colorado declined since 2012, with the state tied for the 5th lowest child poverty rate in the nation in 2014.

Education

Colorado's population is highly educated with over one-third (38.4 percent) of all Coloradans age 25 and older having a college or advanced degree, second in the nation. Inequities in educational attainment still exist, with only 23.2 percent of Black/African Americans and 13.7 percent of Hispanics attaining a college/advanced degree. The percentage of students overall who graduate from high school remains low at 77.3 percent in 2014, with 35 states demonstrating higher rates. Disparities in high school graduation rates match those for college.

Health Insurance and the ACA

In Colorado, the uninsured rate dropped by more than 50 percent from 14.3 percent in 2013 to 6.7 percent in 2015. Coloradans ages 30-39 years are most likely to be uninsured at 13.4 percent. Only 2.5 percent of children ages 0 -18 years were uninsured in 2015. White non-Hispanics demonstrate the highest rates of health insurance coverage at 5.0 percent uninsured. By contrast, 11.0 percent of Hispanics in Colorado were uninsured. The uninsured rate was highest among Coloradans with incomes at or below 100 percent of the federal poverty level (10.6 percent) and those with incomes between 101 to 200 percent FPL (7.8 percent).

The ACA exerted the greatest impact on coverage through Medicaid expansion and Connect for Health Colorado, the state's health insurance marketplace. Enrollment via the exchange increased from 52,783 in 2013 to 152,470 in 2015. Approximately 13 percent of all enrollees are children ages 0 -17 years and seven percent are youth ages 18 - 25 years. As of April 2016, 553,887 children were enrolled in Medicaid and 54,838 children were enrolled in the Children's Health Insurance Program, CHIP+.

Emerging issues in 2016 include youth marijuana use (no increase but less perceived risk), Zika virus (low prevalence expected) and the development of an internet panel survey for pregnant and postpartum women to provide real-time data for surveillance and evaluation.

Colorado's MCH Program

Colorado's efforts to improve MCH are focused at the public health and systems level of the pyramid, with the exception of enabling services provided to the CYSHCN population. Both the MCH and CYSHCN components are housed in the Prevention Services Division (PSD) of the Colorado Department of Public Health and Environment (CDPHE). CDPHE is one of 19 Colorado state agencies comprising the executive branch under the direction of Governor John Hickenlooper.

The PSD consists of seven branches:

- Children, Youth and Families (CYFB) (housing most MCH programming)
- Health Services and Connections (Title X Family Planning, Breast and Cervical Cancer Screening and School-Based Health Center programs)
- Nutrition Services (WIC and Child and Adult Care Food Programs)
- Violence/Injury Prevention and Mental Health Promotion (Injury, Suicide and Violence Prevention, Prescription Drug and Marijuana programming)
- Health Promotion and Chronic Disease Prevention and Fiscal and Communications.

The newborn metabolic and hearing screening programs are housed in the Laboratory Division; Critical Congenital Heart Disease (CCHD) screening is located in the state's birth defects registry. The Immunization program is housed in the Disease Control and Environmental Epidemiology Division.

Colorado collaborates consistently with key partners. The Department of Health Care Policy and Financing (HCPF) houses Colorado's Medicaid and CHP+ programs along with the Accountable Care Collaborative and State Innovation Model projects. The Colorado Department of Human Services (CDHS) includes the Office of Early Childhood (the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), Early Intervention, Child Maltreatment, Project Launch) and The Children, Youth and Families Division which coordinates the state's youth state plan and other collaborations such as CO9to25. While the substance use and behavioral health treatment programs are located at CDHS, prevention programming is housed in PSD. MCH staff partners with the Colorado Department of Education's Health and Wellness and Dropout Prevention Units. Colorado receives both a federal Healthy Start and Early Childhood Systems grant, administered by two non-profit partners.

MCH block grant funding is allocated via formula to each of Colorado's 54 local public health agencies (LPHAs). Each LPHA is governed locally; the state has no formal organizational alignment or oversight over local jurisdictions.

Colorado completed a comprehensive needs assessment process to identify priorities for the 2016-2020 MCH Block Grant cycle. In addition, the state identified three fundamental components common to all: community engagement, performance management/quality improvement/evaluation and health equity. Colorado chose the following 7 priorities for 2016-2020.

1. Women's mental health, including pregnancy-related depression
2. Reducing disparities in infant mortality among the African American population
3. Early childhood obesity prevention
4. Developmental screening and referrals
5. Bullying and youth suicide prevention
6. Medical home for children and youth with special health care needs
7. Substance misuse reduction (tobacco, marijuana and prescription drugs) among pregnant and postpartum women

FY16 Progress

Colorado's priority-related work focused primarily on planning during the first half of FY16. MCH priority [logic models \(LMs\) and action plans \(APs\)](#) were once again developed to steer both state and local-level work for each individual priority. The resulting action plans include evidence-based and population-based goals, objectives, activities and measures. Implementation teams began execution of the state-level APs on October 1, 2015. Local APs were developed in consultation with community partners to guide implementation at the local level on October 1, 2016. Colorado's MCH Program has launched a performance management initiative (MCH Impact) to increase performance monitoring, via collection/review of data on a monthly basis, to assure continued progress for ultimate impact.

Accomplishments and challenges are outlined below by domain for Colorado's continuing and new priorities.

Domain: Women/Maternal Health

Women's Mental Health, including Pregnancy-Related Depression Pregnancy-Related Depression (PRD)

NewSPM 1: Percent of mothers reporting that a doctor, nurse, or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery.

This indicator has demonstrated positive change, from 73.8 percent in 2010 to 78.0 percent in 2015. (2015 target: 79 percent; target not met.) Assuring consistent referral to services and treatment remains a challenge. Even when women are screened and referred for treatment, stigma continues to act as a barrier.

Reduction of Cesarean Births among low risk, first time births. (NPM 2)

ESM 2.1: Completion of a report identifying NTSV data/rates for all Colorado delivering hospitals to identify targets for reduction/QI. Staff completed planning for this new NPM and an analysis of rates is underway.

Domain: Perinatal/Infant Health

Reduction of Infant Mortality among the African American population

New SPM 2: Infant mortality rate among African Americans in Arapahoe and Denver counties. (2017 target - 11.0; 2018 - 9.0). Staff completed planning for this new priority and developed a set of statewide preterm birth prevention recommendations.

Early Childhood Obesity Prevention (NPM 4)

ESM 4.1: Number of delivering hospitals in Colorado (out of 56) that will be certified as Baby-Friendly. (2017 target - 9; 2018 - 12). Five delivering hospitals have been designated as Baby-Friendly during FY16, including the state's largest delivering hospital, for a total of eight since this priority began.

Domain: Child Health

Early Childhood Obesity Prevention (ECOP) (NPM 8)

ESM 8.1: Number of licensed child care centers in select counties in Colorado (out of a total of 1,190) that will have physical activity as a part of the daily curriculum. (2017 target -10; 2018 - 25). Staff continues to implement physical activity programs in early childhood, to assure children ages six through eleven years are accustomed to being physically active. Planning for this new NPM has been completed.

Developmental Screening (NPM 6)

ESM 6.1: Number of LPHAs, community and/or health care partners in Colorado that have implemented ABCD quality standards that support early childhood screening, referral and treatment services for developmental needs. (2017 target - 40; 2018 - 60). For 2015, 56.3 percent of parents were asked by a primary care provider to fill out a parent questionnaire about development of their child ages 1 through 5. (2015 target: 68 percent; target not met.) Interestingly, in 2014, 67.1 percent of parents were asked to fill out

a developmental questionnaire, well above the 2014 target of 56 percent. The sample size is historically small for this indicator with wide confidence intervals. While this change is not statistically significant, the overall rates of screening remain unchanged, despite considerable work at the state and local levels. The revised logic model and action plan are focused on the role of the state in addressing locally identified state-level systems barriers to improve screening, a new approach for FY16.

Domain: Adolescent Health

Bullying (NPM 9) and Youth Suicide Prevention (NPM 7)

ESM 7.1 & 9.1: Number of local partners reporting use of the Positive School Environment Toolkit (2017 target - 8; 2018 - 12). Staff completed planning for these new NPMs.

Domain: Child and Youth with Special Health Care Needs (CYSHCN)

Medical Home (NPM 11)

ESM 11.1: The percentage of CYSHCN who receive HCP Care Coordination services who have an inter-agency shared plan of care (2017 target - 37%; 2018 - 41%).

Updated data on medical home participation is not currently available. Staff completed planning for this updated, continuing priority. Efforts to better integrate services between local public health agencies, providers and the state's regional care collaboratives should lead to improvements in medical home percentages.

Domain: Cross-Cutting/Life Course

Substance use/misuse among pregnant and postpartum women

Tobacco (NPM 14)

ESM 14.1: Percent of pregnant women who report their provider talked to them about how tobacco use could affect their baby (2017 target - 70.2%; 2018 - 71.8%).

ESM 14.2: Percent of pregnant and postpartum women who report that their health care provider advised them during pregnancy and postpartum about the harms of their child's exposure to SHS (2017 target - 35.9%; 2018 - 37.3%).

ESM 14.3: Percent of children whose parents report that their child's health care provider talked to them about their child's exposure to secondhand smoke. (2017 target - 29.5 %; 2018 - 30.3%).

The Colorado QuitLine Pregnancy Program served 289 pregnant women and 28 postpartum women from February 2015- 2016. Medicaid providers and clients, including pregnant women, received technical assistance and training to increase awareness and promote utilization of the Colorado Medicaid tobacco cessation counseling/pharmacotherapy benefit. Staff completed planning to address exposure to second hand smoke.

Other Substance Use

New SPM 3: Percent of women who report using marijuana at any time during their pregnancy (2017 target - 6.2%; 2018 - 6.1%).

New SPM 4: Rate of emergency department visits for prescription drug poisoning per 100,000 women ages 15 through 44 (2017 target - 216.7; 2018 - 212.9).

New SPM 5: Rate of hospitalization for prescription drug poisoning per 100,000 women ages 15 through 44 (2017 target -; 92.8; 2018 - 91.2).

Staff completed planning for this new priority. Pregnant and postpartum marijuana users participated in focus groups to inform the development of a marijuana public education campaign addressing the risks of marijuana use during pregnancy and while breast feeding. The statewide campaign is scheduled to be launched in the Summer of 2016. CDPHE currently provides online trainings, clinical guidance documents, and webinars to health care providers on health effects of marijuana use for pregnant or postpartum women. One hundred eighty-two (182) providers have been trained from October 2015 - February 2016.

During the latter half of FY16, the MCH program will further identify key priorities to assure that the state has the ability to move the needle substantially among highest priority needs.