



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

IDAHO

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Idaho

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>)

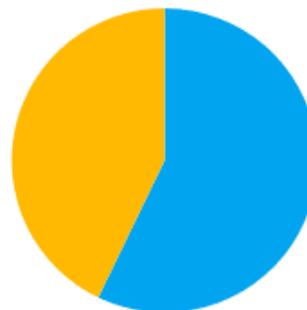
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$3,528,156
State MCH Funds	\$2,646,118
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

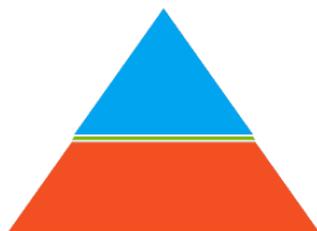
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,023,087	\$0
Enabling Services	\$54,388	\$0
Public Health Services and Systems	\$1,450,681	\$2,646,118

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



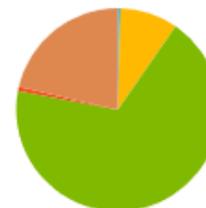
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	886	\$326,805	5.3%
Infants < 1 Year	21,687	\$1,466,868	23.8%
Children 1-22 Years	160,269	\$2,368,127	38.4%
CSHCN	1,554	\$1,527,646	24.7%
Others *	50,101	\$484,827	7.9%
Total	234,497	\$6,174,273	100%

FY 2015 Expenditures



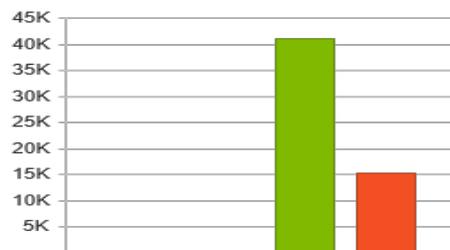
FY 2015 Individuals Served



*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:	41,039
Other Toll-Free Calls:	15,269



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 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Host meetings with the WIC Program, MIECHV Program, and the Family Planning Program to raise awareness of, disseminate information about, encourage enhanced tracking of, and develop coordinated referral strategies related to routine care for women
NPM 4	Breastfeeding	ESM 4.1	Through collaboration with the MIECHV program and the WIC program, host a breastfeeding education and support training to home visitors across the state.
NPM 5	Safe Sleep	ESM 5.1	Through ColIN Infant Mortality efforts, provide safe sleep practice education to health care providers.
NPM 5	Safe Sleep	ESM 5.2	Through ColIN Infant Mortality efforts, support hospital certification through the Cribs for Kids Safe Sleep Hospital Certification Program
NPM 8	Physical Activity	ESM 8.1	For clinics participating in the shared medical home coordinator model, support quality improvement activities to address overweight and obesity among pediatric patients.
NPM 10	Adolescent Well-Visit	ESM 10.1	Through collaboration with the Adolescent Pregnancy Prevention Program (APP), assess awareness of and the reasons why adolescents do not seek well-visit preventive care.
NPM 11	Medical Home	ESM 11.1	Fund and support the shared medical home coordinator model at the local level to improve quality of care for CYSHCN in rural areas and support clinic transition to the medical home model of care.
NPM 13	Preventive Dental Visit	ESM 13.1	Host a statewide learning collaborative for pediatric and family practice clinics focused on practice improvement and care delivery related to pediatric oral health.
NPM 13	Preventive Dental Visit	ESM 13.2	Fund the Idaho Oral Health Program to provide dental sealants, apply fluoride varnish, offer oral health education, and refer elementary school students to dental homes.
NPM 14	Smoking	ESM 14.1	Through ColIN Infant Mortality efforts, increase referrals to smoking cessation services for pregnant women.
NPM 14	Smoking	ESM 14.2	Through ColIN Infant Mortality efforts, increase referrals to smoking cessation services for women of reproductive age.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Immunizations: Percent of children at kindergarten enrollment who are adequately immunized.	Child Health
SPM 2	Medical Specialist Access: Percent of children with special health care needs who needed or received specialist care in the past 12 months, and experienced some problem accessing care.	Children with Special Health Care Needs
SPM 3	Injury Prevention: Unintentional death rate to children under 5 years of age	Perinatal/Infant Health

Executive Summary

Idaho selected eight state MCH priorities for 2016 – 2020. Each of these priorities, noted below, serves as an overarching area of need for at least one of the six defined MCH population domains.

Women/Maternal Health

Increase percent of women accessing prenatal care. Accessing early prenatal care remains a challenge for Idaho women. In 2014, 74.2 percent of pregnant women accessed prenatal care in the first trimester. Progress to 'move the needle' is through collaboration with the Idaho WIC program, Maternal, Infant and Early Childhood Home Visiting (MIECHV) program and the Title X Family Planning program with emphasis on increased referrals of pregnant women to prenatal care.

Perinatal/Infant Health

Improve breastfeeding rates. Idaho is faring better than the national averages for breastfeeding. In 2014, a total of 90.9 percent of Idaho infants were breastfed at birth. Breastfeeding duration remains an on-going challenge. Efforts to 'move the needle' on breastfeeding has been through the Idaho WIC Peer Counseling program. All pregnant women in WIC attend a breastfeeding class. Following delivery, every breastfeeding woman is assigned a peer counselor. Collaboration with the Idaho Physical Activity and Nutrition (IPAN) program to increase the number of worksites who offer lactation rooms and breastfeeding support to breastfeeding women is ongoing.

Support services, programs and activities that promote safe and healthy family functioning. Idaho's objective is to reduce sleep-related infant deaths by improving safe sleep practices. In 2015, the Governor declared October as Safe Sleep Awareness Month. This effort was through a CoIIN partnership with Inland Northwest SIDS Foundation. In an effort to 'move the needle', 45 providers around the state have received the Cribs for Kids certification training from a CoIIN partner. In addition, the MCH program added a new objective to expand injury and disease prevention activities to reduce morbidity and mortality rates among pregnant women and young children. Block grant funds will support a portion of the Idaho Poison Control hotline. Block grant funds help 'move the needle' on MCH Epidemiology activities regarding disease risks to maternal and child health populations.

Child Health

Decrease the prevalence of childhood overweight and obesity. Based on the results of the 2011/2012 Idaho third grade Body Mass Index (BMI) assessment and the 2011 Idaho Youth Risk Behavior Survey, there are an estimated 29 percent overweight or obese third grade students and 23 percent overweight or obese high school students living in Idaho. Efforts to 'move the needle' have been through on-going collaboration with IPAN to increase state activities focused on helping children achieve a healthy weight. Last year, IPAN conducted 14 Let's Move Child Care workshops across the state and reached 150 unique providers.

Improve childhood immunization rates. The estimated vaccination coverage among children aged 19-35 months in Idaho decreased from 70.2 percent in 2013 to 65.9 percent in 2014. MCH will support the work of the Idaho Immunization program to provide education to the public and health care providers about the importance of immunizations, addressing immunization hesitancy, and best practices to increase immunization rates.

Adolescent Health

Improve maternal and child health population access to medical homes (this is cross-cutting/life course as well). In order to 'move the needle', collaboration with the Adolescent Pregnancy Prevention program is planned. Questions are being added to the Reducing the Risk curriculum to assess awareness of and the reasons why adolescents do not seek well-visits.

Children and Youth with Special Healthcare Needs (CYSHCN)

Improve Access to medical specialists for CYSHCN. Idaho MCH plans to continue to enhance services and activities focused on improving quality of care for CYSHCN. MCH block grant funds will continue to provide financial support for pediatric specialty clinics, support the Children's Special Health program to provide financial assistance to uninsured CYSHCN for payment of eligible medical claims and will partner with local public health districts and hospitals to identify specialist needs and recruit specialists. MCH will partner with Idaho Parents Unlimited (IPUL), the State's Family-to-Family Resource Center, to increase parent engagement and provide parent education about medical homes. MCH will use block grant funds to partner with the Children's Hospital on a pediatric and family practice learning collaborative focused on developmental screening that will be provided statewide to practitioners. For those clinics participating in the MCH medical home demonstration project, funds will be used to support quality improvement activities for enhanced depression screening among adolescents. MCH will continue to support the Idaho Newborn Screening program to detect certain genetic, endocrine and metabolic disorders that can affect a child's long-term health and survival.

Cross-Cutting/Life Course

Decrease substance abuse among maternal and child health populations. In Idaho, 10.6 percent of live births were to mothers who reported smoking any time during pregnancy. In an effort to 'move the needle', the Tobacco Cessation program, with MCH block grant support through CoIIN, implemented a 10-Call pregnancy program for pregnant and postpartum women which was added to the Idaho Quitline. The pregnancy program covers up to 10 calls during pregnancy and postpartum. These calls help the participant to develop skills to remain tobacco-free and to reduce the health risks to the infant from exposure to second-hand smoke. During 2015, 22 pregnant and breastfeeding women received telephone counseling and 52 utilized the self-guided web cessation program. The Tobacco Cessation program is also conducting targeted outreach to women of reproductive age by having informational

materials printed and disseminated through providers, health fairs, etc. In addition, the Tobacco Cessation program also transitioned from a paper fax referral to an online, easy to use referral system for providers.

Improve maternal and child health population access to medical homes. In an effort to 'move the needle', MCH block grant funds will continue to be used to support the Oral Health program in the application of dental sealants in schools. A new collaboration with the Oral Health program will be to fund the Smile Survey which is designed to assess oral health care and barriers to care. The survey is given to all third grade students across the state. De-identified data will be collected to capture the number of CYSHCN with an Individualized Education Program (IEP) that is written specific to each child based on needs and the approach the education system will take to meet those needs. This next year, MCH will use block grant funds to partner with the Children's Hospital on a pediatric and family practice learning collaborative focused on practice improvement and care delivery related to pediatric oral health.

Following is a description of MCH accomplishments and challenges. The information is not exhaustive and is intended to give an overview of MCH efforts in Idaho across the three legislatively defined areas. Additional detail can be found in the State Overview and Budget Narrative sections of the grant application.

Preventive and Primary Care services for pregnant women, mothers and infants: MCH block grant funds were used to support the on-going efforts of the Title X Family Planning program. Funding was provided directly to local public health agencies to assist women of reproductive age. Services included a broad range of family planning methods, services for adolescents, access to effective contraception and counseling, education and outreach.

MCH block grant funds support the Pregnancy Risk Assessment Tracking System (PRATS) survey which is Idaho's equivalent to PRAMS. This is an annual survey of new mothers regarding maternal experiences and health behaviors surrounding pregnancy. The CoIIN activities reside under the jurisdiction of the CYSHCN Director and the MCH Health Program Specialist. Idaho selected Tobacco Cessation and Safe Sleep as the two CoIIN strategies.

Block grant funds helped support the Idaho Bureau of Epidemiology (EPI) in multiple population domains by providing funding for contracts with the Public Health Districts (PHDs), as well as staff support. Funds were used in support of the Women/Maternal Health and Perinatal/Infant Health population domains by helping to fund EPI efforts to inform and educate the public regarding the outbreaks of multiple viruses and bacteria, including Ebola and recent Zika virus updates.

Preventive and Primary Care services for children: Block grant funds helped support EPI in multiple population domains as noted above. MCH EPI created a Health Alert Network (HAN) to send messages directly to providers regarding the recent Zika virus outbreak and risks to pregnant women. This HAN also implemented a 'call for cases' to all public health districts, OB/GYN, pediatric and family practice providers. In addition, MCH EPI participate in the infection control meetings of at least one hospital within their respective jurisdiction on a monthly or quarterly basis, depending on the rules of the facility specific to infection control.

All seven PHDs in Idaho provide dental sealants to elementary school children through School-Based/Linked Dental Sealant Clinics and Give Kids a Smile Day, two events focusing on the education and application of dental sealants. In 2015, a total of 193 third graders received sealants and 425 dental sealants were placed on permanent molar teeth. The PHDs also provided oral health screenings, fluoride varnish applications, oral health education, and facilitated dental home referrals as needed.

The Idaho WIC Program participated in the 2015 Idaho Hunger Summit, Idaho Hunger Relief Task Force, Childhood Hunger Coalition and in Healthy Eating Active Living (HEAL). HEAL focuses on developing and maintaining an active engaged network of partners who invest resources and expertise to create/support an active living, healthy eating population in Idaho with the aim towards reducing/preventing childhood obesity.

A contract with the Nebraska Regional Poison Center for the Poison Prevention hotline is administered within the MCH Program area. Poisoning is the third leading cause of unintentional injury deaths among all Idahoans, subsequent only to motor vehicle crashes and falls. In 2015, the Nebraska Regional Poison Center received 13,745 calls from Idaho residents; the majority of these calls were received from parents of children age 5 years and younger.

Services for CYSHCN: In 2015, the Title V MCH Program continued a partnership with Eastern Idaho Public Health District to address persistent health disparities among CYSHCN residing in rural Idaho communities. The goal of the collaboration was to expand the patient-centered medical home model to providers of pediatric and family care serving CYSHCN in rural parts of Idaho. A shared medical home coordinator operates from the health district and travels weekly to multiple participating practices to assist with quality improvement, patient education and referral coordination, Patient Centered Medical Home (PCMH) transformation, and patient registry and workflow management.

The Idaho Maternal and Child Health Program utilized FFY15 block grant funds in the purchase and dissemination of transition kits for CYSHCN. Issues like health insurance, finding a doctor who takes care of adults, choosing a work or school setting, transportation and housing present new and sometimes overwhelming challenges and are covered in an interactive and step-by-step approach in the transition kits by providing information and guidance about gaining healthcare independence. The Idaho MCH Program releases around 1,250 kits annually to interested individuals and entities.

The Idaho Newborn Screening (NBS) Program added Severe Combined Immunodeficiency (SCID) to the panel of conditions screened in November 2015. The Idaho NBS Program also instituted a courier service through UPS, free to all birthing centers, which has reduced specimen transit times from three-four days to an average of one day. This courier service also reduced errors in screening, including lost to follow up claims. In order to make the newborn screening program self-sustaining, a fee increase for newborn screen kit costs was implemented January, 2016. This lessens the reliance on MCH block grant funds, allowing funds to be directed toward other activities.

MCH Challenges: In Idaho, there is strong support for the maternal and child health population, in terms of collaboration and referrals to existing programs and resources. However, no state funds are provided for specific maternal and child health programming, thus the Title V MCH block grant, WIC, MIECHV and various other grants remain the primary source of funding for MCH needs.

The staff capacity to implement CoIN strategies in large part fell on already very full workloads of the department team members. With the multitude of grant requirements and accreditation efforts going on in the Division of Public Health, the ability to sustain CoIN activities has been challenging. The majority of CoIN team members are within the department and competing priorities for time and effort make it difficult to keep this initiative a central focus. Funding for CoIN activities falls on the MCH block grant, as there are no other dedicated funds to support this initiative.

Family involvement remains a challenge for Idaho. The MCH Program does not have an open FTE to hire a family member and a historic effort to engage families has not been successful. In order to further this effort, the CYSHCN Director is a member of the Idaho Parents Unlimited (IPUL) which is comprised of families and is a platform for sharing concerns for CYSHCN. In addition, the MCH Director is part of the Governor appointed Early Childhood Coordinating Council that has parent representatives on the council. The MCH Program did successfully reclassify an existing position in order to have a concentrated focus of the position work effort on activities to support the CYSHCN population.

The Zika virus outbreak is continuing to evolve daily. As a result, it is challenging for our small MCH EPI staff and MCH directors to stay on top of the volume of related communication. The information from CDC around a Zika Pregnancy Registry has been limited and somewhat fragmented. Once all the details about participation and process become known, information will be provided that includes fact sheets, forms, processes and contact information.