



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **INDIANA**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

### Title V Federal-State Partnership - Indiana

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>)

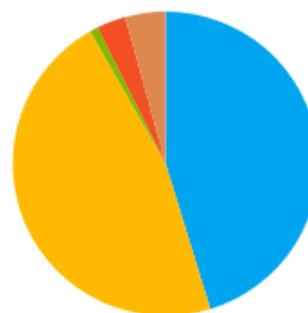
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Martha Allen, MSN, RN, NE-BC MCH Director MarAllen@isdh.in.gov (317) 233-1252	Shirley Payne, MPH CSHCS Director SPayne@isdh.in.gov (317) 233-7046	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$12,201,282
State MCH Funds	\$12,542,261
Local MCH Funds	\$231,067
Other Funds	\$833,945
Program Income	\$1,146,322

FY 2015 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$7,382	\$10,503,195
Enabling Services	\$7,606,285	\$4,266,268
Public Health Services and Systems	\$4,587,615	\$2,263,286

FY 2015 Expenditures  
Federal



FY 2015 Expenditures  
Non-Federal



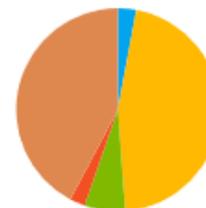
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	5,319	\$2,901,223	10.8%
Infants < 1 Year	83,948	\$3,956,487	14.7%
Children 1-22 Years	11,808	\$3,786,150	14.0%
CSHCN	4,474	\$15,228,729	56.4%
Others *	77,223	\$1,112,298	4.1%
<b>Total</b>	<b>182,772</b>	<b>\$26,984,887</b>	<b>100%</b>

FY 2015 Expenditures



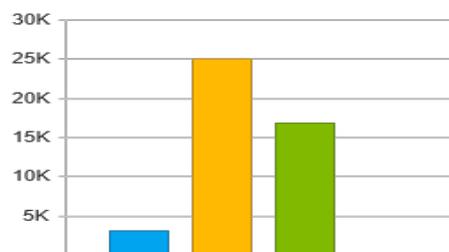
FY 2015 Individuals Served



\*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:	3,141
State Title V Social Media Hits:	25,006
State MCH Toll-Free Calls:	16,883
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 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	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	Percent of non-medically indicated early elective deliveries.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percent of hospitals provisionally surveyed to determine Obstetric and neonatal level of care.
NPM 4	Breastfeeding	ESM 4.1	Number of Obstetric and pediatric providers who have completed breastfeeding education.
NPM 7	Injury Hospitalization	ESM 7.1	Percent of sites operating mobile fitting and car seat inspection stations to make sure car seats are properly installed.
NPM 8	Physical Activity	ESM 8.1	Number of programs/trainings implemented to increase and integrate physical activity into typical school activities.
NPM 11	Medical Home	ESM 11.1	Percent of children with and without special health care needs having a medical home.
NPM 12	Transition	ESM 12.1	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.
NPM 14	Smoking	ESM 14.1	Number of adults enrolled in Baby and Me Tobacco Free that remain nicotine free at 6 months postpartum.

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of Pregnant Women that receive prenatal care in the first trimester.	Women/Maternal Health
SPM 2	Infant mortality rate per 1,000 live births.	Perinatal/Infant Health
SPM 3	Rate of births (per 1,000) for teenagers aged 15-17 years.	Adolescent Health
SPM 4	Developmental Screening	Children with Special Health Care Needs
SPM 5	The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations.	Cross-Cutting/Life Course

## Executive Summary

The mission statement of the Indiana State Department of Health (ISDH) is to "promote, protect, and provide for the public health of people in Indiana". The ISDH vision statement affirms, "The Indiana State Department of Health is committed to facilitation of efforts that will enhance the health of people in Indiana. To achieve a healthier Indiana, the ISDH will actively work to promote integration of public health and health care policy, strengthen partnerships with local health departments, and collaborate with hospitals, providers, governmental agencies, business, insurance, industry, and other health care entities. ISDH will also support locally-based responsibility for the health of the community.

In order to fulfill our mission, MCH and CSHCS continue to strive to meet the performance goals established by national initiatives such as MCHB's National Performance Measures as well as State initiatives, based on the latest needs assessment. The State Selected Priorities that were identified for the 2015-2020 Needs Assessment Cycle were:

- Infant Mortality
- Smoking
- Obesity
- Access to Care
- Injury Prevention
- Breastfeeding
- Alcohol and Drug Use

From the current needs assessment, Title V staff identified new State priorities as well as the need to continue several existing priorities. ISDH chose to continue efforts to address infant mortality, smoking, obesity, and breastfeeding. In addition ISDH decided to focus on access to care, injury prevention, and alcohol and drug use. When evaluating the proposed National Performance Measures, Leadership staff analyzed how each of the NPMs aligned with the State selected priorities. ISDH leadership staff used the findings from the needs assessment to create a state action plan to address the needs of the MCH population. The needs assessment results focused on MCH population needs within six identified population health domains: women/maternal health, perinatal/ infant health, child health, adolescent health, children with special health care needs, and cross-cutting or life-course perspective.

### Women/Maternal Health

Issues that impact pregnant women and women of childbearing age in Indiana include problems related to preconception, conception, post-conception, and inter-conception health. Health behaviors prior and during pregnancy impact not only the health of the mother but also the health of the offspring.

Based on the findings from the needs assessment, ISDH plan to address the following National Performance Measures and State Performance Measures.

- NPM 2 (2016-2021)- Percent of cesarean deliveries among low-risk first births
- SPM 1(2016-2021) Percent of pregnant women that receive prenatal care in the first trimester.

To address needs related to Women's and Maternal Health, ISDH plans to improve access to preconception and interconception health services and resources. ISDH also plans to work with local and statewide partners to decrease the percent of cesarean deliveries among low-risk first births to 21.8% by 2020.

Indiana was successful in reducing the percentage of births that reoccur within 18 months, and the percentage of preterm births with a special focus on targeting disparate populations with a comprehensive strategy that will be outlined below.

### Perinatal/Infant Health

With over 83,000 births annually in Indiana, prevention and early detection of problems in infants are vital to reduce the magnitude of financial, personal and emotional burdens associated with adverse outcomes. Data around birth rates, newborn screening, birth defects, low birthweight and prematurity, perinatal regionalization, fetal and infant mortality, specific causes of infant mortality, and breastfeeding were analyzed in this population domain.

Based on the findings from the needs assessment, ISDH plan to address the following National Performance Measures and State Performance Measures.

- NPM 3(2016-2021) - Percent of very low birth weight infants born in a hospital with a Level III + Neonatal Intensive Care Unit.
- NPM 4-A-(2016-2021) Percent of infant who are ever breastfed.
- NPM 4-B-(2016-2021)) Percent of infants breastfed exclusively through 6 months.
- SPM 2-(2016-2021) Infant mortality rate per 1,000 live births.

Infant Mortality is a key priority at the Indiana State Department of Health. Around 600 babies die every year in Indiana. The Indiana infant mortality rate (IMR) has continued to be much higher than the U.S. rate and Healthy People 2020 goal for the past decade (2003-2013). The Healthy People 2020 Goal is to reduce the IMR to 6 infant deaths per 1,000 live births. While the U.S. has seen a steady decline in the IMR, Indiana's rates continue to fluctuate. The MCH Program supports reproductive health and wellness, prenatal care services health services throughout Indiana to improve access to care and reduce infant mortality and low birth weight. ISDH plans to continue and enhance current initiatives related to addressing infant mortality, such as the Labor of Love campaign. The MCH Program supports the Indiana Perinatal Quality Improvement Collaborative; a statewide leadership team formed to address infant mortality. In addition, ISDH plans to partner with the Indiana March of Dimes, Indiana Hospital Association, and other state-wide and local organizations to not only decrease infant mortality, but to improve the quality of care for women and infants in Indiana.

### Child & Adolescent Health

Experiences in the first years of life are extremely important for a child's healthy development and lifelong learning. Childhood is a time of tremendous physical, cognitive, and socio-emotional development. Additionally, adolescent health (ages 10 to 19 years) is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks.

Based on the findings from the needs assessment, ISDH plan to address the following National Performance Measures and State Performance Measures.

- NPM 7 (2016-2021) - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19.
- NPM 8 (2016-2021) - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day.
- SPM 3 (2016-2021) Rate of births for teenagers aged 15-17 years old.
- SPM 4 (2016-2021) Percent of children ages 9-71 months with and without special needs care needs who receive a developmental screening using a standardized screening tool in a medical and non-medical setting

To address the needs related to the child health and adolescent health domains, the MCH and CSHCS Divisions plan to enhance partnerships with other ISDH Divisions such as Nutrition and Physical Activity and the Trauma and Injury Prevention Division. The MCH and CSHCS Divisions also plan to create funding opportunities for Indiana organizations to address issues related to decreasing injuries and increasing physical activity at the local level.

ISDH currently funds two school-based health centers to provide resources and services related to healthy lifestyles for high school students.

ISDH currently participates on the Advisory Board of the Indiana School Health Network.

MCH staff promoted the ISDH Free Pregnancy Test Program to school-based clinics and community organizations.

ISDH contracted with the Center of Excellence in Women's Health at Indiana University to send a Wellness on Wheels (WOW) bus to rural Indiana and provide free pregnancy tests, STI screening, and counseling about sex and abstinence.

### Children with Special Health Care Needs

The CSHCS Division received a State Implementation Grant for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration from the Health Resources and Services Administration (HRSA). The grant period is September 1, 2014-August 31, 2017. The purpose of this initiative is to increase the number of CSHCN who receive a patient/family-centered medical/health home approach to comprehensive, coordinated services and supports. ISDH plans to achieve this through a developmental screening approach. Children in Indiana will receive early and continuous developmental screening; referral of those at risk for developmental delays and autism spectrum disorders; and for children diagnosed, family-centered comprehensive care coordination. ISDH plans to align Title V efforts related to developmental screening to compliment the initiatives related to the Enhancing System of Services grant.

Over 11 million children (15%) in the U.S. have special needs. In Indiana, approximately 270,000 children (17%) have special health care needs. The percentage of children with special health care needs (CSHCN) has been on the rise in the past several years. With nearly 20% of these Indiana children living at or below the federal poverty level, it is of increasing concern that these low-income families have the appropriate attention and access to care for their CSHCN.

Based on the findings from the needs assessment, ISDH plan to address the following National Performance Measures.

- NPM 11 (2016-2021) - Percent of children with and without special health care needs having a medical home.
- NPM 12 (2016-2021) - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care.

There are six components that comprise a well-functioning system. These components include: (1) families with CSHCN who are partners in shared decision making for the child's optimal health, (2) CSHCN receive coordinated, ongoing,

comprehensive care within a medical home, (3) families of CSHCN have consistent and adequate private and/or public insurance to pay for the services they need, (4) children are screened early and continuously for special health care needs, (5) families claim their community-based services are organized well and easy to use, and (6) youth with special health care needs receive the services necessary to make transitions to adult life. To increase the percentage of children with special health care needs that are receiving care in a well-functioning system, ISDH plans to focus efforts on increasing the percentage of children with a medical home and increasing the percentage of children who receive adequate transition services.

#### Cross-cutting/Life Course Perspective

Cross-cutting issues that impact the life-course of Indiana's population of infants, children, adolescents, and women are particularly important due to the overall negative health, financial, and social impact that could result. Data around smoking, tobacco use, oral health, and insurance coverage were of focus for this domain

Based on the findings from the needs assessment, ISDH plan to address the following National Performance Measures and State Performance Measures.

- NPM14-A (2016-2021)) Percent of women who smoke during pregnancy and
- NPM 14-B) (2016-2021) Percent of children who live in households where someone smokes.
- SPM 5 (2016-2021) The rate of infants born with Neonatal Abstinence Syndrome per 1,000 delivery hospitalizations.

To address the NPM related to smoking, ISDH plans to enhance the Baby & Me Tobacco Free program. In FY15, ISDH supported eight Baby & Me Tobacco Free sites. This free program incorporates relationship building, clinical guidelines for treating tobacco use, and incentives to help women stay quit after their child is born. ISDH has already started working with organizations such as Anthem and the Indiana Chapter of the March of Dimes to expand the Baby & Me Tobacco Free sites into high-risk counties. The MCH Division also plans to work with the Tobacco Prevention and Cessation Division to better align efforts related to decreasing smoking rates in Indiana. In addition to enhancing efforts related to smoking, ISDH plans to also focus on decreasing substance use, including alcohol use, during pregnancy. In 2015, ISDH hired a NAS Coordinator to lead the efforts related to this initiative.

ISDH plans to strengthen partnerships with local and state-wide service providers to improve and enhance efforts related to the State Selected priorities. Additionally, ISDH is seeking additional grants that will allow Indiana to supplement Title V funding for maternal and child health programs.

Baby and Me Tobacco Free and our increased collaboration with the Indiana Quitline helped us achieve this objective.