



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

KENTUCKY

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Kentucky

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>)

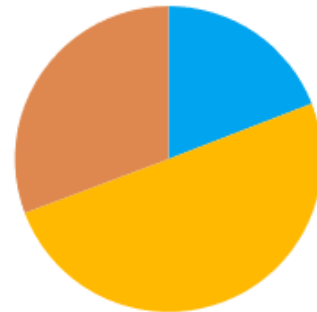
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$10,481,657
State MCH Funds	\$27,530,982
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$16,869,762

FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$5,239,477	\$17,808,149
Enabling Services	\$2,261,527	\$11,052,336
Public Health Services and Systems	\$2,980,653	\$15,540,260

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	13,060	\$11,434,747	21.0%
Infants < 1 Year	53,530	\$11,868,858	21.8%
Children 1-22 Years	674,665	\$12,491,536	23.0%
CSHCN	52,665	\$15,222,898	28.0%
Others *	25,963	\$3,409,413	6.3%
Total	819,883	\$54,427,452	100%

FY 2015 Expenditures



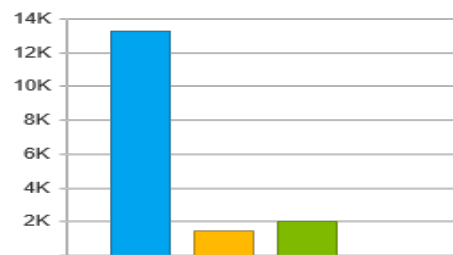
FY 2015 Individuals Served



*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:	13,260
State Title V Social Media Hits:	1,416
State MCH Toll-Free Calls:	2,032
Other Toll-Free Calls:	4



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 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 12	Transition	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 2	Low-Risk Cesarean Delivery	ESM 2.1	Number of outreach activities (data reports, presentations, and technical assistance) on the topic of cesarean deliveries among low-risk first births.
NPM 4	Breastfeeding	ESM 4.1	Number of hospitals receiving Technical Assistance from Public Health towards becoming baby friendly
NPM 5	Safe Sleep	ESM 5.1	Number of cribs distributed through the Cribs for Kids for Community Partners MCH Evidence Informed Strategy
NPM 7	Injury Hospitalization	ESM 7.1	Implementation of Child Passenger Safety Strategies in local communities
NPM 8	Physical Activity	ESM 8.1	Increase the proportion of school districts who participate in KY SHAPE Network and Physical Activity Leadership trainings
NPM 12	Transition	ESM 12.1	Employ Health Care Transitions (HCT) Process Measurement tool towards assessing progress on implementation of Six Core Elements of Health Care Transitions statewide
NPM 13	Preventive Dental Visit	ESM 13.1	Fluoride varnish applications for children in local health departments
NPM 14	Smoking	ESM 14.1	Implementation of 100% Tobacco-free School Policies

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Reduce by 5% the rate of neonatal abstinence syndrome among Kentucky resident live births	Perinatal/Infant Health
SPM 2	Reduce by 5% the number of Medicaid recipients less than five years of age with pediatric abusive head trauma	Child Health
SPM 3	Percent of CSHCN Access to Care Plan components completed	Children with Special Health Care Needs
SPM 4	Percent of CSHCN Data Action Plan components completed	Children with Special Health Care Needs
SPM 5	Percent of children ages 0 through 17 who are adequately insured	Cross-Cutting/Life Course

Executive Summary

Section 1.E. Application/Annual Report Executive Summary

The Kentucky (KY) Title V program is committed to assuring the health and well-being of Kentucky's maternal and child health (MCH) populations. As defined in section 501(a)(1) of the Title V legislation, the purpose of the MCH Services Block Grant Program is to enable each state:

- (A) To provide and to assure mothers and children access to quality MCH services;
- (B) To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children appropriately immunized, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- (C) To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services are not provided under title XIX; and
- (D) To provide and to promote family-centered, community-based, coordinated care for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

The KY Title V program develops and supports the public health infrastructure and enabling services to meet these objectives. Title V Programs include a Maternal and Child Health (MCH) program and the Children with Special Health Care Needs (CSHCN) agency. In KY by statute, 34.9% of the federal Title V grant goes to the Commission for Children with Special Health Care needs. In addition to assuring the infrastructure for meeting the legislative intent of the funding, the Title V programmatic priorities are revised every 5 years based on a federally required statewide needs assessment. The 2015 MCH Needs Assessment was based on a newly revised Title V Block Grant Guidance which set new National Performance Measures (NPMs), and established 6 population health domains for developing and reporting activities and measures: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. Each domain must have strategies to address at least one of the federal NPMs.

Substance abuse was the dominant issue identified through KY's 2015 Needs Assessment process and since this issue impacts all population health domains, it is discussed in the Cross-Cutting section of this summary.

Women/Maternal Health Domain:

The priority need for KY in this domain is maternal morbidity. The factor most amenable to improvement related to maternal morbidity is KY's higher percentage of first time cesarean sections compared to the national average. KY has selected NPM #2, the percent of cesarean deliveries among first time low risk births, as the measure for this domain. This aligns with our previous work on Early Elective Delivery (EED) through Healthy Babies are Worth the Wait (HBWW). By continuing to partner with the Kentucky Hospital Association and the March of Dimes, efforts will include increasing the number of hospitals with a hard-stop policy for EEDs, and participation in the Preterm & Early Term Births Collaborative Improvement & Innovation Network (CoIIN). So far KY has reduced non-medically indicated EEDs from 13% in 2011 to 9.1% in 2015. Although this is progress, much work remains to be done, as the national target is 3%.

Improvements in maternal health are also well documented from the KY home visitation program, Health Access Nurturing Development Services (HANDS), and the HANDS services for multigravida mothers funded from the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV). Recent evaluation of the core HANDS program (first time mothers) participants, showed higher adequate prenatal care, 49% less pregnancy-induced hypertension, and 40% fewer maternal complications in pregnancy. Improvements in the HANDS-MIECHV projects include increased percentage of HANDS-MIECHV participants with a medical home and increased inter-pregnancy intervals. HANDS was recognized as an evidence-based program in fall of 2015 after a rigid academic review of outcomes.

Perinatal/Infant Health Domain:

Infant mortality is considered to be the single leading indicator of the overall health and well-being of a population. In 2013, KY's infant mortality rate (IMR) per 1,000 live births was 6.7, compared to 5.9 in the Nation. In the 2015 needs assessment, stakeholders identified neonatal abstinence syndrome, prematurity, and unsafe sleep as the priority issues, so infant mortality was chosen as the state priority need. The major evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and breastfeeding. KY will focus on two NPMs for this Domain: NPM #4: improving breastfeeding initiation and duration rates, and NPM #5: increasing the percent of infants who are placed to sleep on their backs. Progress in KY on Perinatal/Infant health includes: From 2010-2015, the percent of mothers who breastfed their infants at six months of age increased from 29.6% to 31.5% (nationally 49.9%); and the percent of very low birth weight infants delivered at a Level III facility increased from 58.9% to 64.2% (national target >90%). The HANDS program has shown success in improving birth outcomes and reducing infant mortality overall, with the latest outcome data showing 26% less premature births, 46% less low birth weight births, and infant mortality was 74% less likely than statewide.

MCH has developed an educational campaign on safe sleep, including social media. It includes messaging on the dangers of co-sleeping when impaired, a concern identified by the External Review Panel for Child Fatalities and Near Fatalities. In 2015, the CDC awarded KY a grant for the Sudden Unexpected Infant Death (SUID) registry, which will use a CDC algorithm to assign a cause of death for these deaths based on a multidisciplinary review of risk factors. Additional information on unsafe sleep will now be

collected in the Pregnancy Risk Assessment Monitoring System (PRAMS), as CDC has awarded KY a grant to become a PRAMS state in 2016.

Child Health Domain:

Injury is the leading cause of death among KY children over the age of one, and was a priority for children in our statewide needs assessment. Child maltreatment was the highest priority; child passenger safety and teen driving were also concerns raised by the participants. KY has selected NPM #7 for this domain: Rate of hospitalization for non-fatal injury per 100,000 children ages 0-9, and adolescents ages 10-19. This will include hospitalizations for child maltreatment. Because stakeholders had most concerns about child maltreatment, KY has also developed a State Performance Measure (SPM) specific to child maltreatment: Prevalence of Pediatric Abusive Head Trauma (PAHT) in Medicaid children ages 0-5. MCH participates on the Child Fatality and Near Fatality External Review Panel, an independent, multidisciplinary body housed in the Justice Cabinet. MCH epidemiologists have provided their data expertise to assist in developing a tool and database for data collection from the panel reviews for ongoing analysis of trends, risk factors, and potential prevention strategies. KY was chosen as one of 18 states to participate in the Child Safety CoILN, a national collaborative to learn best practices in violence/child maltreatment prevention, child passenger safety, and teen driving. We will continue to work on these projects with KY Safety Prevention and Alignment Network (KSPAN), the Division of Pediatric Forensic Medicine at the University of Louisville (UL), Prevent Child Abuse Kentucky (PCAK), the KY American Academy of Pediatrics (AAP), and LHDs.

Adolescent Health Domain:

The priority need chosen from the needs assessment for this domain is obesity/overweight. According to the State of Obesity Report, KY ranked 8th (2011) in the obesity rate for 10-17 year olds at 19.7% and 3rd (2015) in obesity for high school students at 18.5%. For this domain, KY has chosen NPM #8: Increasing the percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day.

Addressing obesity requires a multi-level approach, and key to both children and adolescents are the policies and activities in schools. Through the Coordinated School Health Program (CSH), a collaboration with the KY Department of Education (KDE), MCH is working intensively on obesity prevention in school settings. These efforts include the KY School Health and Physical Education (SHAPE) Network, which provides trainings and resources for school district staff and administrators on incorporating physical activity into daily school activities. As of 2016, 105 of 173 school districts have participated in KY SHAPE Network trainings and Physical Activity Leadership Trainings. The KY SHAPE Network has educated over 700 schools enrolled in Let'sMove! Active Schools, a 247% increase since 2013.

Training on the 5-2-1-0 program (five fruits and vegetables per day, no more than two hours of screen time per day, one hour of physical activity per day and no sugary beverages), a family friendly tool for improving nutrition and physical activity, will continue with early childhood educators, staffs, LHDs, the CSHCN, and communities. MCH also works on model policies for child care centers around nutrition and physical activity, with 162 child care centers completing the trainings, impacting healthy environments for over 13,000 children.

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

KY's CYSHCN program is addressing the challenges associated with transitioning from a traditionally direct service model to an assurance role, ensuring statewide systems of care and building infrastructure. The gap between the number of children served in Commission for Children with Special Health Care Needs (CCSHCN) specialty medical clinics and the estimated population of CYSHCN in KY illustrates the issue - which is addressed in further detail in the report. KY's rate of CYSHCN is the highest in the country per the most recent national survey (NSCH, 2011-12). Working with partners, including families, on new initiatives to develop and promote more of an integrated system will ensure that more CYSHCN in KY are able to access services in their communities. Improvement of transitions services is a core outcome and continued priority. Nationally recognized best practice QI tools will guide future program development. While data capacity will not directly impact any child-specific outcomes, KY considers that developing the expertise to properly measure and evaluate available data will allow the agency to ensure that progress is being made toward increased data-driven decision-making. CCSHCN, along with partners and experts, has begun work towards a specific and measurable Data Action Plan.

CCSHCN has reported improvement in six of eight internally-measured CYSHCN performance measures between 2009 and 2015. KY's scores on the transition action plan doubled the 2010 score, demonstrating improved agency capacity to provide services.

CYSHCN priorities identified through the Needs Assessment process are linked to new State Performance Measures (access to care, improved data capacity, and the life course priority of adequate insurance coverage). CCSHCN has leveraged available technical assistance resources and collaboration with partner agencies to plan to strengthen and better integrate the overall system of care. Available data from the National Survey of Children with Special Health Care Needs (NS-CSHCN) and National Survey of Children's Health (NSCH) supplements internal data and determines trends among the larger CYSHCN population, reflecting the transformation from a direct services perspective. While the revised NSCH will provide a wealth of information, CCSHCN is also in the process of redesigning in-state data collection efforts for the purposes of developing more targeted efforts to guide program evaluation, needs assessment, and program planning and development.

Cross-Cutting/Life Course Domain:

Substance abuse. Substance abuse is impacting all MCH populations in KY. The consequences of this epidemic include pregnancy complications, increased risks of relapse, and overdose deaths in women; and for children, neonatal abstinence

syndrome (NAS), infant death from impaired bed sharing and deaths from abusive head trauma. Rates of NAS have increased more than 20-fold in the last decade in KY. MCH has completed the first annual report on NAS surveillance data in KY, and will be tracking outcomes. KY also received funding from SAMSHA to implement a Medication Assisted Treatment (MAT) grant to increase capacity for comprehensive evidence-based MAT and other recovery support services to pregnant and parenting women with opioid use disorder from pregnancy through the first two years after birth to prevent relapse in the mother and promote healthy nurturing and attachment that is critical for infant brain development. KY has developed SPM #1 to reduce the rate of NAS.

Tobacco. Smoking during pregnancy in KY is gradually decreasing over time, from 24.1% in 2009 to 17.2% in 2015; however, this is almost double the national rate of 8.4%. MCH promotes activities aimed at smoking cessation among pregnant women and smoke-free policies. The 100% Tobacco-Free Schools have increased from 23% of schools at the end of 2014 to 29% by the first quarter of 2016. KY efforts will focus on NPM #14 aimed to reduce the percent of women who smoke during pregnancy and the percent of children who live in a household where someone smokes.

Oral health. MCH houses the KY Oral Health Program (KOHP) and Public Health State Dental Director. KOHP has made available a training program that offers general dentists practical training in pediatric techniques. Public health nurses are also trained to provide fluoride varnish treatments to children up to the age of 6 and this is now being expanded to children through the fifth grade. Public health dental hygiene programs housed in LHDs have expanded from five LHDS in the first year to seven programs currently. KY will use NPM #13 aimed at increasing the percent of women who had a dental visit during pregnancy and the percent of children ages 1 through 17 who had a preventive dental visit in the past year to measure ongoing progress.