HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MISSOURI

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Missouri

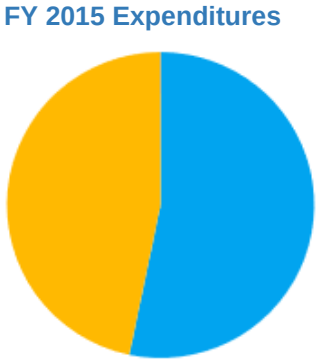
The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2017 Application / FY 2015 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
Melinda Sandera Section Administrator melinda.sanders@health.mo.gov (573) 522-2819	Lisa Crandall Bureau Chief lisa.crandall@health.mo.gov (573) 751-6246	No Contact Information Provided

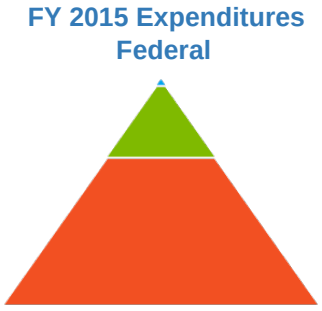
Funding by Source

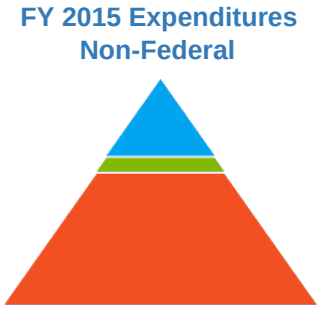
Source	FY 2015 Expenditures
Federal Allocation	$11,937,304
State MCH Funds	$10,467,125
Local MCH Funds	$0
Other Funds	$7,000
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$301,608	$3,623,558
Enabling Services	$3,759,761	$638,727
Public Health Services and Systems	$7,875,935	$6,211,840





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	41,016	$2,045,848	9.4%
Infants < 1 Year	75,094	$2,959,927	13.6%
Children 1-22 Years	599,383	$5,134,406	23.5%
CSHCN	97,281	$8,148,350	37.4%
Others *	65,572	$3,519,578	16.1%
Total	878,346	$21,808,109	100%

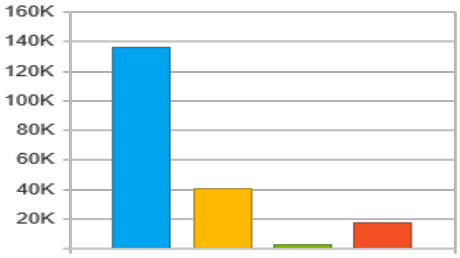
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	136,223
State Title V Social Media Hits:	40,521
State MCH Toll-Free Calls:	2,333
Other Toll-Free Calls:	17,285



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	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	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
NPM 1	Well-Woman Visit	ESM 1.2	The percent of women receiving postpartum follow-up health care services within the first four to six weeks after delivery.
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Improve maternal/newborn health by increasing the number of hospitals that implement the Alliance for Innovation on Maternal Health (AIM) bundle “Safe Reduction of Primary Cesarean Births”.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Ensure risk appropriate care for high risk infants by increasing the number of Missouri birthing hospitals implementing the March of Dimes Preterm Labor Assessment Toolkit (PLAT) to reduce infant mortality/morbidity.
NPM 6	Developmental Screening	ESM 6.1	Increase the percentage of eligible enrolled children, ages 1 year through 3 years, receiving a developmental screening using a validated parent-completed screening tool through MIECHV) and Healthy Families Missouri Home Visiting (HFMoHV) programs.
NPM 7	Injury Hospitalization	ESM 7.1	Increase the number of local public health agencies (LPHA) Child Care Health Consultants that are trained on Early Childhood Toolkits which will result in increased screening and referral for traumatic brain injury (TBI) in children ages 0 to 5.
NPM 7	Injury Hospitalization	ESM 7.2	Number of schools that received training on evidence based suicide prevention programs
NPM 11	Medical Home	ESM 11.1	Increase the percentage of families of newly enrolled Special Health Care Needs (SHCN) program participants who are aware of the importance of a medical home for children with and without special health care needs.
NPM 14	Smoking	ESM 14.1	The number of Missouri communities (cities, towns, etc.) with comprehensive smoke-free ordinances.
NPM 14	Smoking	ESM 14.2	Annual number of callers to the Missouri Quitline that are women of child bearing age.
NPM 15	Adequate Insurance	ESM 15.1	Percent of primary caregivers and children with health insurance at one year post enrollment among Missouri Home Visiting program participants.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Improve health outcomes for Missouri mothers and infants by increasing breastfeeding initiation and duration rates.	Perinatal/Infant Health
SPM 2	Percent of infants placed to sleep on their backs.	Perinatal/Infant Health
SPM 3	A. Percent of women who had a preventive dental visit during pregnancy and B. Percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year.	Cross-Cutting/Life Course
SPM 4	Percent of children ages 6 through 11 and adolescents ages 12 through 17 years who are physically active at least 60 minutes per day.	Child Health, Adolescent Health
SPM 5	A) Percent of women with a recent live birth who reported frequent postpartum depressive symptoms. B) Percent of children age 2-17 with problems requiring counseling who received mental health care.	Cross-Cutting/Life Course

Executive Summary

The Title V Maternal and Child Health (MCH) Program in MO is located within the Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH). Melinda Sanders, MSN, RN, continues to serve as the Title V Director and Lisa Crandall, BSW, was recently named the Children and Youth with Special Health Care Needs (CYSHCN) Director. The Title V MCH Application is submitted by DHSS as the designated state agency for the allocation and administration of the MCH Block Grant funds.

The state of Missouri is comprised of 115 counties (114 counties and one independent city, St. Louis) covering an area of 69,709 square miles and ranks 21st in size among all states in the nation. The state is centrally located in the heartland of the United States and shares borders with Arkansas, Kansas, Kentucky, Illinois, Iowa, Nebraska, Oklahoma, and Tennessee. There are large differences in the population distribution across Missouri, with the majority located near either St. Louis or Kansas City. Over half of the state's population (55%) falls inside the Metropolitan Statistical Areas (MSA) of these two cities, with St. Louis MSA (Franklin, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren, and Washington) accounting for over one-third of the total state population and Kansas City MSA (Jackson, Clay, Platte, Cass, Lafayette, Ray, Caldwell, Clinton, and Bates) accounting for nearly an additional 20%.

Missouri has five other cities that are designated as MSAs by the Census Bureau, listed in order of size: Springfield, Joplin, Columbia, Jefferson City, and St. Joseph. Overall, Missouri is largely a rural state with only 14 urban and 101 rural counties respectively (urban counties as those with a population density over 150 people per square mile, plus any county that contains at least part of the central city of a census-defined MSA). The 2014 U.S. Census population estimate for Missouri is 6,063,589 residents. This represents a population increase of 6.5% from the 2002 estimates. Of the over 6,000,000 residents of Missouri, 2.23 million, or 37%, are considered rural. While the amount of growth varies among individual counties, population increases are occurring in both rural and urban areas. Overall, rural areas increased by 5.5%, while urban areas increased by 6.1% during the past decade.

The Missouri Title V Agency is the lead entity in the DHSS entrusted with providing services to MCH populations across the state through a variety of programs and initiatives in collaboration with local public health agencies and other entities catering to the needs of MCH populations in the state. In 2014, Missouri's estimated MCH population including women of childbearing age (15-44), infants, children, and adolescents (1-19) was 2,727,387. This accounted for nearly half (45%) of the state's entire population. This estimate represents 1,176,158 women of childbearing ages (15-44 years), 1,551,229 children and adolescents (ages 1-19 years) and 252,734 children and youth with special health care needs. Also in 2014, there were 75,104 live births in Missouri of, 41% were Medicaid enrolled. Overall, 15% of live births were to African-American women and 80% to white women. Hispanic births in Missouri decreased by 1.5%, from 2004 to 2014 (4,002 and 3,943), respectively.

The programs and services provided by the Missouri Title V Agency can be broadly grouped into the following three categories:

- Preventive/primary care services for all pregnant women, mothers and infants up to age one;
- Preventive and primary care services for all children; and
- Services for children and youth with special health care needs (CYSHCN)

In an effort to improve the health and wellbeing of MCH populations under these three broad categories, the Missouri Title V agency followed HRSA / MCHB guidelines to identify the needs and develop strategies / action plans to address those needs. Pursuant to the identification and prioritization of the needs through the five years needs assessment process, resources are assigned and program activities are implemented to specifically address these priorities. The five year needs assessment process in Missouri led to the identification of the following eight national and five state priority areas that will be targeted over the next five years by the Missouri Title V agency:

National Priority Areas:

1. Ensure adequate health insurance coverage and improve health care access for the MCH population.
2. Improve pre-conception, prenatal and postpartum health care services for women of child bearing age.
3. Prevent and reduce smoking among women of childbearing age and pregnant women and reduce childhood exposure to second hand smoke.
4. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
5. Ensure risk appropriate care for high risk infants to reduce infant deaths.
6. Reduce intentional and unintentional injuries among children, and adolescents.
7. Support adequate early childhood development and education.
8. Improve maternal/newborn health by reducing cesarean deliveries among low-risk first births.

State Priority Areas:

1. Enhance breastfeeding initiation and duration rates among Missouri mothers.
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
3. Enhance access to oral health care services for MCH populations.
4. Reduce obesity among women of childbearing age, children and adolescents.

5. Improve access to mental health care services for MCH populations.

The priority needs of the state's Title V program related to the performance measures are discussed in the respective performance measure narrative. Progress is monitored by tracking each of these performance measures. Both budgeted dollars and expenditures are categorized and tracked across the three service levels in the MCH Pyramid: direct health care services, enabling services and public health services and systems.

Because of the flexibility available with these funds, the role the Title V agency plays in each performance measure may be different. The Life Course perspective was used as a framework for developing the state's performance measures. Missouri's view of the Life Course perspective is that it could not be encompassed in a specific priority or performance measure, but was the overarching theme used for the development of the state Needs Assessment.

In completing the 2017 application, Missouri reviewed our 2016 objectives and strategies in order to align our activities to maintain the core needs of improving the health and wellbeing of the MCH population. During this process, we identified objectives and strategies across all MCH population domains that needed to be revised. This process enables Missouri to develop measurable Evidence-Based or –Informed Strategic Measures (ESMs) and State Performance Measures (SPMs) that correlate with the stakeholders selected state priorities in FFY 2015 Needs Assessment.

Annual Report Summary

Accomplishments

Teen Births

Similar to national trends, teen births in Missouri have experienced historic declines since 2010. Reducing teen births was a Missouri MCH priority during the 2010 needs assessment. Teen birth rates (15-17 years) in Missouri declined from 17.0 to 11.7 per 1,000 females between 2010 and 2014. Teen birth rates (18-19 years) in Missouri have also declined from 65.0 to 50.3 per 1,000 females respectively during the same time period. In 2014, 5,281 births were born to mothers under age 20 compared with 6,383 in 2012 and 8,775 in 2003. Early teen (less than age 18) births also decreased from 1,681 in 2012 to 1,406 in 2014. This is 49 percent lower than the count ten years earlier in 2004. Teen births have decreased substantially among both white and African-American teen mothers. The 2010 count of teen births is the lowest in Missouri since the end of World War II in 1945. The rates of birth to mothers aged 15-19 and 20-24 were at their lowest levels since Missouri began collecting birth data in 1911. The decrease in teen births by 2014 to even lower levels than those observed in 2010 underscores a significant milestone for Missouri.

Infant Mortality Rate (IMR)

In 2010, Missouri’s IMR reached a record low level of 6.6 per 1,000 live births, nearly a 10 percent drop from the previous low of 7.2 set in 2000, 2008 and 2009. Despite the decrease, Missouri’s infant death rate was still above the 2010 national IMR of 6.2 per 1,000 live births. The African-American rate decreased by 14 percent from 13.8 in 2009 to 11.9 per 1,000 live births in 2010, while the white rate decreased more modestly from 6.1 to 5.5 during the same time period. Despite the larger decrease, African-Americans still had a rate more than twice the Caucasian rate. Missouri is one of the handfuls of states with a statistically significant decrease in IMR for the 2005-2010 periods. This decline was also highlighted in the April 2013 data brief published by the National Center for Health Statistics (NCHS) titled “Recent Declines in Infant Mortality in the United States, 2005–2011. The infant death rate decreased slightly from 6.6 in 2012 to 6.1 per 1,000 live births in 2014. The rate is still higher than the record low Missouri infant death rate of 6.3 in 2011 and the most recent national infant death rate of 6.1 per 1,000 live births, also in 2011. The Missouri infant death rate for African-Americans of 11.1 per 1,000 live births was nearly 2.2 times the white rate (5.0 per 1,000) in 2014. The ratio of African-American infant mortality to white infant mortality was also 2.2 in 2014. While Missouri’s IMR declined during the past couple of years, it consistently is higher than national rates and continues to be a leading MCH priority for Missouri. Missouri’s participation in the national Collaborative Improvement and Innovation Network (CoIIN) initiative is anticipated to yield further declines in IMR over the next five years. However, infant mortality is a multifaceted issue and any further declines will need to include efforts to address social determinants of health, particularly among high risk sub-groups.

Unintentional and Intentional Injuries

The rate of non-fatal injury related hospitalizations in Missouri has declined from 253 to 199.6 per 100,000 populations’ ages 0-19 years between 2010 and 2014. Despite the decline, unintentional injuries are a leading cause of deaths in Missouri among all populations up to 24 years of age. Injury related fatalities are of significant concern particularly among young children and adolescents. In 2014, childhood fatalities due to motor vehicle accidents in Missouri had a rate (3.2 per 100,000) and are slightly higher than the National rate (2.1 per 100,000). However, suicides among adolescents aged 15-19 years have experienced a decline since (3 year moving average 2008 – 2010 = 9.3 compared to 9.7 for (2012-2014).

Special Health Care Needs

In the 2009/10 CSHCN survey Missouri performed better in five of the six core outcomes for CSHCN populations. However, compared to 79% nationwide, only 74% of Missouri children were screened early and continuously for special health care needs indicating opportunities for improvement. 45% of CSHCN population in Missouri has a medical home, slightly higher than the national average (43%). A very high percentage (99% in State FY 2015) of SHCN families also expressed satisfaction with the health care services they have been receiving from the Missouri Title V agency.

Maternal Mortality and Morbidity
At 29.3 maternal deaths per 100,000 resident live births in 2014, pregnancy related deaths in Missouri are relatively higher than national rates and more than twice the HP 2020 target of 11.4 deaths per 100,000 live births. In recognition of this problem, the pregnancy associated mortality review (PAMR) project in Missouri, with support from Title V, has hired a full time nurse consultant to work on maternal and infant deaths (CoIIN). Missouri is also one of the six states in Cohort 2 that received the Every Mother Initiative grant from AMCHP. This is part of a nationwide initiative – Merck for Mothers to reduce maternal deaths in the U.S.

Breastfeeding Initiation and Duration
Based on Breastfeeding Report Card, 2016, 85.4% of Missouri infants which were ever breastfed surpassed the national rate of 81.1%. Additionally, Missouri mothers favorably exceeded expectations in breastfeeding duration rates of Missouri infants at 6 months of age (56.6%) which is significantly higher than the national rate (51.8%). The HP2020 target for infants breastfed at six months of age is 60.6% while Missouri achieved a ranking of 18th as compared to national ranking of 29th for infants breastfed at six months in 2014 and 2015, National Immunization Survey data.

CHALLENGES

Smoking
Smoking during pregnancy among Missouri women has effectively remained unchanged since 2010 and continues to be a significant public health concern. In 2014, 16.7 % of Missouri women smoked during pregnancy compared to 8.4 % nationwide. Smoking among Missouri women of childbearing age is also significantly higher than national rates.

Oral Health Care Access
In 2014-2015 school years, Missouri's Preventive Services Program reported that 20.4% of school children had "poor oral hygiene" and 23.4% had untreated decay. Among third graders, only 25.4% had sealants.

Based on HRSA reports, 101 of Missouri's 115 counties are designated as dental health provider shortage areas (DHPSAs), affecting 21.6% of the population. According to the Kaiser Foundation, a total of 218 additional dentists would be required to remove Missouri's DHPSA designations. The Pew Charitable Trust's Center on the States graded all 50 states based on benchmarks that they consider important steps to improve and expand access to dental health.

While 27 states merited grades of B or above, the state of Missouri received a grade of C, having met or exceeded only half of those benchmarks.

Health Care Access
Lack of access to health care, particularly for Medicaid populations, also continues to be a major concern for Missouri's MCH populations. Since almost half of all births in Missouri are paid by Medicaid (74% for African-Americans), lack of access to health care is a significant concern for preconception, prenatal, postpartum and inter-conception healthcare. In 2014, compared to 85.7% of white women, 71.3% of African-American women received adequate prenatal care. In 2014, 4.5% of Missouri children were without health insurance compared to 6.0% nationwide (US Census). However, 11% of Missouri children compared to 9% nationwide received health care services at an FQHC. Improving access to care remains a top priority for Missouri's MCH populations and is central to the health and wellbeing of women and children from a life course perspective.