



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MISSISSIPPI**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

### Title V Federal-State Partnership - Mississippi

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>)

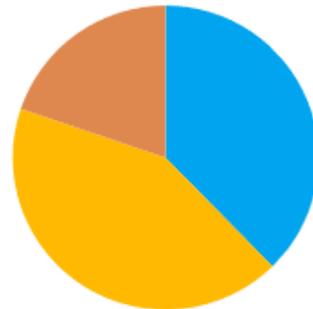
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Kathy Burk Health Services - MCH Director Kathy.Burk@msdh.ms.gov (601) 576-7472	Alyce Stewart CYSHCN Director Alyce.Stewart@msdh.ms.gov (601) 576-7743	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
 Federal Allocation	\$8,059,389
 State MCH Funds	\$9,098,819
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$4,233,068

FY 2015 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$5,659,340	\$0
 Enabling Services	\$2,400,049	\$0
 Public Health Services and Systems	\$0	\$13,331,887

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	43,928	\$6,436,106	38.7%
 Infants < 1 Year	38,735	\$0	0.0%
 Children 1-22 Years	1,042,369	\$5,249,351	31.6%
 CSHCN	124,905	\$4,926,582	29.7%
 Others *	0	\$0	0.0%
<b>Total</b>	<b>1,249,937</b>	<b>\$16,612,039</b>	<b>100%</b>

FY 2015 Expenditures



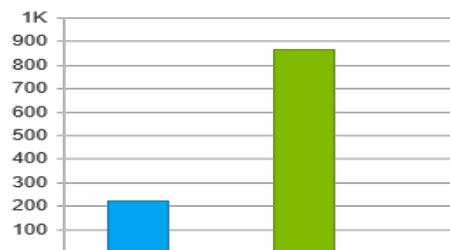
FY 2015 Individuals Served



\*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:	223
 State Title V Social Media Hits:	0
 State MCH Toll-Free Calls:	867
 Other Toll-Free Calls:	0



### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
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	Number of Mississippi women who qualify for the Family Planning Waiver
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percentage of birth facilities with documented level of care consistent with AAP guidelines using the LOCATe tool
NPM 4	Breastfeeding	ESM 4.1	Number of birthing hospitals designated as Baby Friendly.
NPM 5	Safe Sleep	ESM 5.1	Number of safe sleep educational books and resources distributed to families in all birthing hospitals.
NPM 6	Developmental Screening	ESM 6.1	Number of primary care providers provided resources about Bright Futures Guidelines for Infants, Children, and Adolescents
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of clinic sites engaged in youth-centered care quality improvement cycles.
NPM 11	Medical Home	ESM 11.1	Number of providers receiving education or technical assistance about the need and importance of medical home/family-centered care.
NPM 15	Adequate Insurance	ESM 15.1	Number of staff who receive training related to insurance coverage options and enrollment resources.

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percentage of women who smoke in the last three months of pregnancy.	Women/Maternal Health
SPM 2	Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	Child Health
SPM 3	Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	Cross-Cutting/Life Course

### State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	Rate of birth per 1,000 female adolescents aged 15 to 19 years.	Adolescent Health

## Executive Summary

### What is the Title V Maternal and Child Health Block Grant?

The Title V Maternal and Child Health (MCH) Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Mississippi (MS), the Title V program is managed by the Mississippi State Department of Health (MSDH), Office of Health Services. Allocation of Title V funds are based on Mississippi's maternal, infant and child health priorities.

### Title V Block Grant Application

Each year, all States and jurisdictions are required to submit an application to Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS). Without Title V, Mississippi would not have dedicated funding to support core Maternal and Child Health (MCH) public health functions. Title V is critical to assuring the health and safety of our nation's most precious resources: mothers, infants and children

### How Is the Title V Block Grant Used in Mississippi?

MCH Block Grant funds are awarded to each state based on the number of children living in poverty. States provide a three dollar match for every four dollars in federal funding. At least thirty percent of funds must be used for services and programs for children and thirty percent for children and youth with special health care needs (CYSHNCN). Mississippi Block Grant funds support state, regional and local programs, as well as staff. The funds are managed by the Mississippi State Department of Health, Office of Health Services.

### Activity Highlights

The following 2015 MCH Program highlights reflect notable accomplishments, representing joint efforts across programs and partners.

- Through working with the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality, MS has reduced early elective deliveries by over 40%, and decreased premature births by 24% since 2011 (MS Statistically Automated Health Resource System (MSTAHRS)).
- Mississippi was awarded the March of Dimes Virginia Apgar Award for reducing prematurity by 11% between 2009 and 2014.
- In November 2015, the MSDH convened the 2nd annual meeting of the Mississippi Perinatal Quality Collaborative (MSPQC). Ensuring that each mother and infant receives the safest, risk-appropriate, and evidence-based care is fundamental to improving birth outcomes in MS. The development of the state-based MSPQC will provide the infrastructure for clinicians and hospitals to implement proven practices to enhance care safety and quality.
- During the 2015 Mississippi Legislative session, a distracted driving law was passed to restrict texting while driving for all MS drivers, which will reduce motor vehicle related injuries and death.
- From 2013 to 2014, Mississippi reduced the number of teenage births by 11% (from 4,343 to 3,851).
- MS CYSHCN program has partnered with Federally Qualified Health Centers (FQHC) to provide medical homes for CYSHCN in rural areas across the state. Among children enrolled in the Children's Medical Program, more than 60% report having a medical home.
- According to the Kaiser Family Foundation, the uninsured rate declined from 16.4% in 2013 to 14.0% in 2014 (<http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>).

### Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. A FY16-FY20 Needs Assessment Plan will address national and state priorities and performance measures for the six MCH population health domains: 1) Women's/Maternal Health; 2) Perinatal/Infant's Health; 3) Child Health; 4) Children with Special Health Care Needs (CSHCN); 5) Adolescent Health; and 6) Cross-Cutting or Life Course. Current MCH priorities were selected from the 2015 MCH Program Needs Assessment.

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#### **DOMAIN: Women/Maternal Health**

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MS historically leads the nation in some of the most difficult health conditions. High rates of obesity, chronic health conditions, and infant mortality are serious concerns for the state's MCH population. MS women of child-bearing age share in these chronic health problems, which contribute to the high rates of maternal and infant deaths. The pregnancy-related mortality rate (PRMR) is the number of pregnancy related maternal deaths per 100,000 live births. MS has one of the highest PRMR in the U.S. and that rate has been climbing for more than a decade. From 2010 to 2012, an average of nearly 40 women died for every 100,000 births. Risk varied drastically by race: The rate for black women, 54.7, was much higher than the rate for white women, 29.3 (Pregnancy-Related Maternal Mortality, [http://msdh.ms.gov/msdhsite/\\_static/31\\_0\\_299\\_324.html](http://msdh.ms.gov/msdhsite/_static/31_0_299_324.html)).

In 2014, the premature birth rate in MS was 12.9% compared to 9.6% in the U.S. The premature birth rate decreased by 11% in MS between 2009 and 2014. The rate of low birth weight (LBW) in MS has slightly decreased over the past five years (12.1 LBW births per 100 live births in 2010 and 11.3 LBW births per 100 live births in 2014), and racial disparities persist, with substantially higher rates of low birth weight births occurring among minority mothers (MS Vital Records, 2014).

*Identified State MCH Priority Need: Reduce low birth weight and premature birth.*

#### **DOMAIN: Perinatal/Infant Health**

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MS achieved its lowest infant mortality rate in ten years with 8.2 infant deaths per 1,000 live births in 2014. This was a 14% reduction in infant mortality from 2013 (9.7 per 1,000 live births to 8.2 per 1,000 live births). The leading causes of infant mortality were prematurity and low birth weight, birth defects, and unsafe sleep & Sudden Infant Death Syndrome (SIDS). Sudden Unexpected Infant Deaths (SUID) accounted for 53 infant deaths in 2014, where 33 of these involved unsafe sleep environments, 14 were unknown/unspecified and 6 were attributed to SIDS. The 2014 number of Sudden Infant Death Syndrome (SIDS) deaths was also substantially reduced from 23 SIDS deaths in 2013 to six (6) SIDS deaths. Over time, infant mortality has declined steadily throughout the decade, with a few spikes. The rate has consistently decreased since 2009. Although these are noteworthy developments, there are still changes to be made. MS's infant mortality rates are still much higher than that of the US, and disparities continue to exist.

*Identified State MCH Priority Need: Decrease infant mortality & Increase access to early prenatal care*

#### **DOMAIN: Child Health**

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Since 2003, the National Survey of Children' Health (NSCH) has presented in-depth data on the health and wellbeing of children in their families and communities. The latest round of the survey, conducted in 2011-2012, provides a snapshot of children's physical, mental, and developmental health status; access to health care; activities at school, outside of school, and at home; and their safety and security in their neighborhoods and at school. According to the 2011-2012 NSCH, MS parents report that 84.2% of children are in excellent or very good health and 71.3% report excellent or very good oral health. Nearly 1/3 (31.3%) aged 10-17 years were reported to be overweight or obese. According to the 2011-2012 NSCH, nearly all (92.7%) of participants reported current health insurance coverage at the time of the interview. However, 15.3% reported a lack of continuous insurance coverage during the previous year. MS children reported lower proportions than the national percent of children with a preventive medical visit in the previous year (MS 77.0%; U.S. 84.4%) and a preventive dental visit in the previous year (MS 74.2%; U.S. 77.2%).

*Identified State MCH Priority Need: Increase access to comprehensive health care*

#### **DOMAIN: Adolescent Health**

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According to the U.S. Department of Health and Human Services Office of Adolescent Health, MS had the third highest teen birth rate of the 50 states and the District of Columbia in 2014 (38.0 live births per 1,000 girls age 15-19). The rates of teen pregnancy have been declining throughout the U.S, but the number of pregnant teens in MS remains high. Teenage pregnancy poses a serious risk to the health of teen mothers and their babies, and to society as a whole, which pays the economic and social costs of teen pregnancy.

*Identified State MCH Priority Need: Decrease teen pregnancy and teen birth rate*

#### **DOMAIN: Children with Special Health Care Needs**

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The 2009/10 National Survey of Children with Special Health Care Needs estimates that MS has about 124,905 CYSHCN. MS's prevalence of CSHCN is slightly higher than the national percentage (MS 16.4%; US 15.1%). The percent of male CSHCN (18.8%) is higher than the percent of female CSHCN (13.8%). Nearly 37% of MS CSHCN live at or below 200% of the Federal Poverty Level, slightly more than the US (31.4%). About 45% are white and 55% are black. The National Survey indicated that 28.4% of MS CSHCN have conditions that consistently affect their activities, often a great deal. About 16.1% report having missed 11 or more days of school absences due to illness. Core System Outcomes findings from the National Survey follow.

MS's CMP has enhanced their Stakeholders' Advisory Council to include the MS Primary Health Care Association and other entities to assist in this effort. Internally, CMP has done well with this effort for those children served by the program, as well over 60% of those reflected in the program's annual Patient Satisfaction survey report having a medical home.

*Identified State MCH Priority Need: Increase access to health care and medical homes*

**DOMAIN: Cross-cutting/Life Course**

Community input from the statewide Community Themes and Strengths Assessment (CTSA) survey and community focus groups revealed participants' perspectives related to health and quality of life in their communities. Residents recognized the critical role of social and environmental factors in shaping community health, emphasizing the importance of community safety and access to quality education and employment. Survey and focus group participants frequently perceived the need for greater access to health and social services in their community. The issue of insufficient access to insurance coverage and affordability of healthcare was a theme in both the focus group and survey responses. 19% of survey respondents lacked any insurance coverage. In focus groups across the state, residents emphasized the cost of healthcare as a substantial barrier, and reported that high premiums, co-pays, and deductibles make health care cost prohibitive even for those with private insurance coverage. Children's Medical Program (CMP) is payer of last resort and remains committed to working with CYSHCN and their families in identifying resources to assist with applying for and obtaining health care coverage. To assist in this effort, the program will continue its stakeholder and resource relationship with Health Help for Mississippi; a non-profit organization charged with assisting Mississippians with eligibility determination, the program will continue to refer uninsured patients and their families to the state's only tertiary center's Navigator office for assistance in selecting a health care plan that is affordable and useful in meeting their respective health care needs.

*Identified State MCH Priority Need: Increase health insurance coverage*

**Key Mississippi Characteristics**

The following represents a snapshot of key Mississippi characteristics and health indicators.

Number of Births<sup>a</sup>: **38,735**

Infant mortality rate<sup>a</sup>: **8.2 per 1,000 live births**

Number of children <sup>b</sup>: **732,553**

% of children <sup>c</sup>: **16.4%**

% of births covered by Medicaid<sup>d</sup>: **64.7%**

% of children <sup>a</sup>: **5.3%**

**Key Women, Maternal and Infant Health Indicators**

Indicators	2009	2010	2011	2012	2013	2014	Related HP2020
<b><i>Increase access to prenatal care.</i></b>							
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. (MS PRAMS)	77.5	76.2	79.7	-	-	-	77.9
Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ NICU. (MS Vital Statistics)	67.1	69.1	63.3	65.0	64.0	74.4	83.7
<b><i>Reduce preterm births, low birth weight, and infant mortality.</i></b>							
Percent of women with a past year preventive medical visit. (BRFSS)	64.7	68.1	61.2	67.2	67.8	71.4	-
*Rate of live births that are born preterm less than 37 weeks of gestation. (MS Vital Statistics)	17.4	17.0	16.5	16.9	13.1	12.9	-
*Rate of Non-Medically Indicated (NMI) early term deliveries (37, 38 weeks) among singleton term deliveries. (MS Vital Statistics)	18.9	18.0	18.1	17.6	12.9	11.5	-
<b><i>Increase initiation, duration, and exclusivity of breastfeeding.</i></b>							
Percent of mothers who breastfed their infants at 6 months of age. (NIS)	6.4	6.4	10.1	-	-	-	25.5

\*Rate per 100

**HP2020: Healthy People 2020 Goal**

**KIDS COUNT Key Indicators**

Compared to other states, Mississippi's overall child well-being rank for 2015 was 50

Indicators	Mississippi	United States	Rank
<b>Economic Well-Being</b>			49
Percent of children in poverty (2014)	29	22	
Percent of children whose parents lack secure employment (2014)	36	30	
Percent of children living in households with a high housing cost burden (2014)	31	35	
Percent of teens (ages 16-19) not attending school and not working (2014)	5	4	
<b>Education Indicators</b>			47
Percent of children (ages 3-4) not attending preschool (2012-14)	53	51	
Percent of fourth graders in public school not proficient in reading (2015)	26	65	
Percent of eighth graders in public school not proficient in math (2015)	78	68	
Percent of high school students not graduating on time (2012/13)	32	18	
<b>Health Indicators</b>			49
Percent low birth weight babies (2014)	11.3	8.0	
Percent of children without health insurance (2014)	5	6	
Child and teen death rate (per 100,000 children ages 1-19) (2014)	39	24	
Percent of teens (ages 12-17) who abuse alcohol or drugs (2013-14)	5	5	
<b>Family and Community Indicators</b>			50
Percent of children in single-parent families (2014)	47	35	
Percent of children in families where the household head lacks a high school diploma (2014)	14	14	
Percent of children living in high-poverty areas (2010-14)	27	14	
Teen birth rate (per 1,000 females ages 15-19) (2014)	38	24	

Source: <http://datacenter.kidscount.org/data#MS/2/0/char/0>

**Sources:**

<sup>a</sup> Vital Statistics Mississippi, 2014

<sup>b</sup> 2014 American Community Survey 1-Year Estimates

<sup>c</sup> National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10

<sup>d</sup> Kaiser Family Foundation 2010