



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

OKLAHOMA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Oklahoma

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>)

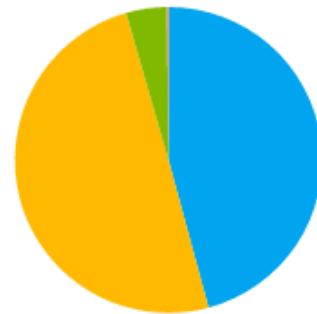
State Contacts

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

| Source | FY 2015 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$6,903,092 |
| State MCH Funds | \$7,498,441 |
| Local MCH Funds | \$641,942 |
| Other Funds | \$0 |
| Program Income | \$28,758 |

FY 2015 Expenditures



Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services | \$1,235,447 | \$1,225,371 |
| Enabling Services | \$662,697 | \$898,606 |
| Public Health Services and Systems | \$5,004,948 | \$6,045,164 |

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 | 79,625 | \$646,132 | 4.5% |
| Infants < 1 Year | 54,582 | \$3,983,398 | 27.7% |
| Children 1-22 Years | 606,335 | \$5,517,931 | 38.4% |
| CSHCN | 16,755 | \$4,234,463 | 29.4% |
| Others * | 544,423 | \$0 | 0.0% |
| Total | 1,301,720 | \$14,381,924 | 100% |

FY 2015 Expenditures



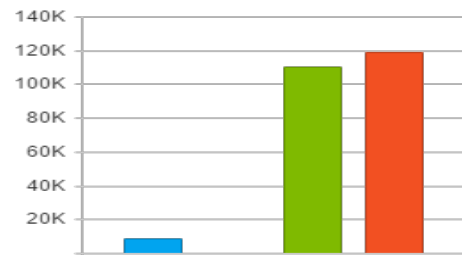
FY 2015 Individuals Served



*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: | 8,339 |
| State Title V Social Media Hits: | 182 |
| State MCH Toll-Free Calls: | 110,432 |
| Other Toll-Free Calls: | 118,941 |



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 7 | Injury Hospitalization | Child Health, Adolescent Health |
| NPM 9 | Bullying | Adolescent Health |
| NPM 10 | Adolescent Well-Visit | Adolescent Health |
| 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 1 | Well-Woman Visit | ESM 1.1 | The number of service sites utilizing the Women's Health Assessment Tool developed by the Oklahoma State Department of Health or any alternative preconception tool |
| NPM 4 | Breastfeeding | ESM 4.1 | The percentage of births occurring in Oklahoma birthing hospitals designated as Baby-Friendly |
| NPM 5 | Safe Sleep | ESM 5.1 | The percentage of infants delivered at birthing hospitals participating in the sleep sack program |
| NPM 7 | Injury Hospitalization | ESM 7.1 | The percentage of infants delivered at birthing hospitals providing the Period of Purple Crying Abusive Health Trauma curriculum |
| NPM 9 | Bullying | ESM 9.1 | The number of trainings provided by MCH to school staff on bullying prevention |
| NPM 10 | Adolescent Well-Visit | ESM 10.1 | The number of adolescents trained on Teen Pregnancy Prevention/Positive Youth Development curriculum |
| NPM 12 | Transition | ESM 12.1 | The number of providers who address transition to adult health care in their practice |
| NPM 14 | Smoking | ESM 14.1 | The percentage of pregnant women who call the Oklahoma Tobacco Helpline for cessation support |

State Performance Measures

| SPM # | SPM Title | Population Domain(s) |
|-------|--|---|
| SPM 1 | Infant mortality rate per 1,000 live births | Perinatal/Infant Health |
| SPM 2 | Maternal mortality rate per 100,000 live births | Women/Maternal Health |
| SPM 3 | The percent of families who are able to access services for their child with behavioral health needs | Children with Special Health Care Needs |

Executive Summary

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 50 million women and children in the U.S. Since 1935, federal and state funds have supported state activities that improve the health of pregnant women, mothers and infants, children, and children with special health needs. These groups are often referred to as the "MCH population."

Title V funds are used to address the state's maternal and child health priorities. Fifty-nine states and jurisdictions have a Title V Block Grant and are required to write annual reports and complete statewide needs assessments every five years. For 2015, Oklahoma benefited approximately 1.3 million women, infants, and children with Title V programs. In Oklahoma, Title V is administered by the Oklahoma State Department of Health (OSDH) and the Department of Human Services (DHS), in close partnership with the Oklahoma Family Network (OFN). This assures families have a voice in the services they receive.

Emergent Needs and Priority Selection:

Beginning in the Fall of 2013, MCH (Maternal and Child Health Service at OSDH) and CSHCN (Children with Special Health Care Needs Program at DHS) released a public input survey, with the help of OFN, to identify emergent needs for the state of Oklahoma's MCH population. CSHCN also sought input from Sooner SUCCESS on the needs of Medicaid-eligible CYSHCN (children and youth with special health care needs). Health-related data were reviewed from a variety of sources, including birth and death certificates, population-based surveillance systems, school-based surveys, and focus groups. Tribal listening sessions were conducted with eight of the largest tribal nations in the state and their health care providers. Coalition meetings and partner meetings were also used to gather information on needs and the capacity of the state to serve the MCH population.

MCH, CSHCN, and OFN synthesized and discussed the information received from the public input survey, tribal listening sessions, coalition and partnership meetings, and the data analysis to establish the following Title V priorities for 2016-2020. Two priorities are continued from the 2011-2015 Title V Needs Assessment, infant mortality and unplanned pregnancy; the others are new (See Table 1). The 2016-2020 priorities are those most likely to "move the needle" in improving the health of the Oklahoma MCH population.

Table 1. Oklahoma's Title V Priorities for the 2016-2020 Title V Block Grant

| | |
|---|---------------------------|
| Reduce infant mortality | <i>Continued priority</i> |
| Reduce the incidence of preterm and low birth weight births | <i>New priority</i> |
| Reduce the incidence of unintentional injury among children | <i>New priority</i> |
| Reduce the incidence of suicide among adolescents | <i>New priority</i> |
| Reduce health disparities | <i>New priority</i> |
| Improve the transition to adult health care for children and youth with special health care needs | <i>New priority</i> |
| Reduce teen pregnancy | <i>New priority</i> |
| Reduce unplanned pregnancy | <i>Continued priority</i> |
| Improve the mental and behavioral health of the MCH population | <i>New priority</i> |
| Reduce the prevalence of chronic health conditions among childbearing age women | <i>New priority</i> |

Development of the 5-year State Action Plan:

The MCH Title V Block Grant is arranged by population domains. The six domains include Maternal/Women's Health, Infant and Perinatal Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs (CYSHCN), and Cross-cutting or Life Course. Table 2 highlights the National Performance Measures which were selected for Oklahoma and the rationale for selecting each particular measure. MCH, CSHCN and OFN staff then created a 5-year State Action Plan (available in the narrative section of the Block Grant application) to impact these measures. Each objective and strategy outlined in the State Action Plan was created to assist the program areas in impacting their designated performance measure.

| Table 2. National Performance Measures Selected for Oklahoma, by Population Domain | | |
|--|---|--|
| Domain | National Performance Measures | Priorities Impacted and Rationale |
| Maternal | Percent of women with a past year preventive visit | MCH Priorities Impacted: Chronic Disease, Family Planning, Preterm and LBW, Health Disparities, Teen Pregnancy, Infant Mortality Rationale: Impacts 6 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and 4 statewide Oklahoma Health Improvement Plan priority flagship and goal areas (<i>Children's Health: Improve Maternal and Infant Health Outcomes</i> along with additional flagship priority areas in relation to Smoking, Obesity and Behavioral Health). |
| | A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months | MCH Priorities Impacted: Infant Mortality, Chronic Disease, Preterm and LBW, Health Disparities Rationale: Impacts 4 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Maternal and Infant Health Outcomes</i> along with the priority flagship area, <i>Obesity</i>). |
| Perinatal | Percent of infants placed to sleep on their backs | MCH Priorities Impacted: Infant Mortality, Unintended Injury, Preterm and LBW, Health Disparities Rationale: Impacts 4 of 10 Title V/MCH Priorities as listed above, 2 agency strategic plan core performance measures (<i>Infant Mortality and Prenatal Care</i>) and statewide Oklahoma Health Improvement Plan priority flagship and goal area <i>Children's Health: Improve Maternal and Infant Health Outcomes</i> . |
| | Rate of injury-related hospital admissions per population ages 0 through 19 years | MCH Priorities Impacted: Unintended Injury, Health Disparities, Infant Mortality Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>). |
| Adolescent | Percent of adolescents, ages 12 through 17 years, who are bullied | MCH Priorities Impacted: Suicide Prevention, Behavioral and Mental Health, Health Disparities Rationale: Impacts 3 of 10 Title V/MCH Priorities as listed above and 2 statewide Oklahoma Health Improvement Plan priority flagships and goal areas (<i>Behavioral Health: Reduce Suicide Deaths</i> ; and <i>Children's Health: Improve Child and Adolescent Health Outcomes</i>). |
| | Percent of adolescents with a preventive services visit in the last year | MCH Priorities Impacted: Suicide Prevention, Unintended Injury, Chronic Disease, Teen Pregnancy, Behavioral and Mental Health, Health Disparities Rationale: Impacts 6 of 10 Title V/MCH Priorities as listed above and 3 statewide Oklahoma Health Improvement Plan priority flagships and goal areas (<i>Tobacco Use: Reduce Adolescent Smoking Prevalence</i> ; <i>Obesity: Reduce Adolescent Obesity Prevalence</i> ; and <i>Children's Health: Improve Child and Adolescent Health Outcomes</i>). |
| CSHCN | Percent of children with and without special health care needs who received services necessary to make transitions to adult health care | MCH Priorities Impacted: Transition to Adulthood, Health Disparities, Behavioral and Mental Health Rationale: Impacts 3 of 10 Title V/ MCH Priorities as listed above and statewide Oklahoma Health Improvement Plan priority flagship and goal area (<i>Children's Health: Improve Child and Adolescent Health Outcomes</i>). |
| Crosscutting | A) Percent of women who smoke during pregnancy | MCH Priorities Impacted: Infant Mortality, Chronic Disease, Preterm and LBW, Mental and Behavioral Health, Health Disparities |
| | B) Percent of children who live in households where someone smokes | Rationale: Impacts 5 of 10 Title V/MCH Priorities as listed above and 2 statewide Oklahoma Health Improvement Plan priority flagship and goal areas (<i>Tobacco Use: Adult Smoking Prevalence</i> ; and <i>Children's Health: Improve Maternal and Infant Health Outcomes and Improve Child and Adolescent Health Outcomes</i>). |

State Performance Measures:

Three State Performance Measures were selected in 2016 based on identified state priorities, to assist Oklahoma in meeting needs and improving the health of the MCH population over the next five years:

- Infant mortality rate per 1,000 live births
- Maternal mortality rate per 10,000 live births
- Percent of families who are able to access services for their child with behavioral health needs.

Major Accomplishments and Plans for the Coming Year:

Below is a summary of some of the major accomplishments and planned activities for the coming year by population domain. Although not written into any of the summary information, the budget status for the State of Oklahoma will be monitored across all activities and plans for all domains. State Fiscal Years 2016 and 2017 have projected revenue shortfalls largely unprecedented in state history. This will have an impact on MCH, CSHCN and OFN programs and projects, however the breadth and depth for all programs is unknown at the time of submission for the grant application and report.

Maternal/Women:

Accomplishments:

- Assisted, through the county health departments, approximately 30,000 women with pregnancy testing and 48,553 women with family planning services, linking women to appropriate services or assisting with Medicaid (SoonerCare) enrollment as needed.
- Created and disseminated a PRAMSgram on *Preconception Health and Racial Disparities*.
- Met with community prenatal care providers to identify ways to partner and improve prenatal care access.
- Reduced rates of early elective deliveries before 39 weeks, by 96% from baseline 2011 data, through the "Every Week Counts" learning collaborative. The state rate of infants born at 36-38 weeks gestation has decreased while the rate of infants born 39-41 weeks gestation has increased.

Plans:

- Continue to work with the Oklahoma Health Care Authority (OHCA) to provide family planning services to low-income females and males of reproductive age not eligible for Medicaid-covered services, and help those who are eligible to enroll in Medicaid.
- Encourage family planning providers to treat every visit as a preconception health visit and provide targeted preconception health counseling to every client using the Women's Health Assessment tool.
- Look for partnership opportunities to provide preconception/interconception care and education in the community and increase access to long acting reversible contraception.
- Participate on the OSDH Zika Virus Work Group to assist in efforts to monitor the virus and its effects, and promote awareness and prevention.
- Create economic impact studies to document effectiveness of various MCH initiatives and campaigns.

Perinatal:

Accomplishments:

- Continued to fund and support newborn screening activities statewide, for the early detection of birth defects and hearing loss in the state.
- Provided funding and support for the Oklahoma Mothers' Milk Bank (OMMB) and the Oklahoma Breastfeeding Hotline (OBH). Promoted breastfeeding duration and the establishment of Baby-Friendly Hospitals through funding and support of the Oklahoma Hospital Breastfeeding Education (HBEP) and Becoming Baby-Friendly in Oklahoma (BBFOK) Projects.
- Continued promotion of the March of Dimes Preterm Labor Assessment Toolkit and the Office of Perinatal Quality Improvement (OPQI). Partners developed strategies to remove barriers to full implementation and assisted hospitals with access to and appropriate utilization of fetal fibronectin (fFN) testing.
- Successes included reducing the preterm birth rate to 10.3%, and maintaining a "C" grade on the March of Dimes report card. Oklahoma's hospitals saw a 30% increase in score on the Maternity Practices in Infant Nutrition and Care (mPINC)

Survey, from 55 in 2009 to 71 in 2013. Oklahoma currently has 5 Baby-Friendly Hospitals delivering over 11% of all births statewide.

Plans:

- Continue to partner and support newborn screening activities in the state.
- Promote breastfeeding initiation and duration through various initiatives. MCH will continue to work with partners to promote the BBFOK and the Baby Café Project, focused on improving access to professional and peer support in African American, Native American, and Hispanic communities.
- Recruit more delivery hospitals to participate in the Sleep Sack program.
- Continue work with OPQI to assist hospitals to appropriately screen and triage women who present with signs and symptoms of preterm labor; ensure the use of progesterone therapy for appropriate candidates to prevent preterm births; finalize formal designation for neonatal levels of care for Oklahoma hospitals; and, review new guidelines released for formal designation of hospitals related to maternal levels of care.

Child:

Accomplishments:

- Funded the 2015-2016 school year Oklahoma Oral Health Needs Assessment among Third Grade Children.
- Partnered with Safe Kids Oklahoma and Safe Kids Tulsa Area to support the prevention of unintentional child injuries.
- Provided outreach and education to clients and communities about available health insurance coverage for children, including Medicaid (SoonerCare) enrollment and referrals to online enrollment at www.healthcare.gov.

Plans:

- Provide leadership for the Infant Injury Prevention Work Group, as part of the statewide infant mortality initiative, *Preparing for a Lifetime, It's Everyone's Responsibility*.
- Maintain a supportive relationship with Injury Prevention Service (IPS) and Safe Kids Oklahoma, including car seat funding for IPS and MCH staff assistance with car seat safety events.
- Train and identify partners to provide education in local communities on Graduated Driver Licensing, distracted driving, seatbelt use, and alcohol use while driving as they relate to children and youth.
- Continue to fund the Poison Control Center education and outreach activities.

Adolescent:

Accomplishments:

- Reduced state-wide teen birth rates by 35% over the last 15 years.
- Maintained five state-funded adolescent pregnancy prevention projects in local county health departments and continued administrating and monitoring the Personal Responsibility Education Program (PREP) grant for Oklahoma City and Tulsa County Health Departments.
- Supported three Public Health Youth Councils across the state to champion public health issues among youth in their respective communities.
- Provided family planning clinical services to adolescents in county health department and contract clinics.

Plans:

- Collaborate with local county health departments to establish, support, and sustain local Public Health Youth Councils to identify issues within their communities affecting adolescents and work with public health professionals to implement solutions.
- Conduct trainings with others who work with youth in evidence-based methods such as Question Persuade Refer (QPR), Positive Youth Development (PYD), and Life Course Perspective.
- Ensure MCH-funded school health education and promotion programs will continue to provide age and grade appropriate health and wellness information, integrating education and health via the Whole School, Whole Community, Whole Child (WSCC) model.
- Continue to provide family planning services to adolescents in county health departments and contract clinics and encourage the use of the My Life.My Plan booklet.

CYSHCN:

Accomplishments:

- Continued funding the Oklahoma Infant Transition Program, a program which helps families with infants in the neonatal intensive care unit make the transition from the hospital to home.
- Provided formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need that was not otherwise covered by Title XIX (or Medicaid funds).
- Participated in the Joining Forces Conference, held by OFN, to bring families and professionals together to work to improve service systems for CYSHCN and to promote Life Course Perspective understanding and activities.
- Provided respite vouchers to families with CYSHCN.
- Funded Sooner SUCCESS activities, which worked to build a comprehensive system of health and educational services in 14 counties, to meet the needs of CYSHCN and their families.
- Funded parent-to-parent support, sibling support, training, and opportunities for family leadership via OFN.

Plans:

- Continue to provide formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need.
- Continue to collaborate with and support Sooner SUCCESS to develop plans to address health care transition for adolescents across the state.
- Work with OFN and partners to develop an individual health plan template for youth with health and/or genetic conditions on an IEP or 504 in school and add to the Transition Care Notebook for CYSHCN.
- Work with partners to identify ways to connect families with services to meet behavioral health needs.

Crosscutting:

Accomplishments:

- Worked with the Center for the Advancement of Wellness and OHCA in promoting tobacco cessation among expectant mothers and their families.
- Disseminated pharmacy bags to pharmacies agreeing to share information on *Preparing for a Lifetime*, Text4Baby, and the Oklahoma Tobacco Helpline (OTH). The bags featured the *Preparing for a Lifetime* logo, as well as a bottle of folic acid, and both sides of the bags display the OTH number.
- Counseled family planning clients and pregnant females seen at county health departments and contract clinics on the impact of smoking during the preconception, interconception, and prenatal periods, and referral to smoking cessation resources, as needed.
- Funded ten rural district school nurses through a contractual agreement with the Oklahoma State Department of Education, with a focus on tobacco prevention and cessation programs.
- Maintained existing levels of MCH data capacity in spite of two key staff vacancies, by relying on the skills and expertise of analytic staff responsible for other MCH projects.

Plans:

- Continue to provide counseling and OTH referrals to family planning and maternity clients seen at the CHDs and contract clinics.
- Fund the ten rural school health nurses to continue school-based tobacco prevention and cessation programs.
- Implement the 2017 Youth Risk Behavior Survey (YRBS).

Comments and Suggestions:

MCH, CSHCN, and OFN welcome comments and suggestions for needs and issues not discussed in this Block Grant Application and Annual Report. Oklahoma Title V is committed to an ongoing review of health needs and capacity issues across the state. It is recognized that not all needs can be addressed by Title V nor can Title V address identified needs and priorities alone. Collaboration and partnership will be the only way to truly impact the health of the state's MCH population.

For more information about this document, the process, to provide comments, or to partner with Title V please contact: **Joyce Marshall**, MCH Title V Director at 405-271-4480 or joycem@health.ok.gov or **Linda Cavitt**, Deputy Director, Programs Adult and Family Services Division at 405-521-3602 or Linda.Cavitt@okdhs.org.