



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

SOUTH CAROLINA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - South Carolina

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>)

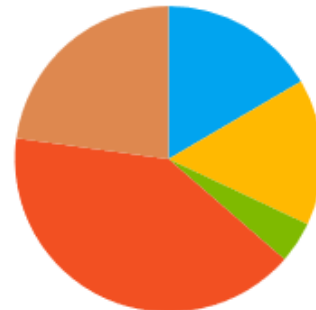
State Contacts

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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$12,264,145
State MCH Funds	\$11,483,195
Local MCH Funds	\$3,240,843
Other Funds	\$30,259,981
Program Income	\$16,926,629

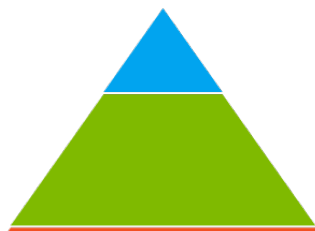
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,643,443	\$23,905,625
Enabling Services	\$7,286,891	\$50,997,851
Public Health Services and Systems	\$333,811	\$212,182

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	67,162	\$479,127	0.6%
Infants < 1 Year	57,361	\$793,968	0.9%
Children 1-22 Years	1,390,312	\$7,464,902	8.7%
CSHCN	3,941	\$10,041,185	11.7%
Others *	18,097	\$66,953,302	78.1%
Total	1,536,873	\$85,732,484	100%

FY 2015 Expenditures



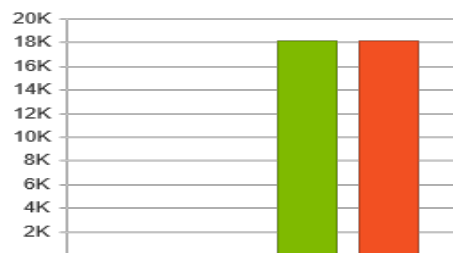
FY 2015 Individuals Served



*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:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	18,097
Other Toll-Free Calls:	18,097



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 8	Physical Activity	Child Health, Adolescent Health
NPM 11	Medical Home	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	Completion of a gap analysis and asset map to assess barriers to preventive health screenings/services when and where women need them.
NPM 1	Well-Woman Visit	ESM 1.2	Generation and dissemination of a report to quantify and describe racial/ethnic disparities in preventive health service utilization among women.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Percentage of non-Regional Perinatal Center hospitals that had at least one formal meeting with staff from their Regional Perinatal Center to discuss the functioning of the Perinatal Regionalization System in their region.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	Percentage of the total cost of the Perinatal Regionalization System paid by DHEC through contracts to the Regional Perinatal Centers.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.3	Percentage of very low birth weight births in Level I and II hospitals that had a completed VLBW Assessment Tool.
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.4	Generate a report to examine data trends with regard to racial/ethnic disparities in VLBW births at Level I and Level II facilities.
NPM 4	Breastfeeding	ESM 4.1	Percentage of postpartum WIC participants who intend to pump breastmilk that are offered a breast pump by the SC WIC program.
NPM 4	Breastfeeding	ESM 4.2	Number of WIC breastfeeding peer counselors available per 1,000 WIC participants who breastfeed.
NPM 5	Safe Sleep	ESM 5.1	Number of safe sleep trainings and awareness activities across South Carolina made available in Partner with the South Carolina Safe Sleep Coalition.
NPM 5	Safe Sleep	ESM 5.2	Number of social media posts providing safe sleep educational messages utilize the SC Child Fatality Advisory Committee's most recent findings.
NPM 5	Safe Sleep	ESM 5.3	Number of collaborative activities with non-traditional partners (e.g., Child Passenger Safety, Tobacco Control) to disseminate safe sleep messaging.
NPM 6	Developmental Screening	ESM 6.1	Execution of contract(s) with early intervention service providers to establish a referral system for high-risk infants identified through the SC Birth Defects Program.
NPM 6	Developmental Screening	ESM 6.2	Development of a statewide Child Health and Well-Being Coalition to improve coordination on a variety of

			issues impacting child health and development using a collective-impact model.
NPM 6	Developmental Screening	ESM 6.3	Racial disparity in the rate of developmental screening at state-level through examination of billing codes.
NPM 8	Physical Activity	ESM 8.1	Number of schools with staff who participate in professional development opportunities that include methods to provide a minimum of 30 minutes of daily physical activity opportunities for all students throughout the school day.
NPM 8	Physical Activity	ESM 8.2	Percentage of school districts that adopt the SC School Boards Association's Open Community Use of School Recreational Areas model policy
NPM 11	Medical Home	ESM 11.1	Percentage of families receiving services through the DHEC CSHCN program engaged in the medical home education.
NPM 11	Medical Home	ESM 11.2	Number of Medicaid, Managed Care Organization, or other stakeholder meetings attended by MCH staff with an agenda item related to medical home promotion.
NPM 14	Smoking	ESM 14.1	Pilot the "Baby & Me, Tobacco Free" program in at least one WIC clinic in priority county with a high rate of smoking during pregnancy.
NPM 14	Smoking	ESM 14.2	Percentage of Medicaid prenatal care providers screening pregnant women for smoking, alcohol and drug use, domestic violence, and depression, and making appropriate referrals

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	The percentage of women delivering a live birth who have had a previous preterm birth receiving 17P during their pregnancy.	Perinatal/Infant Health
SPM 2	The percentage of women who reported financial barriers to prenatal care entry.	Women/Maternal Health
SPM 3	The percentage of NPMs and SPMs that include at least one strategy focused on disparity reduction.	Cross-Cutting/Life Course
SPM 4	The percentage of infants identified through Newborn Screening with sickle cell disease who receive care coordination services through the Children with Special Health Care Needs Program.	Children with Special Health Care Needs
SPM 5	The rate of children age 0-5 receiving a fluoride varnish application in a medical practice setting.	Cross-Cutting/Life Course

Executive Summary

From 2015 through 2016, the South Carolina (SC) Department of Health and Environmental Control (DHEC) Maternal and Child Health (MCH) Bureau worked with numerous stakeholders to complete "Phase II" of the comprehensive Title V Needs Assessment. The 20 plus stakeholder Advisory Council provided expertise and input to the MCH Bureau regarding the Needs Assessment. The collaborative effort ensured that the final state performance measures and evidence-based strategy measures were vetted thoroughly by experts across the state.

The MCH Bureau also continued to address important routine and emerging issues proactively. For example, perinatal regionalization, long acting reversible contraception (LARC), care coordination, perinatal oral health, breastfeeding, adolescent health education, and pediatric developmental screenings were ongoing issues of focus from each of the population domains, as in previous years. Additionally, the MCH Bureau devoted considerable resources and attention to areas proactively before they became topics of emerging interest in South Carolina and nationally. For example, the Lead Screening Program was already working on a quality improvement project in 2015 before the Flint, Michigan tragedy was publicized. The SC DHEC MCH response to the threat of Zika Virus began long before there were funding opportunities. Other work such as developing a multi-sector Child Health and Well-Being Collaborative has shown the innovative way in which the state's Title V agency has led MCH efforts in South Carolina.

The DHEC MCH Bureau's new and ongoing work is reflected in its priorities, accomplishments, and challenges. Some of the accomplishments and challenges are listed below, organized by population group.

Women/Maternal Health

Priority: Improve health promotion, including preventive health visits and screenings.

Performance Measures:

National Performance Measure (NPM) 1: Percentage of women with a past year preventive medical visit.

State Performance Measure (SPM) 2: Percentage of women who reported financial barriers to prenatal care entry.

Accomplishments:

- A sustained reduction in teen births.
- LARC insertion during maternal delivery hospitalization has continued to be implemented.
- Partnership with the New Morning Foundation to reach underserved clients.
- Maternal Morbidity and Mortality Review Established.

Challenges:

- A lack of access to health screenings and preventive care in some areas.
- A lack of patient education, adequate nutrition education/counseling, and family planning in some areas and populations.
- A lack of knowledge regarding insurance which could cover preventive health services in some populations.
- Need for improved coordination of payment for insertion of LARCs.
- An emerging need is to conduct an assessment of preventive health screening service gaps.

Current Landscape:

- While an increasing number of women in SC receive routine preventive health screenings, continued efforts are needed to stress the importance of the health care services.
- An increase in overall numbers of women entering prenatal care in the first trimester of pregnancy, but there continues to be a racial disparity regarding entry.
- A gap analysis will be conducted to assess preventive health screenings available in SC.
- The agency will continue working with Medicaid and other stakeholders to assess financial barriers to prenatal care entry.

Perinatal/Infant Health

Priorities:

1. Improve access to risk-appropriate care through evidence-based enhancements to the perinatal regionalization system.
2. Reduce the prevalence of preterm birth through evidence-based programs and clinical interventions.
3. Increase implementation of safe sleep environment practices.
4. Improve breastfeeding support.

Performance Measures:

NPM 3: Percent of VLBW infants born in a hospital with a Level III+ NICU.

NPM 4: Percent of infants who are ever breastfed and percent of infants exclusively through six months.

NPM 5: Percent of infants placed to sleep on their backs.

SPM 1: Percentage of women delivering a live birth who have had a previous preterm birth receiving 17P during their pregnancy.

Accomplishments:

- Well-established partnerships across the state through the SC Birth Outcomes Initiative.
- The coordination of a successful vaginal birth simulation education project through BOI which is intended to decrease unnecessary cesarean section births.
- The state's *Health Mothers, Healthy Babies* infant mortality and preterm birth plan was assessed and a report and resource guide was created in early 2016.

Challenges:

- An emerging need in this area is to support the implementation of evidence-based clinical interventions.

- There is a gap in understanding of infant safe sleep environments as influenced by inconsistent education as well as cultural and social norms.
- There is a wide gap between breastfeeding initiation and continuation.
Current Landscape:
- DHEC is currently leading a study using PRAMS data to see how 17P is utilized in SC.
- SC continues to maintain and improve the perinatal regionalization system.
- SC's Title V Agency is working with Children's Trust and the Child Fatality Advisory Council to target the necessary audiences with impactful messaging regarding infant mortality risk reduction.
- WIC's breastfeeding support program is slated to increase peer counseling, loaning of breast pumps, and support of efforts such as the BOI Baby Friendly group.

Child Health

Priority: Increase appropriate preventive health and developmental screenings and referral to early intervention services.

Performance Measure:

NPM 6: Percent of children, ages 10-71 months, receiving a developmental screening using a parent-completed screening tool.

Accomplishment:

- Establishment of a Child Health and Well-Being Collaborative work group to address some of the most long standing problems related to child health including developmental screening.

Challenges:

- Difficulties persist related to data collection in the area of developmental screening.

Current Landscape:

- Developmental screening quality improvement initiatives through the Child Health and Well-Being Collaborative will allow for better data to understand the outcome measures of appropriate screenings and school readiness.
- In the short term, SC DHEC is working to link current data systems such as the Birth Defects Surveillance system to developmental screening agencies for active referral purposes.

Adolescent Health

Priority: Increase physical fitness among children and adolescents.

Performance Measure:

NPM 8: Percent of children 6-11 and adolescents 12-17 who are physically active at least 60 minutes per day.

Accomplishment:

- Extensive and increasing internal and external partnerships to address physical activity, injury prevention, and adolescent health.

Challenges:

- Open use agreements are not widely understood by school districts or the public.
- Schools need professional physical activity training to develop skills for supporting physical activity throughout the school day.

Current Landscape:

- The MCH Bureau is partnering with the Bureau of Community Health and Chronic Disease Prevention to work through the state's obesity reduction collective impact workgroup, SCaleDown. Much of this joint work focuses on open community use agreements with schools and physical activity training for schools.

Children with Special Health Care Needs (CSHCN)

Priority: Improve care coordination for CSHCN.

Performance Measures:

NPM 11: The percent of children with and without special health care needs having a medical home.

SPM 4: The percentage of infants identified through Newborn Screening with sickle cell disease who receive care coordination services through CSHCN.

Accomplishments:

- The DHEC CSHCN Program has greatly enhanced care coordination capacity through increasing regional staffing.
- CSHCN has continued operation of Camp Burnt Gin, a residential summer camp for CSHCN that has operated in SC since 1945.
- CSHCN has continued collaborating with the SC Medicaid agency to increase services for CSHCN through expanded service codes available for Medicaid reimbursement, revised provider fee schedules, and approval for payment for additional equipment.
- Through robust stakeholder engagement, the agency is working to address and improve healthcare management of people with sickle cell disease.

Challenges:

- There continue to be challenges in the area of provider shortages.
- Many CSHCN in SC do not receive care in a medical home setting.
- Families with CSHCN struggle to navigate services.
- Children with sickle cell disease are largely underserved.
- Transitioning from pediatric to adult care continues to be a challenge for CSHCN and their families.

Current Landscape:

- The DHEC CSHCN Program is working closely with stakeholders such as Family Connection, Help Me Grow, and others to share education surrounding the medical home.

- DHEC CSHCN Program staff are also regularly attending stakeholder meetings to ensure that CSHCN input is given to groups that could influence medical home outcomes.
- The DHEC CSHCN Program is working with the Medical University of SC to support management of children with sickle cell disease.

Cross Cutting/Life Course:

Priorities:

1. Reduce smoking and exposure to tobacco use among maternal and child health populations.
2. Reduce racial and ethnic disparities in social determinants of health, including insurance coverage and other barriers to medical care and employment.

Performance Measures:

NPM 14: The percent of women who smoke during pregnancy and percent of children who live in households where someone smokes.

SPM 3: The percentage of NPMs and SPMs that include at least one strategy focused on disparity reduction.

SPM 5: The rate of children age 0-5 receiving a fluoride varnish application in a medical practice setting.

Accomplishments:

- HRSA's Perinatal and Infant Quality Improvement Expansion Grant awarded to support perinatal and infant oral health promotion.
- The Baby and Me, Tobacco Free pilot successfully implemented in a WIC clinic in an area with high prenatal smoking rates.
- Disparity reduction addressed through many SC MCH State Action Plan strategies.

Challenges:

- Impacting social determinants of health requires large-scale efforts that are often not given high priorities.
- Issues related to access to affordable insurance coverage remain.
- SC continues to have high rates of smoking.

Current Landscape:

- SC DHEC enjoys a strong Oral Health Program that works in school-based settings and medical care settings.
- The Baby and Me, Tobacco Free model is supported by multiple stakeholders across the state.
- Reducing disparities in social determinants of health has been named as an MCH priority for the first time.