



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

SOUTH DAKOTA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - South Dakota

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>)

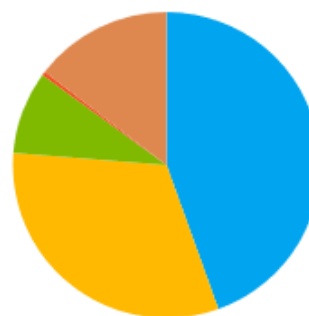
State Contacts

| MCH Director | CSHCN Director | State Family or Youth Leader |
|--|--|---------------------------------|
| Scarlett Bierne MCH Director scarlett.bierne@state.sd.us (605) 773-4439 | Barb Hemmelman CSHCN Director barb.hemmelman@state.sd.us (605) 773-4749 | No Contact Information Provided |

Funding by Source

| Source | FY 2015 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$2,476,338 |
| State MCH Funds | \$1,766,341 |
| Local MCH Funds | \$487,134 |
| Other Funds | \$22,650 |
| Program Income | \$810,181 |

FY 2015 Expenditures



Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services | \$113,486 | \$0 |
| Enabling Services | \$1,392,109 | \$2,107,884 |
| Public Health Services and Systems | \$970,743 | \$978,422 |

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 | 124,535 | \$1,211,822 | 21.8% |
| Infants < 1 Year | 13,155 | \$766,016 | 13.8% |
| Children 1-22 Years | 127,729 | \$1,823,618 | 32.8% |
| CSHCN | 40,081 | \$1,501,904 | 27.0% |
| Others * | 22,567 | \$259,284 | 4.7% |
| Total | 328,067 | \$5,562,644 | 100% |

FY 2015 Expenditures



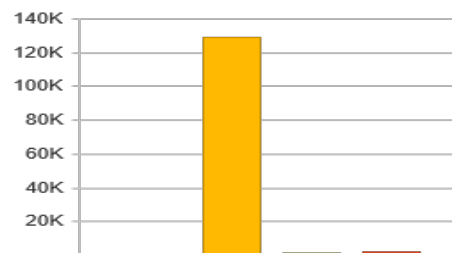
FY 2015 Individuals Served



*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: | 129,239 |
| State MCH Toll-Free Calls: | 1,334 |
| Other Toll-Free Calls: | 2,314 |



Selected National Performance Measures

| Measure # | Measure Short Name | Population Domain |
|-----------|-------------------------|---|
| NPM 1 | Well-Woman Visit | Women/Maternal Health |
| NPM 5 | Safe Sleep | Perinatal/Infant Health |
| NPM 6 | Developmental Screening | Child Health |
| NPM 7 | Injury Hospitalization | Child Health, Adolescent Health |
| NPM 10 | Adolescent Well-Visit | Adolescent Health |
| NPM 11 | Medical Home | 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 1 | Well-Woman Visit | ESM 1.1 | Number of partners who collaborate to promote well women visits |
| NPM 5 | Safe Sleep | ESM 5.1 | Number of page engagements to the For Baby's Sake Facebook page |
| NPM 5 | Safe Sleep | ESM 5.2 | Percent of infant deaths reviewed for which a SUIDI reporting form was received and reviewed as part of the Infant Death Review Team meeting. |
| NPM 6 | Developmental Screening | ESM 6.1 | Number and type of partnerships to promote early childhood screening |
| NPM 7 | Injury Hospitalization | ESM 7.1 | Number of partners convened specific to motor vehicle safety activities |
| NPM 10 | Adolescent Well-Visit | ESM 10.1 | Number of providers offered resources and outreach regarding Bright Futures |
| NPM 11 | Medical Home | ESM 11.1 | Number of trainings for providers on components of medical home model |
| NPM 13 | Preventive Dental Visit | ESM 13.1 | Number of media platforms (i.e., websites, Facebook, TV, radio, print) that promote oral health messaging |
| NPM 14 | Smoking | ESM 14.1 | Number of media platforms (i.e., websites, Facebook, TV, radio, print) that include tobacco prevention/cessation messages |

State Performance Measures

| SPM # | SPM Title | Population Domain(s) |
|-------|---|---------------------------|
| SPM 1 | Percent of suicide attempts by adolescents 12 through 17 years of age | Adolescent Health |
| SPM 2 | Percentage of children, ages 2-5, receiving WIC services with a BMI at or above the 85th percentile (overweight or obese) | Child Health |
| SPM 3 | Percent of women (15-44 years of age) with a live birth whose observed to expected prenatal visits are greater than or equal to 80% | Women/Maternal Health |
| SPM 4 | MCH data is analyzed and disseminated | Cross-Cutting/Life Course |

Executive Summary

In January 2016 the DOH released its 2015-2020 Strategic Plan which provides a road map for the future and helps staff work together to achieve meaningful outcomes. The strategic plan includes the DOH vision (Healthy People, Healthy Communities, Healthy South Dakota), mission (promote, protect and improve the health of every South Dakotan) and guiding principles (serve with integrity and respect, eliminate health disparities, demonstrate leadership and accountability, focus on prevention and outcomes, leverage partnerships, and promote innovation). Each objective has key strategies to help guide activities along with 27 key performance indicators to allow the DOH to monitor progress. See <http://doh.sd.gov/strategicplan/> for more information.

The MCH program integrated the newly revised MCH State Action Plan with the DOH Strategic Plan to link DOH and programmatic goals/strategies. The MCH plan's guiding principles are: (1) enhance internal and external partnerships to address MCH priorities; (2) utilize DOH communications and social media platforms to enhance education and awareness; (3) maintain DOH infrastructure/workforce to provide education and outreach to clients and providers; and (4) maintain data and epidemiology support to assist with collection and analysis of data.

Goal 1 – IMPROVE THE QUALITY, ACCESSIBILITY, AND EFFECTIVE USE OF HEALTHCARE

NPM 1: Percent of women ages 18-44 with a past year preventative medical visit

- Outreach/collaborate with insurance providers to promote women well visits and reminder strategies
- Make resources available to women including what to expect at a well visit

NPM 10: Percent of adolescents, ages 12 through 17, with a preventative medical visit in the past year

- Outreach/collaborate with insurance providers to promote adolescent well visits and reminder strategies
- Provide resources for providers on Bright Futures guidelines and the value of provider one-on-one time with adolescents
- Implementation of 6th grade vaccination requirements

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

- Provide information and education to primary care providers, pediatric specialists, and community providers on medical home model
- Assist families of children and youth with special health care needs with costs incurred as a result of their child's chronic health condition that are not covered by other sources
- Coordinate the newborn screening infrastructure

Key Performance Indicators:

1. Increase the percent of 18-24 year old women with a past year preventive medical visit from 66.4% to 69.5% by 2020. *BRFSS*
2. Increase the number of adolescents (13-18 years old) that enroll in the SD QuitLine from 45 to 50 by 2020. *SD QuitLine*
3. Increase the immunization rate for the >1 dose of meningococcal vaccine for adolescents 13-17 years of age from the baseline of 57% to 80% by 2020. *NIS*
4. Increase the percentage of CYSHCN who report receiving care in a well-functioning system from 17.6% to 18.6% by 2020. *NCSHCN –National Survey of CSHCN*

Goal 2 – SUPPORT LIFE-LONG HEALTH FOR ALL SOUTH DAKOTANS

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

- Train interpreters to promote the importance of safe sleep practices to participants who are non-English speaking
- Implement strategies to increase awareness of the importance of safe sleep practices targeted to Native Americans, dads, and grandparents
- Train law enforcement on use of Sudden Unexplained Infant Death Investigation (SUIDI) reporting forms

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

- Convene a partner team to look at developmental screening and referrals
- Facilitate the completion of developmental screenings and anticipatory guidance for clients served

NPM 7: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

- Identify a team of internal/external partners for which motor vehicle safety is already part of their mission
- Integrate injury prevention education, motor vehicle safety, and prevention of drug and alcohol use into broader child health promotion efforts by DOH
- Explore a collaborative communication platform for adolescent health information

NPM 13: Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

- Provide oral health information to new mothers through the Bright Start Welcome Box
- Facilitate access to oral health services through partnerships with SD's parenting training center, other state agencies, and service providers
- Conduct Oral Health Basic Screening Survey of 3rd graders

NPM 14: Percent of women who smoke in the last three months of pregnancy

- Maintain DOH infrastructure/workforce in order to provide education and outreach to clients and make SD QuitLine referrals as appropriate
- Include smoking cessation and promote tobacco free environment messages in social media and other communications across the DOH

SPM 2: Percentage of children, ages 2 to 5 years, receiving WIC services with a BMI at or above the 85th percentile (overweight or obese)

- Engage and support collaboration among State agencies and community partners around nutrition/physical activity
- Integrate nutrition/physical activity education into broader health promotion efforts
- Identify ways to raise awareness of importance of nutrition/physical activity at a young age

SPM 3: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent

- Implement strategies to increase awareness on importance of preconception/inter-conception and postpartum health in social media and other communications
- Outreach to insurance providers to promote early and adequate access to prenatal care

Key Performance Indicators:

1. Increase the percent of infants from other races (not White or AI) placed to sleep on their backs from 77.0% to 80.9% by 2020. *SD PRAMS*
2. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool from 23.5% to 24.9% by 2020. *National Children's Health Survey*
3. Decrease the percentage of high school students who report in the past 30 days they rode with a driver who had been drinking alcohol from 20.1% to 19.2% by 2020. *YRBS*
4. Increase the percentage of 6 to 9 year old children who received a dental sealant on at least one permanent molar from 57% to 59.9% by 2020. *Oral Health Basic Screening Survey*
5. Reduce the percentage of pregnant females that smoke from 14.8% to 8.1%. *DOH Vital Records*
6. Reduce the percentage of children, 5-6 years old with a BMI at or above the 85th percentile (overweight or obese) from 26.6% to 25.2% by 2020. *DOH School Height and Weight Survey*
7. Increase the percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent from 79.2% to 87.1% by 2020. *SD PRAMS*

Goal 3 – PREPARE FOR, RESPOND TO, AND PREVENT PUBLIC HEALTH THREATS

DOH Objective A: Prevent and control infectious disease

- Improve South Dakota's age-appropriate immunization rate
- Provide support and education on emerging public health threats

Key Performance Indicators:

1. Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% to 80% by 2020. *NIS*

Goal 4 – DEVELOP AND STRENGTHEN STRATEGIC PARTNERSHIPS TO IMPROVE PUBLIC HEALTH

SPM 1: Reduce suicide attempts by adolescents

- Identify and partner with organizations for which suicide prevention is already a mission and highlight their efforts as examples others could follow
- Integrate suicide prevention education into broader adolescent health promotion efforts within DOH

Key Performance Indicators:

1. Reduce suicide attempts by adolescents from 8.9% to 8.0% by 2020. *YRBS*
2. Reduce the suicide age-adjusted death rate for South Dakota from 17.1 per 100,000 to 12.6 per 100,000 by 2020. *DOH Vital Records*

Goal 5 – MAXIMIZE THE EFFECTIVENESS AND STRENGTHEN THE INFRASTRUCTURE OF THE DEPARTMENT OF HEALTH

DOH Objective B: Promote a culture of organizational excellence

- Enhance maternal child health messaging
- Maintain DOH infrastructure/workforce to provide education and outreach to clients and providers
- Provide professional development and resources to employees

Key Performance Indicators:

1. Increase the number of Certified Lactation Consultants from 3 to 60 by 2020. *DOH*

The MCH Program realigned the MCH Team into two workgroups: (1) Child/Adolescent Health and CYSHCN and (2) Women/Maternal Health and Perinatal Infant Health. The workgroups meet regularly to monitor and update MCH data measures, expand internal/external partnerships and provide oversight of the MCH state plan objectives/strategies. The workgroups meet

jointly group once a month with the MCH Evaluation team (EA Martin) to discuss and share data, assess evaluation needs, and provide data focused training in order to increase the use of data across programs.

ACCOMPLISHMENTS & STRATEGIES:

The larger MCH workgroup met and identified nine Evidence Based Strategy Measures and four State Performance Measures to focus on for FY 17. In addition, the office created a Child and Family Services Interagency Workgroup and it meets quarterly and focuses on children ages 0-5 years to improve service, promote collaborative programming, reduce duplication of resources, and support strategic plans. The workgroup includes the DOH, DOE (Birth to Three, Head Start), DSS (Childcare Services, Economic Assistance, Substance Abuse/Behavioral Health), and DHS (Developmental Disabilities).

The sections below highlight selected accomplishments for the previous year along with a brief description of strategies for the coming year.

Domain: Women/Maternal Health

The priority need is promoting preconception and inter-conception health. Overarching objectives/strategies are aimed at increased awareness of overall preventive medical care and risk factors that affect maternal and child wellness. The DOH will engage other agencies and providers to identify and implement strategies to increase awareness of and promote annual preventive medical visits including preconception/inter-conception and postpartum care.

Domain: Perinatal/Infant Health

The priority need is the reduction of infant mortality. Overarching objectives/strategies are aimed at increased awareness of safe sleep practices as well as other factors that affect infant mortality. The DOH will engage other agencies and providers to identify and implement strategies to increase awareness of the importance of safe sleep practices.

Domain: Child Health

The priority need is promoting positive child and youth development to reduce morbidity and mortality. Overarching objectives/strategies are aimed at increased awareness of importance of developmental screening and early identification of concerns and risk factors that affect positive child and youth development. The DOH will engage other agencies and providers to identify and implement strategies to increase awareness of the importance of early childhood screening and referral for services.

Domain: Adolescent Health

The priority need is to improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN; and promote positive child and youth development to reduce morbidity and mortality. Overarching objectives/strategies are aimed at preventing adolescent injuries, suicides, and motor vehicle deaths through awareness of importance of preventive service visits and healthy life styles choices. The DOH will engage other agencies and providers to identify and implement strategies to increase awareness of and promote motor vehicle safety education, including prevention efforts focused on drug and alcohol use and texting while driving.

Domain: Children and Youth with Special Health Care Needs

The priority need is to improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN. Overarching objectives/strategies are aimed at the early identification and treatment of newborns with metabolic disorders and increasing the number of children with and without special health care needs having a medical home. The DOH will provide information and education on the Medical Home Model to primary care providers, pediatric specialists, and community providers.

Domain: Cross-cutting/Life Course

The priority needs are promoting oral health for all populations; promote positive child and youth development to reduce morbidity and mortality; and improve state and local surveillance, data collection, and evaluation capacity. Overarching objectives/strategies are aimed at increased awareness of importance of oral health across the life span; dangers of tobacco use; and importance of data to support program efforts. The DOH will begin to engage other agencies and providers to include oral health and tobacco prevention/cessation messaging as a component of all of media platforms.

More detail about strategies and activities can be found in the Block Grant Report/Application.