



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **OKLAHOMA**

State Snapshot

FY 2018 Application / FY 2016 Annual Report

November 2017

### 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 2018 Application / FY 2016 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 2016 Expenditures
Federal Allocation	\$6,967,164
State MCH Funds	\$6,513,130
Local MCH Funds	\$1,163,806
Other Funds	\$0
Program Income	\$4,050

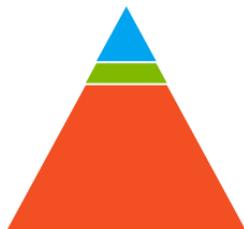
FY 2016 Expenditures



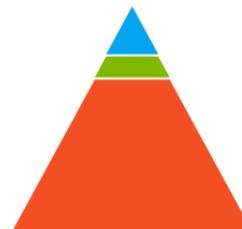
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,737,084	\$1,668,917
Enabling Services	\$623,292	\$731,690
Public Health Services and Systems	\$4,606,788	\$5,280,379

FY 2016 Expenditures Federal



FY 2016 Expenditures Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2016 Expenditures	%
Pregnant Women	78,895	\$919,840	6.6%
Infants < 1 Year	52,584	\$3,098,203	22.2%
Children 1-22 Years	693,710	\$5,863,119	42.0%
CSHCN	21,000	\$4,070,272	29.2%
Others *	544,423	\$0	0.0%
<b>Total</b>	<b>1,390,612</b>	<b>\$13,951,434</b>	<b>100%</b>

FY 2016 Expenditures



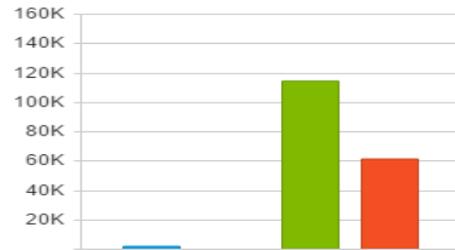
FY 2016 Individuals Served



\*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:	2,200
State Title V Social Media Hits:	213
State MCH Toll-Free Calls:	147,944
Other Toll-Free Calls:	79,296



### 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 Head 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 2016, 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. The 2016-2020 priorities are those most likely to "move the needle" in improving the health of the Oklahoma MCH population (See Table 1).

**Table 1. Oklahoma Title V Priorities**

Reduce Infant Mortality
Reduce the incidence of preterm and low birth weight births
Reduce the incidence of unintentional injury among children
Reduce the incidence of suicide among adolescents
Reduce health disparities
Improve the transition to adult health care for children and youth with special health care needs
Reduce teen pregnancy
Reduce unplanned pregnancy
Improve the mental and behavioral health of the MCH population
Reduce the prevalence of chronic health conditions among childbearing age women

### 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 and State Performance Measures which were selected for Oklahoma. The 5-year Action Plan detailing accomplishments and plans for each domain and measure is available in the narrative section of the Block Grant application. 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 and State Performance Measures for Oklahoma by Domain**

Population Domain	Performance Measure(s)
<b>Maternal/Women</b>	<ul style="list-style-type: none"> <li>Percent of women with a past year preventive visit</li> <li>Rate of Maternal Mortality</li> </ul>
<b>Infant/Perinatal</b>	<ul style="list-style-type: none"> <li>Percent of infants who are A) ever breastfed and B) Percent of infants breastfed exclusively through 6 months</li> <li>Percent of infants placed to sleep on their backs</li> <li>Rate of Infant Mortality</li> </ul>
<b>Child</b>	<ul style="list-style-type: none"> <li>Rate of injury-related hospital admissions per population ages 0 through 19 years</li> </ul>
<b>Adolescent</b>	<ul style="list-style-type: none"> <li>Percent of adolescents, ages 12 through 17 years, who are bullied</li> <li>Percent of adolescents with a preventive services visit in the last year</li> </ul>
<b>CSHCN</b>	<ul style="list-style-type: none"> <li>Percent of children with and without special health care needs who received services necessary to make transitions to adult health care</li> <li>Percent of families who are able to access services for their child with behavioral health needs</li> </ul>
<b>Crosscutting</b>	<ul style="list-style-type: none"> <li>A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes</li> </ul>

**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 2017 and 2018 have projected revenue shortfalls largely unprecedented in state history. This will have an impact on MCH, CSHCN and OFN programs and projects, however the extent for programs is unknown at the time of submission for the grant application and report.

**Maternal/Women:**

*Accomplishments:*

- Assisted, through the county health departments, approximately 47,843 women and men with family planning services, linked them to appropriate services or assisted with Medicaid (SoonerCare) enrollment as needed.
- Created and disseminated PRAMS Briefs: *Pre and Post-Natal Stressors Experienced by Oklahoma Mothers and Patterns of Postpartum Birth Control Use after an Unintended Pregnancy.*
- Distributed preconception and interconception health information via Farmer's Markets, March of Dimes walk, Community Baby Showers, and pharmacies.
- Assisted in the development of support groups for women with postpartum depression.
- Recognized those hospitals that established protocols and entered data on Alliance for Innovation on Maternal Health (AIM) activities related to hypertension and hemorrhage.

*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 facilitate enrollment in Medicaid for those eligible.
- Encourage family planning providers to treat every visit as a preconception health visit and provide targeted preconception health counseling to every female 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.

**Perinatal:**

*Accomplishments:*

- 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 to fund and support statewide newborn screening activities, including Zika virus surveillance, for the early detection of birth defects in the state.
- Met with hospitals to ensure all have access to fetal fibronectin testing to help identify women at high risk of preterm labor.
- Distributed 192 cribs to families in need via the crib pilot project for safe sleep.
- 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 42% increase in score on the Maternity Practices in Infant Nutrition and Care (mPINC) Survey, from 55 in 2009 to 78 in 2015. Oklahoma currently has 7 Baby-Friendly Hospitals delivering almost 15% of all births statewide.

*Plans:*

- Continue to partner with 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 additional delivery hospitals to participate in the Sleep Sack program.
- Continue work with the Oklahoma Perinatal Quality Improvement Collaborative 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:*

- Developed a Text4Baby message on infant crying and soothing techniques.
- Added two hospitals to the group of participating hospitals in the Period of PURPLE crying program, which teaches new parents about infant crying patterns and soothing to prevent abusive head trauma.
- Continued funding for Child Passenger Safety activities, including staff time for the installation of car seats to families in need.
- Provided funding for the Oklahoma Poison Control Hotline for training and technical assistance to families, students, health care providers and child care programs.

*Plans:*

- Provide leadership on 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 collaborative relationship with Injury Prevention Service (IPS) and Safe Kids Oklahoma, through funding and MCH staff assistance with car seat safety events and seat installations.
- Train and identify partners to provide education in local communities on Graduated Driver Licensing, distracted or impaired driving, seatbelt use, and alcohol use while driving as they relate to children and youth.
- Continue funding Poison Control Center education and outreach activities.

**Adolescent:**

*Accomplishments:*

- Reduced state-wide teen birth rates (15-19 year olds) by approximately 40% over the last 15 years.
- Maintained five state-funded adolescent pregnancy prevention projects in local county health departments, and administered the Personal Responsibility Education Program (PREP) grant for Oklahoma City and Tulsa County Health Departments and added a new curriculum which addresses out-of-home youth.
- 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 departments and contract clinics.

*Plans:*

- Collaborate with local county health departments to establish, support, and sustain local Public Health Youth Councils which identify issues within their communities affecting adolescents and work with public health professionals to implement solutions.
- Conduct trainings with others who work with youth using 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.

**CYSHCN:**

*Accomplishments:*

- Funded Sooner SUCCESS activities, including a provider survey to assess transition processes and policies for primary care and specialty clinics.
- Established a Health Care Transition Subcommittee to strengthen partnership involvement in transition planning activities.
- Funded parent-to-parent support, sibling support, training, and opportunities for family leadership via OFN.
- Continued funding the Oklahoma Infant Transition Program, the Pediatric Sickle Cell Clinic in Oklahoma City, and the Oklahoma Family Support 360<sup>o</sup> Center.
- Provided formula, adaptive equipment, medical care, and diapers to CYSHCN with financial need that was not otherwise covered by Title XIX Medicaid funds.
- Provided respite vouchers to families with CYSHCN.

*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 Individualized Education Plan (IEP) or 504 Plan 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.

*Plans:*

- Continue to provide counseling and OTH referrals to family planning and maternity clients seen at the CHDs and contract clinics.
- Fund up to ten rural school health nurses to continue school-based tobacco prevention and cessation programs.

**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 collaboration and partnership are necessary 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, OSDH at 405-271-4480 or joycem@health.ok.gov or **Carla McCarrell-Williams**, CSHCN Title V Director, DHS at 405-521-4092 or Carla.McCarrell-Williams@okdhs.org.