



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

LOUISIANA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Louisiana

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

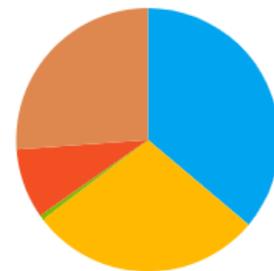
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Amy Zapata Director, Bureau of Family Health amy.zapata@la.gov (504) 568-3504	Amy Zapata Director, Bureau of Family Health amy.zapata@la.gov (504) 568-3504	Julie Johnston Louisiana Birth Defects Monitoring Network Program Manager Julie.Johnston@la.gov (225) 342-2017

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$12,123,011
State MCH Funds	\$9,563,417
Local MCH Funds	\$193,617
Other Funds	\$2,877,075
Program Income	\$8,773,281

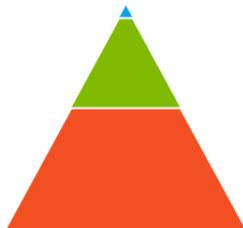
FY 2018 Expenditures



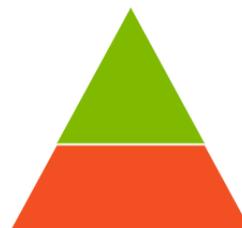
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$624,500	\$0
Enabling Services	\$4,825,515	\$3,964,185
Public Health Services and Systems	\$6,672,996	\$2,490,519

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



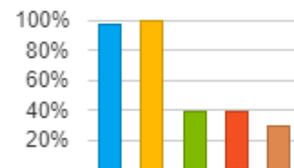
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	97.0%	\$1,742,968
Infants < 1 Year	99.0%	\$1,946,145
Children 1 through 21 Years	39.0%	\$6,491,757
CSHCN (Subset of all Children)	39.0%	\$6,465,209
Others *	29.0%	\$829,545

FY 2018 Expenditures
Total: \$17,475,624



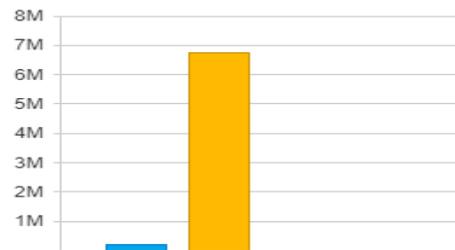
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	224,370
State Title V Social Media Hits:	6,746,876
State MCH Toll-Free Calls:	1,942
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal 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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Completion of a process evaluation of the implementation of the IHI Breakthrough Collaborative Series (BTS) implementation model for the LaPQC Reducing Severe Maternal Morbidity Initiative.
NPM 4	Breastfeeding	ESM 4.1	Number of Gift designated facilities
NPM 4	Breastfeeding	ESM 4.2	Number of Baby-Friendly designated facilities
NPM 4	Breastfeeding	ESM 4.3	Number of partnerships made to engage and align breastfeeding messaging
NPM 4	Breastfeeding	ESM 4.4	Number of breastfeeding-friendly designated workplaces
NPM 5	Safe Sleep	ESM 5.1	Percent of incorrectly coded SIDS/SUID deaths about which coroners are informed.
NPM 5	Safe Sleep	ESM 5.2	Number of professionals trained to recognize, identify, and model safe sleep environments
NPM 6	Developmental Screening	ESM 6.2	Number of medical residents receiving developmental, social/emotional, and environmental screening trainings
NPM 6	Developmental Screening	ESM 6.3	Number of developmental screening and surveillance presentations at Resource Information Workshops
NPM 6	Developmental Screening	ESM 6.4	Number of developmental screening and surveillance outreach publications and presentations
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of OPH-affiliated SBHCs assessed according to national best practices in providing adolescent-friendly care
NPM 11	Medical Home	ESM 11.1	Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition
NPM 11	Medical Home	ESM 11.2	Percent Title V CYSHCN clinics provided with parent liaisons

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of infants born in Louisiana who screen positive for a condition mandated by Louisiana newborn screening statutes and receive timely diagnosis	Perinatal/Infant Health, Children with Special Health Care Needs
SPM 2	Number of selected MCH and CYSHCN data and surveillance systems in which an evaluation protocol has been implemented	Cross-Cutting/Systems Building
SPM 3	As part of an action plan to identify priority focused improvements for social and behavioral supports for MCH and CYSHCN, percent of action steps completed.	Cross-Cutting/Systems Building
SPM 5	Number of meaningfully engaged community partners (families, youth, local leaders), as part of an effort to increase community input into MCH policies and programs	Cross-Cutting/Systems Building
SPM 6	Percentage of women aged 15-44 years at risk of unintended pregnancy that adopt or continue use of a most or moderately effective method of contraception	Women/Maternal Health

Executive Summary

Program Overview

The Title V Program is the cornerstone of maternal and child health policy and programming, serving as the core public health system for women, children, children and youth with special health care needs (CYSHCN), and families within the state of Louisiana. Housed within the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), Title V elevates the maternal and child health needs of Louisiana to the forefront of public health action. This action, grounded in the Essential Public Health Services, incorporates data, policy, clinical, and educational initiatives; preventive and supportive services; and community, government, and academic partnerships to monitor and promote community health and livelihood.

In 2015, the BFH and CYSHCN Programs (now united within BFH) conducted a statewide Needs Assessment, examining both qualitative and quantitative data to better understand the needs and desired health outcomes of the state's Maternal and Child Health (MCH) populations. The expertise of The Policy and Research Group (PRG), a research and evaluation firm based in New Orleans, was used to collect data not available through state and national sources. The 2015 Needs Assessment illuminated emerging Priority Needs and informed the selection of Louisiana's National Performance Measures (NPMs) and State Performance Measures (SPMs) for the 2015-2020 project period. These priority needs and plans are described below, by MCH population domain:

Women/Maternal Health

Similar to the national trend, Louisiana has seen an increase in rates of maternal mortality and severe maternal morbidity. While the state and the state's birthing facilities have a strong history of perinatal quality initiatives, these efforts have not had a single anchoring home-base to provide sustained support. In order to achieve lasting change, Louisiana's Title V program has been actively establishing the foundation to develop a statewide Perinatal Quality Collaborative (PQC) that capitalizes on Louisiana's experience, established partnerships, and capacity. During FFY 2018, BFH continued to invest Title V funds to support the LaPQC - a nascent statewide partnership of perinatal clinicians, hospitals, policy makers, governmental entities, and community members and advocates that aims, through evidence-based practice and the use of improvement science, to improve birth outcomes throughout the state.

In an effort to build long-term capacity within facilities and communities across the state to achieve better perinatal outcomes, Louisiana Title V will continue to employ strategies to advance maternal health outcomes in relation to the Priority Need to *improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination*. To reduce the percent of cesareans among first time low risk births (NPM 2), Louisiana's Title V program and the LaPQC will learn how to execute the evidence-based Model for Improvement and the IHI Breakthrough Collaborative Series (BTS) model as the implementation strategy for achieving improvement in maternal outcomes. Acknowledging the importance of quality reproductive healthcare access in improving maternal and perinatal outcomes, Louisiana also developed an SPM in this domain that aims to increase access to and utilization of most/moderately effective contraceptive methods.

Perinatal/Infant Health

Progress has been made on key perinatal health measures such as breastfeeding and infant safe sleep rates, but Louisiana has poor outcomes compared to other states on a number of infant health indicators. Further, racial disparities continue to be a persistent problem. Therefore, Louisiana selected the percent of infants ever breastfed and breastfed through to 6 months (NPM 4) and the percent of infants placed on their backs to sleep (NPM 5), reflecting the Priority Need to *bolster local level capacity to promote and protect health and well-being of children, caregivers, and families*. BFH's breastfeeding initiatives include a statewide hospital designation program (*The Gift*) and education of hospital staff and physicians. BFH also promotes safe sleep environments for infants through statewide media and community outreach. BFH will continue to build momentum on both breastfeeding and safe sleep efforts by increasing the number of *Gift*-designated facilities; offering trainings on breastfeeding and safe sleep best practices to professional groups who have touch points with families; and aligning those practices at the local level through engagement and consistent messaging. BFH will continue to work on establishing policies that eliminate barriers to breastfeeding and that promote safe sleep environments; increasing coroners' accuracy in the coding of Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID) cases; and utilizing data and community partnerships to inform program goals. Overall, Louisiana will seek to promote breastfeeding; prevent infant mortality through community strategies and safe sleep prevention messaging; work to improve the quality of perinatal clinical practices; sustain and advance home visiting; and affect change in communities around the prevention of infant mortality.

Child Health

The 2015 Children's Special Health Services (CSHS) Physician's Survey revealed opportunities for improvement around developmental screening in regard to periodicity, screening instruments, and family engagement. As such, the state elected to track developmental screening using a parent-completed screening tool (NPM 6), in alignment with the Priority Need to *ensure high performing essential MCH screening and surveillance systems*. To date, BFH has incorporated best-practice screening tools in the state's home visiting program, and has initiated training and provider outreach for the proper use of screening tools. The Title V Program aims to continue this work by increasing the number of pediatric primary care providers who implement recommended developmental screening tools and practices; designing a system to monitor timely referral and follow-up for children with a positive developmental screen; and increasing the number of providers who utilize training and support services on developmental screening. Overall, Louisiana will continue to advance early detection and intervention systems; lay the groundwork for better coordinated screening approaches; improve the quality of pediatric care for autism, Attention Deficit Hyperactivity Disorder (ADHD), and developmental screening; sustain and advance supports for children and families; and further local level action to effect change in communities to positively impact child health and wellbeing.

Adolescent Health

While adolescents in Louisiana have improved on some health indicators such as teen pregnancy, alcohol use, violence, and cigarette use, these risk areas continue to affect them. Additionally, Louisiana has seen a steady increase in adolescent suicide rates since 2010. Louisiana selected to measure the percentage of adolescents attending preventive medical visits (NPM 10), which will seek to address these varied health issues. In alignment with the Priority Need to *improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination*, Louisiana Title V will continue to employ strategies to advance the quality, relevance, and uptake of available services at school-based health centers. In alignment with the Priority Need to *actively and meaningfully engage youth and families, building local level leaders across the state*, new strategies have been developed to increase the input of youth and communities in the current and future program decision-making and design. Additional Title V approaches to improve adolescent health outcomes include utilizing BFH's analytic capacity to gain a thorough understanding of the complex factors associated with adolescent suicide and collaborate with state partners to work towards a statewide suicide prevention plan.

CYSHCN

For CYSHCN, the 2015 Needs Assessment illuminated the need for better quality and access to medical homes and adequate transition services for youth. Aligning with the Priority Needs to *improve access and quality of primary care, reproductive health, and specialty clinical services including care coordination* and to *improve the ability of care systems to serve and support children, adolescents and CYSHCN through transitions*, NPM 11 remains a key areas of focus. Efforts will continue to build upon the success of the Resource Information Workshop model, expanding trainings for providers and families on care coordination, youth health transition, community supports, and developmental screening. In an effort to increase provider capacity in the state, ongoing widespread distribution of tools such as webinars, Lunch and Learns, toolkits, and regional resource guides will continue. The CSHS website will serve as a resource hub for this information. In addition, BFH-CYSHCN programs will expand collaboration efforts to work with Medicaid, Healthy Louisiana Plans, Louisiana Primary Care Association, state agencies, and other stakeholders to improve systems of care for children and youth with special health care needs. Overall, Louisiana will seek to increase the number of providers who offer care coordination, transition services, and comprehensive developmental screenings and to ensure providers and families are aware of available community resources. In alignment with the Priority Need to *ensure high performing essential MCH screening and surveillance systems*, the state also developed an SPM in this domain: to adequately measure not only newborn hearing and genetic disorders screening, but also the timely intervention for those newborns who screen positive.

Cross-Cutting/Systems Building

Many of the issues affecting the health of women and children - such as high rates of poverty, violence, trauma, substance use, lack of behavioral health supports, incarceration, and persistent racial disparities in health outcomes - are not specific to a particular age group or population. Through investments in core infrastructure building strategies, Louisiana Title V continues to make significant progress towards redeveloping BFH as the public health system for women, children, and families and an organization committed to improving the lives and communities of the people of Louisiana. Louisiana developed three SPMs in this domain. These SPMs include creating performance standards for MCH epidemiology and MCH surveillance programs; developing benchmark plans to improve social and behavioral health supports for MCH and CYSHCN; and identifying key strategies to encourage family and community leaders to actively inform Louisiana's Title V efforts. In alignment with the Priority Need to *advance an understanding of the drivers of disparities in MCH and CYSHCN outcomes and boldly work toward equity*, BFH is actively working to understand the drivers of persistent disparities in health outcomes by race and ethnicity and ways to address them in everyday work. As a result of this work, there have been several noteworthy shifts across programs and amongst staff priorities: greater willingness for interpersonal discussions about race and racism; greater emphasis on pursuing community and family engagement; reconsideration of how to communicate about BFH programs and data; and broader engagement to create workplace structures that enhance program and staff ability to address disparities and reduce bias. BFH has formed an internal steering committee to drive efforts to promote health equity. This Health Equity Action Team (BFH-HEAT) has the vision of *true equity in our health programs, policies, and outcomes for all* and the mission to *develop powerful partnerships and a capable workforce to address structural inequities, particularly racism, that lead to health disparities*.

As seen from these domain descriptions, the 2015 Needs Assessment illuminated strengths and critical needs affecting the health and well-being of Louisiana's mothers, infants, children, and youth, including CYSHCN, and shed light on possible paths toward achieving future goals. The Priority Needs that emerged reflect various Essential Public Health Functions. First, these Priority Needs hold the Title V Program to rigorous standards of continuous **screening and surveillance**, a core function of public health, in order to ensure timely identification and follow up of health concerns. Second, Title V will be the driving force in improving **quality and access to clinical services**, serving as a safety-net provider for certain services, and an innovator in creative coordinated care approaches. Third, in recognizing the importance of the whole person in addressing complex health issues, Title V will work to improve **social and behavioral health supports**, and work to promote the resiliency of Louisiana's children and families. Fourth, Title V will strive to support adolescents and CYSHCN in their **transitions** as they move from service to service and from childhood to adulthood. Finally, Title V will build up **local level capacity** to protect and promote health, **decrease disparities**, and **engage families to cultivate leaders** to inform Title V efforts. Title V will actively monitor the health and well-being of Louisiana's women, children, and families to identify emerging issues and address MCH needs in this rapidly changing environment, supporting the Priority Needs through innovative approaches, collaborative efforts, and evidence-based programs to promote healthy and thriving children and families.

How Federal Title V Funds Support State MCH Efforts

The Title V Maternal and Child Health Block Grant federal-state partnership award supports the essential public health services and functions in the state for women, children, CYSCHN, and families. As described throughout this application, the funding supports **robust analytic capacity** to monitor and describe health and wellbeing, guide programs, and inform public policy; **preventive and educational services** that are grounded in best practices and evidence to promote optimal health and wellbeing; **policy and educational initiatives** to improve access to medical, behavioral health, and supportive services, and to improve community health; and **partnerships** with communities, government, and academia to advance common goals. In an environment where state funds are largely limited to carry out mandates, and many federal awards or other funding streams are limited to specific activities, Title V supports the important work of improving overall systems of care and health. Without Title V funding in Louisiana, there would be no other entity responsible for working to improve the health and wellbeing of all women and children in the state. Very few of today's public health problems have simple straightforward solutions. Title V's flexible and outcome focused funding allows Louisiana to address the state's Priority Needs

MCH Success Story

For over 10 years, Louisiana (LA) public health has supported *The Gift*, a voluntary hospital quality designation program to improve breastfeeding initiation rates that, through quality improvement (QI) approaches and alignment with community resources, is resulting in changes in the state's breastfeeding outcomes. *The Gift* provides a framework to LA birthing facilities to facilitate hospital implementation of a bundle of internationally recognized best practices. Birthing facility engagement with *The Gift* is at an all-time high of 49 out of 52 birthing facilities. Of those 49 facilities, 37 have achieved state-level designation, 16 have been awarded Baby-Friendly™ designation, and many are engaged in national breastfeeding quality initiatives. Within the past five years, *The Gift* was redeveloped to better demonstrate its relevance and value and to better serve as a pathway for hospitals to pursue Baby-Friendly™ designation. Overtime, *The Gift* has systematically integrated coordinated strategies including training, QI coaching, tools, community coordination, and collaborative learning, to build capacity within its team, hospitals, partners and across systems to improve LA's poor breastfeeding outcomes and reduce disparities. These efforts have been instrumental in creating a culture of interest in larger work within breastfeeding and other maternal and child health issues.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Louisiana

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.