

# MO Title V Maternal Child Health Block Grant FFY 2025 Application/Report Executive Summary

## Program Overview

Missouri's Title V MCH Block Grant is managed by the Department of Health and Senior Services (DHSS) and is organizationally situated in the Division of Community and Public Health (DCPH). Martha J. Smith, MSN, RN, is the state Maternal Child Health (MCH) Director, and Andrea Tray, MPH, is the Title V Children and Youth with Special Health Care Needs (CYSHCN) Director. The Title V MCH Services Block Grant application is submitted by the DHSS as the designated state agency for the allocation and administration of these block grant funds. DHSS MCH leadership and Title V MCH programming are positioned throughout multiple divisions and organizational units. DCPH serves as the umbrella entity that facilitates access to numerous MCH-targeted programs and provides a majority of services to the MCH populations. The capacity of Missouri's Title V MCH programming is large, encompassing programs and staff within DHSS, the Office of Childhood at the Department of Elementary and Secondary Education, local public health agencies (LPHAs), and numerous private and community partners. Through these programs, initiatives and partnerships, a statewide system is supported to assure comprehensive, coordinated and family-centered MCH services, including services for CSHCN.

Based on the Five-Year Needs Assessment completed in the spring of 2020, the Missouri MCH leadership team identified the following FY2021-2025 state priorities and developed strategies and action plans to address these needs:

1. Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths.
3. Reduce obesity among children and adolescents.
4. Reduce intentional and unintentional injuries among children and adolescents.
5. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs.
6. Enhance access to oral health care services for children.
7. Promote protective factors for youth and families.
8. Address social determinants of health inequities.

Five National Performance Measures (NPMs) and three State Performance Measures (SPMs) were chosen to align with the priority needs and are discussed below by population domain. Evidence-based or -informed strategies are implemented to address each priority, and the effectiveness of those strategies in making progress toward targeted objectives is monitored by tracking the identified performance measures. The needs assessment also identified two overarching principles to be applied across all

priorities, performance measures, and strategies. These are to ensure access to care, including adequate insurance coverage, for MCH populations and to promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities. The two new Universal NPMs, postpartum visit and percent of children with and without special health care needs who have a medical home, have been added to the Women/Maternal and Child Health domains for FY 2025.

Title V MCH resources are allocated and program activities are implemented to specifically address the identified priorities. Both budgeted dollars and expenditures are categorized and tracked by population served and across the three service levels in the MCH Pyramid: direct health care services, enabling services, and public health services and systems. State and Federal MCH funding helps sustain programming such as:

- Community Health Services (injury prevention, adolescent and school health)
- Early Childhood (developmental monitoring, child care health consultation, inclusion services, coordinated systems, parent advisory council (PAC))
- Environmental Health (childhood lead poisoning prevention)
- Epidemiology (vital statistics, analytics, surveillance systems)
- Healthy Children and Families (newborn screening, home visiting, newborn health, TEL-LINK, safe cribs, MCH WarmLine, MCH Navigators)
- Nutrition & physical activity (breastfeeding, obesity prevention)
- Oral Health (preventive services, community outreach)
- Special Health Care Needs (family partnership, care coordination, assistive technology)
- Women's Health (infant & maternal mortality, maternal substance use and mental health, health services for incarcerated women)
- Crosscutting (immunizations, communicable disease prevention, health access, equitable care and services)

#### Women/Maternal Health

Priority: Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.

NPM: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Priority: Improve maternal health outcomes by assuring recommended postpartum follow-up care, including screening, counseling and management of health issues

NPM: Postpartum Visit - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth; B) Percent of women who attended a postpartum checkup and received recommended care components.

The health and wellbeing of the mother before, during, and after pregnancy is important not only for the woman but also for the newborn. Women who maintain a healthy lifestyle during the preconception period are less likely to experience adverse pregnancy and obstetric outcomes and are more likely to experience better health outcomes during the postnatal period and across the life span. According to data from

the 2023 Behavioral Risk Factor Surveillance System (BRFSS), 79.2% of Missouri women between 18-44 years of age reported having a preventive health care visit within the past 1 year. This was lower than the 2023 national prevalence of 80.4%. In Missouri, a higher percentage of insured women (83.0%) compared to uninsured women (51.7%) received a preventive visit in 2023. Title V MCH funds efforts to improve access to preventive health care for women, including: TEL-LINK which provides referrals to care for women of childbearing age and their families; the Newborn Health Program which partners with community providers to educate the MCH population on health resources (including preventive care); Home Visiting programs which facilitates enrollment in MO HealthNet and/or Affordable Care Act marketplace insurance programs for participants; and MCH contracts with the LPHAs to build community-based systems and expand the resources those systems can use to respond to priority MCH issues, including providing and assuring mothers and children (in particular those with low income or limited availability of health services) access to quality health services.

#### Perinatal/Infant Health

Priority: Promote safe sleep practices among newborns to reduce sleep-related infant deaths.

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

B) Percent of infants placed to sleep on a separate approved sleep surface.

C) Percent of infants placed to sleep without soft objects or loose bedding.

Sudden unexpected infant deaths (SUID) combine infant deaths due to Sudden Infant Death Syndrome (SIDS), accidental suffocation and strangulation in bed, and deaths of unknown cause. In Missouri, the rate of SUID in 2022 was 123.3 per 100,000 live births, considerably higher than the national rate of 114.2 per 100,000 live births. In 2022, over half of SUID deaths in Missouri were attributed to accidental suffocation and strangulation in bed (67%). The remaining SUID deaths, due to SIDS and unknown causes, contributed to 12% and 21% of SUID deaths respectively. Safe sleep recommendations have made marked contributions to the reduction of the national SUID rate since the early 1990s. In Missouri, 2022 PRAMS data showed mothers who were not married (41.5%), younger in age (<20 years) (32.0%), lived in a rural area (46.6%), and/or had less than a high school education (33.7%) were significantly less likely to always/almost always practice safe sleep recommendations ( $p < 0.05$ ). Safe sleep continues to be a priority for Missouri's Title V MCH Block Grant, which is the primary resource for the Safe Cribs for Missouri Program. The Safe Cribs Program provides safe sleep education and free cribs to eligible families. Title V MCH Home Visiting Program participants also receive intensive education on safe sleep for their infants. Title V provides supplemental funds to support operations of the PRAMS survey, which monitors safe sleep practices in the state, and supports printing and distribution of the Pregnancy and Beyond book, which includes information on safe sleep and infant care. The MCH Services Program contracts with LPHAs to promote safe sleep practices to reduce sleep-related infant deaths, and regional Safe Kids coalitions work closely with community partners to provide cribs and safe sleep

education, trainings and resources to reduce the risk of infant injury or death due to unsafe sleep environments.

#### Child Health

Priority: Reduce obesity among children and adolescents.

NPM: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.

Priority: Enhance access to oral health care services for children.

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

In 2021, 17% of WIC-enrolled two-to-four-year-olds in Missouri were overweight, and an additional 15% were obese. According to the 2021-2022 NSCH, among older children (6-17 years), 16.2% were overweight (85th-94th percentile for age), and 16.1% were obese (>95th percentile for age). Based on the 2021 YRBS, the percentage of overweight high school students (9th-12th graders) was 16.2%, with female students at a higher percentage than males (19.0% vs. 13.5%). 16.3% students had obesity, with male students at a higher percentage than females (18.7% vs. 13.7%). Physical activity levels decline as children get older; while 32.4% of 6–11-year-old children were physically active every day, only 17.0% of 12-17 year-olds were physically active every day. High levels of physical activity in early childhood are predictors of continued physical activity as children age into young adulthood—underscoring the importance of establishing healthy physical habits among youth. The School Health Program supports school nurses to engage with students and families in addressing overweight/obesity among children. The MCH Services Program contracts with LPHAs to promote physical activity and prevent and reduce obesity among children and adolescents, and the Building Communities for Better Health LPHA contract implements policy and environmental changes that increase opportunities for children to engage in physical activity across multiple settings.

According to National Survey of Children’s Health (NSCH) 2021-2022 data, 77.0% of children ages 1-17 years old nationally had a preventive dental visit in the last year, a greater percentage than in Missouri (72.5%). A lower percentage of Missouri children aged 1-5 years old (51.3%) had a preventive dental visit than their national counterparts (54.7%). This age group also had a lower percentage than Missouri children aged 6-11 years old (78.6%) and 12-17 years old (83.1%). 18.1% of Missouri children aged 6-11 years had some degree of tooth decay, which is 17.5% higher than the national percentage. Title V MCH supports Office of Dental Health efforts to promote oral health for children and childbearing women through education, prevention and leadership.

#### Adolescent Health

Priority: Reduce intentional and unintentional injuries among children and adolescents.

NPM: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Priority: Promote Protective Factors for youth and families.

SPM: Suicide & self-harm rate among youth ages 10 through 19.

Intentional and unintentional injury continue to be the leading cause of preventable death and hospitalization among Missouri's children. Missouri continues to report higher rates of injury related death and hospitalization than the national average. In 2022, the leading cause of death for youth aged 10-19 was unintentional injuries (Missouri rate was 21.7 per 100,000, and national rate was 13.4 per 100,000). Homicide was the second leading cause of death for this age group (14.3 per 100,000), and suicide was the third leading cause with a rate of 7.7 per 100,000. 61 Missourians aged 10-19 died of suicide. Improving resiliency and mental health among children and youth of all ages will impact suicide and risk-taking behavior. Safe Kids Coalitions in Missouri work to provide unintentional injury prevention services to children aged 0-19 years, including addressing teen driver safety. The Adolescent Health Program (AHP) focuses on Social-Emotional Learning, and the Injury Prevention Program, in partnership with the AHP, provides a Mental Health Crisis Toolkit for families with youth experiencing a mental health crisis. The MCH Services Program contracts with LPHAs to prevent intentional and unintentional injuries, prevent child abuse and neglect, and promote motor vehicle, water, bicycle, and other general safety among children and adolescents. LPHAs also promote protective factors for youth and families to prevent adolescent suicide and self-harm.

#### Children and Youth with Special Health Care Needs (CYSHCN)

Priority: Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs. *(Also in Child Health domain.)*

NPM: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home. *(Also in Child Health domain.)*

In 2021-2022, 44.0% of Missouri CYSHCN received care that met medical home criteria, a rate less than that of children and youth without a special health care need (49.2%). Data from the 2021-2022 NSCH showed 12.1% of Missouri CYSHCN received care that met the criteria for a well-functioning system compared to 13.2% nationwide. This same survey indicated among children without special health care needs nationally, 46.1% received care through a medical home, compared with 49.2% in Missouri. This rate is below the HP2030 target of 53.6%. The Bureau of SHCN provides targeted education to enrolling families on the importance of a medical home. Additionally, Title V MCH programs promote health insurance coverage to improve the likelihood that all children will have a medical home and services to address their needs.

#### Cross-Cutting/Systems Building

Priority: Address Social Determinants of Health inequities.

SPM: Percent of DCPH staff and contracted partners working with maternal and child populations who complete core MCH, Health Equity, and Social Justice trainings.

Qualitative and quantitative data indicate Missouri continues to experience concerning outcome disparities in maternal and child health associated with socioeconomic status, race and geography. Title V MCH core team members facilitate workforce development training on essential MCH content that is foundational for effective and equitable

leadership, including topics such as the social determinants of health inequities, trauma-responsive care and services, cultural competence, health literacy, effective multisector collaboration, and increasing efforts to center the lived experience of individuals, families, caregivers, and communities. Activities to address the social determinants of health inequities include reviewing training resources, such as the MCH Navigator trainings and MCH Leadership Competencies, establishing core training requirements for internal Title V funded programs/staff and external contractors, and ongoing development and implementation of a progressive MCH Training Plan.

## **How Federal Title V Funds Support State MCH Efforts**

Federal Title V funds provide backbone funding for approximately 128 key staff positions across the Department of Health and Senior Services (DHSS) and the Office of Childhood at the Department of Elementary and Secondary Education (not including senior leadership and budget/financial, procurement and information technology support staff). This includes the Chief Medical Officer and staff who serve children and youth with special health care needs (CYSHCN), such as the Family Partners; epidemiological staff who analyze data to identify priority health needs of the maternal/child population; and staff who focus on women's, infant's, children's, and/or adolescent's health. Staff also provide technical assistance to community partners, such as Safe Kids coalitions and the 115 Local Public Health Agencies (LPHAs). Contract funding to LPHAs to help build community-based systems and expand the resources those systems can use to respond to priority MCH issues comprises almost thirty percent of Title V funds. The bulk of remaining contract funds are dispersed for home visiting, service coordination for CYSHCN, early childhood, oral health promotion, community health and wellness initiatives, and MCH navigator and support services. The majority of state match supports newborn screening testing by the State Public Health Lab, newborn screening follow-up and direct care for CYSHCN. State funds also support women's health services for incarcerated women and the Sexual Assault Forensic Examination – Child Abuse Resource and Education program. Title V funds allow Missouri to coordinate public health services provided to the MCH population by working across multiple state programs, engaging community partners and families and collaborating with stakeholders throughout the state to address ongoing and emerging issues.

In 2023, Title V funding was leveraged to establish the CSHCN Director position as a FTE, increasing capacity to provide statewide leadership for priorities related to CYSHCN, medical home and family partnership and for implementation of the *Blueprint for Change: Guiding Principles for a System of Services for CYSHCN and Their Families*. Title V funding supports the MCH Learning Community, launched in 2023 to promote cross-collaboration, relationship building, knowledge-sharing, and problem-solving. The Learning Community meets monthly and highlights the work of internal programs and external partners. With the support of Title V funding, the DHSS proposed the Maternal Mortality Prevention Plan, passed by the legislature and signed by the Governor to be funded beginning with the state fiscal year 2024 budget, and the Statewide Fetal and Infant Mortality (FIMR) Network, passed by the legislature and signed by the Governor to be funded beginning with the state fiscal year 2025 budget.

*Title V funds support FTEs to lead both efforts.* To help build a strong public health workforce, inclusive of the MCH workforce, the MCH Director also serves as the State Lead for Public Health Nursing, providing leadership, expertise and advocacy related to public health nursing practice, standards, and issues, along with specialized MCH nursing leadership and expertise. Title V funds support the MCH Director's and other programs' participation in Department strategic planning and service on state-level MCH and public health boards. The MCH Director is supported to serve as the Region VII Director on the Board of Directors for the Association of Maternal and Child Health Programs. With the support of organizational leadership, the MCH Director leverages Title V funding to serve as a thought leader and architect for the future of Missouri's MCH system and outcomes.

## **MCH Success Story**

Schools serve as crucial hubs for disseminating health information and providing timely response to health emergencies. The Office of Dental Health (ODH) collaborated with MCH Leadership and the Adolescent and School Health Program (ASHP) to equip every public school in Missouri with Dental Trauma Kits. The kits were created with the support of MCH funding and contained a small jar, packets of salt, and instructions on how to save a tooth after it has been knocked out. The kits also contained a toothbrush, toothpaste, dental floss, dental picks, orthodontic wax, Orajel, cotton swabs, ice packs, and a guide with instructions and pictures on providing oral health care to a child with dental trauma. The kits were offered to every school in Missouri, and the reaction from schools has been very positive. Schools have requested more kits to target school activities and sporting events and make kits available for field trips.

Key components of the overwhelming success of the Dental Trauma Kits include the comprehensive kit contents, informative educational resources and school nurse empowerment. Each Dental Trauma Kit includes the resources necessary for promptly and appropriately managing dental emergencies. The "Oral Health Guide for Caregivers of School-Aged Children" is a comprehensive booklet with valuable insights and guidance on dental trauma management, guiding school nurses and caregivers to respond effectively to dental emergencies. Feedback from school nurses highlights the profound impact of the initiative. School nurses expressed feeling equipped with the necessary tools and resources to confidently manage dental traumas effectively. Testimonials, like the one below from DeAnna Newberry (school nurse) from Branson, exemplify how the kits facilitated successful intervention, ultimately preserving students' oral health and smiles.

*"I would like to send a HUGE shout out to DHSS and the MO Office of Dental Health. I attended a school nurse event and received a dental trauma kit for our health office. Little did I know that we would be using the kit just a few months later. We had a student visit our office with a central tooth avulsion (upper front tooth was completely knocked out) after being hit by a ball. The trauma kit was utilized to transport the tooth to the dentist who successfully replaced the tooth in the socket, splinted the tooth and saved the student's smile."*

Ensuring every school in Missouri is equipped to handle dental emergencies promotes community-wide oral health awareness and emergency preparedness. Families benefit from

improved access to emergency dental care at schools, alleviating the burden of seeking immediate assistance outside of school hours. Students experiencing dental trauma are able to receive prompt and effective care, safeguarding their oral health, self-image and overall well-being. By addressing dental emergencies swiftly, the program helps prevent further complications and assures optimal recovery for affected individuals.

The success of this initiative underscores the tangible impact and pivotal role of the Title V MCH Block Grant in addressing critical public health needs and promoting the well-being of children. Without Title V support, the comprehensive dental trauma kits and educational resources would not be accessible to schools statewide. The initiative exemplifies the transformative impact of collaborative synergy and strategic resource allocation in advancing maternal and child health.

*Note: Additional information is referenced in the Child Health annual report narrative.*