

**INDIANA MATERNAL AND CHILD HEALTH TITLE V BLOCK GRANT**  
**Indiana State Department of Health**  
**Title V – Maternal and Child Health Block Grant**  
**FY 2009 Application/FY 2007 Report Executive Summary**

**Purpose**

Title V Maternal and Child Health (MCH) Block Grant funds are to be used to improve the health status of women, infants, children, adolescents and children with special health care needs in Indiana. MCH programs serve women, infants, children and families with emphasis placed on women of childbearing age, low-income populations, and those without health care access.

**Mission**

The Title V Grant Application is consistent with the mission of the Indiana State Department of Health (ISDH): “The Indiana State Department of Health supports Indiana’s economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.”

ISDH has also designated the following priority health initiatives:

1. Data drives efforts for both health conditions and health systems initiatives
  - Effective, efficient, and timely data collection.
  - Evidence-based and results-oriented interventions based on best practices
2. INShape Indiana
  - Promotion of prevention and individual responsibility especially in the areas of obesity prevention through good nutrition and exercise and smoking cessation.
  - Participation in this effort with all components of communities – collaborative partners.
  - Integration of INShape opportunities in all programming and communications.
3. Integration of medical care with public health
  - Appropriately targeted access to care for underserved Hoosiers.
  - Opportunities for Medicaid demonstration projects to showcase successful public health-based interventions.
  - All direct and enabling services providers must be Medicaid providers.
4. Preparedness
  - Continual scanning for developing public health threats regardless of cause of the threat (particularly through direct medical care projects).
  - Planning and training for poised and effective response to threats that cannot be prevented.
  - Coordination through Local Public Health Coordinators.

The ISDH’s vision for the future is one in which health is viewed as more than the delivery of health care and public health services. This broader public health view also includes strengthening the social, economic, cultural, and spiritual fabric of communities in our state.

**State Summary Profile**

Indiana’s FY 2009 Title V Block Grant allocation is \$11,741,197. Federal law mandates that at least 30% of the grant be spent on preventive and primary care services for children and at least 30% of the grant be spent on services for children with special health care needs (CSHCN).

The Indiana State Department of Health administers the Title V grant through Maternal and Children’s Special Health Care Services (MCSHC), a division of the Human Health and Operational Services Commission (HHOSC). MCSHC administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, SIDS, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Family Care Coordination, Prenatal Care Services, Prenatal

Care Coordination, Adolescent Health Services, Family Planning Services, Sunny Start: Healthy Bodies, Healthy Minds (or Indiana's Early Childhood Comprehensive Systems Initiative), the Genomics/Newborn Screening Program which includes Early Hearing Detection and Intervention (EHDI), Newborn Heal Stick Program, and Sickle Cell Program. MCSHC also administers Children's Special Health Care Services (CSHCS), the Indiana Birth Defects and Problems Registry (IBDPR), and Oral Health Services. Title V also supports programs administered within ISDH including: Indiana Childhood Lead Poisoning Prevention Program, Injury Prevention, and Nutrition and Physical Activity. MCSHC collaborates with many other programs within ISDH such as WIC, the Office of Minority Health, and the Office of Primary Care.

During FY '07 MCSHC used the Title V block grant and matching funds to fund 11 family planning projects, 5 genetics centers, 12 infant health projects, 14 prenatal care clinics, 12 child health projects, 6 school-based adolescent health grantees, 1 high risk infant follow-up program, 26 prenatal care coordination programs, 5 Prenatal Substance Use Prevention Programs, and 14 family care coordination programs. MCSHC served 225,874 individual during FY 2007.

### **Priority Health Needs for the MCSHC population, 2006-2011**

1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality racial and ethnic disparities in pregnancy outcomes.
2. To reduce barriers to access to health care, mental health care and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women and families.
3. To build and strengthen systems of family support, education and involvement to empower families to improve health behaviors.
4. To reduce morbidity and mortality rates from environmentally related health conditions including asthma, lead poisoning and birth defects.
5. To decrease tobacco use in Indiana.
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs.
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behavior including teen pregnancy, unhealthy dietary behaviors and physical inactivity.
8. To reduce obesity in Indiana.
9. To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana.
10. To improve racial and ethnic disparities in women of childbearing age, mothers, and children's health outcomes.

### **National "Core" Performance Measures**

1. The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2. The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey, or CS)
3. The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CS)
4. The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CS)
5. Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CS)
6. The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence. (CS)
7. Percent of 19-35 month olds who've received a full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, & Hepatitis B.

8. The rate of births (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who've received protective sealants on at least one permanent molar.
10. The rate of deaths of children aged up to 14 years caused by motor vehicle crashes per 100,000 children.
11. The percent of mothers who breastfeed their infants at 6 months of age.
12. Percentage of newborns who have been screened for hearing loss before hospital discharge.
13. Percent of children without health insurance.
14. Percentage of children 2-5 years receiving WIC services with a Body Mass Index (BMI) 85%+.
15. Percentage of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

### **State "Core" Performance Measures**

1. The number of data sets, including the NBS, EHDI, Lead, IBDPR, Immunizations, CSHCS, and First Steps Data, that are integrated into the Indiana Child Health Data Set.
2. The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children under 5.
3. The percent of live births to mothers who smoke.
4. The percent of black women (15 through 44) with a live birth whose prenatal visits were adequate.
5. The percentage of children age 0-7 w/blood lead levels 10+ Micrograms per deciliter.
6. The proportion of births occurring within 18 months of a previous birth to the same birth mother.
7. Number of community/neighborhood partnerships established in five targeted counties to identify perinatal disparities. The five targeted counties are Allen, Elkhart, Lake, Marion and St. Joseph.
8. The percentage of high school students who are overweight or at risk for being overweight.

The FY 2009 full Title V grant application narrative and data forms can be found at [www.in.gov/isdh/22448.htm](http://www.in.gov/isdh/22448.htm). The following is a summary of accomplishments and activities.

### **Accomplishments in FY 2007-2008**

#### **Newborn Screening Program**

- 100 % of newborns whose bloodspot screens were invalid, abnormal, or positive received follow-up; all confirmed positive screens were referred to appropriate medical and developmental care.
- In the Early Hearing Detection and Intervention (EHDI) program, a rule was implemented and publicized that required all licensed Ear, Nose and Throat physicians and audiologists to report any child with hearing loss to the Indiana Birth Defect and Problem Registry (IBDPR). "Lost-to-follow-up" for EDHI decreased from 35% in 2005 to 15% 2007. The EHDI data mart, Early Alert Response System (EARS), was completed and implemented in hospitals in FY 2008.
- Cystic Fibrosis was added to Newborn Screening panel in October 2007.

#### **Children's Special Health Care Services (CSHCS)**

- CSHCS hired a staff person to focus on developing an integrated services program that would address the six performance measures that focus on children with special health care needs (CSHCN).
- The Integrated Services Director convened and facilitated the Community Integrated Systems of Service Advisory Committee (CISS) to begin the development of a strategic plan for implementing a Medical Home campaign and for impacting the CSHCN performance measures.
- CSHCS provided a grant to About Special Kids (ASK) to provide parent to parent support and training, to provide parent input into policy development (participate on task force), and to assist with the development of materials and provision of other resources.
- CSHCS developed and distributed a "Transitions Manual" to children between the ages of 12-21 enrolled in the CSHCS program.

### Child and Adolescent Services

- MCSHC Director participated on the board of Covering Kids and Families (CKF), a Robert Wood Johnson Foundation National initiative to increase the number of children and adults who have access to health care coverage.
- Indiana Family Helpline, an information and referral call center, provided information and referral services to 25,018 callers in FY 2007.
- ISDH/MCH partnered with Indiana Department of Education to administer the Youth Risk Behavior Survey (YRBS) and for the third survey in a row successfully attained weighted data sample for the 2007 survey. This allows ISDH to provide data trends for adolescent risk behaviors for program planning purposes.
- ISDH State Adolescent Health Coordinator (SAHC) chaired the Indiana Coalition to Improve Adolescent Health in developing ten adolescent health priorities that are to be included in the State Adolescent Plan.
- In FY 2007 Indiana RESPECT funded 25 community based grantees to provide “sexual abstinence until marriage” education using federal funds and 26 grantees statewide to provide “sexual abstinence through the teen years” education using state funds. In FY 2008, because of uncertain and sporadic federal funding, the media campaign encouraging abstinence was expanded with available federal funding in lieu of funding some local grantees. However, 20 community grantees were funded through state funds.
- Indiana RESPECT website was updated to include interactive elements to make the site more teen friendly (see RESPECT website: [www.IndianaRESPECT.COM](http://www.IndianaRESPECT.COM)).
- Indiana’s Early Childhood Comprehensive System (ECCS) federal grant, is called “Sunny Start: Healthy Bodies, Healthy Minds“. Work has involved the expansion of a website to provide families and early childhood providers with resource and support information including a developmental calendar (available in English and Spanish) which highlights important health and safety information for families and providers; the development of a consensus statement regarding the content and core competencies for social-emotional training activities across all providers/caretakers of young children and a comprehensive one week Summer Institute in 7/07 which assisted mental health professionals to build skills in the area of social and emotional development in young children, infants and toddlers.
- SAHC assisted with planning the first ISDH Youth Summit held 3/08 which attracted 600 students.

### Perinatal Services

- MCSHC published in-depth analyses of data, entitled Smoking During Pregnancy 1990-2004 and Birth Outcomes and Maternal Characteristics In Indiana Counties 1990- 2004, for use in program planning ([www.ingov/isdh/23506.htm](http://www.ingov/isdh/23506.htm)). Other data analyses also completed during 2008 period include: Birth Outcomes and Maternal Characteristics in Indiana 1990-2005; Short Interpregnancy Intervals and Risk of Adverse Outcomes in Indiana 1990-2005; and Trends In Sudden Unexpected Infant Deaths In Indiana.
- MCSHC completed the prenatal cessation pilot project, an on-site training of OB providers and office staffing Crawford, Clark, Scott, Jefferson and Perry Counties, in collaboration with the Indiana Tobacco Prevention Cessation (ITPC) and Indiana Rural Health Association (IRHA). This pilot promoted the use of the Indiana Tobacco Quitline.
- In 2008 MCSHC updated the Hospital Levels of Care document through a self reported hospital services review survey. This will be used to determine hospital patterns of service.
- MCSHC developed a brief guide of model programs for prenatal care including “Centering Pregnancy and Parenting”, Baby First Advocates, and Maternal Outreach Mobilization Services (MOMS) program. These were presented to coalitions in the major targeted counties.
- MCSHC funded the hiring through the Indiana Perinatal Network (IPN) of a State Breastfeeding Coordinator in 1/08. She has facilitated at least 28 Breastfeeding Coalitions around the state. The Indiana Black Breastfeeding Coalition (IBBC) is one of these coalitions.
- Indiana was selected by HRSA in 1/08 as a pilot state to launch “The Business Case for Breastfeeding”. State Breastfeeding Coordinator began working with breastfeeding coalitions around the state and the

Indiana Breastfeeding Alliance to educate businesses about implementing a new Indiana law requiring businesses with 25 or more employees to support breastfeeding employees pumping their milk at work.

- The State Breastfeeding Media Campaign was launched during World Breastfeeding Week Aug. 1-7 2008.
- MCSHC funded the Indiana Women's Prison of the Indiana Dept. of Corrections "Wee One's Nursery" to facilitate bonding between qualifying incarcerated mothers and their infants.
- Prenatal Substance Abuse Commission (PSAC) completed its first year of two with a midterm report recommending legislative funding for a surveillance study every five years, support of 1.5 FTE to implement the programs, facilitate an advisory board and a resource web page, and to train practitioners around the state.

#### Oral Health Division

- MCSHC Medical Director acted as interim Oral Health Director until an Oral Health Director was hired in 12/07.
- A draft Oral Health Plan for Indiana has been completed and is being reviewed by stakeholders.

### **FY 2009 Activity Highlights**

Many of the aforementioned accomplishments in FY 2007-2008 are on-going activities and will be continued in FY 2009. The following are activities which will begin in the next fiscal year.

#### Newborn Screening (NBS).

- Develop and implement the Newborn Screening Heelstick datamart.
- Implement NBS training via website.
- Train hospital personnel on EARS reporting system.
- Develop Memoranda of Agreement (MOA) with Regional Audiology Diagnostic centers to improve the quality of pediatric diagnostics in the state, improve the number of children diagnosed with hearing loss that are reported to the EHDI program, and reduce the number lost to follow-up.

#### Children's Special Health Care Services

- The Community Integrated Systems of Service Advisory Committee (C.I.S.S.) will develop a plan to impact the six CSHCN related performance measures including medical home, insurance coverage, family/professional partnerships, easily accessible resources, and transition issues.

#### Child and Adolescent Services

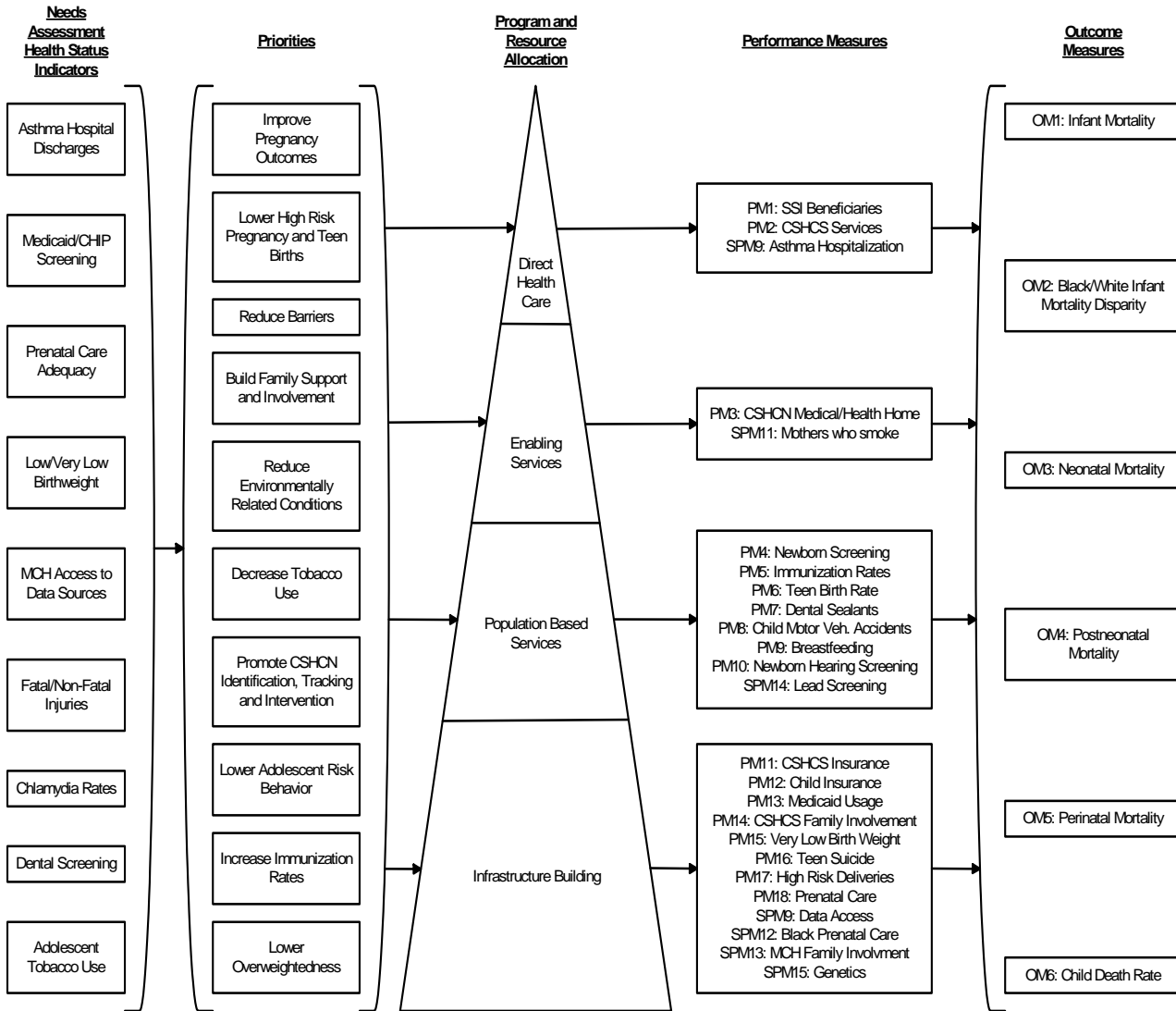
- Sunny Start: Healthy Bodies, Healthy Minds Initiative's support for mental health professionals will continue as Sunny Start is sponsoring additional training to help build competencies at the Indiana Infant and Toddler Mental Health Annual Conference. To help families navigate the system in the area of financial resources for children and families, Sunny Start is supporting the development of a series of informational documents which explain the specifics of various programs like Medicaid and Medicaid Waivers.
- IN RESPECT federal curricula will be specified and limited to selected ones in the RFP for FY 2009. ISDH will provide the training for the selected curricula to the grantees chosen.
- Provide regulated early care settings, including Early Head Start and Head Start, with information to implement policies and practices that meet or exceed best practices for asthma management through trainings, conferences, and website resources.

#### Perinatal Services

- Implementation of the Prenatal Substance Abuse Commission recommendations will begin when funding is available. Legislative changes needed will be the focus in FY 2009.

- A plan for disseminating assessment and brief intervention protocols for prenatal alcohol, tobacco, and substance use will be developed in conjunction with the Prenatal Substance Abuse Commission. Plans for dissemination will also be developed.
- The Prenatal Substance Use Prevention Program will partner with Access To Recovery (ATR) in seven Indiana target counties to increase access to addiction services for pregnant women.
- The Indiana Perinatal Network, the Indiana Breastfeeding Alliance, the State Breastfeeding Coordinator, and individual coalitions will facilitate and promote “The Business Case for Breastfeeding” campaign around the state.
- MCH Nutritionist will provide grantees training in nutrition assessment and intervention particularly in the area of weight control during pregnancy and childhood.
- MCH will work with Lake County hospitals to assess competency levels and how to build a perinatal network with nearby Level 3 hospitals.
- Emergency rooms in two targeted counties will implement ER protocols to refer all pregnant women who come to the ER to prenatal care coordination services and to public prenatal care services, if necessary.
- There will be town meetings in counties with high perinatal disparities which will include trainings on implementation of a fetal infant mortality review.
- A state task force will implement two of the recommendations in the consensus document, “Best Intentions: Unplanned Pregnancy”.
- MCSHC and Office of Minority Health will work collaboratively to bring the national Office of Minority Health media campaign, “A Healthy Baby Begins with You”, into three of the five disparity focus counties in Indiana as part of the National Partnership for Action to End Health Disparities.

**Figure 3: TITLE V BLOCK GRANT PERFORMANCE MEASUREMENT SYSTEM**



As part of this system, all services provided by MCHS are organized into the “pyramid” in Figure 1 as follows:

**DIRECT MEDICAL CARE SERVICES:** Genetics Services; Immunization; Dental Sealant/Dental Underserved; Sickle Cell; Prophylactic Penicillin Program; Basic Health Services For Prenatal; Child Health; Family Planning; Dental; Adolescent; Women's Health; Lead Poisoning Prevention; Medical Screen; STD Screens; Free Pregnancy Screens; Health Screens For CSHCN

**ENABLING SERVICES:** Genetic Services Education; Prenatal & Family Care Coordination; SIDS; Clinic Social Work; Nutrition; Health Education Efforts; Newborn Screening/Referral Component; Free Pregnancy Screens; Sickle Cell Management; Prenatal Substance Use Prevention Program (PSUPP) Support Grantees, Outreach, Family Support Services; Purchase Of Health Insurance; CSHCS Case Management; Coordination with Medicaid; WIC; & Education

**POPULATION-BASED SERVICES:** Genetic Services; Indiana Family Helpline; Project RESPECT; Adolescent Pregnancy Prevention Initiative; PSUPP; Hemophilia Program; Lead Poisoning Prevention Education; Newborn Screening; Newborn Hearing Screening; Immunization; Sudden Infant Death Syndrome Counseling; Oral Health; Injury Prevention; Outreach/Public Education; Dental Fluoridation Efforts; Free Pregnancy Screening; Infant Mortality Review; Sickle Cell Education Outreach; Sickle Cell Prophylactic Penicillin Program; Indiana Perinatal Network Education; Folic Acid Awareness

**INFRASTRUCTURE BUILDING SERVICES:** CSHCS/SPOE; Injury Prevention Education; Needs Assessment; Evaluation; Planning; Policy Development; Coordination; Quality Assurance; Standards Development; Monitoring; Training; Early Childhood Comprehensive Systems Initiative; Indiana Perinatal Network; MCH Data System; Lead Data System; PSUPP Data System.

The following tables list multi-year data for various statistical indicators and measures:

### Selected Health Status Indicators

2006	1999	2000	2001	2002	2003	2004	2005	2006
The Percent of Women (15 through 44) with a live birth during the reporting year whose prenatal visits are considered adequate.	75.2%	72.4%	74.1%	73.5%	72.9%	72.3%	71.1%	69.4%
The Percent of Live Births weighing less than 2,500 grams.	7.8%	7.4%	7.6%	7.3%	7.9%	6.6%	6.9%	8.2%
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	10.0	11.4	11.5	9.0	9.6	11.6	11.3	11.29
The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.	18.5	21.7	23.8	23.8	23.7	26.6	26.2	26.9
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	4.6	5.7	7.1	7.1	7.0	8.2	8.4	8.5

### Selected Performance Measures

	1999	2000	2001	2002	2003	2004	2005	2006
Percent of newborns in IN with a confirmed case of selected genetic condition/s who received appropriate follow-up.*	99.3%	99.9%	99.4%	99.6%	99.8%	100%	100%	100%
Percent of children through age 2 who have completed immunizations.	78.9	79.3%	78.5%	78.5%	79.3%	79%	81.4% +/- 6.5	83.2% ^
The Rate of Births (per 1,000) for teenagers aged 15 through 17 years.	27.4	26.6	23.7	22.5	21.5	20.9	20.5	20.8
Percentage of mothers who breastfeed their infants 6 months after hospital discharge.**	56.3%	59.8%	62.6%	64.9%	63.2%	66.4%	30.2% +/-5	34.6% ^
Percent of newborns screened for hearing impairment before hospital discharge.	56.6%	95%	98%	99.6%	99.8%	97.9%	98.5%	97.8%
Percent of children without health insurance.	11.8%	7.8%	7.8%	7.6%	7.6%	8.9%	9.1%	9.1% ^
The rate (per 100,000) of suicide deaths among youths aged 15-19.	8.1	8.7	9.0	9.1	6.6	8.1	6.9	7.3
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	79.5%	79.4%	78.8%	80.5%	80.6%	78.5%	78.9%	77.6%
Percent of live births to mothers who smoke.***	20.9%	20.2%	20.2%	19.1%	18.5%	17.9%	17.3%	17.28% %
The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.	63.5%	60.2%	63.2%	61.6%	61.6%	61.3%	60.0%	57.3%

### Selected Outcome Measures

	1999	2000	2001	2002	2003	2004	2005	2006
The infant mortality rate per 1,000 live births.	7.8	7.7	7.5	7.6	7.4	8.1	8.1	7.8
The ratio of the black infant mortality rate to the white infant mortality rate.	2.5	2.4	1.9	2.4	2.5	2.5	2.4	2.8
The perinatal mortality rate per 1,000 live births + fetal deaths.	6.9	7.4	7.1	11.4	10.6	6.9	10.8	6.7 ^
The child death rate per 100,000 children aged 1-14.	27.5	25.5	21.8	22.6	19.3	23.5	24.5	23.7

\* PM changed FY2004; \*\* PM changed FY2005; \*\*\* PM changed FY2006 to "smoked in last trimester", as the new EBC includes that information; ^ Preliminary data; +/- variance for 95% confidence level.

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