

Colorado

Maternal and Child Health Block Grant 2019

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. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Colorado

FY 2016	FY 2017	FY 2018
\$7,445,533	\$7,382,930	\$7,403,844

Title V Administrative Agency:

Colorado Department of Public Health and Environment

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Colorado's Families

Infant Mortality – While Colorado's infant mortality rates fall below those of the U.S., as well as Healthy People 2020 targets, significant racial, ethnic and socioeconomic disparities exist. Colorado's MCH program is focused on reducing mortality among African Americans infants who are disproportionately impacted. One of several evidence-based strategies employed in Colorado has been the development and promotion of the [Preterm Birth Recommendations](#).

Breastfeeding – As a result of several population-based and service delivery initiatives, nine in ten Colorado mothers choose to initiate breastfeeding. As part of the MCH early childhood obesity prevention efforts, breastfeeding promotion and support activities focus on policies and practices to increase breastfeeding duration and exclusivity.

Since 2013, the Colorado Baby-Friendly Hospital Collaborative has provided a state-wide support system of training, networking, technical and financial assistance to hospitals pursuing Baby-Friendly designation.

By the end of 2018, 13 Collaborative hospitals achieved the prestigious designation. Colorado created a Breastfeeding in Child Care Toolkit and a training module for licensing's professional development information system to increase child care providers' knowledge, understanding and support of breastfeeding in child care. The module is also publicly available on CoTrain.org. In addition, community partners implemented workplace lactation accommodation initiatives to reduce barriers and support a mothers' right to continue providing breast milk after returning to work.

Developmental Screening and Referrals - Colorado's MCH program funds training and technical assistance for local public health agencies, other community-based organizations and health care providers to increase the number of young children in Colorado receiving age-appropriate developmental screenings. The MCH program also convenes an Early Childhood Screening and Referral Policy Council. The council identifies, prioritizes and takes action on a common set of recommendations related to improved service coordination to promote optimal child development. Based on the most recent National Survey of Children's Health, Colorado's developmental screening rates are significantly higher (49.9%) than the nation (31.1%).

Women's Mental Health/Pregnancy Related Depression – Depression is the most common complication of pregnancy, impacting nearly 1 in every 10 Colorado women. The MCH program has supported the dissemination of screening guidance documents and information about Medicaid reimbursement for screening in obstetric, pediatric and family practice offices. Because fear of disclosing symptoms still serves as a barrier to some mothers seeking and receiving treatment, MCH partnered with a private foundation to launch a statewide public awareness campaign in 2016. The campaign increases knowledge about pregnancy-related depression and encourages women to seek help. As part of the campaign, Colorado is working closely with [Postpartum Support International](#) to increase awareness of available referral resources throughout the state. Based on the most recent statewide data available, the percent of healthcare providers in Colorado who talk to a woman about what to do if they experience symptoms of depression has risen from 72.6% (2009) to 74.2% (2017).

Substance Misuse/Prescription Drugs- MCH provides supports efforts to reduce prescription drug misuse in Colorado, focusing on women of reproductive age. These efforts are coordinated through the Colorado [Consortium for Prescription Drug Abuse Prevention](#), which has 10 work groups that focus on different evidence based strategies, such as public awareness, safe disposal and provider

education. In 2015, the Consortium created a campaign called [Take Meds Seriously](#) to educate parents and the general public on safe use, storage and disposal of prescription meds. Colorado's Medication Take-Back Program currently has 57 counties with permanent take-back sites, with plans to have sites in all 64 counties by the end of 2019 to promote safe disposal and limit the availability for misuse. Additionally, the Consortium is working to improve access to the Prescription Drug Monitoring Program (PDMP) for health care providers and educate providers in high-burden areas on best practice [Opioid Prescribing Guidelines](#). These collective efforts have contributed to the 26.3% decrease in the percent of women ages 18-44 who received a high dose opioid prescription, based on the most recent data available

Substance Misuse/Marijuana - In 2016, Colorado released a campaign to provide educational information about the health effects and risks associated with marijuana use during pregnancy and while breastfeeding. The campaign uses digital advertising, social media, online resources, health care providers and community groups to reach pregnant, and breastfeeding women. The campaign received more than 11,500,000 views across a variety of media channels across the state. The campaign is available at GoodToKnowColorado.com/baby and resources associated with the campaign are located at COHealthResources.org.

Substance Misuse/Tobacco – MCH partners with the Colorado Tobacco Prevention Program to reduce rates of smoking amongst pregnant women, as well as reduce rates of second-hand smoke in households with children. Strategies include Baby & Me Tobacco Free smoking cessation program, the Colorado QuitLine, provider education, and policy and environmental change strategies known to reduce smoking among young adults.

Low Risk C-Section Reduction – Although cesarean births can be life-saving and medically optimal, far too many are performed for non-medically indicated reasons, and the rise in these procedures has resulted in significant health, social and economic costs for women, infants and society. A report of low-risk C-section rates by Colorado birthing hospitals was completed in 2017, with 19 of Colorado's 56 birthing hospitals identified as having high rates. MCH is partnering with the Colorado Perinatal Care Quality Collaborative to pilot best practice strategies to reduce rates in participating hospitals.

Medical Home - Half of families in Colorado report that their child or youth receives care within a medical home. The percentage is even lower amongst children and youth with special needs (46.2%). To address this, the MCH program works closely with Medicaid's Accountable Care Collaboration Program, local public health agencies and other pediatric partners to implement policy change to strengthen cross-systems communication and coordination of care for children and youth. MCH is also funding enhancements to Colorado's 211 database to

expand access to resources for children and youth with special needs.

Bullying and Suicide Prevention - Nearly 23% of Colorado youth experienced bullying in the past 12 months and 17% of Colorado youth have considered suicide in the past 12 months. Lesbian, gay, bisexual, and transgender youth are disproportionately represented in these rates. Trusted adults, positive school environments, community and school connectedness, and economic stability are protective factors for bullying and suicide. MCH funds strategies to support these protective factors, such as promoting Gay Straight Alliances (GSAs), enumerated bullying prevention policies, shared use agreements between schools and communities, and access to quality early childcare.

Percentage Served by the Colorado MCH Program*

100.0%	pregnant women
100.0%	infants under one
100.0%	children and adolescents
100.0%	children with special health care needs
1.0%	others

*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

State Selected National Performance Measures

- Low-Risk Cesarean Delivery
- Breastfeeding
- Developmental Screening
- Injury Hospitalization
- Physical Activity
- Bullying
- Medical Home
- Smoking

State Selected MCH Priorities

- Women's Mental Health
- Mortality among African-American Infants
- Early Childhood Obesity Prevention
- Developmental Screening and Referral
- Bullying and Youth Suicide Prevention
- Medical Home for Children and Youth
- Substance Misuse Reduction among Women

Across all priorities, MCH staff implement strategies to promote health equity and community engagement, as well as to apply best practices in performance management to monitor progress, conduct quality improvement and evaluate impact. For more information about Colorado's MCH program visit www.mchcolorado.org.

Current Special Projects of Regional and National Significance (SPRANS)

Healthy Tomorrows Partnership for Children Program

KIDS FIRST HEALTH CARE
Commerce City, CO

State Systems Development Initiative (SSDI)
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Denver, CO

Children's Oral Healthcare Access Program
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Denver, CO

Reaching Practicing MCH Professionals in Underserved Areas Through Education and Training Program
THE REGENTS OF THE UNIVERSITY OF COLORADO
Aurora, CO

MCH Research Network
THE REGENTS OF THE UNIVERSITY OF COLORADO
Aurora, CO

MCH Research
THE REGENTS OF THE UNIVERSITY OF COLORADO
Fort Collins, CO

Supporting State Maternal and Child Health Policy Innovation
NATIONAL CONFERENCE OF STATE LEGISLATURES
Denver, CO

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