

## Mississippi

### 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](http://www.amchp.org).

#### MCH Block Grant Funds to Mississippi

FY 2016	FY 2017	FY 2018
\$9,190,152	\$9,170,542	\$9,235,413

**Title V Administrative Agency:**  
Health Services, Mississippi State Department of Health

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

### Protecting and Improving the Health of Mississippi's Families

**Infant Mortality** - MS has joined other states and national maternal and infant health leaders in a nationwide effort to reduce infant mortality and improve birth outcomes. The MSDH is undertaking a diverse approach, working with healthcare providers and community leaders across the state to improve MS maternal and infant health. MSDH focuses on six evidence-based strategies (graphic below) to reduce infant mortality including:

1. Reducing non-medically indicated deliveries before 39 weeks
2. Reducing tobacco use during pregnancy
3. Improving maternal health before and in-between pregnancies
4. Improving safe sleep practices that reduce SIDS and sleep related deaths
5. Increasing rates of breastfeeding
6. Enhancing perinatal systems of care for high-risk mothers and infants

**Teen Pregnancy Prevention** - As a partner in the Healthy Teens for a Better Mississippi initiative, MSDH promotes abstinence-only and abstinence-plus education, youth development, coalition building, and media outreach to achieve healthier infants and decrease teenage births.

**MS Perinatal Quality Collaborative** - In November 2014, the MSDH convened the 1st annual meeting of the Mississippi Perinatal Quality Collaborative (MSPQC). Ensuring that each mother and infant receives the safest, risk-appropriate and evidence-based care is fundamental to improving birth outcomes in MS. The development of the state-based MSPQC will provide the infrastructure for clinicians and hospitals to implement proven practices to enhance care safety and quality. During the meeting, teams voted to select state project initiatives. The neonatal team will focus on optimizing high-risk neonatal resuscitation and the obstetric team will focus on reducing morbidity and mortality caused by severe maternal hypertension. There will be a statewide effort to increase breastfeeding rates and support hospitals to adopt practices to support breastfeeding through the Baby Friendly Hospital Initiative. MS currently has one of the lowest rates of breastfeeding in the US.

**Mortality Surveillance** - The Fetal-Infant Mortality Review (FIMR), Child Death Review Panel (CDRP), and Pregnancy-Associated Mortality Review (PAMR) processes involve case reviews of infant, child, adolescent, and maternal deaths. Professional Case Review teams make recommendations to Community-Level Action Teams to promote and implement changes at the systems level.

**39 Weeks Initiative** - The MS Hospital Association, MS Section of the American College of Obstetricians and Gynecologists, and MS delivery hospitals support the 39 weeks initiative. Thirty-seven MS delivery hospitals (80%) have joined the March of Dimes Banner Program, committing to reduce unnecessary early elective deliveries (before 39 weeks) to 5% or less of all births.

**Children and Youth with Special Health Care Needs Program** - The Mississippi CYSHCN Program is well underway to offering enabling services to a broader segment of the CYSHCN population. In September 2018, the program advanced its infrastructure and expertise by establishing the multi-disciplinary CYSHCN Leadership Team, which includes several CYSHCN parents/caregivers. Through this partnership, the

CYSHCN Program developed and customized a care coordination learning collaborative entitled, “CYSHCN Cares 2.” Five healthcare systems/teams (4 FQHCs and 1 rural health clinic) were awarded, potentially reaching approximately 56,818 children with and without special health care needs at 58 clinic sites in approximately 25% of Mississippi’s 82 counties. The healthcare systems implemented a team-based approach to care for CYSHCN by securing a parent consultant (to be trained as Community Health Workers) and care coordinator to serve on their clinical team. The overall objectives of the CYSHCN Cares 2 are to transform clinical practice through models of care, improvement, and learning; increase CYSHCN Parents/ /caregivers’ engagement; build strategic partnerships and generate and document improved health outcomes for children from birth to 21 years of age with chronic medical and disabling conditions. \*Demographic data was reported by awarded healthcare systems and is currently being validated.

**Child Health-** The regional health departments are a major provider of preventive health screenings for children (0 to 20 years of age) through the Medicaid Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) program. This set of services is for children who are eligible for Medicaid. The First Steps Early Intervention Program implements the Individuals with Disabilities Act (IDEA) Part C as directed by the Office of Special Education Programs (OSEP). This program identifies all infants and toddlers, birth to three years of age, who have development delays and/or medical conditions likely to lead to a developmental delay. Referred children are provided a comprehensive multidisciplinary evaluation to determine eligibility. The First Steps (Part C) Early Intervention System, Genetics (Newborn Screening), and the Children’s Medical Program are in the same Office. The organizational structure of these programs fosters service integration, early identification and referral, service coordination, and timely follow-ups for children with special needs.

**Newborn Screening Program-**The program provides screening, diagnosis, counseling, and follow-up for a range of genetic disorders. The goal of these services is to use preventive measures to minimize the effects of disorders through early detection, provide timely medical diagnosis, and treatment. Staff provides patient education to ensure that information is readily available to parents, hospitals, physicians and other healthcare providers. Staff in the bureau collects data from medical providers for the statewide Birth Defects Surveillance Registry (BDSR) which is used to monitor the births of children with defects for changes in incidence or other unusual patterns suggesting preventable causes.

**Adolescent Health -** These services offer information, consultation, technical assistance, training, and educational presentations to adolescent health service providers and to community partners. Other priorities are needs assessments and evaluations of health programs that serve adolescents and young adults.

**Lead Poisoning Prevention and Healthy Homes Program-**

The program takes a comprehensive approach to address housing related issues linked to lead exposure and other environmental home hazards. Efforts are made to educate families on home safety, fires, falls, carbon monoxide, asthma education and SIDS/SUID risk reduction strategies. Home visits and environmental investigations are conducted for children with venous blood lead levels  $\geq 15\mu\text{g/dL}$ .

**Other Preventive Health Services —**

MCH supported staff in regional health departments provide approximately 40% of the immunizations in the state. The percent of children 19-35 months who were immunized during the 2008-2009 year was 81.1 according to the National Immunization Survey which exceeded the national average and resulted in Mississippi achieving the rank of number one in the country. The Mississippi State Department of Health gives about 40 percent of all childhood vaccinations in the state.

**Toll-Free Telephone Line —**

(1-800-721-7222) The MCH program maintains a toll-free telephone line in cooperation with WIC. The line provides assistance to clients seeking information about MCH services, family planning, Medicaid, WIC, and other services. This valuable tool encourages early entry into prenatal care and links clients to resources in the public and private sectors.

**Percentage Served by the Mississippi 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

**Health Needs in Mississippi**

- Decrease infant mortality
- Increase access to health care/medical homes for children and youth with special health care needs (CYSHCN)
- Increase access to comprehensive health care for children
- Reduce teen pregnancy and teen birth rate
- Increase health insurance coverage
- Reduce low birth weight and premature birth
- Increase access to prenatal care
- Increase child nutrition and early childhood obesity prevention

## State Selected National Performance Measures

- Well-Woman Visit
- Risk-Appropriate Perinatal Care
- Breastfeeding
- Safe Sleep
- Developmental Screening
- Adolescent Well-Visit
- Medical Home
- Adequate Insurance

### For more information, contact:

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#### Children with Special Health Care Needs

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## Current Special Projects of Regional and National Significance (SPRANS)

**State Systems Development Initiative (SSDI)**  
MISSISSIPPI STATE DEPARTMENT OF HEALTH  
Jackson, MS

**Early Childhood Health Promotion System for High Need Program**  
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
Jackson, MS

