



South Carolina Department of Health and Environmental Control

South Carolina Title V: Shared Opportunities with Healthy Start

Presented to the
Healthy Start Regional Meeting
June 26, 2017
Columbia, South Carolina



Infant Mortality (IM) CoIIN

South Carolina was part of the first Region 4/Region 6 IM CoIIN cohort.

In **Year 1**, we participated in the following learning networks:

- Smoking Cessation;
- Risk Appropriate Care; and
- Pre-early term birth.

The South Carolina Infant Mortality Reduction Plan was written with the assistance of external partners who were also involved in the CoIIN work.

Partners: The South Carolina March of Dimes; the South Carolina Birth Outcomes Initiative; South Carolina Children's Trust; and the South Carolina Hospital Association; Lisa Hobbs, Vinita Leedom.



Infant Mortality CoIIN (*year 2*)

In **Year 2**, once the IM CoIIN expanded to nationwide, we participated in the following learning networks:

- Risk Appropriate Care;
- Pre-early term birth; and
- Safe Sleep.

We were also observers for Social Determinants of Health.

Infant Mortality CoIN (*year 3*)

During **Year 3**, external partners have remained as engaged as possible, although not able to make all calls.

For the most recent in-person meeting in Feb 2017, the following partners also attended:

- Healthy Start staff with Family Solutions of the Lowcountry (<http://scorh.net/our-services/familysolutions/>);
- The South Carolina Birth Outcomes Initiative;
- Department of Health and Human Services (Medicaid); and
- The South Carolina Children's Trust.

These activities will continue through July, 2017.

Ten State Priorities (2015-2020)

W	1	Improve health promotion among the maternal and child health population, including preventive health visits and screenings (Women/Maternal).
PI	2	Improve access to risk-appropriate care through evidence-based enhancements to the perinatal regionalization system (Perinatal/Infant).
PI	3	Increase implementation of safe sleep environment practices (Perinatal/Infant).
PI	4	Improve breastfeeding initiation, continuation, and support (Perinatal/Infant).
PI	5	Reduce the prevalence of preterm birth through evidence-based programs and clinical interventions (Perinatal/Infant).
C	6	Increase appropriate preventive and health developmental screenings and referral to early intervention services (Child).
A	7	Increase physical fitness among children and adolescents (Adolescents).
S	8	Improve care coordination for children and youth with special health care needs (CSHCN).
X	9	Reduce smoking and exposure to tobacco use among the maternal and child health population (Cross cutting/Life course).
X	10	Reduce racial/ethnic disparities in social determinants of health, including insurance coverage, other barriers to medical care, and employment (Cross cutting/Life course).

Eight National Performance Measures (NPM)

NPM#	MCH Population	National Performance Measure
1	Women/Maternal	Percent of women with a past year preventive medical visit.
3	Perinatal/Infant	Percent of VLBW infants born in a hospital with a Level III+ NICU.
4	Perinatal/Infant	Percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 months.
5	Perinatal/Infant	Percent on infants placed to sleep on their backs.
6	Child Health	Percent of children, ages 10 – 71 months, receiving a developmental screening using a parent-completed screening tool.
8	Adolescent	Percent of children ages 6 – 11 and adolescents ages 12 – 17 who are physically active at least 60 minutes per day.
11	CSHCN	Percent of children with and without special health care needs having a medical home.
14	Cross-cutting/Life Course	Percent of women who smoke during pregnancy and percent of children who live in households where someone smoke.



Five State Performance Measures



Number	Priority Need
Women/ Maternal	The percentage of women who reported financial barriers to prenatal care entry.
Perinatal/ Infant	The percentage of women delivering a live birth who have had a previous preterm birth receiving 17P during their pregnancy.
CSHCN	The percentage of infants identified through newborn screening with sickle cell disease who receive care coordination services through the Children with Special Health Care Needs program.
Cross-cutting/ Life Course	The percentage of national and state performance measures that include at least one strategy focused on disparity reduction.
	The rate of children birth to five years old receiving a fluoride varnish application in a medical practice setting.



Evidence-Based Strategy Measures (ESM)

Women's Health

- **ESM 1.1** - Completion of a gap analysis and asset map to assess barriers to preventive health screenings/services when and where women need them.
- **ESM 1.2** - Generation and dissemination of a report to quantify and describe racial/ethnic disparities in preventive health service utilization among women.



ESM (*continued*)

Perinatal/Infant Health – Perinatal Regionalization

- **ESM 3.1** - Percentage of non-Regional Perinatal Center hospitals that had at least one formal meeting with staff from their Regional Perinatal Center to discuss the functioning of the Perinatal Regionalization System in their region.
- **ESM 3.2** - Percentage of the total cost of the Perinatal Regionalization System paid by DHEC through contracts to the Regional Perinatal Centers.
- **ESM 3.3** - Percentage of very low birth weight births in Level I and II hospitals that had a completed VLBW Assessment Tool.
- **ESM 3.4** - Generate a report to examine data trends with regard to racial/ethnic disparities in VLBW births at Level I and Level II facilities.



Title V ESM (*continued*)

Perinatal/Infant - Breastfeeding

- **ESM 4.1** - Percentage of postpartum WIC participants who intend to pump breastmilk that are offered a breast pump by the SC WIC program.
- **ESM 4.2** - Number of WIC breastfeeding peer counselors available per 1,000 WIC participants who breastfeed.



Title V ESM (*continued*)

Perinatal/Infant Health – Safe Sleep

- **ESM 5.1** - Number of safe sleep trainings and awareness activities across South Carolina made available in partnership with the South Carolina Safe Sleep Coalition.
- **ESM 5.2** - Number of social media posts providing safe sleep educational messages utilize the SC Child Fatality Advisory Committee's most recent findings.
- **ESM 5.3** - Number of collaborative activities with non-traditional partners (e.g., Child Passenger Safety, Tobacco Control) to disseminate safe sleep messaging.



Title V ESM (*continued*)

Child Health

- **ESM 6.1** – Execution of contract(s) with early intervention service providers to establish a referral system for high-risk infants identified through the SC Birth Defects Program.
- **ESM 6.2** - Development of a statewide Child Health and Well-Being Coalition to improve coordination on a variety of issues impacting child health and development using a collective-impact model.
- **ESM 6.3** - Racial disparity in the rate of developmental screening at state-level through examination of billing codes.



Title V ESM (*continued*)

Adolescent Health – Two ESMs

CSHCN – Two ESMs



Title V ESM (*continued*)

Cross Cutting/Life Course

- **ESM 14.1** –Pilot the “Baby & Me, Tobacco Free” program in a WIC clinic and/or a **Healthy Start site** in geographic areas of SC with a high prevalence of smoking.
- **ESM 14.2** – Percentage of Medicaid prenatal care providers screening pregnancy women for smoking, alcohol and drug use, domestic violence, and depression, and making appropriate referrals.



Shared Opportunities

Perinatal Health – Birth Outcomes Initiative

Access to Care – Transportation, 17P, Oral health

Breastfeeding/Safe Sleep

Patient Quality/Safety

Disparities

Behavioral Health

Data



Shared Opportunities (*cont*)

Child Health and Well-Being Coalition

Access to Care & Referrals – Clinical home visits, well-visits;

Early Child Care, Education & Environments – Quality early child care, universal quality pre-K, home visiting, achieving 3rd grade reading level;

Screening & Intervention – Adverse childhood experiences, depression, developmental screening, oral health, drug withdrawal/NAS, abuse/neglect;

CSHCN – Asthma management, diabetes, obesity, sickle cell anemia, coordinated care.



Shared Opportunities

Women's Health

Family Planning Program;

Sexual Violence Services Program; and

Best Chance network.



South Carolina Department of Health and Environmental Control

Thank you!



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