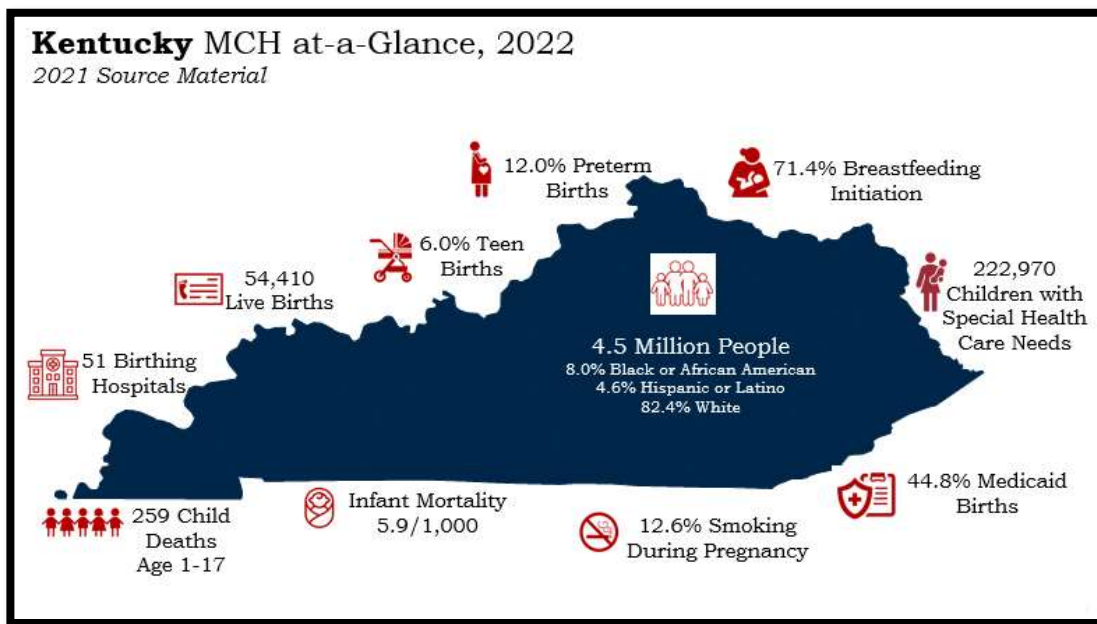


The KY Department for Public Health, the Maternal and Child Health (MCH) Title V Agency, along with the Office for Children with Special Health Care Needs (OCSHCN) are the state agencies designated as the administrator for the KY Title V program(s). Both KY MCH and OCSHCN are committed to ensuring the health and well-being of KY's MCH populations. The KY Title V Program develops and supports the public health infrastructure and enabling services to meet these objectives. In addition to meeting the legislative intent of the funding, the Title V programmatic priorities are revised every five years based on a federally required comprehensive needs assessment. The annual report and application sections to follow reflect the fourth year of the 2020-2025 needs assessment cycle. The following graphic representation gives a snapshot of the MCH conditions in KY this programmatic year.



### Women/Maternal Health Domain

The 2020-2025 needs assessment indicated this domain's priority necessity is to reduce morbidity in pregnancy by focusing on improving the health of women across the life course. In 2022, MCH continued to focus on building a best practice package (evidence-informed strategies) for use by Local Health Departments (LHDs). The Well Woman package was developed to promote preventive screenings, review morbidities in pregnancy, data dissemination to raise awareness, and support the utilization of media platforms to promote well woman visits.

Work continued around health equity with greater clarity and focus in 2022, expanding the Office of Health Equity's workforce and building out teams into local communities to address disparities across the state.

MCH continued the work of the Health Access Nurturing Development Services (HANDS) home visitation program to: Improve maternal and child health outcomes

through screenings and referrals; meet the needs of pregnant women and/or new parents; provide guidance regarding growth, development, and the needs of the new baby; and address the safety of the home environment for the child and mother.

With an alarming rise in maternal deaths, half of which have substance use as a risk factor, the KY Maternal Mortality Review Committee (MMRC) recommended that DPH to focus on prevention efforts for this population. In the prior needs assessment, KY added State Priority Measure (SPM) around addressing maternal deaths associated with substance abuse disorder. Much work has been done through the KY Perinatal Quality Collaborative (KyPQC) to reduce the number of women who are addicted or who have a substance abuse disorder. The KyPQC, a statewide collaboration of leaders from birthing hospitals and other stakeholders, works to address the different maternal morbidities to reduce the state's maternal mortality rate. In addition, Kentucky has recently been designated as a member of the Alliance for Innovation on Maternal Health (AIM), which supports best practices to make birth safer and improve maternal health outcomes.

In KY, smoking during pregnancy has been decreasing in recent years. However, smoking among pregnant women in KY remains almost double the national rate. MCH promotes activities aimed at smoking cessation among pregnant women and the development of more smoke-free policies. The MCH packages focusing on prenatal care and well woman visits have specific criteria which include resources and referrals to assist women with tobacco cessation programs.

### **Perinatal/Infant Health Domain**

Infant mortality is considered the single leading indicator of the overall health and well-being of a population. The 2022 infant mortality rate was 5.9 per 1,000 live births, slightly higher than the national rate of 5.5 per 1,000 live births according to the CDC. In the 2020-2025 needs assessment, stakeholders identified neonatal abstinence syndrome, prematurity, and unsafe sleep practices as the priority issues. Therefore, the chosen state priority need continues to be infant mortality. Evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and breastfeeding. KY targets two NPMs for this domain.

In this reporting period, the Sudden Unexpected Infant Death (SUID) registry identified 92 SUID cases. SUID is the one of the leading causes of death for KY's infants, with 85% having at least one unsafe sleep risk factor. The number of SUID cases have been trending downward in KY for the past several years. However, in the past two years we have seen an increase in SUID cases. MCH has developed and promoted educational campaigns and rigorous trainings on safe sleep best practices, which include social and traditional media as well as other types of promotion.

Rates of neonatal abstinence syndrome (NAS) have increased more than 20-fold in the last decade in KY. NAS surveillance continues to be a top priority in KY since legislative mandates and MCH's initial report in 2015. KY's NAS rate remains far above the

national average. State Priority Measure (SPM) #1 established in the last needs assessment attempts to address this persistent and oftentimes deadly issue in our state. There are also additional consequences related to NAS. Infant death related to unsafe sleep and deaths from abusive head trauma can be attributed to substance abuse during pregnancy. The KyPQC neonatal workgroup is also focusing on hospital and provider outreach to determine efforts for NAS identification, diagnosis, reporting, and plan of safe care.

### **Child Health Domain**

The recently created School Health Program within MCH continued to provide support to local school health nurses, teachers as well as other K-12 educators and professionals. The MCH school health program was created to develop and support health education, expand partnerships and resources, *and* coordinate dissemination of accurate information related to public health. A mental health component was also incorporated into the school health program to address students who continue to struggle with mental health exacerbated by the pandemic.

Injury is the leading cause of death among KY children over the age of one year and is a priority need as identified in the 2020-2025 needs assessment. Child passenger and teen driving safety were raised as high priorities. For this domain, MCH developed web-based trainings on child maltreatment/referral and injury prevention. MCH assumed the leadership role with the KY Safe Kids Chapter and began monthly injury prevention promotions aligned with a variety of seasonal injuries. This work continued throughout 2022.

The Child Safety Learning Collaborative (CSLC) continued their work addressing education and evaluation of child suicide. KY fully implemented the 988 mental health crisis line in July 2022.

The Child Fatality Review and Injury Prevention program (CFR) now has 104 review teams. In 2022, the Child Fatality and Near Fatality External Review Panel collaboration increased with subcommittee evaluation to address prevention recommendations based on findings by the panel. Their work also included mapping of child protective services cases, policy review, and potential legislative recommendations for toxicology screening.

### **Adolescent Health Domain**

The Adolescent Health program is focused on reducing risky behaviors including use of tobacco products and other substances. Much work has been done by the Chronic Disease Prevention Branch of DPH to educate and inform adolescent populations about the dangers of tobacco and vaping products.

In addition, KY included a National Priority Measure (NPM) measuring the percentage of households where someone smokes. Addressing environmental factors such as

these are vital to women's health, as well as *both* the child and adolescent health populations who are vulnerable and susceptible to ongoing negative health effects of smoking.

Suicide and behavioral health support were a priority of the 2020-2025 needs assessment. The number of KY child/teen deaths from suicide continues to rise with some dying as young 10 years of age. A concerted effort to address child suicide is ongoing and is the primary focus for the KY CSLC.

Additionally, in 2022, MCH continued the scope of work as it relates to the Pediatric Mental Health Care Access Grant (PMHCA). Utilizing existing and well-established infrastructure of childhood mental health within MCH, the community mental health centers in the Department of Behavioral Health, Developmental and Intellectual Disabilities, as well as programs currently being administered by OCSHCN, will expand access to mental health services for children statewide. The administration of this program is made possible with the collaborative effort of the KY Chapter of the American Academy of Pediatrics, the universities, and a private sector evaluation team. The need to expand access to mental healthcare services can have dramatically positive outcomes on child and adolescent behavior(s) as a result of adverse childhood experiences.

In addition to safety, smoking, mental health, and other external factors MCH also continues to work with leadership, education officials, providers, and policymakers to curb child and adolescent obesity rates, which have many long-term health impacts across the life course.

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

In response to the 2020-2025 needs assessment, OCSHCN created the Access to Care Plan and Data Action Plan scorecards. CYSHCN priorities, identified through the 2020-2025 needs assessment process, were used to create the scorecards which are linked to State Performance Measures (access to care, improved data capacity, and adequate insurance coverage) and National Performance Measures (transition to adult health care). The Access to Care Plan and Data Action Plan scorecards provided an opportunity for OCSHCN clinics and staff to examine opportunities to expand services and support programs to patients and families.

The expansion of transition services to adulthood continues to be a priority for OCSHCN. The OCSHCN Transition team evaluates best practices to educate patients transitioning into adulthood by providing information and resources including navigating healthcare, independent living, career preparation, educational opportunities, and life skills.

OCSHCN has incorporated the Six Core Elements of Health Care Transitions into a clinical survey to collect information on the preparation of young adults who are now navigating adult health care. The increased use of data collection to serve families and patients increased the need to examine data collection practices. State Priority Measure

(SPM) #4 addresses the challenges associated with reaching a larger percentage of its CYSHCN population. According to the 2020-2021 National Survey of Children's Health (NSCH), KY's rate of CYSHCN is the eighteenth highest in the country at 22.4% compared to 19.5% nationwide, and KY is one percentage point higher than the average in HRSA Region IV, which is 21.2%. While the National Survey of Children's Health (NSCH) provides a wealth of information, OCSHCN conducts in-state data collection for the purposes of obtaining more KY specific data. In addition to national data sources such as NSCH, US Census, and others, OCSHCN collects information on its patients and their families via Qualtrics survey software.

The Data Action Plan outlines goals to reach the CYSHCN population outside of OCSHCN clinics. This is achieved through a data sharing agreement within the Cabinet for Health and Family Services; working with KIDS Count data, integrating new data into the KY Health Information Exchange and increasing survey measures with external stakeholders such as, physicians, schools, and medical facilities. Further developing the expertise to properly collect, measure, and evaluate data will ensure that meaningful progress is made.

Collaboration and partnerships with patients, families, staff, and community partners increase engagement for CYSHCN families to access care close to home. SPM #3 outlines the opportunities for OCSHCN bridge the gap of services and supports to families. The Access to Care Plan guides OCSHCN staff to expand services outside of the clinic and into the larger community, connecting families with first responders in order to best understand how to assist an autistic child in the event of an emergency, expanding partnerships with local hospitals and university medical centers to provide resources and staffing to clinics in Eastern Kentucky, *and* posting accessible information on the OCSHCN website and Facebook page with tools, educational materials, and links to outside agencies that serve the CYSHCN population. The ECHO model has also been incorporated to educate providers, nurses, social workers and include families to increase education and support opportunities.

Access to Care for CYSHCN families, including access to adequate insurance coverage, continues to be a top priority for KY and OCSHCN. Staff assist in referring uninsured families to the KY Health Benefits Exchange (KHBE) kynect portal in cases where they may be eligible for Medicaid/MCO coverage. OCSHCN staff also assist with the Medicaid application process, offering advice on types of earned and unearned income that may determine Medicaid eligibility. OCSHCN's Intake Department's social worker is trained as a 'kynector' and assists families during open enrollment to navigate the kynect portal. In addition, social workers in OCSHCN regional locations and parent consultants serve as kynectors for families.

### **Cross-Cutting/Systems Building Domain**

Multiple needs for KY spans across multiple domains. KY recognizes that substance use disorder, tobacco use/exposure, oral health, and insurance adequacy affects multiple domains. These topics are addressed in subsequent various population domain narratives.