

Executive Summary

Louisiana Maternal and Child Health Services

Title V Mother and Child Health Block Grant Application

Federal Fiscal Year (FFY) 2024: October 2023 – September 2024

Program Overview

The Title V Maternal and Child Health (MCH) Block Grant is the cornerstone of maternal and child health policy and programming, serving as the core public health system for women, children, children and youth with special health care needs (CYSHCN), and families within the state of Louisiana. Housed within the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), Title V elevates the maternal and child health needs of Louisiana to the forefront of public health action. This action, grounded in the updated Essential Public Health Services, incorporates data, policy, clinical, and educational initiatives; preventive and supportive services; and community, government, and academic partnerships to monitor and promote community health and livelihood.

In 2020, the BFH conducted a statewide Needs Assessment, examining both qualitative and quantitative data to better understand the needs and desired health outcomes of the state's MCH and CYSHCN populations. The 2020 Needs Assessment illuminated emerging Priority Needs and informed the selection of Louisiana's National Performance Measures (NPMs) and State Performance Measures (SPMs) for the 2021-2025 block grant period. Ongoing assessment of needs through routine analytics and special studies have reinforced and clarified the actions needed to address the priority needs, which are described below by Title V population domain:

Women / maternal health

From 2017-2019, maternal mortality in Louisiana increased at a higher rate than that of the United States, with significant disparities by race and ethnicity. The majority (80%) of all pregnancy-related deaths were deemed preventable. To address the Priority Need to improve birth outcomes for individuals who give birth and infants, Title V has been supporting advanced epidemiological surveillance and state-level action bodies to further understand and address this complex issue. During the 2021-2025 cycle, BFH also has directed Title V funds to support the Louisiana Perinatal Quality Collaborative (LaPQC) - a statewide partnership of perinatal clinicians, hospitals, policy makers, governmental entities, and community members and advocates that aims, through evidence-based practice and the use of improvement science, to improve birth outcomes throughout the state. In FFY2024, Title V will build upon the foundation set during the previous block grant cycle to scale hospital quality improvement initiatives to support and incentivize system-wide implementation of evidence-based practices to reduce rates of low-risk cesarean deliveries, as well as to address other drivers of maternal outcomes. Progress will be monitored through NPM 2: Low-risk Cesarean Deliveries.

Perinatal / infant health

According to the 2018-2020 Louisiana Child Death Review (CDR) report, Louisiana has the second highest infant mortality rate in the country. A significant majority of injury-related infant deaths were classified as Sudden Unexpected Infant Deaths (SUIDs) and were related to the sleep environment. Reflecting the Priority Need to reduce child injury and violence, Louisiana selected NPM 5: Safe Sleep. During the 2021-2025 cycle, BFH has been providing leadership and programmatic support to the state and regional CDR panels that conduct case reviews for all unexpected infant and child deaths, including SUIDs, to assure continued focus and data-informed action related to improve safe sleep practices around the state. To prevent infant injury and mortality, BFH will also provide evidence-based training on safe sleep best practices to professionals who have influential touch points with families.

In relation to the Priority Needs to improve birth outcomes for birthing persons and infants and ensure equitable access to high-quality and coordinated clinical and support services, Louisiana Title V will continue to support The Gift, an evidence-based program designed to assist Louisiana birthing facilities in increasing breastfeeding rates and hospital success by improving the quality of their maternity services and enhancing patient-centered care. During the 2021-2025 cycle, The Gift has been working to implement new quality improvement strategies that aim to reduce the black-white gap in breastfeeding initiation that persists both in Louisiana and nationally. BFH will monitor NPM 4: Breastfeeding, but the primary goal of the related strategies is to build long-term capacity within birthing facilities and communities across the state to achieve better perinatal outcomes.

Child health

According to the 2020-2021 National Survey of Children's Health (NSCH), less than 25% of Louisiana children ages 9-35 months received a developmental screening using a parent-completed screening tool in the past year. Compared to the national averages, children in Louisiana are also less likely to receive early intervention through IDEA Part C Services or access Early Head Start. In alignment with the Priority Need to promote healthy development and family resilience through policies and practices rooted in core principles of development, Title V will support efforts to build capacity and coordinate across existing programs to address gaps and barriers within the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system. To increase timely identification of developmental needs, Louisiana Title V has been implementing training, resource, and provider outreach strategies to increase the number of primary health care and early childhood education providers who utilize recommended developmental screening tools and practices. Title V will monitor progress through NPM 6: Developmental Screening. BFH will also provide family coaching and support through evidence-based home visiting, a strategy that has been linked to improvements in a variety of indicators of child and family health, including promoting healthy development and preventing child injury and violence.

While childhood is a time of tremendous development, it can also be a time of vulnerability. Between 2018-2020, more than half (51%) of childhood deaths ages 1-14 in Louisiana were due to injuries. Most of these deaths are considered preventable. In alignment with the Priority Need to reduce child injury and violence, BFH will provide safety-focused education to all families participating in evidence-based home visiting programs. BFH will also continue to investigate and analyze trends in child injury and violence through continuous mortality surveillance, comprehensive infant and child mortality case

reviews, and specialized epidemiological studies. Title V will monitor progress through NPM 7.1: Injury Hospitalizations (children ages 0-9).

Adolescent health

Louisiana has seen a steady increase in suicide, self-harm thoughts and behaviors, and mental health disorders among adolescents. Suicide attempts among high school students in Louisiana remain significantly higher than the average for the US, and self-harm is the second leading cause of injury hospitalizations for adolescents in Louisiana. To address the Priority Needs to improve adolescent mental health and reduce child injury and violence, Louisiana has been implementing strategies in relation to NPM 7: Injury Hospitalizations (adolescents ages 10-19). The 2020 Needs Assessment demonstrated a need to address the toxic stressors and adverse childhood experiences (ACEs) of Louisiana's adolescents that can precipitate mental health issues, including those that are linked to various forms of violence and injury. Title V will continue to build community awareness around ACEs, trauma, and resilience science across Louisiana via a robust network of trained ACE Educators. Furthermore, Title V is supporting state- and local-level efforts to integrate trauma-informed strategies into child- and family-serving systems, including through the development of a state plan to strengthen the ability of systems to prevent, recognize and respond to trauma and to promote resilience. In partnership with the BFH injury prevention program, Title V has supported several collaborative initiatives targeting adolescent mental health outcomes with an emphasis on shared risk and protective factors related to injury and violence prevention, especially self-harm. Louisiana Title V will also continue to employ strategies to advance the quality, relevance, and uptake of available services at school-based health centers, with an emphasis on behavioral health supports and screening for risk behaviors impacting health, well-being, and academic success in youth.

Children and youth with special health care needs

One of the most significant areas of transformation within Louisiana's Title V program during the 2021-2025 cycle has been within the CYSHCN domain. The historical Louisiana CYSHCN services focused on provision of gap-filling services, but the Needs Assessment encouraged Louisiana Title V to look "down the MCH pyramid" towards more population-level strategies to meet the Priority Need to ensure all CYSHCN receive care in a well-functioning system. The National Standards for Systems of Care for Children and Youth with Special Health Care Needs highlights quality medical home and care coordination as central components of a well-functioning system, so Louisiana Title V has been maintaining a focus on improving access to quality coordinated care and building medical home capacity around the state. Through expanded provider trainings, widespread resource dissemination led by regional non-profit, family-driven resource centers, and ongoing systems-level collaboration with Louisiana Medicaid, Louisiana Title V has been developing tools and trainings and other strategies to increase the number of providers who offer care coordination and to ensure providers and families are aware of available community resources. Progress will be monitored through NPM 11: Medical Home.

Cross-cutting / systems building

Many of the issues affecting the health of women and children - such as high rates of poverty, violence, trauma, substance use, lack of behavioral health supports, incarceration, and persistent racial disparities in health outcomes - are not specific to a particular age group or population. Through investments in core infrastructure building strategies, Louisiana Title V has been redeveloping BFH as

the public health system for women, children, and families and an organization committed to improving the lives and communities of the people of Louisiana.

In alignment with the Priority Need to boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices, Title V will continue to advance the mission of the BFH Health Equity Action Team (BFH-HEAT) to develop impactful partnerships and a capable workforce to address structural inequities, particularly racism, that lead to health disparities. Title V will also work to establish or amend existing policies and practices to ensure BFH operates with equity, consistently working to incorporate a social justice and anti-racism lens in the work and initiatives carried out through the Bureau.

In relation to the Priority Need to partner with families, youth, and communities at all levels of systems change, Title V aspires to institutionalize family partnership as a foundational component of all MCH and CYSHCN systems change initiatives. By supporting implementation of an early childhood systems-focused family partnership strategy, Title V will help develop and test approaches to family partnership that can eventually be replicated and adapted for other programs and initiatives across BFH. Additionally, strengthening family and constituent representation in initiatives and advisory bodies under the Bureau's purview will continue to be a focus.

In the 2021-2025 cycle, Title V has been expanding the scope of BFH's Health System Strategy in response to the Priority Need to ensure equitable access to high-quality and coordinated clinical and support services. In addition to coordinating and advancing BFH Medicaid engagement around healthcare delivery and financing policy, Title V has been working to create a stronger integration between public health practices and research and health systems policy and research. BFH will work to clearly define Louisiana Title V's current and future role in strengthening the overall health care delivery system and will continue to sustain a robust partnership with Louisiana Medicaid in the development of policy and strategies to support quality implementation of practices incentivized through policy.

BFH will also continue to implement improvement strategies in relation to the Priority Need to ensure Title V strategies are outcomes-focused and rooted in essential public health services. In alignment with the updated Essential Public Health Service to "communicate effectively to inform and educate," Title V will redevelop the overall BFH communications strategy using an evidence-based approach to develop coherent, audience-tested narratives about priority health outcomes and establish messaging consistency across all BFH programs.

Louisiana Title V developed two Cross-cutting/Systems Building SPMs for the 2021-2025 cycle. These SPMs will measure BFH's progress towards institutionalizing equity within BFH policies and practices and demonstrating organizational commitment to family partnership.

Louisiana Title V will actively monitor the health and well-being of Louisiana's women, children, and families to identify emerging issues and address MCH needs in this rapidly changing environment. Throughout the 2021-2025 cycle, Title V will support the Priority Needs through strategic investments, innovative approaches, collaborative efforts, and evidence-based strategies to promote healthy and thriving children and families.

How Federal Funding Supports State MCH Efforts

The Title V Maternal and Child Health Block Grant federal-state partnership award supports the essential public health services and functions in the state for women, children, children and youth with special health care needs and families. As described throughout this application, the funding supports analytic capacity to monitor and describe health and well-being, guide programs, and inform public policy; preventive and educational services that are grounded in best practices and evidence to promote optimal health, well-being, and respectful care; policy and educational initiatives to improve access to and quality of medical, behavioral health, and supportive services; and partnerships with communities, government, academia, advocates and families to advance common goals. In an environment where state funds are largely committed to carry out mandates, and many federal awards or other funding streams are limited to specific activities, Title V supports the important work of improving overall systems of care and health. Without Title V funding in Louisiana, there would be no other entity responsible for working to improve the health and well-being of all women and children in the state. Very few of today's public health problems have simple straightforward solutions. Title V's flexible and outcome-focused funding allows Louisiana to address the state's Priority Needs.

MCH Success Story

State newborn screening programs are vital public health services that detect treatable genetic and metabolic conditions in newborns. Early detection allows for prompt linkage to treatment and services, mitigating negative health effects of these genetic disorders. Each state has their own newborn screening program, and the national Advisory Committee on Heritable Disorders in Newborns and Children's Recommended Uniform Screening Panel (RUSP) suggests which conditions should be included on state newborn screening panels. The Louisiana Department of Health's (LDH) Bureau of Family Health (BFH) administers the state newborn screening program and works to diagnose and treat genetic and metabolic disorders as early as possible.

Historically, adding to the list of health conditions in the state newborn screening panel was only possible via a legislative directive. In most cases, this would be achieved years after a condition was recommended nationally. Some factors contributing to this delay were the complex logistics and accountabilities to ensure technical, programmatic, policy, and budgetary "readiness" across different sections of the health department and with the legislature. In FFY2022, Louisiana's Title V leadership and Title-V supported legislative policy team researched laws and policies from other states and proposed options to LDH leadership for simplifying the state newborn screening law. Ultimately, the aim was for Louisiana's newborn screening system to be supported by state policy that had a clear and time-bound process for considering conditions, executing the necessary budget and policy changes for implementation, and ensuring more timely technical readiness for implementation.

Bureau staff worked with subject matter experts within and outside of the department to draft a proposed bill to streamline and modernize the newborn screening law. The proposal was included as a part of the department's limited legislative package and was carried by a new member of the state House, Representative Vanessa LeFleur, and supported by the Governor. Throughout the legislative session, the Bureau of Family Health director (Title V administrator), along with Title-V supported program and policy staff, prepared fiscal and programmatic background information and provided informational testimony related to the bill. The proposal was well supported by the legislature, maternal and child health advocacy partners, and provider- and professional associations. The bill became Act 17 of the 2023 Regular Session of the Louisiana Legislature in May 2023. In FFY2024, Louisiana Title V-supported policy, program, and communications personnel will create public-facing materials to make the process, timelines, and status of policy changes visible for all. With these changes, Louisiana's newborn screening system now has the policy, transparency, and public accountability to support timely adoption of life-saving testing.