

**KALHD 2008 Legislative Request
Increased Maternal and Child Health (MCH) Funding**

The Kansas Association of Local Health Departments (KALHD) is requesting an increase of \$1.5 million in Maternal and Child Health funding to focus on national and state objectives aimed at improving birth outcomes (as outlined in Healthy People 2010 and MCH 2010).

The additional funding will be used by Local Health Departments (LHD) to reduce the number of Low Birth Weight (LBW) infants born to high-risk moms and to reduce the number of babies who die before their first birthday. Our two-fold approach entails:

1. Increasing access to early prenatal care through care coordination services and community systems development activities, particularly in underserved areas
2. Increasing the number of high-risk moms who receive early and intensive support by public health nurse home visitors and community outreach workers

Since 1993, decreased Congressional appropriations for the MCH Services Block Grant have resulted in decreased funding for LHD. While Kansas ranks #2 in the nation in local contribution to MCH services, we are poorly ranked at #44 in terms of state contributions to MCH services.

Of the 39,701 Kansas live births in 2005, only 76% received first trimester prenatal care, down from 87% in 2004 and substantially less than the HP 2010 goal of 90%. During that same timeframe, both the LBW and Infant Mortality (IMR) Rates increased. Babies who are born LBW (<2,500 grams or 5.5 lbs.) are more likely to die before their first birthday and African American babies are more likely than any other race to die from LBW complications. This data confirms that, as a state, we have moved farther away from MCH and HP 2010 goals rather than closing the gap.

| | Year | Kansas | United States | HP 2010 |
|---|------|--------|---------------|---------|
| Infant Mortality Rate (IMR) – per 1,000 live births | 2005 | 7.5 | 6.5 | 4.5 |
| | 2000 | 6.8 | 6.9 | |
| Low Birth Weight (LBW) | 2005 | 7.2% | 8.2% | 5% |
| | 2000 | 6.9% | 7.6% | |
| First Trimester Prenatal Care | 2005 | 76% | 83% | 90% |
| | 2000 | 87% | 83% | |

According to a recent Harvard University report, *A Science-Based Framework for Early Childhood Policy*, “Cost-benefit studies over the past four decades show that programs—some as early as prenatal and some beginning as late as age 4—return \$3 to \$17 back for every dollar invested.” Among the program and policy recommendations of this report are the following:

- Access to basic medical care for pregnant women and children is critical to healthy development
- Early and intensive support by skilled home visitors can significantly benefit parents and children

A mother’s medical problems and lifestyle choices prior to and during pregnancy influence the weight of her baby. Not only are the costs of health care alone for a significantly premature and LBW infant excessive, but those infants experience substantially greater life-long health problems as well as cognitive problems that can have a profound impact on school performance.

Reducing risks for high-risk pregnancies benefits not only the physical and emotional health of the woman, but also the health of the community. It also makes good fiscal sense. Improving birth outcomes by changing the behaviors of the mother during pregnancy can result in substantial cost savings, making MCH a program that pays for itself.

According to the March of Dimes, almost 70% of LBW babies are premature (born prior to 37 weeks gestation), compounding complications already associated with the infant's LBW. In 2005, Prematurity costs in the U.S. were at least \$26.2 billion. Of that total, 65% was for medical care, 22% for lost household and labor market productivity, 7% for maternal delivery, 4% for special education services and 2% for early intervention services.

Between 1994 and 2004, the rate of premature births in Kansas increased by more than 20% and the LBW rate increased more than 12%. The average first-year medical costs, including both inpatient and outpatient care, were almost 15 times greater for preterm/LBW infants (\$41,610) than for term infants (\$2,830).

KALHD believes that all Kansas residents should be assured basic and essential maternal and child health services, thus benefiting from critical local public health services. There are several areas in the state that will continue to have need of MCH dollars for basic prenatal care, in addition to the requested funding for care coordination services; community systems development activities, particularly in underserved areas; and early and intensive support by public health nurse home visitors and community outreach workers

We are proposing that the state legislature include in the Governor's budget for KDHE \$1.5 million for this purpose. The funds would be distributed in a joint venture with KDHE based on an assessment of population needs, current outcomes and MCH and HP 2010 goals.

The funding request is based on the following formula:

1. Increasing access to early prenatal care through care coordination services and community systems development activities, particularly in underserved areas:
 - High-risk moms currently receiving no prenatal care \approx 400
 - Costs to provide this care @ \$1,000/mom \approx \$400,000
 - Costs for other risk reduction strategies \approx \$200,000

\$ 600,000

 2. Increasing the number of high-risk moms who receive early and intensive support by public health nurse home visitors and community outreach workers
 - High-risk moms needing home visitation services \approx 1,000
 - Cost for Nurse Home Visitor (HV) \approx \$45,000/ea
 - Number of Home Visitors needed (caseload of 50/ea) \approx 20

\$ 900,000
- Total Request \$1,500,000**

Every baby deserves a healthy start and the best way to ensure that healthy start is early intervention and education on how to have a healthy mommy, a healthy baby and a healthy family.