

Child and Adolescent

Important Notes for Reviewers

- There are character limits on each of the sections which restrict the amount of material that may be written for a period of time. The section entitled “Last Year’s Accomplishments” allows for 4500 characters; “Current Activities” has space for 1500 characters; “Plan for the Coming Year” can contain no more than 3000 characters. The character counts include spaces used.
- Because of the severe limitation on the number of characters that may be used, several acronyms are used throughout the document. Please see below for a key to the acronyms used in this document.

AAP	American Academy of Pediatrics
ACIP	Advisory Committee on Immunization Practice
APS	EqualityCare Case Management contractor
BB	Best Beginnings for Wyoming Babies Program
BMI	Body Mass Index
CAHC	Child and Adolescent Health Coordinator
CDC	Centers for Disease Control and Prevention
CDCs	Child Development Centers
CHWC	Community Health and Wellness Center
COHC	Community Oral Health Coordinators
CPH	Community and Public Health
CRMC	Cheyenne Regional Medical Center
CSH	Children's Special Health Program
CYSHCN	Children and Youth with Special Health Care Needs
CY	Calendar Year
DFS	Department of Family Services
DWS	Department of Workforce Services
EBP	Evidence Based Practice
EHDI	Early Hearing Detection and Intervention
EMSC	Emergency Medical Services for Children
EPICS	Department of Family Services computer system for dual eligibility
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FP/FPC	Family Planning/Family Planning Clinics
GCDD	Governor's Council on Developmental Disabilities
HPSA	Healthcare Provider Shortage Area
HRSA	Health Resources Services Administration
IHS	Indian Health Services
IMM	Immunization Section
Kid Care CHIP	Wyoming's Children's Health Insurance Program
LGBTQ	Lesbian, Gay, Bisexual, Transgendered, and Questioning
MFH	Maternal and Family Health Section
MHR	Maternal High Risk Program
MHSASD	Mental Health and Substance Abuse Division
MOD	March of Dimes

NBIC	Newborn Intensive Care Program
NFP	Nurse-Family Partnership Program
OH	Oral Health
PHP	Preconception Health Project
PHD	Public Health Division
PHN	Public Health Nurse/Public Health Nursing
PHSD	Preventive Health and Safety Division
PRAMS	Pregnancy Risk Assessment Monitoring System
PREP	Personal Responsibility Education Program
PTAC	Planning Team for At-Risk Children, Youth and Families
PWP	Pregnant Woman Program (Medicaid)
RPE	Rape Prevention and Education
SBS	Shaken Baby Syndrome
SHO	State Health Officer
SK	Safe Kids
SKW	Safe Kids Wyoming
SKUSA	Safe Kids USA
SMYA	Sexual Minority Youth Advocates
STD	Sexually Transmitted Disease
Teen CHIP	Wyoming's Medicaid Teen Health Insurance Program
THB	The Happiest Baby on the Block
THR	Total Health Record
VFC	Vaccines For Children
WCADVSA	Wyoming Coalition Against Domestic Violence and Sexual Assault
WCCC	Wyoming Comprehensive Cancer Control Program
WCMIFRT	Wyoming Child Major Injury and Fatality Review Board
WDE	Wyoming Department of Education
WDH	Wyoming Department of Health
WHC	Wyoming Health Council
WHIP	Wyoming Health Insurance Program
WHSSM	Wyoming Healthy Student Success Model
WIC	Women Infants and Children Program
WMHP	Wyoming Migrant Health Program
WSPSTF	Wyoming Suicide Prevention State Task Force
WSVPC	Wyoming Sexual Violence Prevention Council
WyDA	Wyoming Dental Association
WyIR	Wyoming Immunization Registry
WYSAC	Wyoming Survey and Analysis Center
WYSPI	Wyoming Youth Suicide Prevention Initiative
YMCA	Young Men's Christian Association
YRBS	Youth Risk Behavior Survey

National Performance Measures

National Performance Measure 7: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The Healthy People 2020 objective is to immunize at least 80% of children ages 19 to 35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B, also known as 4:3:1:3:3. Wyoming's objective for 2011 was that 70% of children ages 19 to 35 months be immunized for 4:3:1:3:3. Data for 2011 from the 2009-2010 NIS show that 74.6% of children 19-35 months of age were immunized for 4:3:1:3:3. Data from this survey are not comparable to years prior because of the changes made in the way the Hib vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples.

Care coordination through PHN was utilized as an opportunity to provide community education regarding immunizations, as well as referral to healthcare providers for well child care, including immunizations.

MFH and the IMM worked together to revise informational immunization folders. Provider offices, PHNs, and other partners received the folders, and utilized them to organize additional appropriate educational materials for pregnant women.

IMM was primarily funded through a federal Childhood Immunization Grant. Vaccines available through the Grant were supplemented through a state appropriation. Because Wyoming is a Universal Vaccine state for children, state funds provided all vaccines to children of Wyoming residents who did not qualify for free, federally purchased vaccines through the VFC Program. Providers may charge a fee for administering the vaccination, but the vaccine is provided for free.

The WyIR continued to be functional in all PHN offices. The focus of WyIR is to facilitate timely, age appropriate delivery of immunizations, highlighting the benefits of gathering and interpreting data.

IMM collaborated with MFH to add WyIR to the laptops purchased by MFH for PHNs. This expansion allowed WyIR users access to the Registry in real time to ensure Wyoming citizens received the recommended immunizations in a timely manner.

Additional efforts of IMM included gathering data and promoting a healthy lifestyle, focusing on preventing disease and illness through participation in the Immunization Registry. Connections were made with providers to encourage families to maintain immunization schedules for children with IMM providing ongoing technical assistance.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT. As part of our effort to promote the importance of keeping up with age appropriate immunization, letters are sent to the families of children on CSH as a reminder.

Current Activities (July 1, 2011 – June 30, 2012)

Beginning in 2012, some PHN offices have adopted the WebChart electronic medical record system offered at no cost by the Medicaid THR initiative. Utilization of this system will ultimately result in seamless data interface between WebChart and the WyIR.

IMM, MFH, and Wyoming CDCs collaborate to improve communication to clients and parents about the protective health benefits of timely childhood immunizations within home daycare centers, childcare facilities, and developmental preschool programs.

Due to budget shortfalls, IMM became Universal-Select for some vaccines. All VFC eligible children in Wyoming still qualify for all ACIP recommended vaccines at no cost for the vaccines; however, the human papilloma virus vaccine, hepatitis A vaccine, meningococcal vaccine and influenza vaccines are no longer provided free to insured children.

MFH supported influenza vaccination efforts in the fall of 2011 by purchasing books entitled Felicity Floo Visits the Zoo which were distributed to 135 facilities with other health educational materials.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

IMM will continue to promote and expand the functionality of the WyIR to ensure that all residents of Wyoming receive the recommended immunizations. Although CDC focuses on the importance of having 95% of children under the age of six registered in an Immunization Information System, IMM has committed to ensuring that all individuals in Wyoming have the opportunity to become part of the WyIR.

IMM will continue to monitor WyVIP providers to ensure they comply with vaccine storage and handling policies. This ensures the safety and viability of all vaccines and reduces the number of re-vaccinations required. As of April 2012, there are 134 WyVIP providers in the state including PHN offices and private providers.

IMM will continue to facilitate Vaccine Advisory Board meetings to ensure the vaccines necessary to protect Wyoming children can be purchased with State Childhood Immunization Act funding. The role of the Vaccine Advisory Board is to advise the SHO on which vaccines should be offered through the WyVIP program in order to provide the most effective mix of vaccines within budgetary limitations. Members of the Vaccine Advisory Board include the WDH SHO; a PHN; a representative from the School Nurse Association, the Wyoming Medical Society, the McKenzie Meningitis Foundation; and the President of the AAP. The Immunization Section Chief, CDC Public Health Advisor for Wyoming, and the Vaccine Program Specialist serve as resource staff to the Vaccine Advisory Board.

IMM will continue to make immunization schedules available to WyVIP providers to ensure targeted populations receive the recommended vaccinations.

Provider education is planned for topics including registry use, new vaccines, vaccine storage and handling, and vaccine distribution. MFH assists with these efforts in conjunction with PHN staff members using WyIR.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT. As part of our effort in promoting the importance of keeping up with age appropriate immunizations, letters are sent to the families of children on CSH, as a reminder.

National Performance Measure 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The objective for CY 2011 was 19.0 births per 1,000 women ages 15 to 17 years. The 2011 observed rate (data from CY2010) was 17.1 per 1,000. This rate is not significantly different from 19.4 births per 1,000 women ages 15 to 17 years in 2010 (data from CY2009).

PHN offices played a critical role in the healthy development of babies born to teens in Wyoming and the efforts to decrease repeat pregnancies to teens. As indicated by the HPSA designations in Wyoming, not all communities have providers or hospitals available to care for pregnant women or deliver infants. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. To cover this shortage area, PHN offices offered prenatal assessment, education, and referral for smoking cessation, and nutritional support prior to the first prenatal visit with a physician. Nutritional support included free prenatal vitamins for women who could not afford them. These vitamins were provided to PHN by MFH.

Teens ages 15 to 17 years were old enough to access family planning services at locations across Wyoming. Family planning clinics were operated by the WHC, Wyoming's Title X agency, with supplemental funding from MFH. WHC ensured access to comprehensive, high quality, voluntary family planning services for both men and women. Funding was provided for a family planning data repository, PHP, and prenatal support to WMHP families. The PHP provided all women who received a negative pregnancy result from a Title X family planning clinic with information on planning an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid.

BB, a collection of perinatal PHN home visiting services, offered care coordination and the NFP home visiting model to first time pregnant teens and families as a best practice strategy to assist in identifying high-risk pregnancies. NFP also advocates for optimal birth spacing to decrease subsequent teen births.

The MOD state chapter office compiled a library of learning modules for Registered Nurses to review and earn continuing education credits. One of the modules is entitled "Teen Pregnancy Prevention."

MFH partnered with The National Campaign to Prevent Teen and Unplanned Pregnancy to receive information about teen and unplanned pregnancies, including funding opportunities for teen pregnancy prevention initiatives.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes healthy lifestyle (not smoking prior to, during or after pregnancy) and planning an intended pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients including teens.

MFH and the CPH Epidemiology Section co-managed the PRAMS project, which surveys postpartum women about their experiences before, during, and after pregnancy.

MFH promoted text4baby, sponsored by the National Healthy Mothers, Healthy Babies Coalition, and AAP. Text4baby provided free, weekly text messages to help participants through pregnancy and their baby's first year. MFH furnished text4baby materials to PHN, WIC, dental offices, and FP clinics, to encourage teens to sign up for the program. The messages not only support the current pregnancy, they also relate to interconception health.

MFH, WHC, and other partners submitted a Tier I Teenage Pregnancy Prevention: Replication of Evidence-based Programs application to fund prevention programs, however, the request was not funded.

MFH received a PREP grant to fund EBP teen pregnancy prevention models. A state plan was submitted and conditionally accepted. Carbon, Fremont, and Natrona Counties were selected for initial delivery of the plan.

Current Activities (July 1, 2011 – June 30, 2012)

MFH provides funds to WHC to ensure teens have access to family planning and preconception health services.

BB offers services to pregnant and postpartum teens, providing limited financial assistance for accessing specialized care to eligible high-risk mothers and infants. MFH provides prenatal vitamins for PHN staff to give preconceptionally, prenatally or interconceptionally to teens without resources to purchase them.

IHS and county PHN offices continue to distribute "The Coming of the Blessing, a Pathway to a Healthy Pregnancy" to encourage intended pregnancies.

In March 2012, Wyoming PHD determined that WDH would not keep the PREP grant and that all funding would be returned to the Family and Youth Services Bureau. The WDE is meeting with MFH staff to determine if PREP efforts will remain in Wyoming and be taken over by WDE staff.

PHN staff in Gillette, Ten Sleep, and Worland offer "Life R U Ready?" to middle school students. The real life simulation program increases awareness of consequences of risky behavior, including use of substances and unprotected sex.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH has been supplementing Title X work in the state through WHC, but concern has grown over the past year with family planning not available throughout all counties and some counties have very limited availability. Discussions have begun between MFH, PHN and WHC to determine how this need can be better met and ensure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics should provide contraceptive supplies on a sliding scale, pregnancy testing, and PHP.

MFH will offer County Block grants to PHN offices to assist in development, delivery, and evaluation of MFH services and translation services for MFH families. Services offered through PHN will include BB care coordination, NFP home visiting model, prenatal classes, and assistance in filling out forms for PWP and applications for the MHR and NBIC programs.

CPH Epidemiology Section will manage the PRAMS project. The PRAMS survey gathers information regarding postpartum women (including teens) and their experiences before, during, and after pregnancy. Questions regarding use of contraception at the time they became pregnant will also be included. MFH and the CPHD Epidemiology Section will examine the PRAMS data for use with the Wyoming state priority of reducing the rate of teen births.

MFH will continue to promote text4baby to ensure pregnant teens are provided information on healthy lifestyle promotion and interconceptual health.

If the WDE decides to keep the PREP grant in Wyoming by taking over as the lead agency responsible for PREP, the CAHC will continue to partner in these efforts as a member of the PREP Advisory Committee.

The Wyoming STD program is located in the PHD. After attending several national meetings, it has come to the attention of the STD Program that some substantial grant changes are expected by the Program beginning in January 2014. Although change can be challenging and frustrating the STD Program believes that this is an

opportunity to capitalize on both internal and external partnerships to create a strong and sustainable program in 2014 designed to address comprehensive sexual health and disease prevention.

The STD Program has invited partners and stakeholders to participate in the 2012/2013 Cooperative Agreement Process. MFH staff will participate in this process as the STD Program prepares to adapt to upcoming changes and begin to set new goals and objectives for the 2013/2014.

National Performance Measure 9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The results of the 2009-2010 OH Survey indicate that 49.1% of Wyoming third graders have dental sealants on at least one permanent molar. Due to survey methodology, data from 2009-2010 survey are not comparable to data from previous years. The survey was not repeated in 2011.

OH worked with Medicaid to provide fluoride varnish to children ages 6 months to 5 years of age. In 2010-2011, 73 providers, both physicians and dentists, applied fluoride varnish for 3,833 Medicaid clients. COHCs also apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

In 2010-2011, Medicaid provided dental sealants on both primary second molars and permanent molars for 3,838 children, 580 of these children were third graders. The partnership between MFH and OH provided dental sealants for 1,805 children, 160 were third graders.

OH provided preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

Children not eligible for Medicaid received treatment through the Severe Crippling Malocclusion Program. This program provides funding to treat children with a malocclusion severe enough to create a medical necessity for correction. MFH also funded surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

OH has five COHCs that provide services to 13 of Wyoming's 23 counties. The COHCs apply provide dental screenings, including referrals to treatment, and fluoride varnish and fluoride rinse programs for children in preschools, Head Start, and school districts.

OH partnered with the WyDA and Wyoming hospitals to develop and distribute "Healthy Mouth/Healthy Me" packets to new mothers before they leave the hospital. Packets include a pamphlet on oral health, a Tender Touch, and an infant toothbrush.

Current Activities (July 1, 2011 – June 30, 2012)

In 2011-2012, COHCs completed oral health education programs and dental screenings for 11,832 students. Of these, 2,730 were referred to a dentist for treatment. In addition, 4,637 children participated in a weekly fluoride rinse program or a fluoride varnish program (three times per year) administered by the COHCs

In 2011 and 2012, 502 children received 2,565 dental sealants with funding provided through the Title V Block Grant. A total of 43 of the 502 children who received sealants were third graders. The sealant program was stopped from May 1, 2011 through January 25, 2012 due to decreased funding and the slow dispersal of Title V funds from the federal level.

In partnership with the WyDA, OH continued to provide hospitals with Healthy Mouth/Healthy Me packets for new mothers. Each packet contains a pamphlet on oral health, a Tender Touch, and an infant toothbrush. Approximately 8,000 packets are distributed annually.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

Collaboration between MFH and OH will continue, focusing on the oral health of Wyoming children and families.

COHCs will continue to conduct oral health screenings in preschool and elementary school children and apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

Beginning in the summer of 2012, COHCs will begin entering screening and treatment data into a new OH data system, which was built as part of the existing web-based EHDI System. This effort will provide real time data monitoring of oral health of Wyoming children.

OH plans to partner with the WyDA and community organizations to implement recommendations made in the OH Initiative, OH in Wyoming report.

OH will work with the Head Start State Collaborative Office and Head Starts in Wyoming to find dental homes for Head Start children.

National Performance Measure 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The 2011 objective was 3.0 deaths per 100,000 children ages 14 years and younger. The rate for 2011 (a three year average rate for 2008 to 2010) met this objective at 3.0 deaths per 100,000. This does not represent a statistically significant change from the rate of 3.4 deaths in 2010 (data from 2007-2009). The rate of deaths per 100,000 children aged 14 years and younger has decreased in a linear fashion since 2001 ($p < 0.0001$). Three-year averages were utilized due to the small number of deaths each year.

MFH continued as the lead State agency partnering with SKUSA and contracted with CRMC to maintain the SKW State office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities are reported to the State office monthly, and reviewed by the SKW leadership team on a quarterly basis.

MFH supported the SKW change in the structure of the state coalition to the State office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. SKW chapters completed a self assessment that led to the change over from chapters to partners and coalitions. The results of the assessment concluded SKW has ten partners and six coalitions. Every region of the state now has a local coalition or partner able to call upon the State office or other partners for the latest information on preventing unintentional childhood injuries.

MFH served on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding supported seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2010, SKW, through its chapters and programs, inspected 1,662 car seats and distributed 616 car seats. SKW reached 52,239 people, or almost 1 out of every 10 Wyomingites, with information about SKW.

MFH had a booth at SKW's Safe Kids Day in May 2011 at the Cheyenne YMCA. Children participated in a booth activity to win a Frisbee if they correctly answered a question that tested their knowledge in the area of safety, physical activity, or nutrition. Parents were offered America's Youth PASSPORT, a booklet which can be used to schedule and record visits with healthcare providers, maintain important health information such as immunization dates, and prevent accidents, illnesses, injuries and abuse.

MFH Financial Specialist and the CAHC attended the Annual SK Chapter Coordinators meeting in June 2011.

The SKW action plan for 2008-2009 identified a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. This was addressed through supporting enforcement of child restraint laws. Educational opportunities were offered for law enforcement offices in counties without a SK chapter. Child passenger safety certification classes were held to increase and maintain the number of certified technicians throughout the state. The goal to increase seatbelt and child restraint usage in Wyoming was addressed through funded billboards in strategic locations throughout the state and collaborative work with the Wyoming Seatbelt Coalition.

MFH hosted a strategic planning meeting with stakeholders to begin work on the strategic plan for the new MFH priority of reducing the rate of unintentional injury among Wyoming children and adolescents. An issue brief is being created to update stakeholders of Wyoming information related to this topic.

MFH provided County Block grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services. PHN staff members in some county offices have been involved in local SKW

chapters and are certified as child passenger safety technicians to increase manpower needed to support SKW efforts at the local level.

SKW's website provides information on a variety of child safety issues, including child passenger, pedestrian, and bike safety. MFH provides a link to SKW's website from the WDH website.

Current Activities (July 1, 2011 – June 30, 2012)

MFH continues to serve on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding continues to support seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2011, SKW, through its chapters and programs, inspected 1901 car seats and distributed 704 car seats. SKW reached 31,731 people with information about SKW.

Using MFH funding, 15,000 SKW brochures were created and ordered through the CRMC Communications Department and will be distributed to the Safe Kids Coalitions and Partners in the state of Wyoming. The brochures will also be used during the statewide event "tour" in the month of May and used during the events held in the communities of Sheridan County, Campbell County, Big Horn Basin, Albany County and Laramie County. The brochures explain the need for SKW as the leader in a comprehensive solution to unintentional injuries. The epidemiologists of MFH were instrumental in the creation of the charts used on the brochures to show the breakdown of unintentional injuries in Wyoming and the decrease in unintentional injury deaths since 2004.

MFH assisted in the funding for the SK State Events in May, 2012. The locations of the events include Albany County, Hot Springs County, Park County, and Campbell County. We are also sending materials to Sheridan County for the event they are holding.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH and SKW will continue to support local chapters and coalitions to reduce child and adolescent deaths caused by motor vehicle crashes through targeted efforts. MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MFH hopes to participate in SKW's Safe Kids Day in May 2013 at the Cheyenne YMCA, with a booth and activities for children to participate in that stress the importance of safety first.

MFH will continue to provide County Block grants to county PHN offices to assist communities in the development, delivery, and quality evaluation of services to support local SKW chapter and coalition efforts.

MFH will begin implementation of strategies identified during its strategic planning process to reduce the rate of unintentional injury among children and adolescents focusing on: performing comprehensive analysis of child and adolescent injury mortality and morbidity data; strengthening the partnership with SKW to implement injury prevention efforts in Wyoming; developing contractual language specifying how MFH funds will be used to address mutually determined priorities and specify which SKW activities are supported by MFH; and developing and implementing evaluation plans for Safe Kids injury prevention efforts supported by MFH.

National Performance Measure 13: Percent of children without health insurance.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The objective for 2011 was to reduce the percent of children without health insurance to 9%. This objective was met in 2011 (data from 2010) with 7.9% of Wyoming children less than 18 years of age without health insurance. This represents a statistically significant decrease from 9.4% in 2010 (data from 2009).

Wyoming Genetic Counseling Services allowed individuals who did not have insurance or had inadequate insurance to be seen for consultation at no cost.

MFH participated on the GCDD in order to streamline services for CYSHCN.

WHIP was available for families to purchase insurance for their child who has a pre-existing condition.

Families were required to apply, utilizing the same application, for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. This allowed families to have more comprehensive healthcare coverage. In addition, families who applied for Medicaid and Kid Care CHIP and had a CYSHCN were offered a referral to MFH. Referrals continued to be shared amongst WDH programs and associated entities.

MFH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage continued.

MFH, PHN, Medicaid, EHDI, and Part C staff coordinated visits to tertiary care facilities to educate staff on Wyoming programs. This helped to ensure that Wyoming families were referred to WDH programs on discharge from tertiary care facilities.

County Block grants to Wyoming counties provided funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

To help identify and enroll children eligible for the Kid Care CHIP program, the "Healthy Kids, Healthy Communities" initiative has partnered Wyoming cities, towns and municipalities with Kid Care CHIP, Blue Cross Blue Shield, and Delta Dental to find and enroll eligible children into the program. Under this initiative, program partners were involved at three different levels: sharing program information; assisting in completion of program applications; and/or serving as an enrollment site, which includes the above activities and sending completed applications directly to the Kid Care CHIP program.

Kid Care CHIP's "Covering Wyoming Kids" created outreach and enrollment sites at PHN offices in nine counties and a partnership with the CHWC. The ten enrollment sites will facilitate enrollment through a "Health Front Door" concept and allow families to apply for health coverage through the online system.

Current Activities (July 1, 2011 – June 30, 2012)

Families continue to be required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. Referrals are shared among APS, Kid Care CHIP, DFS, and MFH.

Genetic Counseling Services allow individuals with inadequate or no insurance to be seen for genetic consultation at no charge.

MFH and PHN staff contact families who need to reapply for WDH programs, assuring healthcare coverage continues.

Through the DWS, Kid Care CHIP materials are given to families who become unemployed. Kid Care CHIP's HealthLink is an on-line application that offers an additional enrollment venue by allowing families to apply from any computer with internet access. HealthLink completed updates that allow families to renew enrollment or provide updated information from any computer with internet access.

WHIP is available for families to purchase insurance for children with pre-existing conditions.

Kid Care CHIP's "Covering Wyoming Kids" outreach and enrollment sites at PHN offices in nine counties and a partnership with the CHWC was terminated at the end of the grant period it was provided through. Unfortunately, staff report that they have not seen an increase in enrollment due to the use of these computers placed in PHN offices to facilitate families applying for Kid Care CHIP online.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH will continue to provide services that Kid Care CHIP does not provide including hearing aids, transportation, translation, and Level III care for newborns not eligible for Kid Care CHIP services during the first month of age.

MFH staff will access Medicaid's EPICS system. This allows MFH staff to streamline the application process for CSH services for dual-eligible clients. Information will be shared with collaborating agencies to ensure healthcare coverage continues.

Genetic Counseling Services will continue to allow individuals who do not have insurance or inadequate insurance to be seen for genetic consultation at no cost.

WHIP will continue to be available for families to purchase insurance for their child who has a pre-existing condition.

Families will be required to apply, utilizing the same application, for Medicaid and Kid Care CHIP prior to eligibility determination for MFH services. This will allow families to have more comprehensive healthcare coverage. Families who apply for Medicaid and Kid Care CHIP and have a CYSHCN will be offered referral to MFH services. Referrals will be shared among WDH programs and associated entities.

MFH and PHN staff will contact families who need to reapply for WDH programs, assuring healthcare coverage is continued.

MFH will participate with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about available MFH, Kid Care CHIP, and Medicaid programs. County Block grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH, PHN, Medicaid, EHDI, and Part C staff will continue to coordinate tertiary care visits to ensure Wyoming families are referred to WDH programs when they return to Wyoming with their infants.

MFH will work with the Kid Care CHIP program, as staffing allows, to identify specific ways MFH can support the Teen CHIP program.

HealthLink will continue to provide families with the option of applying for enrollment from any computer with internet access and to renew or provide the program with updated information.

National Performance Measure 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The 2011 objective was to reduce the number of children, ages 2 to 5 years of age, receiving WIC services with a BMI at or above the 95th percentile to 48%. However, previous year's data may not be reliable due to problems with the WIC data system; therefore this year percentage should not be compared to earlier years. In 2011, 16.8% of WIC recipient's ages 2 to 5 years with a BMI at or above the 95th percentile. A new WIC data system will be implemented in 2012.

The availability of care coordination and the NFP home visiting model was offered to pregnant women and families as a best practice strategy. The NFP home visiting model provided support to first time moms during and after pregnancy until the infant's second birthday. This program includes infant and child nutrition education.

WIC screened all children ages 2 to 5 years for BMI. Parents were asked a variety of nutrition and health questions to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. During WIC certification and follow-up appointments, nutritionists and nurses identified infants and children at risk for overweight (>85 percentile) or children who were overweight (>95 percentile). Those children at risk for overweight may be at risk based on a parental BMI of greater or equal to 30.

Once a child was identified as falling into one of these risk categories, answers to the nutrition/ health questions were reviewed to design a nutrition intervention plan. The nutritionist reviewed the child/family eating practices and discussed basic nutrition interventions to enable the child to grow along a more moderate growth curve. These interventions included discussion of the Food Guide Pyramid, questions related to foods coming into the house, timing of meals/snacks and what was offered, how much and the types of food consumed, where foods were consumed (at the table vs. snacking), a discussion of current physical activity patterns, and the nutritional needs of a growing child. The parent was usually asked to set a goal for the child, such as less television time, more physical activity, eating more fruit/vegetables, focusing on non fat or low fat dairy products, limiting concentrated sweets like juice, and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal was discussed, and revised, or a new more client-friendly goal was set.

In addition, the new WIC food packages, implemented October 1, 2009, provide healthier options for growing children including fresh fruit and vegetables; whole grain breads and cereals; brown rice; low, fat free, or reduced fat dairy; less juice; calcium--fortified orange juice; limited cheese; and enhanced incentives; and support of breastfeeding. WIC staff members believe these food package changes better supported WIC participants and their families who want to make changes toward healthier lifestyles. In addition, there was a more focused approach toward daily physical activity reflecting the current recommendation of 60 minutes each day for encouraging child growth along more normal weight patterns.

MFH collaborated with WIC to assure evidence based educational opportunities are available to address childhood obesity, including videotapes which run continuously in some WIC office waiting rooms.

PHN referred families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH provided County Block grants to PHN offices to increase capacity for communities to deliver and sustain services. MFH encouraged PHN staff members to take advantage of all opportunities to educate providers on the process of referring children to WIC when at or above the 85th BMI percentile. Examples of referral sources included local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

WDH promoted health in Wyoming families through the Commit to Your Health campaign.

Translation services were available through PHN and WIC offices to assure minority populations receive the same information related to healthy lifestyle.

A state based Nutrition, Physical Activity, and Obesity Program for Wyoming was not funded by CDC.

Current Activities (July 1, 2011 – June 30, 2012)

MFH provides County Block grants to PHN offices to increase capacity for communities to deliver and sustain services. The availability of care coordination and the NFP home visiting model through PHN is offered to pregnant women and families as a best practice strategy.

MFH and PHN refer families to WIC when care coordination reveals a child under the age of 5 with a BMI at or above the 85th percentile. PHN refers families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH applied for and received a Home Visiting grant from HRSA and prepared a state home visiting plan. NFP which is proposed for strengthening under the plan, emphasizes infant and child nutrition. In the fall of 2011 it was determined that MFH would have no choice but to return the Home Visiting grant to HRSA.

WIC continues to work to build a new data system. Data from the current system are only available as paper reports, and WIC data must be hand counted.

During the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as a priority for MFH for the next five years. During the summer and fall of 2010, a strategic planning process identified strategies to address this priority. An issue brief is being created to update stakeholders on Wyoming information related to Physical Activity and Nutrition.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH and PHN staff members will continue to refer families to WIC when care coordination reveals a child under the age of 5 years with a BMI at or above the 85th percentile. PHN will also refer families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

WIC will screen all children ages 2 to 5 years for weight, height, and BMI. Nutritional and health questions will be asked of the parent to identify patterns in nutrition/health practices. Nutritionists and nurses will identify children at risk for overweight or children who are overweight. Once a child is identified, answers to the nutrition/ health questions will be reviewed to design a nutritional intervention and physical activity plan. Tailored food packages and health referrals to help those children grow in a more normal growth rate and pattern for age and height will be provided.

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming and will implement strategies identified during the strategic planning process to address this priority.

It is anticipated that the HRSA Home Visiting will be released for competitive bid in Wyoming. MFH plans to offer assistance to and work collaboratively with whoever is awarded the Home Visiting Grant in an effort to improve and expand home visiting services in Wyoming.

National Performance Measure 16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

The objective for 2011 was 15.0 suicide deaths per 100,000 teenagers 15 to 19 years of age. The rate for 2011 (data from 2008-2010) was 18.3 per 100,000, which does not represent a statistically significant increase from 16.0 for 2010 (data from 2007-2009). Three-year rates were used to improve data reliability in measuring this performance measure due to the small numbers of annual suicide deaths.

The CAHC, the MHSASD Youth Advocate for Prevention, WDE, and DFS designed a proposal for a state youth council and gave a white paper to MHSASD's Deputy Director. MHSASD presented the paper to the PTAC, which tabled the issue.

The Child and Adolescent Work Group identified suicide as a top priority issue and submitted a data brief to the MFH Needs Assessment Steering Committee, which did not select suicide as a final MFH priority issue.

Wyoming's Suicide Prevention Program provided an array of services in the prevention of suicidal behaviors across the lifespan. Components of this program include funding and oversight of county suicide prevention task forces; providing technical assistance and training to agencies, organizations and individuals; maintaining the state suicide prevention website and suicide prevention plan; collaboration with communities and other stakeholders in development, implementation and evaluation of suicide efforts; and carrying out the strategic plan for suicide prevention. The Department of Health's Suicide Prevention Team Leader received advice and counsel from the WSPSTF.

One component of the WYSPI is "Well Aware," an initiative designed to inform education leaders and policy influencers about the link between emotional well-being and academic achievement. The program includes bulletins and webinars for school leaders, including school board members, superintendents, principals, and central office administration, which is available online and in print.

As part of WYSPI, the WDH continued to sponsor the interactive youth-centered website www.amillionmilesfromanywhere.com which is also found at www.justletitout.org. A 2010 video contest with the theme of showing "how you let it out" generated numerous Wyoming entries.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including teen suicide. Recommendations include a multi-agency service model. Work on Phase II of the project, which was underway in WDE, was delayed because of changes in WDE personnel and administration. MFH was not involved in this phase.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and evaluation of services. Many PHN offices have been involved on suicide prevention coalitions to support this work at the local level.

Current Activities (July 1, 2011 – June 30, 2012)

A shortage of filled MFH staff positions precludes an MFH representative attending WYSPI Advisory Council and SMYA meetings.

The WDE resumed work on Phase II of an At-Risk Youth state plan project. MFH is not involved in this phase.

In April, WDH and WDE sponsored "Beyond Matthew Shepard," a workshop that addressed the critical issues of at-risk LGBTQ youth, teen suicide, and bullying. Workshop sessions focused on learning skills to advocate for youth and educate communities.

WYSPI continues to support community-based programs to reduce the risk of youth suicide. Park and Sheridan counties serve as pilot communities for establishing specific programs and processes for at-risk youth, including early intervention and assessment services, referrals, support, and programs. Training is provided for educators, mental health professionals, and providers of childcare services. Implementation of pilot community strategic plans began, with on-going technical assistance and evaluation of the two programs provided.

The "Well Aware" project and youth website remain active.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

It is expected that the state suicide prevention program, including its youth suicide prevention efforts, will continue to be funded in the current biennium.

MFH will support the efforts of the WYSPI Advisory Council and will send a representative to its meetings as staffing allows.

MFH will facilitate connections between the Suicide Prevention Team Leader and other program and organizational partners to promote and support suicide prevention training opportunities throughout the state.

MFH will support the efforts of the SMYA Task Force to implement sexual orientation policies and changes in all schools, and to develop system capacity building to make the "Safe Schools for All" training available statewide and, as staffing allows.

MFH will work with PHN staff to identify programs and methods to support statewide wraparound service provision.

MFH will continue to provide County Block grants to county PHN offices to support their ongoing involvement in local suicide prevention efforts.

State Performance Measures

State Performance Measure 5: Percent of Wyoming high school (grades 9-12) students who ate fruits and vegetables less than five times per day.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

Data from the 2009 YRBS show that 80.90% of Wyoming high school students ate fruits and vegetables less than five times per day. Data from the 2011 YRBS survey were not yet available for this measure.

WDH continued to promote "Commit to your health," a public marketing campaign that includes print and media advertisements, organized community activities, and suggestions for general health improvement.

The CAHC worked with WHSSM programs to support efforts related to nutrition and physical activity through December 2010.

The CAHC worked with the Healthier Laramie County Physical Activity and Obesity Action Team through December 2010 and shared information about *We Can!*, a national program aimed to help children ages eight to 13 years of age maintain a healthy weight.

The MCH Needs Assessment identified promoting healthy nutrition and physical activity among children and adolescents as an MFH priority for the next five years. Through the strategic planning process, MFH worked with partners to identify two strategies to address this priority: to identify and share resources for improving physical activity and nutrition for children and adolescents and for WDH to provide statewide leadership for physical activity and nutrition. An issue overview is being developed to use with the public.

WY Outside and the Teton Science School hosted a Youth Congress that brought together 70 eighth graders for a discussion on how youth view the outdoors and what can be done to encourage a greater connection. The data from the research conducted will be used during strategic planning around this priority.

A representative of MFH completed a train-the-trainer program for BodyWorks, a program designed to help parents and caregivers of adolescents improve family eating and activity habits. Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Current Activities (July 1, 2011 – June 30, 2012)

MFH participated in the DFS Child Care Licensing Rules Revision process by reviewing and offering suggestions on physical activity and nutrition in child care settings. The CAHC offered guidance and recommendations on such topics as the storage and use of expressed breast milk in child care settings and the newly mandated use of indoor and outdoor play spaces.

The MFH CAHC participates on the WCCC Program's Nutrition Workgroup. The workgroup's focus is to implement education and collaboration strategies identified in Wyoming's Cancer Plan 2011-2015 that support physical activity and nutrition efforts for Wyoming youth. The workgroup decided to encourage schools around the state to participate in the American Cancer Society's Relay Recess. The CAHC contacted schools in Laramie County to introduce them to the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions and a Children's Health Track.

One Wyoming county PHN office chose to focus activities on the promotion of healthy nutrition and physical activity among children and adolescents. Their activities included coordinating with the school to provide nutrition education and movement activities.

The Child Physical Activity and Nutrition Issue Overview was completed and is on the MFH website.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

As a result of the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as an MFH priority for the next five years, but the strategic planning process has not been completed. The CAHC will work with partners to finalize the strategic planning process and identify strategies to address this priority.

MFH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescent.

The CAHC will continue to participate on the WCCC Program's Nutrition Workgroup and their efforts to encourage schools around the state to participate in the American Cancer Society's Relay Recess and utilize the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

The WDE is in the process of implementing the Healthy, Hunger Free Kids Act with new, healthier meal pattern requirements.

The CAHC will work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

MFH will continue to provide County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

The Child Physical Activity and Nutrition issue brief developed into 15 pages which became more of an overview of the topic which included strategies. From these overviews, one- to two-page information sheets will be developed for educational purposes.

State Performance Measure 6: Percent of Wyoming high school (grades 9-12) students who were physically active for at least 60 minutes per day.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

Wyoming was very close to meeting its objective of 50% of high school students who were physically active at least 60 minutes per day with 49.7% in 2011. This represents a statistically significant increase from 48.9% in 2009 ($p=0.0336$). This measure is assessed every other year.

WDH continued to promote "Commit to Your Health," a public marketing campaign that includes print and media advertisements, organized community activities, and suggestions for general health improvement.

The CAHC worked with WHSSM programs to support efforts related to nutrition and physical activity through December 2010.

The CAHC worked with the Healthier Laramie County Physical Activity and Obesity Action Team through December 2010 and shared information about *We Can!*, a national program aimed to help children ages eight to 13 years of age maintain a healthy weight.

The MCH Needs Assessment identified promoting healthy nutrition and physical activity among children and adolescents as an MFH priority for the next five years. Through the strategic planning process, MFH worked with partners to identify two strategies to address this priority: to identify and share resources for improving physical activity and nutrition for children and adolescents and for WDH to provide statewide leadership for physical activity and nutrition. An issue overview is being developed to use with the public.

WY Outside and the Teton Science School hosted a Youth Congress that brought together 70 eighth graders for a discussion on how youth view the outdoors and what can be done to encourage a greater connection. The data from the research conducted will be used during strategic planning around this priority.

A representative of MFH completed a train-the-trainer program for BodyWorks, a program designed to help parents and caregivers of adolescents improve family eating and activity habits. Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Current Activities (July 1, 2011 – June 30, 2012)

MFH participated in the DFS Child Care Licensing Rules Revision process by reviewing and offering suggestions on physical activity and nutrition in child care settings. The CAHC offered guidance and recommendations on such topics as the storage and use of expressed breast milk in child care settings and the newly mandated use of indoor and outdoor play spaces.

The MFH CAHC participates on the WCCC Program's Nutrition Workgroup. The workgroup's focus is to implement education and collaboration strategies identified in Wyoming's Cancer Plan 2011-2015 that support physical activity and nutrition efforts for Wyoming youth. The workgroup decided to encourage schools around the state to participate in the American Cancer Society's Relay Recess. The CAHC contacted schools in Laramie County to introduce them to the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions and a Children's Health Track.

One Wyoming county PHN office chose to focus activities on the promotion of healthy nutrition and physical activity among children and adolescents. They provide classes for after-school programs including nutrition education and activities like Zumba, unicycle, karate, and dance.

The Child Physical Activity and Nutrition Issue Overview was completed and is on the MFH website.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH will purchase Triad Flyers, 7" flying discs to hand out at community events. These discs will have the MFH name and website on them and encourage people to get outside and exercise.

As a result of the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as an MFH priority for the next five years, but the strategic planning process has not been completed. The CAHC will work with partners to finalize the strategic planning process and identify strategies to address this priority.

MFH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescent.

The CAHC will continue to participate on the WCCC Program's Nutrition Workgroup and their efforts to encourage schools around the state to participate in the American Cancer Society's Relay Recess and utilize the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

The WDE is in the process of implementing the Healthy, Hunger Free Kids Act with new, healthier meal pattern requirements.

The CAHC will work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

MFH will continue to provide County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

The Child Physical Activity and Nutrition issue brief developed into 15 pages which became more of an overview of the topic which included strategies. From these overviews, one- to two-page information sheets will be developed for educational purposes.

State Performance Measure 7: Rate of deaths (per 100,000) to children and youth ages 0-24 due to unintentional injuries.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

In 2010, Wyoming met the objective of 27.5 for the rate of deaths to children ages 0 to 24 years with 26.8 per 100,000. This does not represent a statistically significant decrease from 28.0 per 100,000 in 2009.

MFH continued as the lead state agency for SKUSA and contracted with CRMC to maintain the SKW state office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities were reported to the SKW state office monthly and reviewed by the SKW leadership team on a quarterly basis. SKW continued to grow and expand its program, reaching 52,239 Wyomingites, or approximately one in ten people living in the state, during CY 2010.

MFH supported the SKW change in structure to the state office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. Safe Kids Big Horn County, led by Big Horn Healthy Families in Basin, Wyoming, became a SKW partner. SKW chapters completed a self assessment that led to the change over from chapters to partners and coalitions. The results of the assessment concluded SKW has ten partners and six coalitions. Every region of the state now has a local coalition or partner able to call upon the state office or other partners for the latest information on preventing unintentional childhood injuries.

MFH served on the SKW leadership team to provide financial and programmatic support to statewide efforts of the state office and local chapters of SKW.

MFH participated in SKW's preparation of a 2010-2012 action plan. Action plan goals focus on decreasing the number of fatalities and injuries due to unintentional injuries; improving child injury prevention messages through effective use of the data; educating legislators and government officials to take actions to reduce child unintentional injuries and deaths; developing the state coalition sustainability plan; developing, supporting and providing growth opportunities for chapters; and conducting an annual assessment of programs to evaluate effectiveness.

MFH sponsored a booth at the May 2010 Safe Kids Day in Cheyenne. MFH asked children who visited the booth a variety of questions highlighting safety and prevention. Teachable moments were seized to reinforce safe behavior and activities. Parents were given Youth Health Passports as a place to keep their child's health information and reminded of the Consumer Product Safety Commission's new crib standards which had been recently released.

MFH Financial Specialist and the CAHC attended the Annual Safe Kids Chapter Coordinators meeting in June 2011 and presented to the group on the Wyoming MCH program, the needs assessment results including priorities selected and strategic planning for the next 5 years.

MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to families who cannot afford these items. The portable cribs helped families avoid injuries associated with co-sleeping.

The Wyoming Fire Marshal's office completed a website to dissuade people from using novelty lighters shaped like children's toys. The site contains recall notices, links, current news, and downloadable posters.

The WDH PHSD coordinated a State Technical Assessment Team visit, a first step required before Wyoming may receive funding for an injury program.

MFH provided brochures from the National Center for SBS, as well as flyers and posters on shaken baby prevention, to PHN offices, IHS clinics and to local hospitals.

During CY 2010, 12 THB certification kits were provided to Wyoming nurses and parents. The THB approach improves paternal bonding and participation of the dad, which is linked to a decrease in SBS.

MFH provided County Block grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services focused on prevention of unintentional injuries. PHN were also involved in local child fatality review teams.

Current Activities (July 1, 2011 – June 30, 2012)

MFH continues to serve on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the state office and local chapters of SKW. MFH funding continues to support seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2011, SKW, through its chapters and programs, inspected 1901 car seats and distributed 704 car seats. SKW reached 31,731 people with information about SKW.

MFH assisted in the funding for the SKW State Events in May, 2012. The locations of the events include Albany, Hot Springs, Park, and Campbell Counties with materials sent to Sheridan County for their event.

SKW is partnering with MFH to plan and create a Safe Sleep Display that will be taken to the SKW Events in the state. The display will focus on Safe Sleep Education and Sleep Sacks.

Two Poison Safety billboards will be displayed in Cheyenne during the month of May that are being funded by EMSC through Carol Jansen who sits on the SKW Leadership Team. The billboards will stress the importance of giving the correct dosage of medication to children as well as storing the medications through the message, "Safe Storage, Safe Dosage, Safe Kids."

MFH provided THB certification kits to three individuals to increase THB trainings in the state. One of these trainers held her first class in Laramie in April 2012.

The CAHC and epidemiology program participated as a member of the Wyoming Injury and Violence Prevention planning committee which is drafting the first statewide injury prevention plan. The MCH epidemiology assignee is co-authoring the first statewide burden of injury report. The group includes key public and private stakeholders from existing injury and violence prevention efforts.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

MFH will continue to participate in the state Injury Planning committee.

Using MFH funding, 15,000 SKW brochures were created and ordered through the CRMC Communications Department and will be distributed to the Safe Kids Coalitions and Partners in the state of Wyoming. The brochures will also be used during the statewide event "tour" in the month of May and used during the events held in the communities of Sheridan County, Campbell County, Big Horn Basin, Albany County and Laramie County. The brochures explain the need for Safe Kids Wyoming as the leader in a comprehensive solution to unintentional injuries. The epidemiologists of MCH were instrumental in the creation of the charts used on the brochures to show the breakdown of unintentional injuries in Wyoming and the decrease in unintentional injury deaths since 2004.

MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MFH will continue to support SKW 2010-2012 action plan goals by partnering as opportunities arise.

MFH will begin implementation of strategies identified during its strategic planning process to reduce the rate of unintentional injury among children and adolescents focusing on: performing comprehensive analysis of child and adolescent injury mortality and morbidity data; strengthening the partnership with SKW to implement injury prevention efforts in Wyoming; developing contractual language specifying how MFH funds will be used to address mutually determined priorities and specify which SKW activities are supported by MFH; and developing and implement evaluation plans for Safe Kids injury prevention efforts supported by MFH.

MFH will continue to provide County Block grants to county PHN offices to assist communities in development, delivery, and evaluation of services to support local SKW chapter and coalition efforts focusing on the prevention of unintentional injuries. PHN staff will continue their involvement in local child fatality review teams.

MFH identified reducing unintentional injuries among Wyoming children and adolescents as a priority for the next five years and developed strategies to reduce the rate of unintentional injury among children and adolescents. An issue overview is being developed for use with the public.

The Title V Director has been appointed to the WCMIFRT and will begin attending meetings in the summer of 2012.

State Performance Measure 8: Percent of teens reporting that they were hit, slapped, or physically hurt by boyfriend/girlfriend.

Last Year's Accomplishments (July 1, 2010 - June 30, 2011)

In 2011, Wyoming met the objective of 15.0% with 14.20% of high school students that reported that they were hit, slapped, or physically hurt by their boyfriend/girlfriend. There was no significant change from 15.0% in 2009. Data for this indicator is collected every other year.

Following the completion of the Title V Needs Assessment, MFH began a Strategic Planning process in early 2010, to determine strategies for each of nine priorities. The seventh MFH priority is to design and implement initiatives that address sexual and dating violence, since there are few initiatives available within the state currently. The process included a discussion with partners working toward decreasing sexual and dating violence in the MFH population. The Attorney General, Victims Services Administrator was closely involved in the strategic planning conversations, as well as WCADVSA.

The RPE grant was managed through the WDH, CPH Administrator. The RPE funding is distributed on a 5-year cycle with all states receiving funding based on a population-driven formula. WCADVSA steering committee is the "action arm" of the CDC-funded grant, and has developed a strategic plan complete through 2017 for prevention strategies within Wyoming. The steering committee also partners with WYSAC for data collection and analysis.

PRAMS collects data from postpartum women on risk behaviors before, during, and after pregnancy, including questions related to domestic violence and sexual assault. Survey questions include asking if during the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner, or did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way. During the pregnancy, questions include during any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about physical abuse to women by their husbands or partners; and during your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way, or were you physically hurt in any way by your husband or partner. The PRAMS steering committee and planning project included the Attorney General Division of Victims Services and WCADVSA representation to determine the most effective questions to include in updates to the PRAMS questionnaire.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming, and were distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; signs and symptoms of early labor; how substance use and domestic violence can negatively affect pregnancy outcomes, and the importance and value of breastfeeding.

Senate Bill # 30, entitled the Wyoming Safe Homes Act, was proposed in the 2011 Legislative Session. It was presented as a supplement to the federal law, Violence Against Women, which prohibits discrimination against victims of domestic violence in federal and Section 8 housing. The Bill would extend the same protection to families in private housing. The Bill did not pass out of Committee by the deadline date.

Current Activities (July 1, 2011 – June 30, 2012)

As of February 2012, the RPE grant is managed by the CAHC. The CAHC will participate as a member of the WCADVSA steering committee and the WSVPC.

Wyoming's Sexual Violence Prevention and Education Project supports the work on primary prevention of sexual violence among adolescents 12-24 years of age through Wyoming's Comprehensive Sexual Violence Primary Prevention Plan. The Plan identifies specific goals, objectives, and strategies that will decrease first time sexual violence perpetration and victimization through primary prevention. RPE funds are used to contract with the WCADVSA for a full-time Sexual Prevention Coordinator and for a part-time Outreach Program Manager to guide the work of the WSVPC and the pilot communities and to facilitate progress on the statewide prevention plan.

One Wyoming county's PHN office chose to focus efforts and activities on designing and implementing initiatives that address sexual and dating violence in all age groups. This county has partnered with other local agencies to plan a Girls Empowerment Day and provided a presentation on respectful dating relationships to the Girls and Boys Club.

Plan for the Coming Year (July 1, 2012 – June 30, 2013)

Permanent management of the RPE grant will be determined by PHD Administrators. If the RPE grant is moved to a different section within PHD, the CAHC will continue to participate as a member of the WSVPC.

The PRAMS project will continue to collect data from postpartum women on risk behaviors before, during, and after pregnancy, including questions related to domestic violence and sexual assault. The data will assist in revising programs to meet the needs of the community. PRAMS data and YRBS data will be used to create an issue overview detailing the burden of dating violence in Wyoming. The document will be distributed to stakeholders to increase awareness of the issue.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," will continue to be distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; signs and symptoms of early labor; how substance use and domestic violence can negatively affect pregnancy outcomes, and the importance and value of breastfeeding.