Wyoming MCH Needs Assessment Update Webinar

February 10, 2020

Presented by:
Danielle Marks, MCH Unit Manager/Title V Director

Agenda

- Introductions
- Background (Title V & MCH Unit Overview)
- Needs Assessment Overview
- Proposed MCH Priority Topics for 2021-2025
- Next Steps

Introductions

Please chat your name, role, and organization in the chat box.

Who is MCH?

Danielle Marks,
Unit Manager
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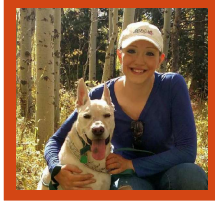

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MCH Grants &
Contracts
Specialist
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Rachel Macklin,
Youth and
Young Adult
Health
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Sheli Gonzales,
CSH
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Eighmey Zeeck,
Women and
Infant Health
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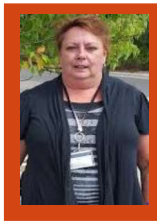

Paula Ray, CSH
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Jamin Johnson,
Child
Health/CSH
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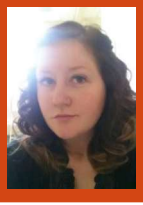

Carleigh Soule,
Newborn
Screening &
Genetics
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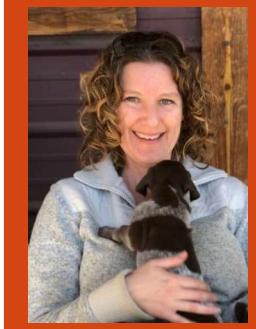
Vacant,
CSH
307-777-6296

Who is MCH Epi?

Moira Lewis, MCH Epidemiology Program Manager, 307-777-5769



Ashley Busacker, CDC Assigned MCH Epidemiologist, 307-777-6936

Wiley Phillips MCH/Injury Epidemiologist

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Lorie Chesnut, MCH Epidemiologist/ PRAMS Coordinator 307-777-6304

Background

Maternal and Child Health (MCH)

"The professional and academic field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, well-being and appropriate development of children and their families in communities and societies in order to enhance the future health and welfare of society and subsequent generations" (Alexander, 2004).

Title V MCH Services Block Grant Overview

- Title V of the Social Security Act (1935); amended in 1980's to become a block grant
- Nation's oldest federal-state partnership
- Only federal program devoted to improving the health of **all** women, children and families

Vision:
Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, including children and youth with special health care needs (CYSHCN), and their families are healthy and thriving.

Mission:
The Mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including CYSHCN, and their families.

Title V MCH Services Block Grant Overview

- Required Services:
  - >30% expenditures on preventive and primary care services for children and adolescents
  - >30% expenditures on services for *children with special health care needs*[1].
  - Remaining spending is flexible for use to address state priorities
- Required State-level needs assessment every five years
- Required State Action Plan

1 Children and youth with special health care needs means "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (MCHB)

Wyoming MCH Unit Overview

Maternal and Child Health

Wyoming MCH Vision

Wyoming MCH envisions a Wyoming where all families and communities are healthy and thriving.

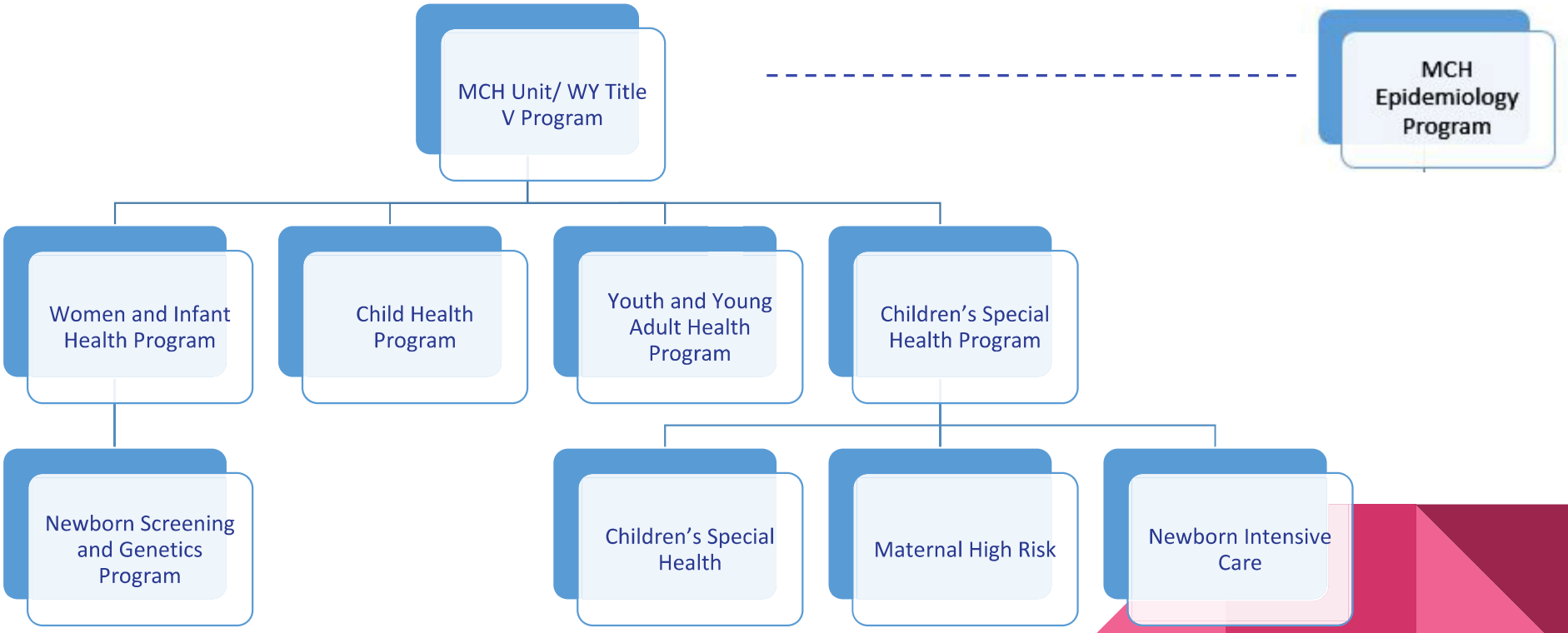
Wyoming MCH Mission

The mission of Wyoming MCH is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, youth, and young adults, including those with special health care needs, and their families.

Wyoming MCH Core Values

- **Data-driven**
  - Utilize data, evidence, and continuous quality improvement
- **Engagement**
  - Cultivate authentic collaboration and trust with families and community partners
- **Health Equity and Life Course Perspective**
  - Integrate an understanding of how differences in social, economic, cultural, and environmental factors across generations and throughout the lifespan impact health
- **Systems-Level Approach**
  - Prioritize work that addresses community structures, social norms, environment, and policies to maximize impact

Organizational Structure



MCH Unit Budget

- The MCH Unit is the State's Title V Program, administering the Title V MCH Services Block Grant.
- The annual Title V Block Grant award is approximately $1.2M. An annual Maintenance of Effort/Match of $2,375,592 is required.
- The Unit's total biennial budget is $7.7M* which includes federal, state, and trust & agency funds. Non-Title V federal funding includes RPE, PREP, PRAMS, and SSDI.

Current MCH/Title V Priorities (2016-2020)

- Prevent infant mortality
- Improve breastfeeding duration
- Improve access to and promote use of effective family planning
- Reduce and prevent childhood obesity
- Prevent injury in children
- Promote preventive and quality care for children and adolescents
- Promote healthy and safe relationships in adolescents

Title V Needs Assessment Overview

Title V Needs Assessment Requirements

- Identify 7-10 priorities to guide work for 5 years
- Address 5 national performance measures (NPMs) with at least one from each of the five population domains
- Identify additional state performance measures (SPMs) to reflect priorities that are not addressed by NPMs
- Develop evidence-based strategy measures (ESMs) for each NPM
- Develop five-year strategic plan

National Performance Measures and Domains

Table 1: NPMs and Domains

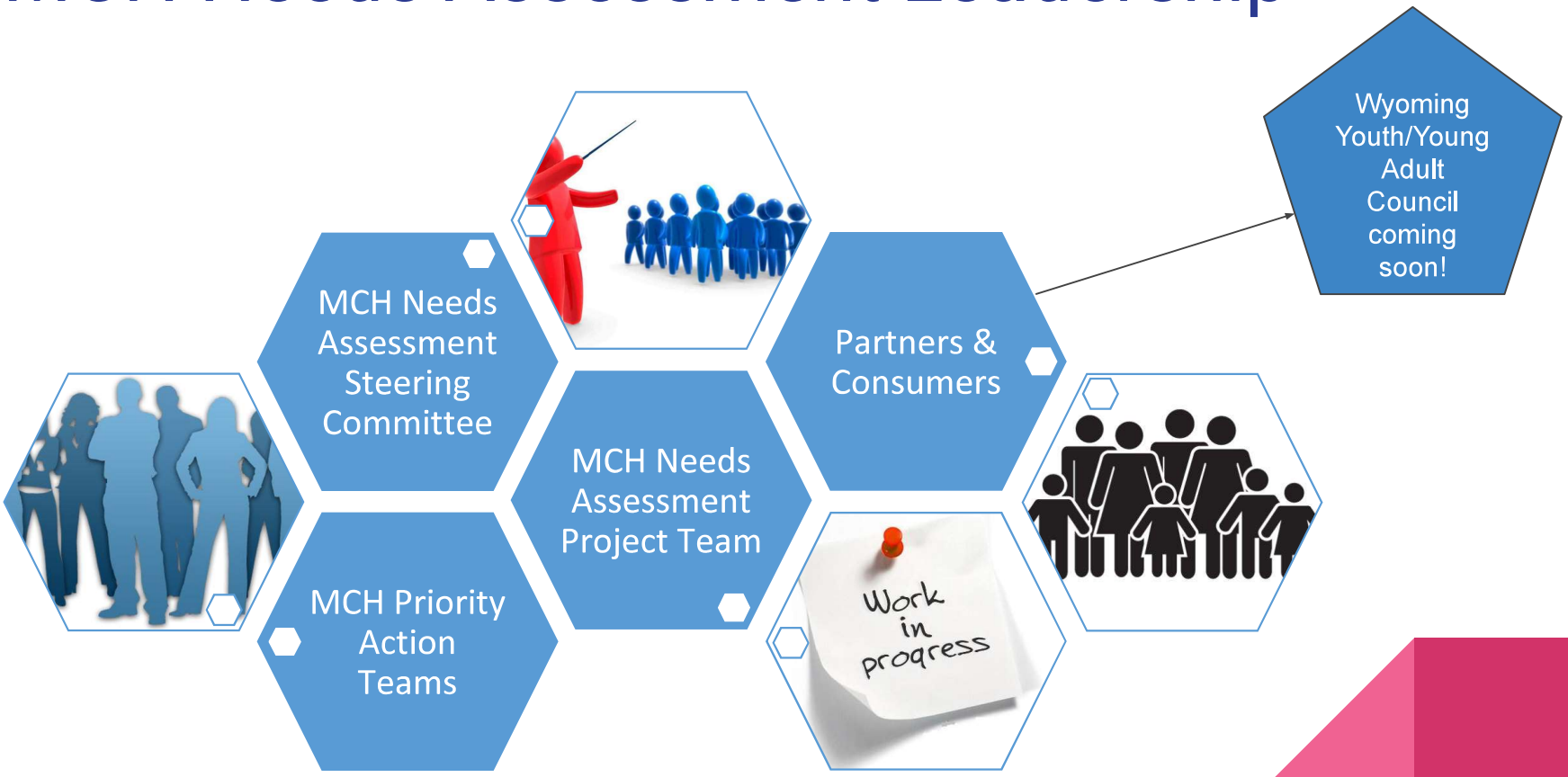
NPM #		MCH Population Domains					Cross-cutting/ Systems Building Domain *Optional*
		Women/ Maternal Health	Perinatal/ Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs	
1	Well-woman visit	✓					States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building. Examples of measure topic areas include but are not limited to: • Family partnership activities that cross all population health domains; • Social determinants of health; • Workforce development; and • Enhanced data infrastructure
2	Low-risk cesarean delivery	✓					
3	Risk-appropriate perinatal care		✓				
4	Breastfeeding++		✓				
5	Safe sleep		✓				
6	Developmental screening			✓			
7	Injury hospitalization*			✓	✓		
8	Physical activity *			✓	✓		
9	Bullying				✓		
10	Adolescent well-visit				✓		
11	Medical home*			✓	✓	✓	
12	Transition*				✓	✓	
13	Preventive dental visit *++	✓		✓	✓		
14	Smoking *++	✓		✓	✓		
15	Adequate insurance *			✓	✓	✓	

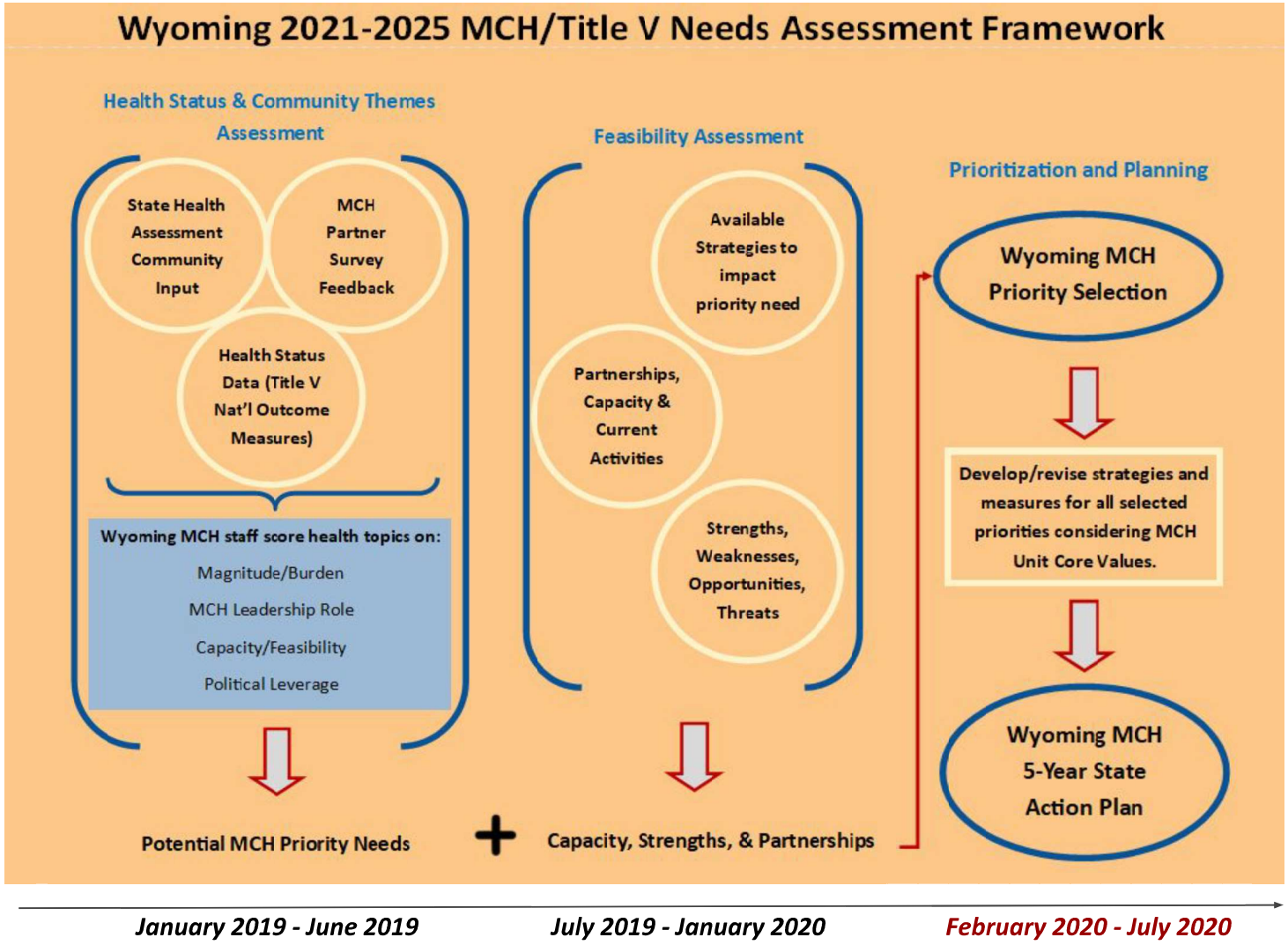
Back

Five-Year State Action Plan Template

State Priority Need	Strategy	Objective	National or State Performance Measure	Evidence-Based Strategy Measure	National and/or State Outcome Measure
Domain (e.g. Women/Maternal Health)					
Ex. Prevent Infant Mortality	Promote the Wyoming Quitline with pregnant and postpartum women enrolled in the Healthy Baby Home Visitation Program	Decrease the percent of Wyoming women who smoke during pregnancy	NPM 14.1: Percent of women who smoke during pregnancy	ESM 14.1.1: # of pregnant women referred to the WY Quitline from the Healthy Baby Home Visitation Program	NOM 5: Percent of preterm births; NOM 8: Perinatal mortality rate; ...
Domain (e.g. Perinatal/Infant Health, Child Health, Adolescent Health, CSHCN, and Cross-Cutting)					

MCH Needs Assessment Leadership




Wyoming 2021-2025 MCH/Title V Needs Assessment Framework
Health Status & Community Themes Assessment
State Health Assessment Community Input
MCH Partner Survey Feedback
Health Status Data (Title V Nat'l Outcome Measures)
Wyoming MCH staff score health topics on:
Magnitude/Burden
MCH Leadership Role
Capacity/Feasibility
Political Leverage
Potential MCH Priority Needs
Feasibility Assessment
Available Strategies to impact priority need
Partnerships, Capacity & Current Activities
Strengths, Weaknesses, Opportunities, Threats
Capacity, Strengths, & Partnerships
Prioritization and Planning
Wyoming MCH Priority Selection
Develop/revise strategies and measures for all selected priorities considering MCH Unit Core Values.
Wyoming MCH 5-Year State Action Plan
January 2019 - June 2019
July 2019 - January 2020
February 2020 - July 2020

Progress Update

National Outcome Measures (Title V provided) (e.g. list of potential priority topics)

- Early Prenatal Care
- Severe Maternal morbidity
- Maternal mortality
- Low birth weight
- Preterm birth
- Early Term birth
- Early elective delivery

- Perinatal mortality
- Infant mortality
- Neonatal mortality
- Postneonatal mortality
- Preterm-related mortality
- SUID Mortality
- Drinking during pregnancy
- NAS

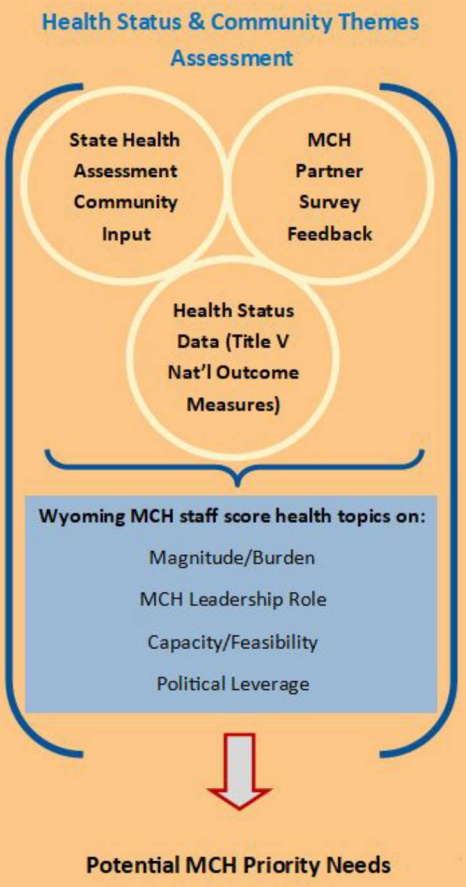
- Newborn screening timely follow up
- School readiness
- Tooth decay/cavities
- Child mortality
- Adolescent mortality
- Adolescent motor vehicle mortality
- Adolescent suicide

- CSHCN
- CSHCN systems of care
- Autism
- ADD/ADHD
- Mental health treatment
- Overall health status
- Obesity
- Uninsured
- Not able to obtain needed health care

- Child vaccination
- Flu vaccination
- HPV vaccination
- Tdap vaccination
- Meningitis vaccination
- Teen births
- Postpartum depression

Starting Point: January 2019

Wyoming 2021-2025 MCH/Title V Needs Assessment Framework



January 2019 - June 2019

Narrowed National Outcome Measures (e.g. list of potential priority topics)

~~- Early Prenatal Care~~
~~- Severe Maternal morbidity~~
- Maternal mortality
~~- Low birth weight~~
- Preterm birth
~~- Early Term birth~~
~~- Early elective delivery~~

~~- Perinatal mortality~~
- Infant mortality
- Neonatal mortality
- Postneonatal mortality
- Preterm-related mortality
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- NAS

~~- Newborn screening timely follow up~~
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~~- CSHCN~~
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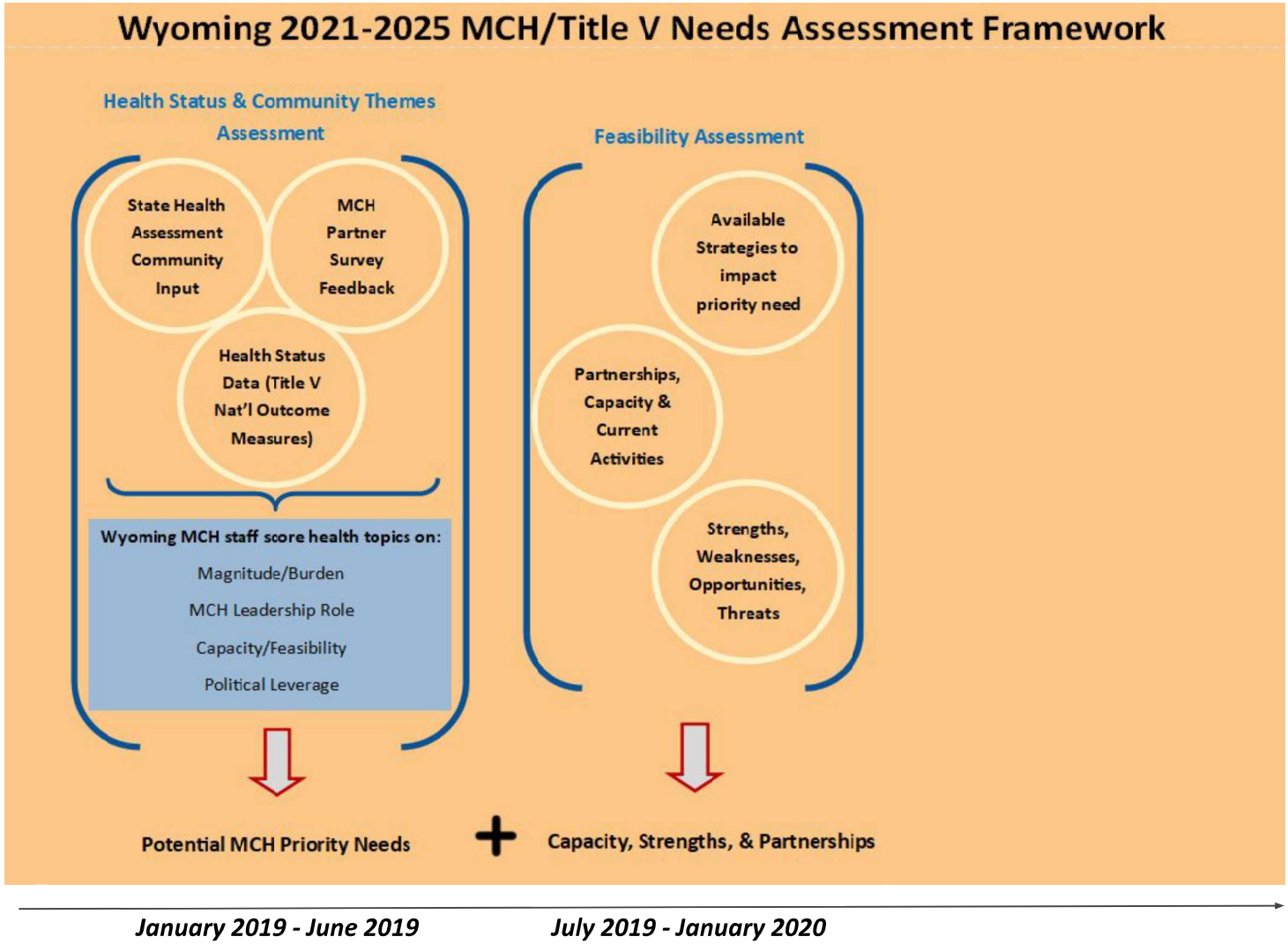
- Child vaccination
~~- Flu vaccination~~
- HPV vaccination
~~- Tdap vaccination~~
~~- Meningitis vaccination~~
- Teen births
~~- Postpartum depression~~

Orange highlight = Narrowed list of NOMs after MCH Unit scoring (June 2019)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January 2019 - June 2019
July 2019 - January 2020

Narrowed National Outcome Measures (e.g. Proposed Title V Priority Topics)

- ~~Early Prenatal Care~~
- ~~Severe Maternal morbidity~~
- Maternal mortality
- ~~Low birth weight~~
- ~~Preterm birth~~
- ~~Early Term birth~~
- ~~Early elective delivery~~

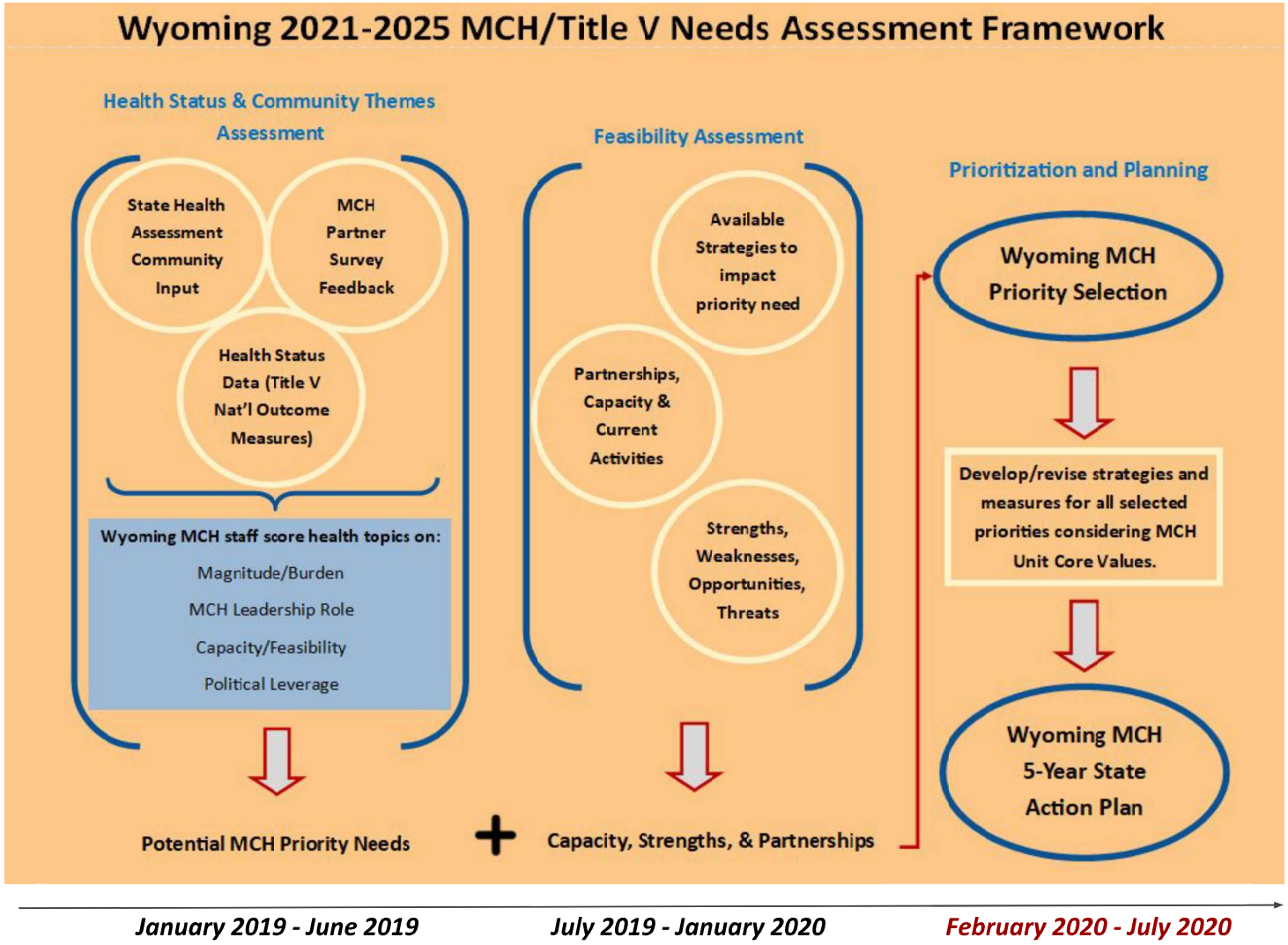
- ~~Perinatal mortality~~
- Infant mortality
- ~~Neonatal mortality~~
- ~~Postneonatal mortality~~
- ~~Preterm related mortality~~
- ~~SUID Mortality~~
- ~~Drinking during pregnancy~~
- ~~NAS~~

- ~~Newborn screening timely follow up~~
- ~~School readiness~~
- ~~Tooth decay/cavities~~
- Child mortality
- ~~Adolescent mortality~~
- Adolescent motor vehicle mortality
- Adolescent suicide

- ~~CSHCN~~
- CSHCN systems of care
- ~~Autism~~
- ~~ADD/ADHD~~
- ~~Mental health treatment~~
- Overall health status
- Obesity
- ~~Uninsured~~
- ~~Not able to obtain needed health care~~

- ~~Child vaccination~~
- ~~Flu vaccination~~
- ~~HPV vaccination~~
- ~~Tdap vaccination~~
- ~~Meningitis vaccination~~
- ~~Teen births~~
- ~~Postpartum depression~~

Green highlight/No strikethrough = Proposed final NOMs presented to and approved by MCH Steering Committee (January 17, 2020)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Proposed Priority Topics

2021-2025 Proposed Wyoming MCH Priority Topics (Named as NOMs for now)

	Priority Topic (Formal priority name TBD)	Title V Domain(s)	MCH Programs	Proposed NPM/SPM
1	**Maternal Mortality**	Women/Maternal	Women and Infant Health	Potential: Well Women Visit
2	**Infant Mortality**	Perinatal/Infant	Women and Infant Health	Potential: Maternal Smoking; Risk Appropriate Care
3	**Child Mortality**	Child	Child Health	Potential: Hospitalization for non-fatal childhood injury (0-9)
4	**Overall Child Health Status/Child Obesity**	Child	Child Health	Potential: Physical Activity; SPM TBD
5	**Adolescent Motor Vehicle Mortality**	Adolescent	Youth and Young Adult Health	Potential: Hospitalization for non-fatal childhood injury (10-19)
6	**Adolescent Suicide**	Adolescent	Youth and Young Adult Health	Potential: Adolescent Well Visit; Bullying
7	**Systems of Care for Children and Youth with Special Health Care Needs**	CSHCN	Children's Special Health; Child; Youth and Young Adult Health	Medical Home

Priority Topic: Maternal Mortality

- **Definition:** Maternal deaths occurring within a year of the end of pregnancy. They can be pregnancy associated, or pregnancy related.

- **Importance:** Maternal mortality is an indicator of health and health care quality. Maternal deaths can be prevented or reduced both by improving underlying maternal health as well as health care quality for leading causes of maternal death.

- **Potential NPMS:**
  - ***Well woman visit***: Increase the percent of women who have an annual preventive medical visit

Priority Topic: Infant Mortality

- **Definition:** Infant death, occurring from birth through 364 days of age.
  - **Neonatal mortality**: Deaths occurring among infant from birth through 27 days of age. **Postneonatal mortality:** Deaths occurring among infant from 28 days of age through 364 days of age.
- **Importance:** Infant mortality is a measure of population health that reflects the underlying well-being of mothers and families, as well as the broader community and social environment that cultivate health and access to health-promoting resources.
- **Potential NPMS:**
  - ***Risk appropriate care***: Ensure that higher risk mothers and newborns deliver at appropriate level hospitals
  - ***Smoking:*** Decrease the number of women who smoke during pregnancy and decrease the number of households where someone smokes

Priority Topic: Child Obesity & Overall Child Health Status ("Healthy & Active Children")

- **Definition:** Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile); Percent of children, ages 0 through 17, in excellent or very good health
- **Importance:**
  - Childhood obesity is associated with adverse consequences, including: increased risk of cardiovascular disease, type 2 diabetes, asthma, social stigmatization, low self-esteem, and adult obesity
  - Children reported to be in excellent or very good health are more likely to thrive in a variety of health dimensions, including physical and mental health
- **Potential NPM: Physical Activity** - Increase percent of children, ages 6 through 11, who are physically active at least 60 minutes per day; Possible SPMs TBD

Priority Topic: Child Mortality

- **Definition:** Death occurring among children ages 1 through 9 years.

- **Importance:** Unintentional injury continues to be the leading cause of death in children 1 to 9 years and these deaths are preventable. Other leading causes include congenital malformations, malignant neoplasms, and homicide.

- **Potential NPMS: Injury Hospitalization**-Rate of injury related hospital admissions (regardless of intent) among children ages 0 through 9.

Priority Topic: Adolescent Motor Vehicle Mortality

- **Definition:** Deaths to adolescents ages 15 through 19 years caused by motor vehicle crashes.
  - This includes all occupant, pedestrian, motorcycle, bicycle, etc. deaths caused by motor vehicles. The rate is per 100,000 adolescents ages 15 through 19.

- **Importance:** In the US, more than one-third of all teen deaths are the result of a motor vehicle crash. Teenage drivers have crash rates that are nearly three times those of drivers older than 20 years.

- **Potential NPMS:** Injury hospitalization

Priority Topic: Youth Suicide

- **Definition:** Deaths attributed to suicide among adolescents ages 15 through 19 years.
  - Rate is per 100,000 adolescents ages 15 through 19 years.

- **Importance:** Nationally, suicide is the second leading cause of death for adolescents ages 15 through 19 years. Suicide and suicidal ideation is often indicative of mental health problems and stressful or traumatic life events.

- **Potential NPMS:** Injury hospitalization; Adolescent well visit; Bullying.

Priority Topic: Systems of Care for CSHCN

- **Definition:** Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (all components)

- **Importance:** Title V agencies are required to spend at least 30% of block grant funds to provide and promote family-centered, community-based, coordinated care and facilitate the development of community-based systems of services for children with special health care needs and their families.

- **Potential NPM(s):** NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Cross-Cutting Domain Priority Topics

Title V 6th/Cross-Cutting Domain

- Addresses a State's Cross-cutting and Systems Building needs (optional)
- No NPM requirement
- May choose to develop one or more SPMs to address a priority need that is related to program capacity and/or systems-building (e.g., applies to all MCH population domains).
- Examples of topics addressed by SPMs in this domain are:
  - Partnerships with individuals, families, and family-led organizations ;
  - Social determinants of health;
  - Workforce development; and
  - Enhanced data infrastructure

Potential Priority Topics in 6th/Cross-Cutting Domain

1. Strengthen MCH Workforce Capacity to Understand and Implement/Operationalize MCH Core Values:
    a. Data to Action
    b. Engagement
    c. Health Equity
    d. Life Course Perspective
    e. Systems-Level Public Health Programming
2. Foster a culture of family/youth engagement and leadership (VA)
3. Improve Screening, Assessment, and Referral to Needed Services/Programs for all MCH populations (CO)

Summary

2021-2025 Proposed Wyoming MCH Priority Topics (Named as NOMs for now)

	Priority Topic (Formal priority name TBD)	Title V Domain(s)	MCH Programs	Proposed NPM/SPM
1	**Maternal Mortality**	Women/Maternal	Women and Infant Health	Potential: Well Women Visit
2	**Infant Mortality**	Perinatal/Infant	Women and Infant Health	Potential: Maternal Smoking; Risk Appropriate Care
3	**Child Mortality**	Child	Child Health	Potential: Hospitalization for non-fatal childhood injury (0-9)
4	**Overall Child Health Status/Child Obesity**	Child	Child Health	Potential: Physical Activity; SPM TBD
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6	**Adolescent Suicide**	Adolescent	Youth and Young Adult Health	Potential: Adolescent Well Visit; Bullying
7	**Systems of Care for Children and Youth with Special Health Care Needs**	CSHCN	Children's Special Health; Child; Youth and Young Adult Health	Medical Home

2021-2025 Proposed Wyoming MCH Priority Topics Continued (6th Domain)

	Priority Topic (Formal priority name TBD)	Title V Domain(s)	MCH Programs	Proposed NPM/SPM
8	**Strengthen MCH Workforce Capacity to Understand and Implement/ Operationalize MCH Core Values**	Cross-Cutting	All	SPM TBD
9	**Foster a culture of family/youth engagement and leadership**	Cross-Cutting	All	SPM TBD
10	**Improve Screening, Assessment, and Referral to Needed Services/Programs for all MCH populations**	Cross-Cutting	All	SPM TBD

Next Steps

- Convene MCH Priority Action Team Meetings on March 10-11
  - See MCH Priority Action Team Topics on next slide
- Internally develop draft strategic plan based on input received on March 10-11
- Present draft strategic plan to MCH Priority Action Teams, MCH Steering Committee, and public for input (May/June 2020)
- Finalize strategic plan by July 15, 2020
- Reconvene MCH Priority Action Teams annually
- Provide ongoing updates through MCH Quarterly Newsletter

MCH Priority Action Team Schedule

1. **Systems of care for children and youth with special health care needs** (March 10th; 8:30am - 10:30am)
2. **Adolescent suicide** (March 10th; 11:00am - 1:00pm)
3. **Maternal and infant mortality** (March 10th; 1:30pm - 4:30pm)
4. **Child/adolescent mortality with a focus on motor vehicle mortality** (March 11th; 8:30am - 10:30am)
5. **Child obesity/overall child health** (March 11th; 11:00am - 1:00pm)

If you have interest in joining us on March 10-11 for one or more of the above team meetings, please complete this Google Form before February 19, 2020.

Questions?

Thank you!

More questions?
Danielle Marks
MCH Unit Manager/Title V Director
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307-777-6326

*To join our MCH Quarterly Newsletter listserv, e-mail sapphire.heien1@wyo.gov or visit our website at https://health.wyo.gov/publichealth/mch/.