



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WYOMING

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Wyoming

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

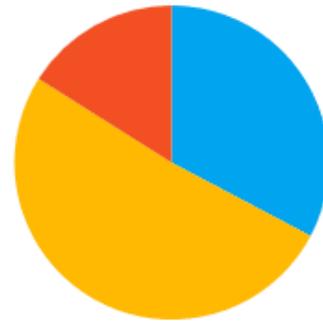
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Linda McElwain	Linda McElwain	No Contact Information Provided
Title V and MCH Director	Title V and MCH Director	
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$1,156,063
State MCH Funds	\$1,809,026
Local MCH Funds	\$0
Other Funds	\$566,565
Program Income	\$0

FY 2014 Expenditures



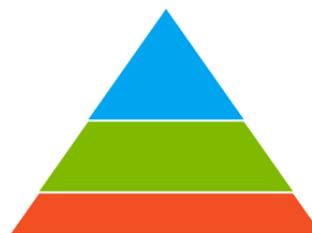
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$255,575	\$1,189,530
Enabling Services	\$287,007	\$750,722
Public Health Services and Systems	\$613,481	\$435,339

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	7,051	\$404,683	12.6%
Infants < 1 Year	9,701	\$1,278,700	39.9%
Children 1-22 Years	166,536	\$528,263	16.5%
CSHCN	522	\$991,464	31.0%
Others *	1,663	\$0	0.0%
Total	185,473	\$3,203,110	100%

FY 2014 Expenditures



FY 2014 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	407
Other Toll-Free Calls:	0



Executive Summary

Needs Assessment

Wyoming began planning for the five-year needs assessment in October 2013. The Maternal and Child Health (MCH) program and epidemiology staff formed the planning group to study project management and the six-step Peterson and Alexander Needs Assessment Process. The process was designed, a steering committee selected, and the work began.

Hundreds of MCH indicators were given a quick assessment to weed out indicators that were the focus of other programs or had no political will, or were outside the budget. The epidemiologists identified counties, based on population density, geographic location and health status, that would represent the state's MCH population for the community meetings. Surveys were developed and sent to state level stakeholders.

Even with quickly identifying indicators to remove from the group, the result was a lot of data. Ashley Busacker, Senior Epidemiology Advisor, led the group through

Concept mapping, capacity analysis, identification of clusters for Wyoming's population programs--Women and Infants, Children, and Adolescents--were the next steps. This process came to be known as the "Funnel" as we moved from many indicators to a final product of seven priorities.

Wyoming's MCH Priorities are as follows:

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

Accomplishments and Priority Needs by Domain

A summary of MCH accomplishments and new priorities is listed below. This section is presented by domain. Strategic planning is scheduled for the fall of 2015 to determine with key stakeholders the appropriate strategies for Wyoming and use of resources.

Women/Maternal Health Domain:

A Fetal Infant Mortality Review (FIMR) pilot program was initiated in FY14. It has grown from interest in the community to understand why babies are dying to commitment for development of a local FIMR. Monthly meetings occurred since early 2014 to a training of Case Review and Community Action Team in June 2015.

Curriculum training was provided in FY14 for public health nurses (PHN) providing home visitation through the Best Beginnings (BB) program. Over 40 PHNs attended and improvement of the data system began. As of August 2014, PHNs began entering data into the system which will provide outcome data for the BB program.

At the end of FY14, Wyoming joined the Infant Mortality Collaboration for Improvement and Innovation Network (CoIIN). The state team includes MCH, Medicaid, providers, WinHealth, Primary Care Association, Wyoming Hospital Association and Wyoming Medical Society. Tobacco Cessation, Pre- and Early-Term Birth, and Risk Appropriate Care were selected by the team. MCH, through the CoIIN, and in conjunction with the PHD Tobacco Program, are currently planning ways to increase the use of fax referrals to the WY Quitline. Use of the LOCATe tool will assist hospitals and providers to determine the level of care they provide for high risk infants and pregnant women.

The 2016-2020 priorities for this domain are to:

- prevent infant mortality through a focus on risk appropriate care
- improve access to and promote use of effective family planning

Perinatal/Infant Health Domain:

MCH has continued encouragement of breastfeeding. Certified Lactation Consultant trainings are offered within the state at least once a year to assure PHNs, Women Infants and Children (WIC) staff and hospital nurses have the opportunity to improve their skills. For the next five years, Wyoming will work to increase duration of breastfeeding and exclusivity to six months. MCH, in conjunction with the Association of State and Territorial Health Officials, will do an environmental scan of the state for breastfeeding resources. That information will help to determine next steps.

The 2016-2020 priorities for this domain are to:

- prevent infant mortality through a focus on risk appropriate care
- improve breastfeeding duration to six months

Child Health Domain:

MCH partnered with the Mountain States Genetic Regional Collaborative (MSGRC), Montana and the Parent Partner project to provide a parent partner in pediatric clinics. One Casper physician found this project extremely helpful in providing a peer to understand what other parents are experiencing and assist them through the process. This past year, epidemiologists and a Texas university worked together to determine methods to measure program outcomes.

Through the WDH HealthStat program, MCH worked with the contractor, Safe Kids Wyoming (SKW), and developed statewide data to more accurately demonstrate the program's activities across the state. In conjunction with the Emergency Medical Services for Children, MCH assisted with the funding of child restraints for ambulances and SKW introduced the product in trainings for car seat technicians.

The 2016-2020 priorities for this domain are to:

- Reduce and prevent childhood obesity through emphasis on physical activity.
- Prevent injury in children, in conjunction with SKW and PHD Injury Prevention Program.
- Promote Preventive and Quality Care for Children and Adolescents through encouragement of a variety of screenings and an emphasis on developmental.

Adolescent Health Domain:

The Adolescent Health program was initiated in FY14. Considering the rate of teen birth, suicide, and obesity among this age group in Wyoming, the program focused on positive youth development and adolescent development training for health professionals. A goal is to provide the infrastructure for youth friendly clinics and an understanding of risk and protective factors.

MCH, in conjunction with the Personal Responsibility and Education Program (PREP) provides training on Making Proud Choices, Reducing the Risk, and Understanding Adolescence: Seeing Youth Through a Developmental Lens curricula. It began with a few Boys and Girls Clubs and is being requested by schools and PHN offices.

The 2016-2020 priorities for this domain are to:

- Promote healthy and safe relationships in adolescents.
- Improve access to and promote use of effective family planning

Children with Special Health Care Needs (CSHCN) Domain:

The Newborn Screening (NBS) program began working with the Colorado NBS program to improve the timeliness of screens arriving at the Lab from the hospital by courier. Projects include the hospital report cards, outreach to midwives and development of an online NBS toolkit to assist providers and hospitals improve timeliness of newborn screening.

Transition has been an MCH priority for the last five years. Direction improved with the addition of the adolescent health program and recognition of the need to educate families, youth, and providers on the need for preparation to transition between childhood and adulthood. Additionally, adult providers need to understand adolescents and be ready to welcome them into their practices.

Although growth of the Parent Leadership Training Institute (PLTI) has been slow, communities are recognizing the benefit of parents who can identify a problem, suggest a solution, and work to make it happen. PLTI national and the Kellogg Foundation are working to create a program more suitable for rural areas.

The 2016-2020 priority for this domain are to:

- Promote Preventive and Quality Care for Children and Adolescents with focus on medical home and transition

Cross-Cutting/Life Course Domain:

Tobacco is a preventable cause of death. Tobacco use is a risk factor for cardiovascular disease, cancer, lung disease, and diabetes. Maternal smoking is associated with preterm delivery, low birth weight, and sudden infant death syndrome.

MCH requires PHNs providing home visits to assess tobacco use at every visit. The state infant mortality CoIN team has chosen tobacco cessation as an important issue to address in relation to infant mortality. The goal of the work is to increase use of the Quitline fax referral. National Jewish has created a prenatal tobacco cessation program and continues to provide support for one year after delivery.

The 2016-2020 priorities for this domain are to:

- Prevent infant mortality through tobacco cessation resources.