



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **WYOMING**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

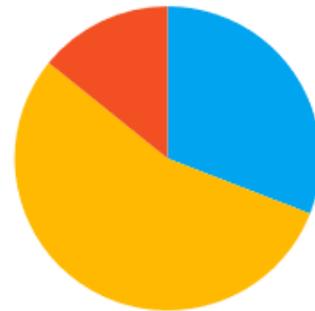
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Angie VanHouten Community Health Section, Section Chief angie.vanhouten@wyo.gov (307) 777-2067	Angie VanHouten Community Health Section, Section Chief angie.vanhouten@wyo.gov (307) 777-2067	No Contact Information Provided

#### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$1,122,915
State MCH Funds	\$1,995,605
Local MCH Funds	\$0
Other Funds	\$514,865
Program Income	\$0

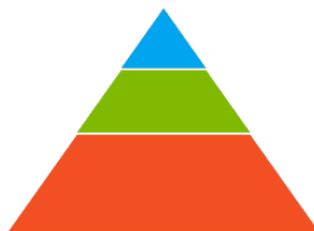
FY 2015 Expenditures



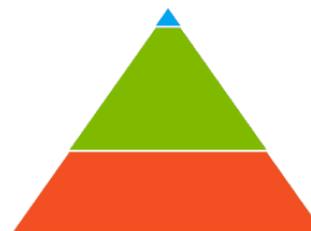
#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$304,031	\$170,335
Enabling Services	\$318,969	\$1,205,735
Public Health Services and Systems	\$499,915	\$796,034

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



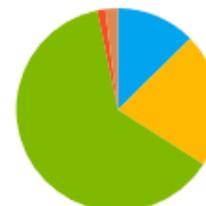
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	8,060	\$160,990	6.8%
Infants < 1 Year	13,651	\$531,424	22.6%
Children 1-22 Years	39,972	\$518,957	22.0%
CSHCN	801	\$963,174	40.9%
Others *	1,271	\$179,316	7.6%
<b>Total</b>	<b>63,755</b>	<b>\$2,353,861</b>	<b>100%</b>

FY 2015 Expenditures



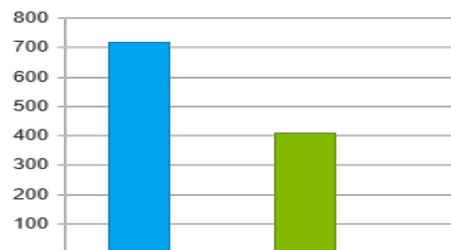
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	717
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	409
Other Toll-Free Calls:	0



### 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

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Development of facility-specific prevalence data
NPM 2	Low-Risk Cesarean Delivery	ESM 2.2	# of YouTube hits for HBWW video
NPM 4	Breastfeeding	ESM 4.1	Mini-grant program structure developed
NPM 4	Breastfeeding	ESM 4.2	Completion of environmental scan and incorporation of findings into strategic planning
NPM 4	Breastfeeding	ESM 4.3	Breastfeeding support resource map and web page with county level data developed
NPM 6	Developmental Screening	ESM 6.1	Help Me Grow contract to Wyoming 211, Inc. executed
NPM 6	Developmental Screening	ESM 6.2	Help Me Grow Implementation plan developed
NPM 8	Physical Activity	ESM 8.1	# of meetings of the Wyoming School Health Coalition
NPM 10	Adolescent Well-Visit	ESM 10.1	Partnership with University of Michigan developed
NPM 11	Medical Home	ESM 11.1	Completed environmental scan of Medical Homes in WY and what their family engagement policies are in partnership with Medicaid.
NPM 11	Medical Home	ESM 11.2	Medical Home module created and implemented into PLTI Curriculum
NPM 12	Transition	ESM 12.1	# of meetings of the State Level Adolescent Provider Team in the last year (with Transition sub committee meeting)
NPM 12	Transition	ESM 12.2	# of provider champions participating on team
NPM 12	Transition	ESM 12.3	# of adolescents participating on team
NPM 14	Smoking	ESM 14.1	# maternal smoking'-focused meetings between the MCH and Tobacco Programs
NPM 14	Smoking	ESM 14.2	# pregnant women enrolled in the WY Quitline services

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Risk Appropriate Care	Perinatal/Infant Health
SPM 2	Childhood Injury	Child Health
SPM 3	Family Planning	Women/Maternal Health
SPM 4	Healthy Relationships - Alcohol	Adolescent Health

## Executive Summary

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 Adviser, led the group through the process.

Concept mapping, capacity analysis, and 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 the following seven priorities.

- 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 the 2016-2020 priorities is listed below. This section is presented by domain. Strategic planning, led by a contractor, began in FY16 with the identification of leadership skills within the MCH team, followed by revision of the MCH Unit's vision and mission. The contractor assisted the team in selecting strategies to focus on during the first year and creating measures to be reviewed on a quarterly basis to determine ongoing progress of each strategy.

#### Women/Maternal Health Domain:

The 2016-2020 priorities for this domain are to:

- Prevent infant mortality through a focus on decreasing cesarean deliveries among low-risk first births
- Improve access to and promote use of effective family planning by increasing the number of hospitals equipped to provide immediate post-partum long acting reversible contraception (LARC).

While researching strategies to address these priorities in preparation for strategic planning, the Adolescent Health Program (AHP) continued to provide contraceptives to counties with little to no access to Title X clinics. Discussions with the Title X grantee, Wyoming Health Council, were held several times during FY16.

#### Perinatal/Infant Health Domain:

The 2016-2020 priorities for this domain are to:

- Prevent infant mortality by ensuring very low birth weight (VLBW) infants are born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).
- Improve breastfeeding duration with a goal of exclusive breastfeeding of the infant until six months of age.

MCH has continued encouragement of breastfeeding. MCH assisted public health nurses (PHN) attend Certified Lactation Consultant (CLC) trainings. An environmental scan of the state for breastfeeding resources began during FY16. The information will help to identify areas with few resources which can provide a focus for where peer counselors would be useful.

The Women and Infant Health Program (WIHP) and Senior MCH Epidemiologist were able to elicit responses from all Wyoming hospitals to the Centers for Disease Control (CDC) Level of Care Assessment Tool (LOCATe) survey. The CDC is currently analyzing the survey results. The results will help identify what level of care Wyoming hospitals can provide. Surrounding states have agreed to complete the survey. This will allow providers and hospitals to know which hospitals can handle a high risk delivery.

### **Child Health Domain:**

The 2016-2020 priorities for this domain are to:

- Promote preventive and quality care with a focus on developmental screening.
- Prevent injury in children by assisting entities, such as Safe Kids Wyoming (SKW), to find and utilize evidence based strategies for prevention of motor vehicle crashes, falls and poisonings.
- Reduce and prevent obesity in children with a focus on physical activity.

### **Adolescent Health Domain:**

The 2016-2020 priorities for this domain are to:

- Promote healthy and safe relationships in adolescents through implementation of Communities that Care.
- Promote preventive and quality care in adolescents by increasing adolescent well visits and increasing the number of providers addressing transition.

The AHP 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. The 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 curriculum. PREP in Wyoming began with a few Boys and Girls Clubs and is now being requested by schools and PHN offices.

### **Children with Special Health Care Needs (CSHCN) Domain:**

The 2016-2020 priority for this domain is to:

- Promote preventive and quality care for children and adolescents with focus on medical home and transition

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 to improve the 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.

### **Cross-Cutting/Life Course Domain:**

The 2016-2020 priorities for this domain are to:

- Prevent infant mortality through tobacco cessation resources.

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 (IM) Collaborative Improvement and Innovative Network (CollIN) team has chosen tobacco cessation as an important issue to address in relation to infant mortality. The Public Health Division (PHD) Tobacco Cessation Program (TCP) is a critical member of the CollIN. The TCP is responsible for the Quitline and has a contract with National Jewish Hospital. The contract has created a prenatal tobacco cessation program which continues to provide support for one year after delivery. The numbers of pregnant women referred to the Quitline have been low. A goal of the CollIN is to increase prenatal use of the Quitline fax referral.