

## 2016 MCH Objectives for Local Public Health Departments and Tribal Agencies

### BACKGROUND

- **Changes to the MCH Title V Block Grant guidance** were made at the federal level. Local Public Health Departments, tribal agencies and other organizations in Wisconsin had opportunities to provide input. There are changes in National Performance Measures and requirements to address 6 population domains. There is an increased emphasis on accountability and family engagement.
- **The 2015 MCH Needs Assessment** for Wisconsin was completed and led to the identification of MCH priorities and performance measures for 2016-2020.
- **MCH Priorities** are: 1) healthy behaviors, 2) safety and injury prevention, 3) mental health factors and healthy relationships, 4) preventive screening and follow-up, 5) health care access and quality, 6) health equity, and 7) infrastructure to assure data-informed and policy, environmental and systems-based strategies.
- **MCH Performance Measures** relate to: 1) breastfeeding, 2) safe sleep, 3) developmental screening, 4) smoking, 5) adolescent injury prevention, 6) medical home, 7) transition, 8) perinatal depression screening, and 9) annual preventive visits (women ages 18-44 and adolescents).
- **Strategies** to move the needle on the MCH National Performance Measures were identified through a strategic planning process that included development of an Impact Matrix for each performance measure and a prioritization process with input from local agencies and partners. Strategies will be implemented at the local, regional and state level.

### OBJECTIVE SUMMARY

- **New objectives** are identified to address National Performance Measures related to breastfeeding, safe sleep, developmental screening, smoking, adolescent suicide and adolescent transportation-related injury. The objectives build on current activities of the Wisconsin Healthiest Families initiative and prioritize specific strategies. Resources such as toolkits will be developed to assist agencies in implementing the strategies. It is anticipated that focusing on specific evidence-based and evidence-informed strategies will support improvements in technical assistance, measurement and outcomes.
- **Ongoing objectives** for Wisconsin Healthiest Families and Keeping Kids Alive will be available for one additional transition year in 2016. The WHF objective may be selected to complete implementation and evaluation/sustainability activities that relate to the new MCH Performance Measures identified above. If activities do not address a new performance measure, the agency is required to also select a new objective related to breastfeeding, safe sleep, developmental screening, smoking, adolescent suicide and/or adolescent transport-related injury.
- **Required activities** include the following:
  - Implement and evaluate effectiveness of the selected strategies and activities
  - Collaborate with community partners to include consumers/families
  - Participate in quarterly Learning Community meetings/calls to support progress on MCH Performance Measures
  - Promote the MCH Hotline
  - Attend the 2016 MCH Summit
  - Report activities on an MCH Performance Measure Strategy Report (under development)

### NEGOTIATIONS

- Prior to negotiations, agencies will receive a Wisconsin County Maternal and Child Health Profile with estimates for MCH National Performance Measures to inform their selection of 2016 objectives.
- After selecting objective(s), agencies will complete the Objective Statement in GAC and provide details related to activities and baseline in the GAC Supplement.
- Negotiation calls will be scheduled for agencies if contract administrators have questions about the information on the GAC Supplement and/or value.
- Negotiations will be completed according to the schedule for consolidated contracts.

## **OBJECTIVES**

### **Objective 1: Breastfeeding**

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy \_\_\_\_ (insert strategy number(s)) to improve breastfeeding rates in their community.

Strategy 1: Support workplaces to become breastfeeding friendly.

Strategy 2: Support childcare sites to become breastfeeding friendly.

### **Objective 2: Safe Sleep**

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy \_\_\_\_ (insert strategy number(s)) to support infant safe sleep practices in their community.

Strategy 1: Coordinate and/or provide trainings to implement safe sleep practices with community groups (e.g. parent or family organizations, home visiting agencies, churches, businesses) using common messaging.

Strategy 2: Coordinate and/or provide trainings to implement safe sleep practices with childcare providers, using common messaging.

Strategy 3: Promote the use of the safe sleep policies and procedures developed for hospitals and health systems.

### **Objective 3: Developmental Screening**

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy \_\_\_\_ (insert strategy number(s)) to improve rates of developmental screening in their community.

Strategy 1: Coordinate and/or provide developmental screening trainings to medical providers.

Strategy 2: Coordinate and/or provide developmental screening trainings to childcare providers.

### **Objective 4: Smoking**

By December 31, 2016, the agency, in collaboration with community partners will implement and evaluate a strategy to decrease rates of children exposed to smoking in the household.

Strategy: Increase access to smoking cessation services for postpartum women and family members who smoke.

### **Objective 5: Adolescent Suicide**

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate strategy \_\_\_\_ (insert strategy number(s)) to decrease rates of adolescent suicides.

Strategy 1: Coordinate and/or facilitate evidence-based suicide prevention practices with community groups.

Strategy 2: Promote Zero Suicide principles and practices with health care providers and health care systems.

### **Objective 6: Adolescent Transportation-related Injury**

By December 31, 2016, the agency, in collaboration with community partners, will implement and evaluate a strategy to decrease rates of adolescent transportation-related injury.

Strategy: Implement the TEEN DRIVING PLAN to increase and quantity and diversity of parent/guardian supervised learner practice in different driving environments.

### **Objective 7: Wisconsin Healthiest Families**

By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the agency in collaboration with community partners focusing on \_\_\_\_\_ (Select one focus area: family supports, child development, mental health or safety/injury prevention).

### **Objective 8: Keeping Kids Alive**

By December 31, 2016, the Keeping Kids Alive Initiative for \_\_\_\_\_ (FIMR and/or CDR) will be implemented by the agency in collaboration with community partners.