Wisconsin
Department of Health Services

Wisconsin Maternal and Child Health (MCH) Program: 2011-2015 Priority Area Update

April 2015

The Maternal and Child Health (MCH) Program Update on 2011-2015 Priorities was developed as part of the MCH Needs Assessment process. It provides an overview of MCH Program work over the past five years, including an overview of MCH priory areas, indicator data, and related programs, strategies, and partnerships. The document was developed through a collaborative process within the Family Health Section, Bureau of Community of Health Promotion, Division of Public Health.

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MCH Priority Area 1: "Reduce **health disparities** for women, infants, and children, including those with special health care needs."

Health disparities are defined as modifiable differences in health status and related risk and protective factors across disadvantaged populations. They are the result of complex social, behavioral, and environmental interactions at the individual and societal level. Health disparities can exist by race and ethnicity, sexual orientation, disability status, gender, geography, educational attainment, level of income, or other category. Wisconsin's women, infants, and children are particularly impacted by health disparities related to preconception health, access to care, infant mortality, and chronic stress.

Health disparities have a profound effect on health across the life span. A woman's health before, during, and after pregnancy influences the health of her child. Research shows that differential exposure to risk and protective factors over time helps to explain many health disparities.

Public health can reduce health disparities across the life span by directing activities towards high-risk populations, developing policies, and supporting community-based strategies. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and wellness and the fact that Wisconsin has significant health disparities across key health indicators. It is also a State Health Plan focus area and national goal.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
Ratio of black infant mortality rate to white infant mortality rate*	2.7	2.8	2.7			2.2	2010
Percent of non-white new mothers who felt they were treated differently based on their race	14.6	12.5	16.3			Unavailable	
Percent of new mothers who had three or more stressors during pregnancy**							
All races		26.8				25.8	2011
Non-Hispanic black		48.8				36.9	2011
Non-Hispanic white		23.6				23.8	2011
Non-Hispanic other		22.3				23.4	2011
Hispanic		30.1				26.4	2011
Percent of children age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need							
Children and Youth with Special Health Care Needs (CYSHCN)			67.3			63.9	2011/12
Non-CYSHCN			72.5			67.9	2011/12

*Three-year rolling averages
**State estimates based on 2009-2011 data

Data sources are included in the Appendix

- Wisconsin has not shown a substantial improvement in the ratio of black to white infant mortality over the past several years, however, the indicator may not be sensitive enough to show change. It is also possible that social determinants, including unemployment and education, have not yet been addressed at the level needed to impact change. Efforts are underway in areas of the state where infant mortality rates are the highest and have only recently been taken to scale.
- Wisconsin has not shown an improvement in the percent of non-white mothers who felt they were treated differently based on their race over the past several years. This may be because efforts have yet to be taken to scale and it is too early to discern changes.
- Non-Hispanic black mothers in Wisconsin are about twice as likely as whites to have experienced three or more stressors during pregnancy. This disparity is larger in Wisconsin than nationally. The MCH Program has only recently begun to focus on stress during pregnancy and interventions that have yet to be taken to scale.
- Wisconsin has a higher percent of children age 0-18 whose families have adequate health insurance than the nation, including children and youth with special health care needs (CYSHCN). The MCH Program has dedicated resources to this issue through statewide contracts. ABC for Health, a non-profit public interest law firm, provides training, technical assistance, and health benefits counseling to under- and uninsured individuals in collaboration with the Regional Centers for CYSHCN. Family Voices of Wisconsin distributes fact sheets on health care-related topics and hosts trainings for parents called "Did You Know? Now You Know!," which provide an overview of health care and coverage.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least eight programs that help reduce health disparities. In addition, the Maternal and Child Health Program collaborates on an additional eight programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to reduce health disparities.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- The Collaborative for Innovation and Improvement Network (CoIIN) to Reduce Infant Mortality SIDS/SUID/Safe Sleep team seeks to target infant caregivers in settings and communities for which baseline data reflects the greatest disparities in sleep-related infant deaths. The Social Determinants of Health (SDoH) Team will develop a state action plan that incorporates evidence-based policies and programs and place-based strategies to improve SDoH and equity in birth outcomes.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a source of MCH data that is used to inform program and policy efforts related to reducing disparities in birth outcomes.

- Pregnancy Outreach and Infant Health Program funds are used to provide outreach to low-income pregnant women and for maternal and child health projects under Wis. Stat. § 253.085. General Purpose Revenue funds are used to match Medicaid administrative dollars for services to encourage early and continuous health care for pregnant women and children.
- The Racine Healthy Births Healthy Families program serves African American pregnant and parenting women and families in Racine, including women and families of other races and ethnicities that qualify.

MCH Priority Area 2: "Increase the number of women, children, and families who receive preventive and treatment health services within a **medical home."**

BACKGROUND

A medical home is defined as a cultivated partnership between a patient, family, and primary provider in cooperation with specialists and support from the community. It is patient-centered, comprehensive, coordinated, accessible, and committed to quality and safety. Medical homes are also championed by professionals and families caring for children and youth with special health care needs. Additional aspects for this population include the use of a proactive team approach to chronic care management, and safe, efficient care while preventing unnecessary or duplicative services.

Access to a medical home has profound effect on health across the life span. Research shows that medical homes improve the effectiveness and efficiency of health care services and the patients' quality of life. Access to an ongoing source of health care within a medical home early in life supports healthy growth and development and better health outcomes later in life.

Public health can promote medical homes for women, children, and families. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and wellness. It is also a national priority.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	2010	2011	2012	2013	Number	Year
Percent of children who receive care that meets the American Academy of Pediatrics definition of medical home			66.4			54.4	2011/12
Percent of children that received family-centered care in the previous 12 months			75.3			66.6	2011/12
Percent of children that have a usual source(s) of sick and well care			94.4			91.4	2011/12
Percent of children that receive effective care coordination, among those who needed coordinated care or had 2 or more services during the past 12 months			75.4			66.1	2011/12

Data sources are included in the Appendix

- Wisconsin has a higher percentage of children who receive care within a medical home than the nation. The Children and Youth with Special Health Care Needs (CYSCHN) Program has engaged in a number of related activities, including the production of a medical home tool kit, development of trainings and resources for providers and families about medical home, promotion of medical home within the Newborn Screening Program and Early Hearing Detection and Intervention (EHDI) Program, and support of the Wisconsin Statewide Medical

Home Initiative Hub. The Wisconsin Association of Family Practice also has medical home as an outcome measure.

- Wisconsin has a higher percent of children that receive family-centered care than the nation. The CYSCHN Program engages in family leadership and engagement activities that encourage families to be active participants in their care. The CYSCHN Program's medical home activities may also impact this indicator.
- Wisconsin has a higher percent of children with a usual source of sick and well care than the nation. Most children in Wisconsin are insured; however, there may be disparities in this measure by geography and race and ethnicity.
- Wisconsin has a higher percent of children who receive effective care coordination than the nation. Wisconsin supports Regional Centers that help to connect families to appropriate providers and provide care coordination. In addition, the EHDI Program provides care coordination for children who have potential for loss to follow-up for hearing diagnosis, and newborn screening specialty clinics are doing care coordination for children with abnormal screening results.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 16 programs that help promote preventive and treatment health services within a medical home. In addition, the Maternal and Child Health Program collaborates on an additional 13 programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote medical homes.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- The Statewide Medical Home Initiative (WiSMHI) promotes medical home for ongoing care, provides training to providers on developmental screening and socio-emotional health, hosts community awareness events about medical home and developmental screening, and provides one-on-one training to families about medical home.
- The Wisconsin Sound Beginnings Newborn Hearing Screening Program supports family training, referrals, coordination of services, and insurance access.
- The Medical Home Systems Integration Grant for CYSHCN supports development of a statewide medical home improvement plan with a behavioral and mental health emphasis.

MCH Priority Area 3: "Increase the number of children and youth with special health care needs and their families who access **necessary services and supports."**

BACKGROUND

Services and supports for children and youth with special health care needs (CYSHCN) and their families encompass the complex and fragmented system of care required to maintain optimal health across all areas of life. An ideal system would include services and supports that are: 1) abundant enough for families to have choices; 2) easily accessed and in close proximity to families; 3) available to all families who need to access them without dependence on insurance or ability to pay; 4) informed by families and youth as partners in decision making; 5) organized in a way that makes them easily understood and accessed; 6) coordinated, barrier-free, and integrated so that families are not expending excess effort, time, or resources to maintain optimal health; and 7) equally accessed without relationship to race, gender, or sexual orientation.

Access to necessary services and supports in early life has a profound effect on health across the life span. Without a comprehensive, quality system of care, families will expend more personal resources on health care, work less, and experience a lower quality of life and adverse health outcomes over the life course of the family.

Public health can work with partners to increase CYSHCN access to necessary services and supports across the life span by linking children to appropriate services, closing service gaps, reducing duplication, and developing policies to better serve families. The Wisconsin MCH Program is committed to increasing access to necessary services and supports because of its impact on lifelong health and wellness, and the fact that this priority area supports a number of state and national performance measures.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	2010	2011	2012	2013	Number	Year
Percent of CYSCHN (ages 0-18) whose families partner in decision making at all levels and are satisfied with the services they receive	74.4					70.3	2009/10
Percent of CYSHCN (ages 0-18) whose families report the community-based service systems are organized so they can use them easily	64.6					65.1	2009/10
Percent of CYSHCN who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence	44.4					40.0	2009/10
Percent of parents of CYSHCN who report their doctors or other health care providers usually or always help you feel like a partner in the child's care	88.0					87.0	2009/10

	Wisconsin					Nation	
	2009	2010	2011	2012	2013	Number	Year
Percent of referrals where the child or family did not have their needs met	28.2	25.9	25.9	32.8	31.5	Unavailable	

Data sources are included in the Appendix

- There are no meaningful differences between Wisconsin and the nation across CYSHCN indicators related to family partnership in all levels of decision making, organization of community-based services, transition, and family partnership in health care decision making.
- Wisconsin has shown a modest increase in the percent of referrals where the child or family did not have their needs met. The CYSHCN Regional Centers and subcontracted agencies track referrals to assess outcomes. Over the last five years, parents reporting an unmet need were most often waiting for a response from other agencies. For the past three years, this has been primarily due to the wait for long-term support services.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 14 programs that help children and youth with special health care needs and their families access necessary services and supports. In addition, the Maternal and Child Health Program collaborates on an additional 11 programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help assure access to necessary services and supports.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- ABC for Health provides technical assistance, training, and one-to-one support for the collaborators' network and works with referrals from our network. They also co-lead monitoring Affordable Care Act (ACA) implementation from a CYSHCN perspective.
- Family Voices is the lead for advocacy and family leadership for CYSHCN Families. They provide trainings, fact sheets, and co-lead the ACA monitoring efforts for CYSHCN. They also provide an Unmet Needs Report annually on CYSHCN.
- Parent-to-Parent is the lead organization for matching parents with a CYSHCN with a trained mentor parent. They also work with the Wisconsin Medical Home Initiative (WiSMHI) on parent engagement in medical homes.
- Regional CYSHCN Centers provide information, referral and assistance for families and providers around CYSHCN. They provide training and technical assistance and serve as system leads to develop the system of care of CYSHCN.

MCH Priority Area 4: "Increase the number of women, men, and families who have knowledge of and skills to promote **optimal infant and child health, development, and growth."**

BACKGROUND

Infant and child health is defined as a state of physical, mental, intellectual, social, and emotional well-being and not merely the absence of disease. It is the collective process of achieving optimal milestones in key areas of growth including motor, intellectual, language, and social development. Healthy growth and development is the result of interactions between the child and his or her physical, social, and economic environment. The frequency, quality, and intensity of these interactions impacts whether a child reaches his or her full potential.

Healthy growth and development in early life has a profound effect on health across the life span. Research shows a link between early life events and future social, emotional, language, memory, physical, and cognitive development, as well as adult chronic diseases.

Public health can support healthy growth and development across the life span by promoting prevention, screening, assessment, and intervention. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and wellness and the fact that many Wisconsin children do not meet benchmarks for health. It is also a State Health Plan focus area and national goal.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
Percent of children who are flourishing in regards to learning, resilience, attachment with parent, and contentment with life, 6mo-5yr			78.6			73.2	2011/12
Percent of children who are flourishing in regards to learning, resilience, attachment with parent, and contentment with life, 6-17yr			49.7			47.7	2011/12
Percent of children who have two or more adverse childhood experiences (ACES)			22.5			22.6	2011/12
The infant mortality rate per 1,000 live births	6.0	5.7	6.3	5.7		6.1	2010
The child death rate per 100,000 children, 1-14 years	14.4	15.1	15.4	13.7		16.9	2011

Data sources are included in the Appendix

- Wisconsin has a higher percent of children 6 months to 5 years old who are flourishing than the nation. The MCH Program participates in a number of programs that address early monitoring, screening, and information and referral that may impact this measure.

- Wisconsin has a higher percent of children 6 to 17 years old who are flourishing than the nation. The MCH Program collaborates on a number of programs that may impact a child's ability to flourish, including trauma informed care, injury prevention, and academic readiness.
- Wisconsin has about the same percent of children who have two or more adverse childhood experiences (ACES) as the nation. ACES are complicated and general public awareness is just beginning. However, the MCH Program's Early Childhood Initiative is growing and may impact ACES.
- Wisconsin has not shown a meaningful improvement in the infant mortality rate over the past several years. In 2010, it was about the same as the national rate; however, racial and ethnic disparities exist. Collaborative activities that relate to Wisconsin's infant mortality rate include the Life Course Collaborative for Healthy Families and the Fatherhood Initiative.
- Wisconsin's death rate for children 1 through 14 years old (per 100,000) has shown modest improvement over the past several years. In 2011, it was better than the national rate. Program efforts include Early Childhood Systems and Keeping Kids Alive. Medical systems of care also impact the child death rate.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 17 programs that help promote optimal infant and child health, development, and growth. In addition, the Maternal and Child Health Program collaborates on an additional 17 programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote optimal infant and child health, development, and growth.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- The Wisconsin Healthiest Family Initiative funds local health departments to promote family supports, child development, safety and injury prevention, and mental health. It focuses on building early childhood systems through partnerships and community engagement, collective impact approaches, and policy changes.
- A safe sleep initiative with the Children's Hospital of Wisconsin promotes health, growth and development.
- All four areas of the Collaborative Innovation and Improvement Network (CoIIN) to Reduce Infant Mortality (preconception health, safe sleep, social determinants, and early elective deliveries) can affect growth and development.

MCH Priority Area 5: "Increase the number of women, children, and families who have **optimal mental health and healthy relationships."**

BACKGROUND

Mental health and healthy relationships are defined by a state of well-being in which individuals are supported to realize their own mental health potential, able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to the community in which they live. Among infants and children, mental health is understood as healthy social and emotional development. It is not just the absence of a mental disorder.

Mental health and healthy relationships have a profound effect on health across the life span. Research shows that violence, trauma, and adversity are preventable risk factors for mental disorders and relationship development later in life. Determinants include not only individual factors, but also social, cultural, economic, and environmental factors.

Public health can support mental health and healthy relationships across the life span. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and wellness and the fact that many Wisconsin children do not meet benchmarks for health. It is also a State Health Plan focus area and national goal.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
Rate per 100,000 of suicide deaths among youths aged 15 through 19	10.1	10.5	11.6	9.5		8.3	2011
Rate per 1,000 of substantiated reports of child maltreatment	4.0	4.1	3.9	3.8		Unavailable	
Percent of women having a live birth who experienced depressive symptoms after pregnancy	11.4	10.3	10.3			12.4	2009

Data sources are included in the Appendix

- Wisconsin has not seen a meaningful improvement in its youth suicide rate over the past several years. In 2011 it was worse than the national rate. The MCH Program collaborates with Children's Health Alliance of Wisconsin to develop local Child Death Review Teams that review death data and propose community-specific preventive measures via the Keeping Kids Alive and Early Childhood Systems Initiatives. This work is still young and it may be too early to discern changes.
- Wisconsin has not seen a meaningful improvement in the rate of substantiated child maltreatment over the past several years. The Department of Children and Families and Department of Health Services/Area Administration work collaboratively to address this

indicator. MCH Program activities have focused on primary prevention through Early Childhood Systems Initiative activities and integration of Life Course Theory.

- Wisconsin has shown a modest improvement in the percent of women who experience depressive symptoms after pregnancy over the past several years. In 2009, Wisconsin was doing better than the nation. The MCH Program collaborates on a number of programs and partnerships, including the Wisconsin Task Force on Perinatal Depression that supports women at risk for depression through home visitation, and Prenatal Care Coordination (PNCC) that provides services to pregnant women. The MCH Program has coordinated training for PNCC providers to be better able to address the co-morbidity of depression, violence, and alcohol and other drug abuse issues of women of childbearing age.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 16 programs that help promote optimal mental health and healthy relationships. In addition, the Maternal and Child Health Program collaborates on an additional 14 programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote optimal mental health and healthy relationships.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- The Child Psychiatric Consultation Program includes an “Access Line” pilot, where primary care providers can receive consultation on medical and psychiatric treatment for children.
- The Maternal and Child Health Hotline, in collaboration with the Wisconsin Perinatal Task Force, has compiled a statewide resource guide to help pregnant women, new mothers and families throughout Wisconsin find services for screening, treatment and support for perinatal depression. The Perinatal Depression Directory also serves as a resource for agencies to refer clients to available resources in their region.
- The Early Childhood Comprehensive Systems Program increases awareness of the effects of toxic stress, provides early identification and referral to evidence-based treatment, supports community awareness events, and provides Child-Parent Psychotherapy (CPP) for families that need it.
- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) supports consistent monitoring and screening for developmental delays and mental health, leading to early identification and treatment.

MCH Priority Area 6: "Increase the number of women, men, and families who have knowledge of and skills to promote **optimal reproductive health and pregnancy planning."**

BACKGROUND

Reproductive health and pregnancy planning is defined by physical, emotional, mental, and social well-being related to reproduction and sexuality. This includes health and wellness before, during, and in between pregnancy in order to reduce risk factors that affect current and future pregnancies.

Reproductive health and pregnancy planning have a profound effect on health across the life span. Research shows a link between adverse events during fetal development and the lifelong health of the child. In Wisconsin, over one third of pregnancies are unintended. Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If pregnancy is not planned before conception, a woman may not be in optimal health for childbearing.

Public health can support optimal reproductive health and pregnancy planning by providing education and promoting screening and treatment services. The Wisconsin MCH Program is committed to this priority because of its significant impact on the health and wellness of mothers, infants, and children. It is also a State Health Plan focus area and national goal.

MCH PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
The rate of birth (per 1,000) for teenagers aged 15 through 17	13.9	11.7	10.5	10.2		14.1	2012
Percent of new mothers who report unintended pregnancy	35.7	39.7	36.6			41.4	2009
The rate per 1000 women aged 15 through 19 with a reported case of chlamydia	29.1	30.6	32.0	29.4	28.1	32.9	2012
The rate per 1000 women aged 20 through 44 with a reported case of chlamydia	9.7	10.4	11.8	11.7	11.8	12.4	2012
Percent of singleton births to mothers with an interpregnancy interval <18 months	32.2	32.5	32.0	32.3		Unavailable	

Data sources are included in the Appendix

- Wisconsin has seen a meaningful improvement in the teenage birth rate over the past several years. In 2012, it was lower than the national rate. This may be related to increased access to dual protection kits, which are a standard of practice that family planning providers distribute to all new patients. In addition, the Family Planning Only Services Medicaid benefit provides teenagers with health insurance coverage for contraceptives, office visits, and sexually transmitted disease services.

- Wisconsin has not seen an improvement in the rate of unintended pregnancy among new mothers over the past several years; however, in 2009 it was lower than the national average. It is a standard of practice in the family planning program to develop a reproductive life plan with all patients on an annual basis. The plan identifies women's desire for a pregnancy in the upcoming year. In addition, contraceptive services may be provided immediately without a pap or pelvic because of the American Society for Colposcopy and Cervical Pathology's new cytology screening and management guidelines put into local practice.
- Wisconsin has not seen an improvement in the rate of chlamydia among teens and young adults over the past several years; however, in 2012 both the teen and young adult Wisconsin rates were lower than the national rates. This may be related to full implementation of providing dual protection kits at all the statewide family planning clinics for all new patients. All established patients are routinely assessed for needed dual protection supplies. In addition, all family planning projects utilize the Selective Screening Criteria on all patients at least annually and at contraceptive supply visits.
- The percent of singleton births to mothers with an interpregnancy interval less than 18 months has remained consistent over the past several years. Programmatic efforts include integration of WIC, Prenatal Care Coordination, home visitation, and family planning services to patients for continuity of care and life course planning.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 11 programs that help promote optimal reproductive health and pregnancy planning. In addition, the Maternal and Child Health Program collaborates on an additional 10 programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote optimal reproductive health and pregnancy planning.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- The Reproductive Health, Health Care Education and Training Program supports the statewide Women's Health Family Planning (WH FP) program by developing evidence-based tools, training and technical assistance, leadership, communication and growing the workforce for sustaining and improving WH FP providers throughout the state.
- The State Lab of Hygiene is a critical partner in providing technical assistance, immediate problem solving and improving usage and effectiveness of jointly established evidence-based testing procedures and guidelines.
- The WH FP program has developed relationships, linkages, and programming with the Injury Prevention Program, which includes domestic violence, trauma informed care, adverse childhood experiences (ACES), and sexual assault nurse examiner program partnerships. Some WH FP providers have an established relationship and shared patients with federally qualified health centers.

- The WH FP program is building a relationship with the plain clothes communities (Amish and Mennonites) to establish trust and an awareness of each other's culture and how we may work together to improve healthy birth outcomes.
- The First Breath and My Baby and Me programs are important referral resources for the WH FP providers to utilize when assisting a patient. This is true for Prenatal Care Coordination (PNCC) providers as well.
- The Wisconsin Medicaid program is a vital partner in providing eligible women and men with a payment source for critical essential health services such as STD screening, testing and treatment, cervical cancer prevention and annual preventive health screening and visits.
- The WH FP program partners with the State Immunization program to improve HPV vaccine rates.
- The Wisconsin Association for Perinatal Care (WAPC) is a critical partner that works to advance the mutual mission of improving birth outcomes.
- The Milwaukee Adolescent Pregnancy Prevention Partnership (MAPP) supports adolescent growth and development, pregnancy prevention and sexually transmitted infection prevention, and enrollment in family planning only services.

MCH Priority Area 7: "Increase the number of women, children, and families who receive **preventive screenings, early identification, and intervention."**

BACKGROUND

Preventive screenings, early identification, and intervention results in the identification of infants and children with special health care needs (CYSHCN) and subsequent interventions to provide optimal child and family outcomes. Universal newborn blood, hearing, and critical congenital heart disease (CCHD) screening as well as ongoing developmental assessments are examples of public health supported screening programs. Intervention may encompass appropriate referrals, diagnostic testing, treatment, and management of identified conditions.

Preventive screenings, early identification, and intervention have a profound effect on health across the life span. Research shows a link between early identification and positive developmental outcomes and improvements in child and family well-being.

Public health supports preventive screenings, early identification, and intervention through statewide surveillance of newborn screening conditions, partnerships with stakeholders, the leveraging of resources, the promotion of best screening practices for healthcare providers, and policy development. Public health also acts as a safety net, assuring that all infants have access to newborn screening. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and developmental outcomes. It is a State Health Plan focus area and national goal.

MCH PRIORITY AREA INDICATORS

	Wisconsin					National	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
Percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs	100	100	100	100	100	Unavailable	
Percent of newborns who have been screened for hearing before hospital discharge	95.7	96.4	98.9	98.3	99.0	Unavailable	
Percent of children 10 months-5 years whose parents did not complete standardized developmental screening tool			66.3			69.2	2011/12

Data sources are included in the Appendix

- All newborns who screen positive as part of Wisconsin's Newborn Blood Screening Program receive timely follow-up. The rate has remained the same (100%) for the past several years. The MCH Program supports follow-up efforts in collaboration with the Wisconsin State Laboratory of Hygiene and via contracts with specialty clinics that care for individuals with cystic fibrosis, metabolic conditions, and hemoglobinopathies.

- Nearly all newborns are screened for hearing in Wisconsin. The percent screened before hospital discharge went from 95.7% in 2009 to 99.0% in 2013; 100% may not be achievable because some babies die shortly after birth, some are lost to follow-up, and some families decline the screening. This impressive screening rate is the result of more than ten years of electronic tracking application improvements, consistent and ongoing work with hospitals and other providers including audiologists and midwives, and increased staff capacity to address and reduce lost to follow-up.
- There is no meaningful difference between Wisconsin and the nation in the percentage of parents who did not complete a standardized screening tool. However, child development is one of the focus areas for our MCH Healthiest Families Initiative and a primary focus for our Wisconsin Statewide Medical Home Initiative (WiSMHI). WiSMHI collects data on providers trained, but not on children screened.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least seven programs that promote preventive screenings, early identification, and intervention. In addition, the Maternal and Child Health Program collaborates on an additional four programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote preventive screenings, early identification, and intervention.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- Regional Children and Youth with Special Health Care Needs (CYSHCN) Centers provide information and referral and other services for families. These services offer key support for families with a child with a hearing loss, genetic condition, developmental delay or other condition.
- Families of children reported to Wisconsin's Birth Defects Registry (WBDR) are contacted by staff at the Regional Centers for CYSHCN and offered information and referral and other supports.
- The Congenital Disorders Program (Newborn Screening Program) works to assure that 100% of babies identified as having a congenital disorder through newborn screening receive appropriate follow-up.
- Wisconsin Sound Beginnings is the state's Early Hearing Detection and Intervention (EHDI) program. It ensures that all babies born in Wisconsin are screened for hearing loss at birth, receive timely diagnosis of hearing loss, and are referred for early intervention.
- The Wisconsin Early Hearing Detection and Intervention (EHDI) Tracking, Referral, and Coordination (WE-TRAC) system monitors, manages and measures Wisconsin's hearing screening, lost to follow-up and diagnosis rates through the web-based data system WE-TRAC (Wisconsin EHDI - Tracking Referral And Coordination system).

MCH Priority Area 8: "Increase the number of women, children, and families who live in a **safe and healthy community."**

BACKGROUND

A safe and healthy community is defined by stability and security of food, water, housing, and healthcare; absence of violence; and resources to prevent injury and promote health through multilevel strategies that are grounded in surveillance and community-based improvement. Injuries and violence occur among all ages, races, and socioeconomic classes. They are significantly influenced by the underlying determinants of health in the community such as poverty, drug and alcohol use and abuse, mental and physical health problems, disability, the physical environment, low social cohesiveness, low education levels, and social norms.

A safe and healthy community has a profound effect on health across the life span. Findings from the Adverse Childhood Experiences study show that acts of violence not only have an immediate effect on those exposed to violence, but also may have life-long consequences that greatly increase the emotional, physical and societal costs associated with violence. Extreme stress related to early exposure of violence can harm the development of the nervous and immune systems, resulting in health problems for adults such as alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and other chronic diseases.

Public health can support safe and healthy communities across the life span. The Wisconsin MCH Program is committed to this priority because of its impact on lifelong health and wellness. Injuries are also the leading cause of morbidity and mortality among Wisconsin residents, though many are preventable. Injury and violence prevention is a State Health Plan focus area and national goal.

PRIORITY AREA INDICATORS

	Wisconsin					Nation	
	2009	**2010**	**2011**	**2012**	**2013**	**Number**	**Year**
Rate per 100,000 of inpatient hospitalizations and emergency department visits due to unintentional injuries among children ≤14	8,026	8,048	7,834	7,761		10,565	2012
Rate per 100,000 of inpatient hospitalizations and emergency department visits due to intentional injuries among children ≤14	139	134	140	151		272	2012
Percent of deaths among children ≤14 and maternal deaths reviewed by local or statewide fatality review teams	54	63	59	58		Unavailable	
Percent of new mothers who report putting their infant in a safe sleep environment	52.4	60.5	63.5			Unavailable	

Data sources are included in the Appendix

- Wisconsin has shown a modest improvement in the rate of inpatient hospitalizations and emergency department visits due to unintentional injuries among children 14 and younger, from 2009 to 2012. This may be related to the decreasing rate of motor vehicle accidents, an increase in the number of free standing urgent care clinics, and a decrease in health care utilization due to the economy and joblessness, among other things. In 2012, Wisconsin was doing better than the nation.
- Wisconsin has not shown a meaningful improvement in the rate of inpatient hospitalizations and emergency department visits due to intentional injuries among children 14 and younger, from 2009 to 2012. Nonetheless, in 2012, Wisconsin was doing better than the nation. Wisconsin is tracking the effectiveness of programs targeting the issue of self-inflicted and assault injuries.
- Wisconsin has shown a meaningful improvement in the percent of deaths reviewed by statewide fatality review teams, specifically, children 14 and younger and maternal deaths. The indicator improved until 2010 and then plateaued, perhaps due in part to a lack of resources to fund local teams and lack of program effectiveness. Maternal mortality review has had limited capacity and does not look at all maternal-related and associated deaths. There is no national standardized guidance promoting maternal reviews.
- Wisconsin has shown an improvement in the percent of new mothers who report putting their infant in a safe sleep environment from 2009 to 2011. However, there is organized opposition to promoting safe infant sleep as the gold standard. Cultural values are perceived barriers and safe sleep messaging is inconsistent.

PROGRAMS, STRATEGIES, AND PARTNERSHIPS

The Maternal and Child Health Block Grant funds at least 13 programs that help promote safe and healthy communities. In addition, the Maternal and Child Health Program collaborates on an additional nine programs that support this priority area through supplementary federal and state grants. Partnerships with other state programs, non-profit organizations, and community-based organizations also help to promote safe and healthy communities.

For example, the following programs, strategies, and partnerships have been important to this priority area:

- Wisconsin Keeping Kids Alive Initiative focuses on Child Death Review (CDR) and Fetal Infant Death Review implementation by local or regional teams. Case review finding leads to recommendations for evidence-based preventive strategies to improve infant and child health outcomes.
- The Maternal Mortality Review process identifies factors contributing to injuries and violence among pregnant women and recently pregnant women
- The Rape Prevention Education grant provides intervention and individual services to mitigate long-term outcomes and works toward community prevention of sexual assault. Funds are used to prevent first time perpetration and victimization, bringing community awareness and action to the nature of sexual violence.

- The Sexual Assault Prevention Block Grant works with vulnerable populations around preventing sexual assault and providing services to sexual assault victims. Vulnerable populations have included those characterized by race, ethnicity, disability, and enrollment in college.
- The statewide Poison Control System provides individual urgent intervention and serves as a statewide resource to health care providers.
- The Wisconsin Violent Death Reporting System (WVDRS) provides surveillance to monitor trends in violent death, which provides important information to guide injury and violence prevention efforts.

Appendix: Indicator Data Sources

Priority Area	Indicator	WI Data Source	National Data Source
Health disparities	Ratio of black infant mortality rate to white infant mortality rate	Wisconsin Interactive Statistics on Health (WISH)	http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf
	Percent of non-white new mothers who felt they were treated differently based on their race	Pregnancy Risk Assessment Monitoring System (PRAMS)	Unavailable
	Percent of new mothers who had 3 or more stressors during pregnancy	PRAMS	CPONDER
	Percent of children age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need	National Survey of Children's Health (NSCH)	NSCH
	Percent of children age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need	NSCH	NSCH
Medical home	Percent of children who receive care that meets the AAP definition of medical home	NSCH	NSCH
	Percent of children that received family-centered care in the previous 12 months	NSCH	NSCH
	Percent of children that have a usual source(s) of sick and well care	NSCH	NSCH
	Percent of children that receive effective care coordination, among those who needed coordinated care or had 2 or more services during the past 12 months	NSCH	NSCH
Necessary services and supports for CYSHCN and families	Percent of CYSCHN (0-18) whose families partner in decision making at all levels and are satisfied with the services they receive	National Survey of Children with Special Health Care Needs (NS-CSHCN)	NS-CSHCN
	Percent of CYSHCN (0-18) whose families report the community-based service systems are organized so they can use them easily	NS-CSHCN	NS-CSHCN
	Percent of CYSHCN who received the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence	NS-CSHCN	NS-CSHCN
	Percent of parents of CYSHCN who report their doctors of other health care providers usually or always help you feel like a partner in the child's care	NS-CSHCN	NS-CSHCN
	Percent of referrals where the child or family did not have their needs met (unmet needs)	SPHERE	Unavailable
Optimal infant and child health, development, and growth	Percent of children who are flourishing in regards to learning, resilience, attachment with parent, and contentment with life, 6mo-5yr	NSCH	NSCH
	Percent of children who are flourishing in regards to learning, resilience, attachment with parent, and contentment with life, 6-17yr	NSCH	NSCH
	Percent of children who have two or more adverse childhood experiences (ACES)	NSCH	NSCH
	The infant mortality rate per 1,000 live births	WISH	http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_08.pdf
	The child death rate per 100,000 children, 1-14 years	WISH	CDC WONDER
Optimal mental health and healthy relationships	Rate per 100,000 of suicide deaths among youths aged 15 through 19	WISH	CDC WONDER, underlying cause of death module
	Rate per 1,000 of substantiated reports of child maltreatment	Wisconsin Statewide Automated Child Welfare Information System	Unavailable
	Percent of women having a live birth who experienced depressive symptoms after pregnancy	CPONDER	http://www.cdc.gov/mmwr/pdf/ss/ss6303.pdf

Optimal reproductive health and pregnancy planning	The rate of birth (per 1,000) for teenagers aged 15 through 17 years	WISH	http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf
	Percent of new mothers who report unintended pregnancy	PRAMS	http://www.cdc.gov/mmwr/pdf/ss/ss6303.pdf
	The rate per 1000 women aged 15 through 19 with a reported case of chlamydia	Wisconsin STD program / WISH population estimates	http://www.cdc.gov/std/stats12/chlamydia.htm
	The rate per 1000 women aged 20 through 44 with a reported case of chlamydia	Wisconsin STD program / WISH population estimates	http://www.cdc.gov/std/stats12/tables/10.htm; WONDER, bridged race population estimate, 2011 per http://www.cdc.gov/std/stats12/Surv2012.pdf
	Percent of singleton births to mothers with an interpregnancy interval <18 months	WISH	Unavailable
Preventive screening, early identification, and intervention	Percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs	Newborn Screening Program	Unavailable
	Percent of newborns who have been screened for hearing before hospital discharge	WE-TRAC	Unavailable
	Percent of children 10 months-5 years whose parents did not complete standardized developmental screening tool	NSCH	NSCH
Safe and health community	Rate per 100,000 of inpatient hospitalizations and emergency department visits due to unintentional injuries among children ≤14	WISH	Web-based Injury Statistics Query and Reporting System (WISQARS)
	Rate per 100,000 of inpatient hospitalizations and emergency department visits due to intentional injuries among children ≤14	WISH	WISQARS
	Percent of deaths among children ≤14 and maternal deaths reviewed by local or statewide fatality review teams	Child Death Review – Case Reporting System (CDR-CRS); WISH	Unavailable
	Percent of new mothers who report putting their infant in a safe sleep environments	PRAMS	Unavailable