 **Workgroup: Women & Maternal Health**

**Priority 1:**  **Women have access to and receive coordinated, comprehensive services before, during and after pregnancy**

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| **National Performance Measure (NPM)** | **Data Trend** | **State Performance Measure (SPM)** | **Data Trend** |
| **NPM 1:** Well-woman visit (Percent of women with a past year preventive medical visit)**ESM**: Percent of women program participants that received education on the importance of a well-woman visit in the past year |  | **SPM 1:** Percent of preterm births (<37 weeks gestation) |  |

**Possible Plan Revisions (refer to the # below; note the corresponding #s and recommendation details in table)**

1. 1 or more strategies completed; no further action needed (please note which strategies)
2. Recommend removing 1 or more strategies
3. Recommend revising or rewriting 1 or more strategies
4. Recommend adding a new strategy
5. Recommend adding, editing, or removing objective (include rationale)
6. Status Quo: Maintain current efforts
7. Raise priority: Begin work or increase resources to 1 or more strategies
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9. Policies or processes are preventing progress on objective or strategies
10. Questions/Need more information
11. Other:

| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 1.1 Increase the proportion of women receiving a well-woman visit annually. |  |  |  |
| 1.2 Increase the number of completed referrals for services in response to screening at every visit by 2020. |  |  |  |
| 1.3 Increase the number of established perinatal community collaboratives [e.g., Becoming a Mom (BAM) program] by at least 5 annually by 2020. |  |  |  |
| 1.4 Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2017 and increase annually thereafter. |  |  |  |
| * 1. Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5% by 2020.
 |  |  |  |

**Workgroup: Women & Maternal Health**

**Domain: Cross-cutting/Life course**

**Priority 6:**  **Professionals have the knowledge and skills to address the needs of maternal and child health populations**

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| **National Performance Measure (NPM)** | **Data Trend** |
| **NPM 14:** Smoking during Pregnancy and Household Smoking (Percent of women who smoke during pregnancy; Percent of children who live in households where someone smokes) **ESM:** Percent of women program participants who smoke referred to the Tobacco Quitline and enrolled/accepted services |  |

**Possible Plan Revisions (refer to the # below; note the corresponding #s and recommendation details in table)**

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10. Questions/Need more information
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| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 6.1 Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020. |  |  |  |
| 6.2 Increase abstinence from cigarette smoking among pregnant women to 90% by 2020. |  |  |  |
| 6.3 Implement collaborative oral health initiatives, identify baseline measures, and expand oral health screening, education, and referral by 2020. |  |  |  |
| 6.4 Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020. |  |  |  |
| 6.5 Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs (SHCN) population into adulthood. |  |  |  |

 **Workgroup: Perinatal & Infant**

**Priority 4:**  **Families are empowered to make educated choices about infant health and well-being**

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| **National Performance Measure (NPM)** | **Data Trend** | **State Performance Measure (SPM)** | **Data Trend** |
| **NPM 4:** Breastfeeding (Percent of infants who are ever breastfed; Percent of infants breastfed exclusively through 6 months)**ESM**: Percent of WIC infants breastfed exclusively through six months in designated “Communities Supporting Breastfeeding” |  | **SPM 4:** Number of Safe Sleep (SIDS/SUID) trainings provided to professionals |  |

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10. Questions/Need more information
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| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 4.1 Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020. |  |  |  |
| 4.2 Increase the proportion of live births delivered in birthing facilities that provide recommended care for breastfeeding mothers by 2020. (Revised 7-2017) |  |  |  |
| 4.3 Increase the proportion of mothers and pregnant women receiving education related to optimal infant feeding by 2020. (Revised 2017) |  |  |  |
| 4.4 Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotion model by 2018. |  |  |  |

**Workgroup: Perinatal & Infant**

**Domain: Cross-cutting/Life course**

**Priority 2:**  **Services and supports promote healthy family functioning**

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| **National Performance Measure (NPM)** | **Data Trend** |
| **SPM 5:** Percent of children living with parents who have emotional help with parenthood |  |

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| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 2.1 Increase opportunities to empower families and build strong MCH advocates by 2020. |  |  |  |
| 2.2 Increase the number of providers with capacity to provide trauma-informed care by 2020. |  |  |  |
| 2.3 Increase the number of families receiving home visiting services through coordination and referral services by 5% annually. |  |  |  |



**Workgroup: Child**

**Priority 3:**  **Developmentally appropriate care and services are provided across the lifespan**

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| **National Performance Measure (NPM)** | **Data Trend** | **State Performance Measure (SPM)** | **Data Trend** |
| **NPM 6:** Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)**ESM**: Percent of program providers using a parent-completed developmental screening tool during an infant or child visit |  | **SPM 3:** Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day |  |
| **NPM 7:** Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)**ESM**: Number of child safety seat inspections completed by certified technicians |  |  |  |

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9. Policies or processes are preventing progress on objective or strategies
10. Questions/Need more information
11. Other:

| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 3.1 Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually. |  |  |  |
| 3.2 Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children. |  |  |  |
| 3.3 Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020. |  |  |  |
| 3.4 Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020. |  |  |  |
| 3.5 Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020. |  |  |  |
| 3.6 Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.  |  |  |  |

**Workgroup: Child**

 **Domain: Children and Youth with Special Healthcare Needs**

**Priority 7:**  **Services are comprehensive and coordinated across systems and providers**

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| **National Performance Measure (NPM)** | **Data Trend** |
| **NPM 11:** Medical home (Percent of children with and without special health care needs having a medical home)**ESM**: Percent of families who experience an improved independent ability to navigate the systems of care |  |

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9. Policies or processes are preventing progress on objective or strategies
10. Questions/Need more information
11. Other:

| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 7.1 Increase family satisfaction with the communication among their child’s doctors and other health providers to 75% by 2020. |  |  |  |
| 7.2 Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020. |  |  |  |
| 7.3 Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.  |  |  |  |

 **Workgroup: Adolescent**

**Priority 5:**  **Communities and providers support physical, social and emotional health**

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| **National Performance Measure (NPM)** | **Data Trend** |
| **NPM 9:** Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)**ESM**: Number of schools implementing evidence-based or informed anti-bullying practices or programs |  |
| **NPM 10:** Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)**ESM**: Percent of adolescent program participants (12-22 years) that received education on the importance of a well-visit in the past year |  |

**Possible Plan Revisions (refer to the # below; note the corresponding #s and recommendation details in table)**

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11. Other:

| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 5.1 Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020. |  |  |  |
| 5.2 Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020. |  |  |  |
| 5.3 Increase access to programs and providers serving adolescents that assess for and intervene with those at risk for suicide. |  |  |  |
| 5.4 Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020. |  |  |  |
| 5.5 Increase the number of adolescents receiving immunizations according to the recommended schedule by 2020. |  |  |  |

**Workgroup: Adolescent**

 **Domain: Cross-cutting/Life course**

**Priority 8:**  **Information is available to support informed health decisions and choices**

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| **National Performance Measure (NPM)** | **Data Trend** |
| **SPM 5:** Percent of adults who report that it is somewhat difficult or very difficult to understand information that doctors, nurses and other health professionals tell them |  |

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| **Objective** | **Accomplishments** | **Emerging Issues (not reflected in current plan)** | **Recommended Plan Revisions****(Refer to Strategies)** |
| --- | --- | --- | --- |
| 8.1 Increase family satisfaction with the communication among their child’s doctors and other health providers to 75% by 2020. |  |  |  |
| 8.2 Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020. |  |  |  |
| 8.3 Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.  |  |  |  |