MATERNAL & CHILD HEALTH BLOCK GRANT

2020 STATEWIDE 5-YEAR NEEDS ASSESSMENT

FINDINGS AND RESULTS FOR
WOMEN & MATERNAL DOMAIN
2020 MCHBG Statewide 5-Year Needs Assessment

- In October of 2018, key staff in the Family & Community Health Bureau began the process for the 2020 Statewide 5-Year Title V MCHBG Needs Assessment.

- In December 2018, an advisory group of 73 MCH epidemiologists and Maternal & Child Health program and population experts was recruited, and invited to four separate Maternal, Infant, Child, and Adolescent Domain Meetings. Data and discussion of Children & Youth with Special Health Care Needs (CYSHCN) and health disparities were integrated into each meeting. Participants were asked to identify the top areas needing attention.

- The Advisory Group identified six goals which are guiding the needs assessment process:
  1. Gather meaningful feedback from as many possible disciplines and demographics;
  2. Identify and address avoidable health disparities;
  3. Collaborate to maximize resources and efficacy;
  4. Apply a life course perspective to identify and analyze data;
  5. Identify and build on strengths; and,
The MCHBG Needs Assessment Team also identified the following goals for this assessment:

- Incorporate findings from 2015 to assess changes and trends
- Develop findings to serve as “drivers” for realistic and relevant program priorities
- Identify the unmet needs and major health issues of the maternal and child population along with who is currently working to address those needs
- Understand where local public health support services could have the greatest impact
- Provide an opportunity for partners and families to provide input on priorities
- Integrate and augment information gathered through other DPPHHS program needs assessments.
The next step was two meetings of a Leadership Advisory Board (LAB) comprised of:

- Title V, CY SCHN & WIC Directors;
- the State Medical Officer;
- DPHHS’ American Indian Health Director;
- MCHBG Coordinator;
- FCHB Bureau Chief and Section Supervisors;
- SSDI and Senior FCHB Epidemiologists; and,
- Healthy Mothers/Healthy Babies Executive Director.

The LAB members were charged with applying criteria for selecting key MCH priorities.
2020 MCHBG Statewide 5-Year Needs Assessment

As of July 2019, the domain needs assessments included:

- the SSDI Epidemiologist’s data analysis, and other DPHHS programs’ formal and informal data collection and analysis efforts and reports;
- the top areas identified as needing more attention at the Domain Advisory Group meetings; and,
- the two highest scoring issues per domain as identified by the LAB members.

For the Women & Maternal Domain these were:

Areas in need of more attention: Access to healthcare, and increased mental healthcare access.

LAB Scoring Results: Well-woman visit and postpartum depression.

In September 2019, the University of Montana’s Rural Institute for Inclusive Communities was contracted to help with surveys and key informant interviews of contractors and subject matter experts from other organizations.
Maternal Health Administrative/Secondary Data Overview:

- In 2017, 73.2% of women received early prenatal care in Montana, which falls below the national average (for 2014) of 77.1%, and below the HP2020 Goal of 77.9%. Rural populations and American Indian women, however, receive early prenatal care at lower rates.
- In 2017 23.8% of women had caesarean deliveries with low risk pregnancies, which meets the HP2020 goal of 23.9%.
- In 2017, 14.9% of women reported smoking while pregnant; 0.9% of women reported drinking alcohol while pregnant.
- According to 2017-2018 PRAMS data 16.9% of women self-reported post-partum depressive symptoms, higher than the national average of 12.5%. A 2015 Health Survey of Montana Mothers and Babies also showed high rates of post-partum depression, with 42.4% of respondents reporting mild or severe postpartum depression.

Key Stakeholder Survey and Interview Results:

- Primary challenges for the maternal domain include access to mental health services, substance use prevention and treatment, and coordination of care.
- There is a need for more frequent screening and non-stigmatized services to address post-partum depression.
- Forgone health care due to distance to services or cost were also raised as concerns.
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<tr>
<td>Women &amp; Maternal</td>
<td>Mental health services, SUD treatment and prevention, post-partum depression, care coordination</td>
<td>Oral Health (NPM 13.1)</td>
<td>Well-Woman Visit (NPM 1) - Percent of women, ages 18 through 44, with a preventive medical visit in the past year.</td>
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<td>CYSHCN</td>
<td>Care coordination, meeting developmental milestones, foster youth</td>
<td>Medical Home (NPM 11)</td>
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<td>Limited or lack of available public health services; geographic health disparities; health equity</td>
<td>Access Public Health Services (SPM 1)</td>
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<td>Family Support Services and Health Education (SPM 2)</td>
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Significance of NPM 1: Well-Woman Visit

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including:

- Screening;
- Counseling; and,
- Immunizations.

These can lead to appropriate identification, treatment, and prevention of disease and behavioral health issues - to optimize the health of women before, between, and beyond potential pregnancies.

For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight, and smoking and substance use cessation, can be advanced within a well woman visit to promote women’s health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes.

The annual well-woman visit is recommended by the American College of Obstetrics and Gynecologists (ACOG). [http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Well-Woman-Visit](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Well-Woman-Visit)
Providing a New Level of Assistance for Title V Agencies

Support to States
Implementation Science
Knowledge-Based Learning

WHAT'S NEW:
ESM DEVELOPMENT GUIDE AVAILABLE
NPM WEBINAR SERIES
MCH BEST STRATEGY DATABASE
RESULTS-BASED ACCOUNTABILITY TIPS
TA FACTSHEET
FEDERAL/STATE PARTNERSHIP PRESENTATION
NPM 14.2: SMOKING IN THE HOUSEHOLD REPORT AND BRIEF

MCHEVIDENCE.ORG
AMCHP's Implementation Toolkit for National Performance Measure 1

How to Use This Toolkit

This toolkit contains examples of strategies state Title V programs can use to address NPM 1. Title V programs vary in their approaches to addressing NPM 1. Some jurisdictions focus on specific content of women's health care, others concentrate on delivery of quality care during a particular life stage, such as preconception or postpartum, and still others focus strategies on engagement of specific stakeholder groups or program participants. The resources included in the strategic approaches below include programs highlighted in:

- AMCHP's Innovation Station Database
- AMCHP's Health for Every Mother: Maternal Health Resource and Planning Guide for States

Intended User

This toolkit is intended for Title V staff to use as well as share with relevant partners.
Strategic Approaches

Click on each icon for more information.

- Strengthen Data Systems and Expand the Evidence Base
- Enable Healthy Living
- Improve Access to Care
- Ensure High Quality Health Care for Women
- Ensure High Quality Maternity Care
- Other Program Strategies

This project is supported by the Health Resources and Services Administration (HRSA), of the U.S. Department of Health and Human Services (HHS), under Grant number 5U58MC000061. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS or the U.S. Government.
**MotherWoman: Community-based Perinatal Support Model**

Supports community capacity by expanding resources, increasing provider competence, and promoting mothers' inherent resilience at all points of provider contact from the first prenatal visit through the one year well-child check.

**Level of Practice:** Promising

**Location:** Massachusetts

**Target Audience:** Women at risk for perinatal depression

**Related STE Strategy:** Community-Based Group Education

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**Women's Health Now and Beyond Pregnancy**

Pilot project implemented by five local public health departments in Wisconsin to promote folic acid consumption and promote healthy spacing of pregnancies.

**Level of Practice:** Emerging

**Location:** Wisconsin

**Target Audience:** Patients, Providers, and Community

**Related STE Strategy:** Provider Education/Community-Based Group Education

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