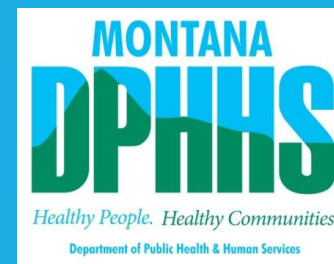


MATERNAL & CHILD HEALTH BLOCK GRANT

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,
 6. Make data-driven decisions.

2020 MCHBG Statewide 5-Year Needs Assessment

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.



2020 MCHBG Statewide 5-Year Needs Assessment

The next step was two meetings of a Leadership Advisory Board (LAB) comprised of:

- Title V, CYSCHN & 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.

Health Domain	2020 Priority Health Needs as per Needs Assessment	2018 Performance Measure Selection	2020 Performance Measure Selection
Perinatal & Infant	SUID and Infant Mortality	Infant Safe Sleep (NPM 5)	Infant Safe Sleep (NPM 5)
Children	Oral Health Services	Child Injury (NPM 7)	Preventative Dental Visit (NPM 13.2)
Adolescent	Bullying, Suicide	Adolescent Preventive Care Visit (NPM 10)	Bullying (NPM 9)
Women & Maternal	Mental health services, SUD treatment and prevention, post-partum depression, care coordination	Oral Health (NPM 13.1)	Well-Woman Visit (NPM 1) - Percent of women, ages 18 through 44, with a preventive medical visit in the past year.
CYSHCN	Care coordination, meeting developmental milestones, foster youth	Medical Home (NPM 11)	Medical Home (NPM 11)
Cross-Cutting & Systems Building	Limited or lack of available public health services; geographic health disparities; health equity	Access Public Health Services (SPM 1)	Access to Public Health Services (SPM 1)
Cross-Cutting & Systems Building	Poverty, financial assistance, adequate health insurance, healthy parent-child relationships, parenting education, safe home environment, child abuse and neglect	Family Support Services and Health Education (SPM 2)	Family Support Services and Health Education (SPM 2)

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>



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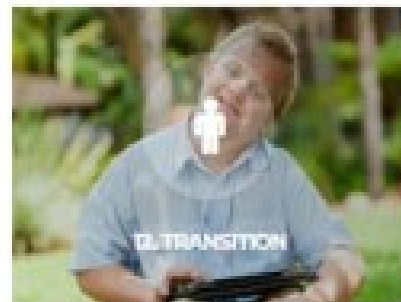
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Implementation Toolkits

Welcome to AMCHP's Implementation Toolkits

This toolkit series provides Title V maternal and child health programs with evidence-based/-informed practices, reports, publications, and resource searching AMCHP's [Innovation Station database](#), and contacting partners. The toolkits aim to encourage collaboration between Title V agencies and

Using the Toolkits

Click on the thumbnail of the toolkit below to go

NOTE: Toolkits work best in Firefox and Chrome

NPM 1: Well Woman Visit

AMCHP's Implementation Toolkit for National Performance Measure 1

Percent of women with a past year preventive visit



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, and still others focus on engagement of specific stakeholder groups or program participants. The resources included in this toolkit represent best practices and programs that AMCHP's Innovation Station and its highlighted in the [Innovation Station database](#).

Intended User

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



Visit the [Collaboratory](#) to learn contact information for Title VHCN Directors for each state and territory.

Strategic Approaches

Click on each icon for more information.



Screening and Counseling



Healthy Living



Insurance Access to Care



Secure High-Quality Health Care for Women



Secure High-Quality Maternal Care



Other Program Strategies

AMCHP's Implementation Toolkit for National Performance Measure 1

Percent of women with a past year preventive visit



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.

<http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Implementation-Toolkits.aspx>

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

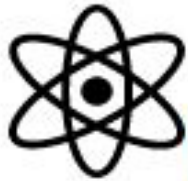


Other Program
Strategies



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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.

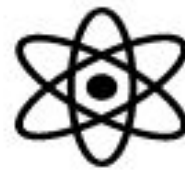
Level of Practice: Promising

Location: Massachusetts

Target Audience: Women at risk for perinatal depression

Related STE Strategy: Community-Based Group Education

Contact:
Dayna Campbell
Dayna@motherwoman.org



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

Contact:
Terry Kruse
terry.kruse@wisconsin.gov