



Title V MCH Services Block Grant Needs Assessment in Region X

In this issue:

- 1** Introduction
- 3** Overview of National Performance Measures in the Title V MCH Services Block Grant
- 5** 15 National Performance Measures
- 17** State Reports
- 21** Resources

Title V of the Social Security Act of 1935 is the authorizing legislation through which the federal government supports state efforts to protect the health and well-being of mothers and children in the 59 states and jurisdictions of the United States. Title V operates as a federal-state partnership: for every four dollars of federal funding, states must provide a three dollar match. Title V remains the [longest lasting public health legislation in the United States](#). Federal Title V dollars also support the [Maternal and Child Health \(MCH\) Training Program](#) and its investments in lifelong learning for MCH professionals, including training future leaders in MCH, and producing webinars and the *Northwest Bulletin* for Region X professionals.

Title V funding priorities, the manner in which funds are allocated to the states, and the federal requirements for receipt of funds by the states have changed over the years. The most recent major amendments occurred in the 1980s and 1990s. In 1981, federal funds for several categorical child health programs were consolidated and converted into a single program, the MCH Services Block Grant, with three major funding categories. The largest of these categories is the state formula block grants. To receive federal Title V funds, each state prepares and submits a standardized application for its block grant. In the early 1990s, for the first time, all states were required to monitor key health indicators of their MCH populations using a common set of national performance measures and annually report these data to the federal Maternal and Child Health Bureau. These data are used to inform Congress of the overall performance of the Title V MCH Services Block Grant in improving the health of MCH populations nationwide. Currently, we are in the midst of a transformation of this federal block grant that brings a new set of national performance measures and changes to state needs assessment, block grant application, and annual report processes.

This issue of the *Northwest Bulletin* focuses on the 15 new national performance measures. Carolyn Gleason's article gives an overview of the processes that led to their selection. On pages 5-16, you will find information about each new measure, including the goal, definition, and national data source. In addition, for each measure, we provide links to relevant material from Region X published previously in the *Northwest Bulletin* and its associated webinars. The Region X state reports describe their current needs assessment activities that will lead to their choice of priorities and national and state performance measures.

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Updates

Welcome Robin Stanton to the *Northwest Bulletin*! She is replacing Cheryl Alto on the editorial board as the representative for the State of Oregon. Robin is a nutrition consultant with the Center for Prevention and Health Promotion, Maternal and Child Health and WIC Programs, Oregon Public Health Division, Oregon Health Authority. She is also chair of the MCH Council, Association State Public Health Nutritionists, and member representative and past-chair of United States Breastfeeding Committee.

This is Deborah Shattuck's last issue of the *Northwest Bulletin*. She is retiring April 1 after 26 years at the University of Washington, where she has worked as an editor, publications manager, and clinical instructor. She has led our *Northwest Bulletin* effort for the past six years, during which we have transitioned from a paper to an electronic publication and added a webinar series to our outreach and education efforts. Thank you Deborah. We wish you well in your next adventures!

Finally, we welcome Trisha Comsti as our new managing editor.

Reader Information

The Northwest Bulletin is published electronically twice a year in the spring and fall at <http://depts.washington.edu/nwbfch/>. Subscribers receive notice of publication via email that contains a link to the new issue.

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The *Northwest Bulletin* is supported by Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration.

Overview of National Performance Measures in the Title V MCH Services Block Grant Program

Carolyn Gleason

National performance measures are an essential component of the Title V Maternal and Child Health (MCH) Services Block Grant as they provide a set of common metrics for program management and accountability in key MCH program priority areas both nationally and at the state level. They do this by using national data sources with state-level data. Title V MCH national performance measures were first developed in the early 1990s in response to the Government Performance and Results Act (GPRA) (P.L. 103-62) of 1993. The GPRA requires federal agencies to engage in performance management tasks, such as setting goals, measuring results, and reporting their progress. The federal Maternal and Child Health Bureau (MCHB) uses the federal and state data on the national performance measures in its annual report to Congress to illustrate the use of federal funds in accomplishing the goals of the program.

TITLE V OF THE SOCIAL SECURITY ACT

To understand the national performance measures, it is helpful to know some context about the federal and state programs. The mission of Title V of the Social Security Act is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families (MCH populations). Through Title V, MCHB partners with states and jurisdictions to achieve this mission. Title V provides funding to states to support and promote the development and coordination of systems of care for MCH populations. These systems of care are family-centered, community-based, and culturally appropriate. In addition, each state is required by law to conduct a statewide needs assessment every five years to identify state-specific Title V priorities that serve as the "drivers" for the development of a state MCH action plan. (See Appendix D, Section 6, *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents*.) Accountability is built into the application and annual reporting process through a performance measurement system that includes the national performance measures.

This year (2015), changes to the Title V MCH Services Block Grant reflect a major effort of MCHB, along with its partners and stakeholders, to transform the program so that it increases accountability, reduces reporting burden, and maintains flexibility for states and jurisdictions. These changes

The national performance measures are important because they provide a set of common metrics for program management and accountability in key MCH program priority areas both nationally and at the state level

are also intended to better align the efforts of state Title V programs with MCHB investments and to demonstrate the vital leadership role state Title V programs provide in assuring and advancing public health systems, which continually assess and readily respond to the changing needs of MCH populations.

INCREASE ACCOUNTABILITY

The transformation Title V MCH Services Block Grant, with its emphasis on performance and accountability at the national and state levels, led to changes to the national performance measures system. In partnership with the leadership of state Title V programs and other MCH stakeholders, 15 national performance measures were identified, covering six population domains: women and maternal health, perinatal and infant health, child health, adolescent health, children with special health care needs, and “cross-cutting” or life course.

These changes are also intended to better align the efforts of state Title V programs with MCHB investments and to demonstrate the vital leadership role state Title V programs provide in assuring and advancing public health systems

REDUCE REPORTING BURDEN

The transformation Title V MCH Services Block Grant also emphasizes reduced reporting burden for states. In order to accomplish this, MCHB will provide state- and national-level data for national performance measures from national data sources, as available. In addition, national performance measures will be stratified by different risk factors, when available (For planned stratifiers, see Appendix E, Table 2, *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents*).

MAINTAIN FLEXIBILITY

The third emphasis for the transformation of the Title V MCH Services Block Grant is to maintain flexibility for the states. State MCH programs are based on five-year statewide needs assessments. This year, each state Title V program is conducting its mandatory statewide needs assessment. States have flexibility in how they conduct these needs assessments (see Region X state reports starting on page 17 for descriptions of each state’s needs

assessment process). The anticipated outcome is the development of a set of priority needs that are unique to each state and based on its needs assessment findings.

Using these priority needs, each state will then select 8 of the 15 national performance measures to be addressed in the next five-year period of its Title V MCH Services Block Grant. At least one national performance measure from each of the six MCH population domains must be selected. However, there are no mandatory national performance measures and some flexibility in addressing a single national performance measure. For example, the national performance measures related to injury and physical activity can be chosen with regard to childhood, adolescence, or both. The interventions would differ of course, depending on the chosen ages.

What are the states doing now? As they complete their needs assessments processes and identify program priority areas, states are beginning the process of selecting eight national performance measures, developing preliminary strategies for improving those measures, and establishing five-year performance objectives to track throughout the next five-year period beginning Fiscal Year 2016. All of these elements will become part of the of the Title V MCH Services Block Grant application, to be submitted by July 15, 2015. ★

Carolyn Gleason, MS, is the MCH Consultant for Region X, Maternal and Child Health Bureau, Health Resources and Services Administration. She is also a clinical instructor with the Department of Health Services, University of Washington, and a member of the editorial board of the Northwest Bulletin.

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REFERENCES

1. Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.
2. Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

National Performance Measure #1: Percent of women with a past year preventive visit

GOAL

To increase the number of women who have a preventive visit

DEFINITION

Numerator: Women who reported having a routine check-up in the last year

Denominator: Women, aged 18 to 44 years

DATA SOURCE

Behavioral Risk Factor Surveillance System (BRFSS)

NORTHWEST BULLETIN RESOURCES

- ◆ *Place Matters: Preventive Health Program to Reach Rural Women*. The fall 2012 issue of the *Northwest Bulletin* describes the challenges and solutions of delivering public health interventions, including preventive visits, to women living in rural and frontier communities. <http://depts.washington.edu/nwbfch/PDFs/NWBv26n2.pdf>
- ◆ *Addressing the Needs of Women who are Migrant and Seasonal Farmworkers: Challenges and Successes*. For this webinar, Renee Bouvion, Lorena Sprager, and Elsa Garcia provide an overview of issues affecting the health of women who are migrant and seasonal farmworkers. *Maternal and Child Public Health Webinar Series*. www.nwcphp.org/training/opportunities/webinars/migrant-farmworkers
- ◆ *Health Care Reform in the Northwest (Part One)*. For this webinar, public health leaders from Oregon discuss the impacts of the Affordable Care Act in their state during part one of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series*. Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-one

- ◆ *Health Care Reform in the Northwest (Part Two)*. For this one-hour webinar, public health leaders from Idaho, Washington, and Wyoming discuss the impact of the Affordable Care Act in their states during part two of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series*, Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-two

MCH LIBRARY RESOURCES

Preconception and Pregnancy Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_pregnancy.html

Well Woman Visits Evidence Brief

www.mchlibrary.info/evidence/NPM-1-well-woman.html#

Women's Health Resource Brief

www.mchlibrary.info/guides/womenshealth.html



Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

National Performance Measure #2: Percent of cesarean deliveries among low-risk first births

GOAL

To reduce the number of cesarean deliveries among low-risk first births

DEFINITION

Numerator: Cesarean delivery among term (37+ weeks), singleton, vertex births to nulliparous women

Denominator: All term (37+weeks), singleton, vertex births to nulliparous women

DATA SOURCE

Birth certificates

NORTHWEST BULLETIN RESOURCES

- ◆ *Place Matters: Preventive Health Program to Reach Rural Women*. The fall 2012 issue of the *Northwest*

Bulletin describes the challenges and solutions of delivering public health interventions, including preventive visits, to women living in rural and frontier communities. <http://depts.washington.edu/nwbfcf/PDFs/NWBv26n2.pdf>

MCH LIBRARY RESOURCES

Cesarean Births Among Low-Risk First Births
Evidence Brief

www.mchlibrary.info/evidence/NPM-2-cesarean.html

Preconception and Pregnancy Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_pregnancy.html

National Performance Measure #3: Percent of very-low-birth weight infants born in a hospital with a Level III+ Neonatal Intensive Care Unit

GOAL

To ensure that higher risk mothers and newborns deliver at appropriate level hospitals

DEFINITION

Numerator: very-low-birth weight infants born in a hospital with a level III+ Neonatal Intensive Care Unit (NICU)

Denominator: very-low-birth weight infants (<1500 grams)

DATA SOURCE

Linked birth certificate and hospital data on NICU levels from American Academy of Pediatrics

NORTHWEST BULLETIN RESOURCES

- ◆ Neufeld M. The Challenges of Discharging an Infant from a Neonatal Intensive Care Unit When Home is Far from Specialized Care. *Northwest Bulletin*. 2012;26(1):11-13. <http://depts.washington.edu/nwbfcf/PDFs/challenges.pdf> The author describes the difficulties families living in rural and frontier communities face when trying to obtain post-NICU care. He emphasizes the importance of a patient- and family-centered medical home along with federal, state, and local public health programs to support these families.

MCH LIBRARY RESOURCES

Very-Low-Birth Weight in Level III Neonatal Intensive Care Unit Evidence Brief

www.mchlibrary.info/evidence/NPM-3-VLBW.html

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #4: A) Percent of infants who are ever breastfed, and B) Percent of infants breastfed exclusively through six months

GOAL

To increase the proportion of infants who are breastfed and who are breastfed at six months

DEFINITION

Numerator:

- A) Number of infants who were ever breastfed
- B) Number of infants breastfed exclusively through six months

Denominator:

- A) All infants born in a calendar year
- B) All infants born in a calendar year

DATA SOURCE

National Immunization Survey (NIS), Centers for Disease Control and Prevention

MCH LIBRARY RESOURCES

Breastfeeding Evidence Brief

www.mchlibrary.info/evidence/NPM-4-breast-feeding.html

National Performance Measure #5: Percent of infants placed to sleep on their backs

GOAL

To increase the number of infants placed to sleep on their backs

DEFINITION

Numerator: Mothers reporting that they most often place their babies to sleep on their backs. (Excludes multiple responses of back and combination with side or stomach sleep positions.)

Denominator: Live Births

DATA SOURCE

Pregnancy Risk Assessment Monitoring System (PRAMS)

MCH LIBRARY RESOURCES

Safe Sleep Evidence Brief

www.mchlibrary.info/evidence/NPM-5-safe-sleep.html

Sleep in Infants, Children, Adolescents, and Pregnant Women Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_sleep.html

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.



Performance Measure #6: Percent of children, aged 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

GOAL

To increase the number of children who receive a developmental screening

DEFINITION

Numerator: Parents reporting they have filled out a questionnaire provided by a health care provider concerning the development and communication and social behaviors of a child, aged 9 through 71 months

Denominator: All children, aged 9 through 71 months

DATA SOURCE

The revised National Survey of Children's Health (NSCH) in 2017. States can use the 2011-2012 NSCH as a baseline until that time

NORTHWEST BULLETIN RESOURCES

- ◆ *Monitoring the Development and Health of Young Children*. The spring 2014 issue of the *Northwest Bulletin* describes the current status of children in the United States in terms of general measures of well-being, why developmental screening is important, current screening tools and recommendations, and accomplishments related to developmental screening in Region X. Available at <http://depts.washington.edu/nwbfcf/PDFs/NWBv28n1.pdf>
- ◆ *Developmental Screening for All Children: Alaska's Experience with Implementing Statewide the Ages and Stages Questionnaire Online*. For this webinar, Erin Kinavey, Carol Prentice, and Jillian Lush discuss their experiences implementing the Ages and Stages Questionnaire (ASQ-3) Online as part of a coordinated, statewide system to achieve universal developmental screening for children, birth to five years, in Alaska. *Maternal and Child Public Health Webinar Series*. www.nwcphp.org/training/opportunities/webinars/ages-stages

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.



- ◆ *Screening for Developmental and Psychosocial Risks in Rural Family Medicine Practice*. For this webinar, Lyle Fagnan, MD, presents the results of a pilot study to assess the use of a standardized process, including validated instruments, to screen children for developmental and psychosocial risks at family medicine practices in rural areas. The study was conducted by the Oregon Rural Practice-Based Research Network. *Maternal and Child Public Health Webinar Series*. www.nwcphp.org/training/opportunities/webinars/screening-for-developmental-and-psychosocial-risks-in-rural-family-medicine-practice

MCH LIBRARY RESOURCES

Developmental Screening of Young Children Evidence Brief
www.mchlibrary.info/evidence/NPM-6-developmental-screen.html

Screening Resource Brief
www.mchlibrary.info/guides/screening.html

Performance Measure #7: Rate of injury-related hospital admissions per population, birth through 19 years

GOAL

To decrease the number of injury-related hospital admissions among children, birth through 19 years

DEFINITION

Numerator: Number of hospital admissions among children, birth through 19 years, with a diagnosis of unintentional or intentional injury (first admission for an injury event, excludes readmissions for same event)

Denominator: Number of children and adolescents, birth through 19 years

DATA SOURCE

State hospital discharge data in the State Inpatient Databases (SID)

MCH LIBRARY RESOURCES

Child Safety and Injury Prevention Resource Brief

www.mchlibrary.info/guides/childsafety.html

Injury-Related Hospitalizations of Children and Adolescents Evidence Brief

www.mchlibrary.info/evidence/NPM-7-injury-related-hosp.html

Performance Measure #8: Percent of children, aged 6 through 11 years, and adolescents, aged 12 through 17 years, who are physically active at least 60 minutes per day

GOAL

To increase the number of children and adolescents who are physically active

DEFINITION

Numerator: Parent report (in NSCH) of children, aged 6 through 11 years, and adolescents, aged 12 through 17 years, who are physically active at least 60 minutes per day. (The Youth Risk Behavior Surveillance System (YRBSS) is also available and provides self-report by adolescents.)

Denominator: All children, aged 6 through 11 years, and adolescents, aged 12 through 17 years

(NSCH) beginning in 2017 and the Youth Risk Behavior Surveillance System (YRBSS).

MCH LIBRARY RESOURCES

Physical Activity and Children and Adolescents

Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_phys_activity.html

Nutrition, Physical Activity, and Obesity in Child Care and Early Education Programs Resource Brief

www.mchlibrary.info/guides/ccnutrition.html

DATA SOURCE

The revised National Survey of Children's Health

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #9: Percent of adolescents, aged 12 through 17 years, who are bullied

GOAL

To reduce the number of adolescents who are bullied

DEFINITION

Numerator: Parent report on adolescents (in NSCH) and adolescent report (in YRBSS) for adolescents, aged 12 through 17 years, who were bullied

Denominator: Number of adolescents, aged 12 through 17 years

DATA SOURCE

Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH). States can use data from the 2013 YRBSS and the 2011-2012 NSCH as a baseline. The state will be able to use both data sources as the YRBSS is reported by the adolescents and the NSCH is reported by parents. The YRBSS is available every other year, and the NSCH will be available annually.

NORTHWEST BULLETIN RESOURCES

- ♦ *Population-Based Efforts to End the Cycle of Abuse and Violence in Our Communities*. The winter edition of the *Northwest Bulletin Articles* describes Idaho's Teen Dating Violence Awareness and Prevention Project to prevent adolescent dating violence, early identification through screening for intimate partner violence in health care settings, and systems-level, coordinated community efforts to better serve children and their families. <http://depts.washington.edu/nwbfcf/PDFs/NWBv23n1.pdf>
- ♦ *Adverse Childhood Experiences and Public Health Practice*. For this one-hour webinar, Christopher Blodgett and Quen Zorrah describe current work in adverse childhood experiences in Washington State, including work in Spokane that translates research on adverse childhood experiences and trauma into

community development partnerships in early learning and K-12 schools, and work in Jefferson County Public Health that integrates adverse childhood experiences into public health practice. www.nwcphp.org/training/opportunities/webinars/adverse-childhood-experiences-and-public-health-practice

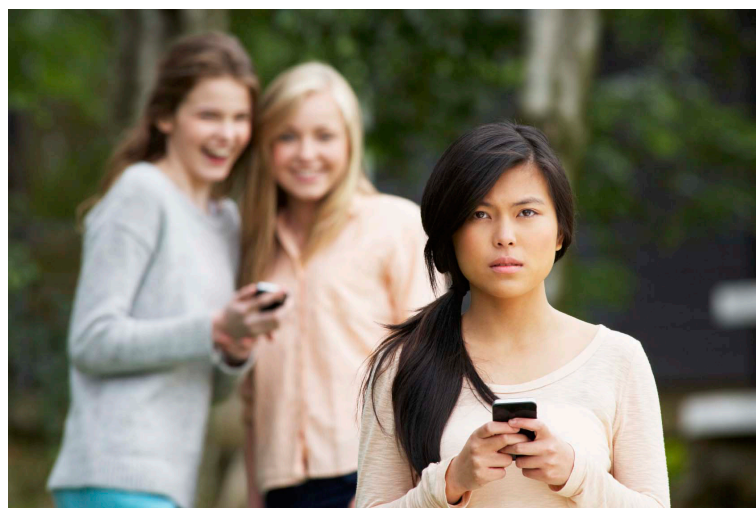
MCH LIBRARY RESOURCES

Bullying Evidence Brief

www.mchlibrary.info/evidence/NPM-9-bullying.html

Bullying Resource Brief

www.mchlibrary.info/guides/bullying.html



Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #10: Percent of adolescents with a preventive services visit in the last year

GOAL

To increase the number of adolescents who have a preventive services visit

DEFINITION

Numerator: Parent report of adolescents, aged 12 through 17 years, with a preventive services visit in the past year from the survey

Denominator: Number of adolescents, aged 12 through 17 years

DATA SOURCE

The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use the 2011-2012 NSCH as a baseline

NORTHWEST BULLETIN RESOURCES

- ◆ *Monitoring Adolescents for High-Risk Behaviors.* The fall 2014 issue of the *Northwest Bulletin* describes Oregon State's Adolescent Health Project, a state-wide effort to increase screening for alcohol, substance use, and depression in adolescents during annual well visits; workplace safety for adolescents; screening for eating disorders; and how the states are using state-specific data to implement programs to identify and address adolescent risk-taking behaviors. <http://depts.washington.edu/nwbfch/PDFs/NWBv28n2.pdf>
- ◆ *Health Care Reform in the Northwest (Part One).* In this one hour webinar, public health leaders from Oregon discuss the impacts of the Affordable Care Act in their state during part one of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series.* Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-one

- ◆ *Health Care Reform in the Northwest (Part Two).* In this one-hour webinar, public health leaders from Idaho, Washington, and Wyoming discuss the impact of the Affordable Care Act in their states during part two of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series,* Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-two

MCH LIBRARY RESOURCES

Adolescent Preventive Services Visits Evidence Brief
www.mchlibrary.info/evidence/NPM-10-Adolescent-Well-Visits.html



Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #11: Percent of children with and without special health care needs having a medical home

GOAL

To increase the number of children with and without special health care needs who have a medical home

DEFINITION

Numerator: Parent report for all children with and without special health care needs, birth through 18 years, who meet the criteria for having a medical home, with subset analyses for children with special health care needs

Denominator: All children and adolescents, birth through 18 years

DATA SOURCE

The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

NORTHWEST BULLETIN RESOURCES

- ◆ *Federal Home Visiting Legislation and its Implementation in Region X.* This issue of the *Northwest Bulletin* describes opportunities and challenges of implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) legislation in Region X; the implementation of two tribal home visiting programs, one in urban King County, Washington, and the other in the Koniag Region of Alaska; and the progress of states in Region X in implementing MIECHV. <http://depts.washington.edu/nwbfcf/PDFs/NWBv27n1.pdf>
- ◆ *Adverse Childhood Experiences and Public Health Practice.* For this one-hour webinar, Christopher Blodgett and Quen Zorrah describe current work in adverse childhood experiences in Washington State, including work in Spokane that translates research on adverse childhood experiences and trauma into community development partnerships in early learn-

ing and K-12 schools, and work in Jefferson County Public Health that integrates adverse childhood experiences into public health practice. www.nwcph.org/training/opportunities/webinars/adverse-childhood-experiences-and-public-health-practice

MCH LIBRARY RESOURCES

Children and Youth with Special Health Care Needs Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html

Medical Home Evidence Brief

www.mchlibrary.info/evidence/NPM-11-medical-home.html



Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

GOAL

To increase the percent of youth with and without special health care needs who have received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence

DEFINITION

Numerator: Parent report of youth with and without special health care needs, aged 12 through 17 years, whose families report that they received the services necessary to transition to adult health care, with subset analyses for children with special health care needs

Denominator: All adolescents, aged 12 through 17 years

DATA SOURCE

The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

NORTHWEST BULLETIN RESOURCES

Youth in Transition: Changing Tracks to Successful Adult Lives. This issue of the *Northwest Bulletin* illustrates the variety of transitions youth face in moving to adulthood, including transitioning from pediatric to adult health care and from foster care to independence. The issue also discusses the special concerns of children with special health care needs. Reports from the states of Alaska, Idaho, Oregon, and Washington describe programs that support the transition of foster care and special health needs youth. <http://depts.washington.edu/nwbfch/PDFs/NWBv23n2.pdf>

MCH LIBRARY RESOURCES

Children and Youth with Special Health Care Needs
Knowledge Path

http://www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html

Transition to Adulthood Evidence Brief

<http://www.mchlibrary.info/evidence/NPM-12-transition.html>

On-Line Training Opportunity. . .

Maternal and Child Public Health Webinar Series

These quarterly webinars provide up-to-date information on topics related to maternal and child health (MCH) and the Title V MCH national performance measures.

The February 2015 webinar was on "MOMCare: Collaborative Care for Perinatal Depression in Socio-Economically Disadvantaged Women."

The October 2014 webinar was on "The Invincibles: Teens, Risk Taking, and the Role of Health Professionals."

You can access these webinars at www.nwcphp.org/training/opportunities/maternal-child-health/archive

Performance Measure #13: A) Percent of women who had a dental visit during pregnancy, and B) Percent of infants and children, aged 1 through 17 years, who had a preventive dental visit in the last year

GOAL

- A) To increase the number of pregnant women who have a dental visit
- B) To increase the number of infants and children, aged 1 through 17 years, who had a preventive dental visit in the last year

DEFINITION

Numerator:

- A) Report of a dental visit during pregnancy
- B) Parent report of infant or child, aged 1 through 17 years, who had a preventive dental visit in the last year

Denominator:

- A) All live births
- B) All infants and children, aged 1 through 17 years

DATA SOURCE

This is an integrated measure of two data sources:

- A) Pregnancy Risk Assessment Monitoring System (PRAMS)
- B) the revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

If a state has access to both PRAMS and NSCH, the state needs to address both parts (A and B) of the measure. If a state does not have access to PRAMS, the state will need to address part B of the measure.

NORTHWEST BULLETIN RESOURCES

- ◆ *Laying the Foundation for a Healthy Life: Preventive Oral Health Care*. Articles in the winter 2010 of the *Northwest Bulletin* describe how dental care during pregnancy is an essential component of the health of women and their infants; the seriousness of dental caries in children and how to ensure they receive the dental services they need; a workforce development grant to train family and pediatric medical providers to address the oral health needs of children; barriers to oral health care for children with special health care needs; and partnerships between state governments, the schools, and dental health professionals to improve oral health of young citizens. <http://depts.washington.edu/nwbfch/PDFs/NWB-v24n1.pdf>

MATERNAL AND CHILD HEALTH BUREAU RESOURCE

National Maternal and Child Oral Health Resource Center www.mchoralhealth.org/



Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Performance Measure #14: A) Percent of women who smoke during pregnancy, and B) Percent of children who live in households where someone smokes

GOAL

- A) To decrease the number of women who smoke during pregnancy
- B) To decrease the number of households where someone smokes

DEFINITION

Numerator:

- A) Women who report smoking during pregnancy
- B) Parent report of cigar, cigarette, or pipe tobacco use by household members

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

Denominator:

- A) All women who delivered a live birth in a calendar year
- B) All children, birth to 18 years

DATA SOURCE

This is an integrated measure with two data sources:

- A) National Vital Statistics System (NVSS) for smoking during pregnancy
- B) The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

MCH LIBRARY RESOURCES

Smoking During Pregnancy and Second-hand Smoke Evidence Brief

www.mchlibrary.info/evidence/NPM-14-smoking.html

On-Line Resource. . .

Evidence-Based Public Health Series

When developing programs and policies, public health practitioners must continually weigh evolving scientific evidence with funding options, politics, and short-term demands. Because resources are always limited, we need a strategic approach for decision making. Evidence-based public health, a framework for integrating science-based interventions and community preferences, is an important tool for the job. The Northwest Center for Public Health Practice offers three one-hour webinars to support decision-making skills:

- **Introduction to Evidence-Based Public Health**
Provides an overview of the importance of evidence-based public health and its applications in disease prevention and health promotion

- **Searching and Summarizing the Literature**
Provides helpful techniques for searching the scientific literature and other important sources for public health information
- **Return on Investment**
Describes the step-by-step processes for calculating return on investment, cost benefit ratios, and social return on investment in public health settings.

This webinar series is available at www.nwcphp.org/training/opportunities/evidence-based/evidence-based-public-health-series

Performance Measure #15: Percent of children, birth through 17 years, who are adequately insured

GOAL

To increase the number of children who are adequately insured

DEFINITION

Numerator:

Parent report of children, birth through 17 years, who were reported to be adequately insured, based on three criteria: whether their children's insurance covers needed services and providers, and reasonably covers costs. If a parent answered "always" or "usually" to all three dimensions of adequacy, then the child was considered to have adequate insurance coverage. (No out-of-pocket costs were considered to be "always" reasonable.)

Denominator:

All children, birth through 17 years

DATA SOURCE

The National Survey of Children's Health (NSCH). States can use the 2011-2012 NSCH as a baseline

NORTHWEST BULLETIN RESOURCES

- ◆ *Health Care Reform and Maternal and Child Health in Region X*. The fall issue of the *Northwest Bulletin* describes the transformation of Oregon State's Medicaid system into a network of coordinated care organizations; the development of two patient-centered medical home demonstration sites in rural eastern Idaho; a partnership between a public health agency and a managed care organization in King County, Washington; and the role of school-based health centers in expanding access to primary care homes in Oregon. <http://depts.washington.edu/nwbfcf/PDFs/NWBv27n2.pdf>

- ◆ *Federal Home Visiting Legislation and its Implementation in Region X*. This issue of the *Northwest Bulletin* describes opportunities and challenges of implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) legislation in Region X; the implementation of two tribal home visiting programs, one in urban King County, Washington, and the other in the Koniag Region of Alaska; and the progress of states in Region X in implementing MIECHV. <http://depts.washington.edu/nwbfcf/PDFs/NWBv27n1.pdf>
- ◆ *Health Care Reform in the Northwest (Part One)*. In this one hour webinar, public health leaders from Oregon discuss the impacts of the Affordable Care Act in their state during part one of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series*. Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-one
- ◆ *Health Care Reform in the Northwest (Part Two)*. In this one-hour webinar, public health leaders from Idaho, Washington, and Wyoming discuss the impact of the Affordable Care Act in their states during part two of a special two-part series exploring health care reform around the region. *Hot Topics Webinar Series*, Northwest Center for Public Health Practice. www.nwcphp.org/training/opportunities/webinars/health-care-reform-part-two

MCH LIBRARY RESOURCES

Health Insurance and Access to Care for Children and Adolescents Knowledge Path

www.mchlibrary.info/KnowledgePaths/kp_insurance.html

Patient Protection and Affordable Care Act (ACA) Resources for Professionals

<http://www.mchlibrary.info/guides/ACA.html>

Information about these performance measures is from the Maternal and Child Health Bureau. Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, Appendix of Supporting Documents. October 20, 2014. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health.

State Reports . . .

Alaska's Title V MCH Services Block Grant Needs Assessment

Alaska Department of Health
and Social Services

Daniella DeLozier

Alaska's Title V program is managed by the Department of Health and Social Services, Division of Public Health, Section of Women's Children's and Family Health (WCFH). Advisory committees, composed of health care providers, parents, coalition members, and staff from across Alaska, provide input on program needs, assess quality, and provide ideas for future directions.

Title V funds are allocated based upon the state's maternal and child health (MCH) priorities, which are reconfirmed or realigned every five years by conducting a new assessment of the needs of MCH populations. The mission of the WCFH reflects the overall intent of the Title V program: to promote optimum health outcomes for all Alaskan women, children, teens, and their families.

2015 NEEDS ASSESSMENT

Alaska uses both qualitative and quantitative methods to identify the needs of its MCH populations. The MCH Epidemiology Unit within WCFH manages six surveillance programs: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), the Childhood Understanding Behaviors Survey (CUBS), MCH Indicators, Surveillance of Child Abuse and Neglect (SCAN), the Birth Defects Registry (ABDR), and the Maternal-Infant Mortality Review-Child Death Review (MIMR-CDR).

For the quantitative data analyses for the 2015 needs assessment, the MCH Epidemiology Unit used its data collection, research activities, and publications, such as the recent *2014 Data Book: Life Course Theory*.

For qualitative data, the unit conducted a public survey using Survey Monkey and Facebook. Potential participants were recruited through the WCFH advisory committees and department-wide listervs. The 2015 needs assessment survey, asking respondents to rank their top three health concerns by MCH population and perceived gaps in services, yielded 1,065 total responses and over 3,500 comments.

The WCFH leadership team (18 people) chose seven

state priorities from these results, using a prioritization matrix with criteria adapted from the [Hanlon Method](#) for identifying health priorities. Team leaders of the MCH Epidemiology Unit then cross-linked these priorities with the 15 national performance measures to choose eight measures that most closely corresponded. The results of the 2015 needs assessment have not yet been made available to the public.

A meeting was held with the WCFH leadership team to complete a five-year action plan table, which is a new addition to the needs assessment process as a result of the transformation of the Title V MCH Services Block Grant. Objectives and strategies were identified for the table based on the chosen state priorities and national performance measures. Next steps are to begin writing the needs assessment and identifying tools that can be used throughout the five-year period to identify needs of MCH populations. ✦

Daniella DeLozier, MSPH, is a Public Health Specialist with the MCH Epidemiology Unit, Alaska Division of Public Health. She is responsible for coordinating the Title V MCH Services Block Grant application and annual report, and recently led the five-year needs assessment effort.

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Idaho's 2015 Title V MCH Services Block Grant Needs Assessment

Idaho Department
of Health and Welfare

*Kris Spain
Jacquie Watson*

In March 2014, the Idaho Maternal and Child Health (MCH) Program contracted with Boise State University's Center for Health Policy to develop, implement, and prepare the results of a statewide, comprehensive needs assessment, in consultation with the state's MCH leadership. A year later, the Idaho MCH team has concluded the data collection component of the needs assessment and is commencing the capacity assessment and the process to prioritize state needs and select eight national performance measures.

Data collection for the needs assessment consisted of three approaches: 1) retrieval of secondary/archival data sources; 2) surveys of Idaho residents, and consumers and providers of MCH services; and 3) interviews of key informants and stakeholders. The most notable enhancement to this year's needs assessment is the breadth and depth of the surveys and key informant interviews. This is the first time that a random sampling of the state's residents has been conducted to capture their perspectives on MCH issues. Though the response rate was low, the data uncovered some important geographic disparities. The highest response rate was the from the MCH consumer survey, which was conducted by recruiting participants through local public health districts, the WIC program, Idaho Parents Unlimited (Family-to-Family Information Center), home visiting programs, and various statewide councils. The MCH consumer survey was most successful in engaging families of children and youth with special health care needs.

The MCH Program collaborated with the Bureau of Rural Health and Primary Care to survey primary care providers, adding questions about the care of reproductive-aged women, pregnant women, infants, children, and children and youth with special health care needs. Data from sixty-five providers in approximately half of Idaho's counties revealed unique challenges and barriers to care.

An even broader perspective was gained through nineteen key informant interviews completed with local

public health district staff, tribal health program employees from two different Idaho tribal health departments, and directors of non-governmental health and service agencies that provide services to women, children, and children and youth with special health care needs.

Beginning in April 2015, the Idaho MCH team will comprehensively examine the state's capacity to engage in activities to meet the needs of MCH populations, as identified through the data analyses. The Center for Health Policy will be using the [Capacity Assessment for State Title V \(CAST-5\)](#) tool to guide a broad group of MCH stakeholders through a strengths, weaknesses, opportunities, and threats (SWOT) analysis, leading to a final prioritization and selection of MCH population needs to be included in the state's action plan. The CAST-5 will also be used to assess the MCH Program's performance of the 10 MCH essential services as described in the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. Using the information gleaned from key data findings and capacity assessment outcomes, the MCH leadership will select eight national performance measures to align with the selected population needs. ✦

Kris Spain, MS, RD, is the Title V MCH Director for Idaho State and provides administrative oversight to all programs within the Bureau of Clinical and Preventive Services that provide services to women and children.

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Jacquie Watson, MHS, manages the Maternal and Child Health Program at the Idaho Department of Health and Welfare and is the Title V Children and Youth with Special Health Care Needs Director for Idaho State. She is also a member of the Northwest Bulletin Editorial Board.

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Oregon's 2015 Title V MCH Services Block Grant Needs Assessment

Oregon Health Authority

Nurit Fischler

In the fall of 2013, Oregon convened key partners to develop a plan and process for our five-year Title V needs assessment. The goal of the needs assessment is to pave the way for transformation of the Title V maternal and child health (MCH) services in Oregon. The process includes selecting eight national performance measures and three to five state-specific Title V priorities.

The focus of efforts over the past 18 months has been to develop and conduct a needs assessment that would both inform our understanding of the needs of MCH populations¹ and guide the re-direction of our state's program to align with the new requirements of the Title V MCH Services Block Grant. Key questions focused on Oregon's needs in relation to each of the 15 national performance measures, as well as the currently identified state-specific Title V priorities and emerging needs of MCH populations. Additional questions addressed the changing MCH landscape in Oregon, including the impact of the transformation of Oregon's [health](#) and [early learning](#) systems on Title V programs and services.

The needs assessment used a variety of methods designed with scarce resources in mind to maximize partner and stakeholder engagement in preparation for transformation of the Title V Maternal and Child Health Services Block Grant. [Key components were](#): a scan of 53 existing community assessments to ensure that the voices of communities across the state—especially underserved communities—were well represented; surveys of over 750 providers and partners; a review of health status data with a special focus on disparities; and a system and forces of change assessment, which included key informant interviews, and an online discussion forum and listening sessions with local health departments, tribes, equity partners, and parent educators working in under-served communities.

A process for selection of both the national performance measures and state Title V priorities was developed, where data gathered through all phases of the assessment were analyzed, synthesized, and brought to Title V stakeholders. The assessment team developed “data tools” for each of the 15 national performance measures, describing the significance of the issue for MCH populations, context and related health status data, needs assessment findings, and alignment with partner priorities. The stakeholder group reviewed and discussed the needs assessment findings and developed recommendations for which eight national performance measures Oregon's Title V program should focus on. A parallel process and data tools were used to review needs assessment findings related to current and emerging needs of MCH populations in Oregon, from which the stakeholder group developed recommendations for state-specific Title V priorities.

After Title V leadership reviews the stakeholder recommendations, state-selected Title V priorities will be sent to stakeholders and posted for public comment on the Public Health Division website by early April. Development of state and local-level, evidence-based strategies to address each area will begin in the summer 2015. ✦

Nurit Fischler, MS, is the Title V Coordinator and MCH Policy Lead for the Oregon Public Health Division's Maternal and Child Health Section. She has more than 20 years' experience in state and local public health and brings to her work a passion for health equity and improving the lives of women, children, and families.

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¹MCH populations include reproductive-aged women, pregnant women, infants, children, and children and youth with special health care needs.

For more information about Oregon's Title V needs assessment process, feel free to contact Nurit Fischler, Title V Coordinator, at nurit.r.fischler@state.or.us, or Kathryn Broderick, MCH Assessment and Evaluation Manager, at kathryn.broderick@state.or.us

Washington's 2015 Title V MCH Services Block Grant Needs Assessment

Washington State
Department of Health

Kathryn Akeah

The Washington State Department of Health's Office of Healthy Communities is gathering information on the health needs and priorities of people living in Washington for the Title V Maternal and Child Health (MCH) Services Block Grant. The block grant serves residents of Washington by improving the health of children and youth with special health care needs and their families, women of childbearing age, pregnant women, infants, and children, aged 1 to 22 years. A summary of the needs assessment will be part of the office's application for the 2016 block grant. The needs assessment process will inform selection of eight national performance measures and three to five state-specific Title V priorities, as well as the five-year action plan. For the 2015 needs assessment, the office:

- ◆ conducted a series of internal capacity assessments, analyzed current work, pulled together sources of available data, and completed a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the 15 national performance measures.
- ◆ conducted an electronic community survey, with questions about interests in 20 topic areas, as well as open-ended questions about priorities. The survey was sent to a broad array of partners, with encouragement

to forward it to other community members. (See the word cloud below for their areas of interest.)

- ◆ compiled information from recent needs assessments and strategic plans, such as assessments done by local health jurisdictions, and a resolution from the American Indian Health Commission on maternal and infant health disparities.

In addition to the activities of the Office of Healthy Communities, the Washington State Association of Local Public Health Officials' Community Health Leadership Committee hosted a video conference for local health officials to give their input. A draft of the needs assessment summary will be released in spring of 2015, with a two-week open comment period. The office will compile comments and make any necessary changes to the needs assessment before submitting it as part of the 2016 application. ✦

Kathryn Akeah works in the Office of Healthy Communities and has coordinated the Maternal and Child Health Block Grant and the Community Transformation Grant.

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Community Input Survey - Areas of Interest by Ranking (areas were rated from medium to high)



Resources . . .

Behavioral Risk Factor Surveillance System (BRFSS)
www.cdc.gov/brfss/

Breastfeeding
Centers for Disease Control and Prevention
www.cdc.gov/breastfeeding/

Child Health USA 2013
<http://mchb.hrsa.gov/chusa13/>

Got Transition™
National Alliance to Advance Adolescent Health
www.gottransition.org/

Health and Wellbeing of Native American and Alaska
Native Children
www.mchb.hrsa.gov/publications/2007aiannation-alsurvey.pdf

Learn the Signs. Act Early.
Centers for Disease Control and Prevention
www.cdc.gov/ncbddd/actearly/hcp/index.html

Lu M, Lauver C, Dykton C, et al. Transformation of
the Title V Maternal and Child Health Services
Block Grant. *Matern Child Health J.* 18 February
2015. DOI 10.1007/s10995-015-1736-8.

National Center for Medical Home Implementation
American Academy of Pediatrics
<http://medicalhomeinfo.org/>

National Immunization Survey
Centers for Disease Control and Prevention
www.cdc.gov/nchs/nis.htm

National Survey of Children with Special Health
Care Needs, <http://mchb.hrsa.gov/cshcn0910/>

National Survey of Children's Health (NSCH)
Data Resource Center for Child and
Adolescent Health
<http://childhealthdata.org/learn/NSCH>

One Key Question Initiative
Oregon Foundation for Reproductive Health
www.onekeyquestion.org/

Physical Activity
Centers for Disease Control and Prevention
www.cdc.gov/physicalactivity/index.html

Pregnancy Risk Assessment Monitoring System
Centers for Disease Control and Prevention
www.cdc.gov/PRAMS/index.htm

Preventive Services Covered under the Affordable
Care Act, HealthCare.gov
www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html

Safe Sleep Campaign

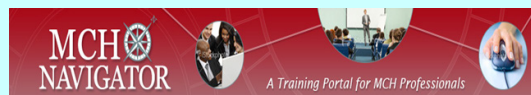
Healthy Child Care America
American Academy of Pediatrics
www.healthychildcare.org/sids.html

Tobacco Use and Pregnancy
Centers for Disease Control and Prevention
www.cdc.gov/reproductivehealth/TobaccoUse-Pregnancy/index.htm

Women's Health USA 2013
<http://mchb.hrsa.gov/whusa13/>

Youth Risk Behavior Surveillance System (YRBSS)
Centers for Disease Control and Prevention
www.cdc.gov/HealthyYouth/yrbs/index.htm

Youth Violence
Centers for Disease Control and Prevention
www.cdc.gov/violenceprevention/youthviolence/index.html



IDENTIFYING AND USING EVIDENCE-BASED AND INFORMED RESOURCES TO ADDRESS MCH ISSUES

This MCH Navigator [resource brief](#) provides links to selected trainings and related tools on the topic of evidence-based and informed resources to address MCH issues. It is one in a set of MCH Navigator resources developed to support the MCH workforce's efforts to improve access to health care, use quality improvement tools to guide effective transformation, foster integration within public health and across sectors, and support change management that will result in health improvements for MCH populations and enhance training and networking opportunities.

See also the MCH Library's collection of [Evidence Briefs](#) that present evidence-based and informed programs and resources for use by state Title V agencies.