Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percent of newborns with a requested repeat filter paper obtained.

SPM: SPM 1 - Percent of newborns with on time report out for out of range screens

Goal: To improve follow-up for each newborn with an abnormal screen by increasing the annual percentage of Dried Blood Spot (DBS) samples with a repeat obtained.

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of infants receiving a timely repeat filter paper, collected with 72 hours.

Denominator: The number of repeat filter papers drawn.

Data Source and Data Issues: Pennsylvania Newborn Screening Database

Evidence-based/informed strategy: To achieve timely diagnosis and treatment of screened conditions and to avoid associated disability, morbidity and mortality, the Advisory Committee on Heritable Disorders in Newborns and Children recommends adherence to specific timeframes to communicate results to the newborn's health provider.

Significance: Reducing the incidence of newborns lost to follow-up is critical to reduce mortality. Obtaining valid newborn screening results after an unacceptable or inconclusive sample requiring a repeat, needs to occur as a step to confirm presence or absence of disease. Value is a measure that will be determined by tracking case dispositions. Community health nurses work diligently to conduct follow-up on any newborn screen until a resolution occurs. In order to effectively reduce disability, morbidity and mortality, the newborn screening process from specimen collection through diagnosis and treatment must occur within the short window of opportunity between birth and onset of symptoms.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percent of newborns born in Pennsylvania receiving a DBS screening

SPM: SPM 1 - Percent of newborns with on time report out for out of range screens

Goal: To increase the annual percentage of newborns receiving a dried blood spot (DBS) screening

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of infants with a valid DBS specimen when matched to the electronic birth certificate vital record registry.

Denominator: The number of newborns eligible for a DBS specimen when matched to the electronic birth certificate vital record registry.

Data Source and Data Issues: Pennsylvania Newborn Screening Database, integrated case management system (iCMS).

Evidence-based/informed strategy: To achieve timely diagnosis and treatment of a screened condition and avoid associated disability, morbidity and mortality, the Health Resources and Services Administration (HRSA) recommends states screen every newborn for conditions on the Recommended Uniform Screening Panel (RUSP), a list of disorders chosen based on evidence that supports potential net benefit of screening, the ability of states to screen, and the availability of effective treatments.

Significance: Reducing the incidence of newborns born in Pennsylvania not receiving a DBS screening is a critical component of a functioning newborn screening system. Obtaining a DBS specimen needs to occur as a step to confirm presence or absence of genetically inherited disease. The overall percentage of birth certificate vital record registries received without an associated DBS specimen linked to the follow-up case will be tracked to measure progress. Community health nurses work diligently to reach out to families to conduct follow-up on a newborn case without a DBS specimen.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Meet with Child Death Review program for collaboration between programs four times per year

SPM: SPM 1 - Percent of newborns with on time report out for out of range screens

Goal: Identify infants who have a Critical Congenital Heart Defect (CCHD) and were reviewed by the Child Death Review program to determine if cause of death was the CCHD. Match dried blood spot (DBS) screening results and neonatal abstinence syndrome (NAS) cases to sudden unexpected infant death cases to ensure timely screenings.

Definition:

Unit Type: [count]

Unit Number: 10
Numerator: Number of annual collaborations with the Child Death Review program

Denominator: N/A

Data Source and Data Issues: The Division of Newborn Screening and Genetics (DNSG) and the Division of Bureau Operations have entered into a data sharing agreement to begin analyzing data submitted to the Child Death Review (CDR) teams and CCHD, NAS and DBS data submitted to the DNSG to see if any correlations exist that could lead to programmatic changes that may prevent future infant death.

Evidence-based/informed strategy: Healthy People 2030 includes a developmental objective of increasing the number of states where a child fatality team reviews external causes of death in children. Developmental status indicates that this is a high priority public health objective with evidence-based strategies to address the objective but currently lacks reliable baseline data. This objective may be considered to become a core objective once baseline data are established.

Significance: The agreement between divisions involves a quarterly data match of sudden unexpected infant death (SUID) CDR cases to infant cases in iCMS. The two divisions will analyze SUID cases to see if any of the deceased infants did not receive a timely CCHD screen by the birth hospital or in the home birth setting. Should it be discovered the infant did not receive a timely CCHD screening, the DNSG follow-up staff will contact the provider responsible for delivery to review the mandatory screening guidelines and, in the case of home births, ensure the midwife has the equipment and training necessary to perform CCHD screenings. CDR cases that were also found to have a confirmed CCHD will be further reviewed to see if the mother had completed recommended prenatal visits where a prenatal ultrasound would likely have been completed and may have led to the CCHD being diagnosed prenatally. Additionally, the divisions will complete a review of matched cases to see if other correlations can be made that may lead to policy changes and potentially improved infant outcomes.

In addition to completing a SUID to CCHD quarterly data match, the programs will match DBS results and NAS cases to SUID cases. Results will be analyzed by the programs for future initiatives.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Increase percent of prematurity cases reviewed by local CDR teams that include identification of the underlying causes of death by 5% each year

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: This measure will help to provide further insight into the underlying socioeconomic factors surrounding prematurity deaths

Definition:

Unit Type: [percentage]
Unit Number: 100

Numerator: Count of prematurity deaths reviewed and entered into the National Center for Fatality Review and Prevention – Case Reporting System (NCFRP-CRS) in current year

Denominator: Count of prematurity deaths reviewed and entered into the NCFRP-CRS in previous year

Data Source and Data Issues: Data will be identified using the NCFRP-CRS. Specifically, this data will focus on prematurity deaths and their underlying causes.

Due to the nature of child death review (CDR), data are not available until up to a year after the death. Cases must first be identified, reviewed, and entered into the NCFRP-CRS. Data collected are only as good as what is entered by local teams. There is no way to assess if the identified causes of death for prematurity cases are accurate. The accompanying ESM related to training local CDR teams on the underlying causes of prematurity and entering this data will help support and ameliorate any difficulty in data entry.

Evidence-based/informed strategy: Healthy People 2030 includes a developmental objective of increasing the number of states where a child fatality team reviews external causes of death in children. Developmental status indicates that this is a high priority public health objective with evidence-based strategies to address the objective but currently lacks reliable baseline data. This objective may be considered to become a core objective once baseline data are established.

Significance: Prematurity is the leading cause of infant death in Pennsylvania. Often times prematurity deaths are seen as cases unable to be prevented. This occurs due to the fact that preventing the death at time of birth is unlikely. While the official cause of death may be identified as prematurity, this measure will help to provide a greater understand of the underlying factors associated with those deaths. Addressing the underlying factors which may have led to the premature birth, specifically the socioeconomic factors of the mother, can help provide guidance for how to create potential solutions to prevent these deaths in the future. Data from this measure will be invaluable to designing prevention programs for these deaths.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Number of annual trainings to local CDR teams on guidelines of identifying the underlying causes of prematurity deaths

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: Training child death review (CDR teams) on the importance of identifying, and how to enter, underlying causes of prematurity deaths into the National Center for Fatality Review and Prevention (NCFRP) Case Reporting System (CRS) will allow for higher quality data that is more complete and timelier.

Definition:

Unit Type: [count]

Unit Number: 10

Numerator: the number of annual trainings to local CDR teams on guidelines of identifying the underlying causes of prematurity deaths

Denominator: N/A

Data Source and Data Issues: The source of this data will be sign-in sheets and agendas from trainings of local CDR teams.

Evidence-based/informed strategy: Healthy People 2030 includes a developmental objective of increasing the number of states where a child fatality team reviews external causes of death in children. Developmental status indicates that this is a high priority public health objective with evidence-based strategies to address the objective but currently lacks reliable baseline data. This objective may be considered to become a core objective once baseline data are established.

Significance: Prematurity is the leading cause of infant death in Pennsylvania. Often times prematurity deaths are seen as cases unable to be prevented. This occurs due to the fact that preventing the death at time of birth is unlikely. Addressing the underlying factors which may have led to the premature birth, specifically the socioeconomic factors of the mother, can help provide guidance for how to create potential solutions to prevent these deaths in the future. Data from this measure will be invaluable to designing prevention programs for these deaths. In order to get this data, local CDR teams will need to be trained to identify and enter this data to ensure high quality of data across the state.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Number of technical assistance requests for data made to Division of Bureau Operations (DBO) each year using the established guidelines

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: DBO will develop a set of guidelines and a request process for the Bureau of Family Health (BFH) programs to receive technical assistance on their data

Definition:

Unit Type: [count]

Unit Number: 10

Numerator: Number of technical assistance requests made to DBO each year using the established guidelines

Denominator: N/A

Data Source and Data Issues: A technical assistance request form will be developed. These requests will be tracked by DBO and will provide the number of technical assistance requests for data made in a given year.

Evidence-based/informed strategy: These requests aid in the process of identifying, accumulating, presenting, and applying data that is measurable in order to develop measurable program performance that are directed toward program goals. Healthy People 2030 objective PHI-R06, Enhance the use and capabilities of informatics in public health, including data-sharing, data exchange, and application to practice and use in decision-making, is currently in research status. This means it is a high-priority public health issue that does not yet have evidence-based interventions developed to address it. It may or may not have reliable baseline data available. If both baseline data and evidence-based interventions become available, this objective may become a core Healthy People 2030 objective.

Significance: This information will help DBO track technical assistance requests made for data each year. This will also help DBO track which programs have received a review to ensure an increase in the number of programs reviewed and technical assistance provided to help support the quality of data in BFH.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percent of staff trained annually on availability of National Survey of Children's Health (NSCH) data and how to access that data

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: Increase the percentage of Bureau of Family Health (BFH) staff trained on the availability of NSCH data and how to access that data; this data can then be used to support program design, implementation, and development

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of staff trained on the availability of NSCH data

Denominator: Total number of BFH staff

Data Source and Data Issues: The number of staff trained will be tracked via spreadsheets and sign in sheets.

Evidence-based/informed strategy: Increased knowledge and awareness of methods of obtaining available data will assist in accumulating measurable data to review and develop policies and performance measures to improve program performance and decision making. Healthy People 2030 objective PHI-R06, Enhance the use and capabilities of informatics in public health, including data-sharing, data exchange, and application to practice and use in decision-making, is currently in research status. This means it is a high-priority public health issue that does not yet have evidence-based interventions developed to address it. It may or may not have reliable baseline data available. If both baseline data and evidence-based interventions become available, this objective may become a core Healthy People 2030 objective.

Significance: Staff will be trained on the availability of and how to access NSCH data. This data can then be used to support programmatic decisions including design, development, and implementation.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percentage of PA PRAMS data requests resulting in a new or modified program or policy in each calendar year

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: To promote and increase the use of PA Pregnancy Risk Assessment Monitoring System (PRAMS) data analysis products for data-driven decision-making and program development

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of PA PRAMS data requests resulting in a new or modified program or policy in a given calendar year

Denominator: Total number of PA PRAMS data requests in a given calendar year

Data Source and Data Issues: PA PRAMS data requests are tracked by the PA PRAMS Coordinator in an Excel spreadsheet. The numerator and denominator will be composed of requests for PA aggregate data and PA-only PRAMS analytic file requests. The PA PRAMS Coordinator will periodically follow up with requestors on how the data was used to determine if there was a resulting program or policy developed or modified.

Evidence-based/informed strategy: There is not an evidence base for this measure. PRAMS is a data source used as evidence for the development of programs and policies. This measure ensures the PRAMS data is disseminated widely and being used to inform development or strengthen programming and policy. Healthy People 2030 objective PHI-R06, Enhance the use and capabilities of informatics in public health, including data-sharing, data exchange, and application to practice and use in decision-making, is currently in research status. This means it is a high-priority public health issue that does not yet have evidence-based interventions developed to address it. It may or may not have reliable baseline data available. If both baseline data and evidence-based interventions become available, this objective may become a core Healthy People 2030 objective.

Significance: PRAMS is a unique and critical data source for the maternal and child health population. To demonstrate the significance of the PRAMS dataset and provide rationale for its on-going funding at the federal level, states participating in PRAMS must document at least two examples of how PRAMS data were used to create or modify program or policy development. To increase data requests and the use of PRAMS data in decision-making, the Bureau of Family Health will focus on disseminating PRAMS data analysis products.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Number of programs or policies created or modified as a result of the dissemination of PRAMS data analysis products in each calendar year

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: To promote and increase the use of PA Pregnancy Risk Assessment Monitoring System (PRAMS) data analysis products for data-driven decision-making and program development

Definition:

Unit Type: [count]

Unit Number: 10

Numerator: Number of programs or policies created or modified as a result of the dissemination of PRAMS data analysis products in each calendar year

Denominator: N/A

Data Source and Data Issues: The Bureau of Family Health (BFH) will track the number of PRAMS data analysis products developed and to whom and how the products are distributed. The PA PRAMS Coordinator will periodically follow up with those who received the distributed products to determine if or how the products were used to develop or change a program or policy. The PA PRAMS Coordinator will also track if PRAMS data requests result from the dissemination.

Evidence-based/informed strategy: There is not an evidence base for this measure. PRAMS is a data source used as evidence for the development of programs and policies. This measure ensures the PRAMS data is reaching public health program and policy developers. Healthy People 2030 objective PHI-R06, Enhance the use and capabilities of informatics in public health, including data-sharing, data exchange, and application to practice and use in decision-making, is currently in research status. This means it is a high-priority public health issue that does not yet have evidence-based interventions developed to address it. It may or may not have reliable baseline data available. If both baseline data and evidence-based interventions become available, this objective may become a core Healthy People 2030 objective.

Significance: PRAMS is a unique and critical data source for the maternal and child health population. To demonstrate the significance of the PRAMS dataset and provide rationale for its on-going funding at the federal level, states participating in PRAMS must document at least two examples of how PRAMS data were used to create or modify program or policy development. To increase data requests and the use of PRAMS data in decision-making, the BFH will focus on disseminating PRAMS data analysis products. As there will be no way to track how many people ultimately receive the PRAMS analysis products, the BFH will count how many programs or policies were modified after receipt of the products.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Increase the Percent of Child Death Review (CDR) cases reviewed by 5% each year

SPM: SPM 2 - Increase the number of programs or policies created or modified as a result of staff's use of evidence-based, data driven decision making each calendar year

Goal: Annually increase the percentage of child deaths reviewed by local CDR teams and enhance the quality of the data entered into the National Center for Fatality Review Prevention (NCFRP) Case Reporting System (CRS)

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: The number of child deaths reviewed annually by local Child Death Review teams

Denominator: The total number of child deaths

Data Source and Data Issues: This data will be collected from the NCFRP CRS, which all local CDR teams use to enter review data. Due to delay in data entry inherent in the review process, it will take some time to see the effects of these efforts. Also, information provided in the Case Registry System is based on information provided by local teams, which can vary from location to location.

Evidence-based/informed strategy: Healthy People 2030 includes a developmental objective of increasing the number of states where a child fatality team reviews external causes of death in children. Developmental status indicates that this is a high priority public health objective with evidence-based strategies to address the objective but currently lacks reliable baseline data. This objective may be considered to become a core objective once baseline data are established.

Significance: Improvement in the number and the quality of CDR reviews will provide information into circumstances leading up to the death. This information would be useful to inform public health program design and implementation.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percent of NAS cases within iCMS referred to Early Intervention (EI)

SPM: SPM 3 - Percent of hospitals making referrals to Early Intervention

Goal: Increase the percentage of neonatal abstinence syndrome (NAS) cases that receive a referral to the EI program annually.

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Total number of NAS cases reported in iCMS that meet mandated reporting requirements in the Governor's Opioid Disaster Declaration and have a documented EI referral

Denominator: Total number of NAS cases reported in iCMS that meet mandated reporting requirements in the Governor's Opioid Disaster Declaration

Data Source and Data Issues: Birthing hospitals began submitting NAS confirmed and probable cases to the Division of Newborn Screening and Genetics (DNSG) in the PA Internet Case Management System (iCMS) on 1/1/2020. DNSG will be analyzing data pertaining to the percentage of NAS cases referred to EI in 2021. All NAS data is reported by Pennsylvania birthing hospitals in iCMS. Information regarding the EI referral is listed on the NAS reporting form and is to be included by the PA birthing hospital when submitting the NAS report to the DNSG. The DNSG has a memorandum of understanding with the Office of Child Development and Early Learning (OCDEL) that allows all reported cases of NAS to be shared on a monthly basis so OCDEL can review and provide referral and enrollment information back to the DNSG.

Evidence-based/informed strategy: According to 2020 data from the Healthcare Cost and Utilization Project (HCUP), approximately six newborns were diagnosed with NAS per every 1,000 newborn hospital stays. Additionally, there has been an 82% increase in infants born with NAS nationally from 2010 to 2017 (Centers for Disease Control and Prevention, 2023). Infants diagnosed with NAS are at an increased risk for developmental delay and behavioral, educational and mental health problems later in life. However, only approximately 25% of eligible infants receive EI services across the United States. A recent study conducted in Massachusetts showed that over half of eligible infants diagnosed with NAS did not receive a referral to EI services indicating a need for improved hospital-to-home transitions (Peacock-Chambers et al., 2019). In the state of Pennsylvania, every infant diagnosed with NAS is eligible for EI tracking services, in which the infant is monitored for developmental delays until the age of three. Pennsylvania has an opportunity to utilize the data collected across agencies to analyze and improve referral rates into EI services leading to improved outcomes for infants and families impacted by NAS.

Significance: The DNSG will analyze the number of infants reported with NAS to determine what percentage are receiving EI referrals and reach out to birthing hospitals that are not consistently making EI referrals to provide technical assistance. EI referral is an essential piece to promoting optimal child development and family well-being. Children receiving an EI referral for NAS will receive an assessment for potential development delays; if present, the child and family will be enrolled and begin receiving services. If the initial screening assessment does not indicate current developmental delays, the child will be entered into high-risk tracking and is eligible to receive ongoing developmental assessments through age three. Should an assessment indicate the presence of developmental delays, the child immediately becomes eligible for services and may be enrolled should the family agree to receive services.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Frequency data will be shared to enable OCYF and DNSG identify all infants who should have a Plan of Safe Care (POSC).

SPM: SPM 4 - Percent of eligible infants with a Plan of Safe Care

Goal: Annually identify and develop collaborative opportunities to share data and trends in neonatal abstinence syndrome (NAS) reporting and follow-up.

Definition:

Unit Type: [count]

Unit Number: 10

Numerator: Number of Memorandum of Understanding (MOU) agreements to share NAS data held between Division of Newborn Screening and Genetics (DNSG) and Office of Children, Youth, and Families (OCYF) programs

Denominator: N/A

Data Source and Data Issues: The number of data share collaborations held between the NAS Program and the OCYF will be collected by NAS program staff.

Evidence-based/informed strategy: According to 2020 data from the Healthcare Cost and Utilization Project, approximately six newborns were diagnosed with NAS per every 1,000 newborn hospital stays. Additionally, there has been an 82% increase in infants born with NAS nationally from 2010 to 2017[1]. Substance misuse and abuse may have a negative impact on the stability of parenting and placement for infants and children. This represents a risk factor for the involvement of child welfare, child abuse, neglect and entry into foster care. According to research, infants and families impacted by prenatal substance exposure have diverse needs requiring linkage to support services. POSC implementation has shown to promote the needed linkages to community based programming for infants and families[2]. Prior to discharge, hospitals are required to notify the Department of Human Services that they are caring for a substance affected infant (defined as a child, less than one year of age, who the provider has determined to be born affected by substance use or withdrawal symptoms resulting from prenatal substance exposure or Fetal Alcohol Spectrum Disorder) in accordance with Pennsylvania Act 54 of 2018 and federal Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198, 7/22/2016) (CARA), title V, section 503 amended sections 106 (b)(2)(B)(ii) and (iii) of the Child Abuse Prevention and Treatment Act (CAPTA). Medical providers must submit this notification to the Department of Human Services' ChildLine and a plan of safe care including multidisciplinary team input, to address the needs of both the infant and family, must be offered to the family member or caregiver. Pennsylvania has an opportunity to utilize the data collected across agencies to analyze and improve referral rates to Child Line and initiation of POSC leading to improved outcomes for infants and families impacted by NAS.

[1] Centers for Disease Control and Prevention. (2023, March 21). Data and statistics about opioid use during pregnancy. Data and Statistics About Opioid Use During Pregnancy (cdc.gov).

[2] Deutsch SA, Donahue J, Parker T, Hossain J, Loiselle C, De Jong AR. Impact of Plans of Safe Care on Prenatally Substance Exposed Infants. J Pediatr. 2022 Feb;241:54-61.e7. doi: 10.1016/j.jpeds.2021.10.032. Epub 2021 Oct 23. PMID: 34699908; PMCID: PMC8792271.

Significance: The Bureau of Family Health houses the DNSG, which oversees reporting of NAS cases by all Pa. birthing facilities. The Bureau of Children and Family Services is primarily responsible for monitoring the delivery of services by county and private children and youth social service agencies. OCYF conducts oversight of these programs from a regional level. Through the identification and development of collaborative opportunities, both entities can share data and explore trends in NAS reporting. The development of a MOU will allow the DNSG and OCYF to enter into a data sharing agreement to compare and develop NAS specific data between programs, specifically in the areas of Plans of Safe Care and Childline referrals.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percentage of LGBTQ-identified youth participating in an evidence-based or evidence-informed behavioral health program who report an increase in positive coping strategies, specifically, support-seeking, problem-solving, distraction, and escape strategies, over the course of the program period.

SPM: SPM 5 - Percent of children ages 6-17 who have one or more adult mentors

Goal: Increase the percentage of lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ)-identified youth participating in an evidence-based or evidence-informed program who report increased positive coping strategies, specifically, support-seeking, problem-solving, distraction, and escape strategies by 2% over the course of the program.

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of LGBTQ-identified youth enrolled in the Students Run Philly Style OutRun program and the Hugh Lane Wellness Foundation, Inc.'s AFFIRMING Youth Project who completed the coping strategy survey and report an increase in one or more positive coping strategies over the course of the program period.

Denominator: Number of LGBTQ-identified youth enrolled in behavioral health programming who completed the coping strategy survey.

Data Source and Data Issues: Data collection and analysis will be performed by the Grantees. It is a grant deliverable as required by the work statement and will be reported to the Department of Health via quarterly and annual reports.

Evidence-based/informed strategy: Hugh Lane Wellness, Inc. uses AFFIRM, which is a Cognitive Behavioral Therapy-based group for LGBTQ youth to learn stress coping skills. Students Run Philly Style uses research-based mentoring services to improve health outcomes and increase protective factors. The programs will measure coping strategies with a survey tool. The COPE Scoring inventory is scored by taking the average of each two-item subscale and using that to compare across multiple iterations of data collections.

Significance: Positive coping skills are not something people are born with. It takes education, practice, and reinforcement to realize that some behaviors are beneficial, and some are not. It is important to learn the positive coping skills that help adolescents manage stress and help stave off depression. In the Trevor Project's National Survey on LGBTQ Youth Mental Health of 2021, 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth. Increasing the following protective factors/positive coping strategies: support-seeking strategies, problem-solving strategies, distraction strategies, and escape strategies of LGBTQ youth will improve their well-being and mental health. This will make LGBTQ youth less vulnerable and reduce their experience with anxiety, depression, and suicidal ideation.

Form 10: ESM Linked to SPM Detail Sheet

Measure Title: Percentage of staff trained annually on the principles of Health Equity and the effectiveness of Health Equity plans

SPM: SPM 6 - Rate of mortality disparity between black and white infants
SPM 7 - Rate of mortality disparity between black and white children, ages 1-4
SPM 8 - Rate of maternal mortality disparity between black and white persons

Goal: Increase Bureau of Family Health (BFH) staff's understanding of Health Equity Principles

Definition:

Unit Type: [percentage]

Unit Number: 100

Numerator: Number of BFH staff trained annually on the principles of health equity and the effectiveness of health equity plans

Denominator: Total number of BFH staff

Data Source and Data Issues: The data source will be internal records of the number of BFH Staff trained on the principles of Health Equity and the effectiveness of Health Equity plans.

A limitation to this initiative is that it will take time to develop the training before it can be rolled out to staff. Until the training is developed, staff's understanding of Health Equity principles and plans may be inconsistent. A met objective or goal will require a quality product to be produced or achieved. To be a quality product, the items must have appropriate approval and measurement of success, if applicable.

Evidence-based/informed strategy:
In the federal Title V Maternal and Child Health (MCH) block grant guidance provided states for 2021-2025, one key principle that is common to all state Title V programs is the delivery of Title V services within a public health service model. The 10 Essential Public Health Services (EPHS) and Core Functions reflects the current and emerging public health practice needs. These standards also provide a framework that is followed to meet the Public Health Accreditation Board (PHAB) standards, which is met by the Pennsylvania Department of Health, as it became accredited in 2019. An essential service that is found across Title V, the 10 EPHS and Core Functions, and the PHAB standards aligns with maintaining a competent public health workforce to dictate the effectiveness of services and programs. Specifically, the Title V Block Grant identifies "Informing and Educating the Public and Maintaining the Public Health Work Force" as a MCH Essential Service. A 2019 study by the National MCH Workforce Development Center was conducted on MCH program employee awareness of broader trends in public health practice, and their proficiency to perform related skills, in three areas: Systems Integration, Evidence-Based Decision-Making, and Change Management/Adaptive Leadership. The study found that staff had low awareness of public health trends and a low capacity for systems integration. Although staff skills were proficient in some areas, there is a need to offer and evaluate trainings on topics that address the previously mentioned areas to staff to improve health outcomes, public health services and systems, and health transformation (Raskind, et al., 2019).

Infant, child, and maternal mortality black-white disparity rates nationally, and in Pennsylvania are a result of systemic, institutional, interpersonal, and intrapersonal factors. The life-course approach, which considers how early life experiences impact health later in life, also accounts for the impact of social and economic factors throughout one's life. Title V professionals need to have awareness and understanding of the life course, the impact of social factors, and how the social factors are produced, exacerbated, or mitigated. Social and/or economic factors across generations may contribute to health disparities. Staff need to obtain the skills and understanding to address complex processes such as identifying the root causes of health disparities and operationalizing health equity (Braveman, 2014). This is supported by research that suggests that issues, like racism and related social discrimination negatively impacts life opportunities, increase stress, and contributes to the underlying causes and differences in health status (Root Cause Coalition, 2020). In addition to policy, systems, and environmental changes, reports and studies over the past decade have recommended that MCH program staff, healthcare professionals/providers, and community members be trained on topics, such as the following, to address infant, child, and maternal health disparities: the social and structural barriers to health; how to address health equity, health disparities and life-course perspective; culturally competent care; and data collection and sharing (Root Cause Coalition, 2020) (Braveman, 2014).

Since the 10 EPHS and Core Functions was updated in 2020, there is a need to ensure all MCH professionals are aware of the changes and are competent in the domain relevant to their roles. Additionally, the Public Health Training Center Network recently released Racial Justice Competencies for public health professionals, which intersects with the 10 EPHS and Core Functions. Increased knowledge and skill in the 10 EPHS and Core Functions, the Life Course Approach, and the Racial Justice Competencies will serve as one component of the larger, complex process to improve MCH health outcomes.

Braveman, P. (2014). What is health equity: and how does a life-course approach take us further toward it? *Maternal and child health journal, 18*(2), 366-372. Retrieved from https://doi.org/10.1007/s10995-013-1226-9

Raskind, I. G., Chapple-McGruder, T., Mendez, D. D., Kramer, M. R., Liller, K. D., Cilenti, D., . . . Stampfel, C. (2019). MCH Workforce Capacity: Maximizing Opportunities Afforded by a Changing Public Health System. *Maternal and child health journal, 23*(7), 979-988. Retrieved from https://doi.org/10.1007/s10995-018-02728-7

Root Cause Coalition. (2020, February 26). *2020 Status of Health Equity Report* . Retrieved from The Root Cause Coalition: https://www.rootcausecoalition.org/post/2020-status-of-health-equity-report

Significance: Reducing disparities and increasing Health Equity is a primary focus for the BFH and the Department of Health as a whole. Promoting understanding of health equity principles and the effectiveness of health equity plans is a step toward advancing health equity. The BFH Health Equity Committee will be the driving force for BFH in improving Health Equity Outcomes and educating all BFH staff.