

Attachment D

Healthstat Documents

## Women and Infant Health Program

### Program Description

The Women & Infant Health Program facilitates access to care and promotes the physical and reproductive health of women (15-44 years old) and their infants (0-1 year old), including those with special healthcare needs. The program strives to improve outcomes related to newborn screening, breastfeeding, access to and use of effective family planning, maternal smoking, pre and early term birth, access to risk-appropriate perinatal care, and infant mortality.

### Program Expenditures and People Served

	2016	2017	2018
<b>Total Program Cost</b>	\$2,189,710**	\$1,764,517**	\$1,696,105**
<b>People Served</b>	N/A	N/A	N/A
<b>Cost per Person</b>	N/A	N/A	N/A
<b>Non-600 Series*</b>	12.4%	14%	12%

\*600 series are defined as direct service contracts.

\*\*Includes required Title V State matching funds used to support Healthy Baby Home Visitation Program and PHN provision of MCH services at the local level.

### Program Cost Notes

- The program uses blended funds (State General Funds, Title V Maternal Child Health (MCH) Services Block Grant, and Newborn Screening Trust and Agency funds).
- State matching funds are required for the Title V Block Grant (\$3 for every \$4 of grant funds); state match must remain at 1989 levels or higher.
- The program partners with Public Health Nursing (PHN) to jointly implement the Healthy Baby Home Visitation (HBHV) Program.

### Program Staffing

- 2.0 FTE
- 0 AWEC
- 0 Other

### Program Metrics

- The Program strives to improve outcomes related to the following MCH priorities: (1) breastfeeding duration; (2) access & use of effective family planning; and, (3) preventing infant mortality.
- Key program activities include increasing support for breastfeeding in hospital and community settings, promoting access to smoking cessation resources and support for pregnant women, ensuring early access to risk appropriate, high-quality perinatal care for high risk pregnant women and infants, and improving access to timely newborn screening and follow up for all Wyoming babies.

### Events that have Shaped this Program

- Title V funding requires a needs assessment every five years. In 2013, MCH began the Title V Needs Assessment process, leading to adoption of final 2016-2020 MCH priorities in summer 2015.
- Wyoming participated in the NewSTEPS 360 quality improvement initiative from 2016-2018 to improve timeliness in newborn screening, and continues to collaborate with Colorado.
- Through an ongoing partnership with the Women, Infants and Children (WIC) and Chronic Disease Prevention programs, the program is committed to sustaining Wyoming's breastfeeding success through implementation of the Wyoming 5-Steps to Breastfeeding Success program, a program designed for Wyoming hospitals to promote and improve breastfeeding initiation and duration.
- In December of 2017, the WIHP and a group of stakeholders voted to establish the Wyoming Perinatal Quality Collaborative, which will implement quality improvement projects focused on perinatal health across the state.
- The Newborn Screening Program revised the rules under Wyo. Stat. §§ 35-4-801, -802 to add Critical Congenital Heart Disease to the newborn screening panel, effective September 12, 2017.



# Women and Infant Health Program

## PROGRAM CORE PURPOSE

The Women & Infant Health Program facilitates access to care and promotes the physical and reproductive health of women (15-44 years old) and their infants (0-1 year old).

## OUTCOMES

Performance Metric	CY 2017 Target	CY 2018 Target	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
% and # of births that occur in Wyoming with first newborn screen completed (Newborn Screening Database/Vital Statistics Services (VSS))	99%	99%	96.9% 6,727/ 6,939	98.2% 6,868/ 6,993	97.2% 6,920/ 7,113	95.8% 6,430/ 6,709	97.8% 6,135/ 6,273
% and # of mothers who breastfeed their infants through 6 months of age (non-exclusive) (National Immunization Survey) <sup>1</sup>	59%	60%	55.6% 4,235/ 7,617	56.6% 4,355/ 7,693	58.1% 4,456/ 7,669	59.5% 4,393/ 7,384	61.3% 4,232/ 6,904
% and # of infants born to women who smoked during first trimester of pregnancy (VSS)	15%	15%	15.8% 1,207/ 7,617	15.8% 1,216/ 7,693	15.7% 1,207/ 7,669	13.6% 1,007/ 7,384	13.6% 939/ 6,904
% and # of very low birth weight ( $\leq 3$ lbs 4oz) infants born at facilities with appropriate level of care (VSS)	65%	68%	65.9% 56/85	67.0% 69/103	58.2% 46/79	62.0% 62/100	81% 51/63
% and # of infants born preterm ( $< 37$ weeks) (VSS)	9%	9%	10.2% 779/ 7,617	10.5% 811/ 7,693	9.6% 736/ 7,669	9.5% 698/ 7,384	8.9% 616/ 6,904

## OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2017 Q1+Q2	SFY 2017 Q3+Q4	SFY 2018 Q1+Q2	SFY 2018 Q3+Q4
OUTPUTS									
# of pregnant women enrolled in the Wyoming Tobacco Quit Line	36	32	27	17	36	6	11	14	22
# of individuals attending Certified Lactation Counselor training sponsored by MCH <sup>2</sup>	20	6	19	25	12	0	25	2	10
# of women enrolled in Maternal High Risk (MHR) <sup>3</sup> Program	28	22	28	20	18	14	7	9	9
# of infants enrolled in Newborn Intensive Care (NBIC) <sup>3</sup> Program	37	54	62	49	68	31	18	27	41
EFFICIENCIES									
Cost per first newborn screen (# of first screens completed) <sup>4</sup>	\$70.57 (6,868)	\$74.21 (6,932)	\$81.90 (6,786)	\$84.20 (6,298)	\$95.34 (5,978)	N/A*	N/A*	N/A*	N/A*
Cost per first & second newborn screens (# of first and second screens completed) <sup>4</sup>	\$37.63 (12,879)	\$39.50 (13,018)	\$43.40 (12,812)	\$43.99 (12,055)	\$50.48 (11,291)	N/A*	N/A*	N/A*	N/A*

N/A\* indicates data not available on a quarterly basis

## STORY BEHIND THE PERFORMANCE

- The Women & Infant Health Program (WIHP) provides leadership and support for the design, implementation and evaluation of state and local policies and programs that address the health needs of women and infants; promotes healthy development within the women and infant populations, including mothers and infants with special health care needs; and promotes all MCH Unit priorities.
- Examples of MCH services directly supporting the women and infant population include the Healthy Baby Home Visitation program, Maternal High Risk (MHR) program, Newborn Intensive Care (NBIC) program, and the Newborn Screening (NBS) program including appropriate follow-up, and services for children (infants) with special health care needs (CSH).
- In 2013, MCH began the Title V Needs Assessment Process which led to the adoption of final 2016-2020 MCH priorities in Summer 2015. The priorities which directly relate to the Women and Infant Health Program include:
  - Improve Breastfeeding Duration
  - Improve Access to and Promote Use of Effective Family Planning
  - Prevent Infant Mortality

### Footnotes:

- <sup>1</sup> Data Source: CDC Breastfeeding Report Cards. Column year represents the year the report was released.
- <sup>2</sup> In August 2017, MCH sponsored CLC training for 15 public health nurses who had no previous CLC training. Ongoing support of CLC training for public health nurses remains a priority in MCH, as it increases access to vital breastfeeding support for new mothers in all 23 Wyoming Counties.
- <sup>3</sup> SFY Totals are unduplicated. Duplicates may be present between quarters, as individuals can be enrolled more than one quarter.
- <sup>4</sup> A second screen between 7-14 days of life is highly recommended and does not incur any additional costs to the program when performed. The amount the WDH charges providers for the transport and processing of newborn screens increased on December 1, 2017 by \$7 per screen in order to accommodate the increased costs associated with newborn screening in the state.

## Child Health

### Program Description

The Child Health Program provides leadership and support for the design, implementation, and evaluation of state and local policies and programs to address the health, safety, and development of children (ages 1-11 years), including children with special healthcare needs. The Child Health Program also strives to foster the engagement of parents and other caregivers across the state.

### Program Expenditures and People Served

	2016	2017	2018
<b>Total Program Cost</b>	\$402,515	\$388,973	\$380,547
<b>People Served*</b>	N/A	N/A	22,651
<b>Cost per Person</b>	N/A	N/A	\$16.80
<b>Non-600 Series**</b>	40%	55%	47%

\*People Served is defined as those children in Wyoming ages 1-11 impacted by services supported through the Child Health Program.

Previous reports included all children in Wyoming ages 1-11 years.

\*\* 600 series is defined as direct service contracts.

### Program Cost Notes

- The Child Health Program is federally funded through Title V Maternal & Child Health Block Grant.

### Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

### Program Metrics

- Motor Vehicle Crashes are the leading cause of injury mortality for Wyoming children, ages 1-18 years. (Wyoming Vital Statistics Mortality data—state fiscal year 2007 through 2017)
- 40.1% of Wyoming children 6-11 years old are physically active 60 minutes per day (four to six days per week), compared to 29.3% nationally. (2016 National Survey of Children's Health)
- 62.3% of Medicaid-enrolled children ages 1 to 9 years received an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screen in the past 12 months. (Medicaid 416 Report 2017)

### Events that have Shaped this Program

- The Maternal and Child Health Unit completes a needs assessment every 5 years to determine Unit priorities. Three of the priorities identified in the 2015 needs assessment directly applied to the Child Health Program for 2016-2020: 1) Promoting Preventive and Quality Care for Children, 2) Reducing and Preventing Childhood Obesity, and 3) Preventing Injury in Children.
- The Wyoming child injury mortality rates remain consistently higher than the U.S. rate.
- Department-wide focus on increasing EPSDT screening rates.
- In June of 2018, a new Program Manager moved into the Child Health Program.
- The Child Health Program continues to build upon partnerships with other state agencies and external partners to address program priorities.

# Child Health

## PROGRAM CORE PURPOSE

The purpose of the Child Health Program is to ensure that all Wyoming children, including children with special healthcare needs, have access to early developmental services, healthy and safe communities to grow, and engaged caregivers.

## OUTCOMES

Performance Metric	CY2018 Target	CY2019 Target	CY2014	CY2015	CY2016	CY2017	CY2018
% of eligible children (1-9 years) that received at least one EPSDT screen in the past 12 months <sup>1</sup>	68.5%	68.5%	54.7% (11,356/ 21,082)	53.6% (11,207/ 20,890)	59.6% (11,144/ 18,693)	62.3% (10,824/ 17,374)	(-)
% of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <sup>2</sup>	31.1%	31.1%	N/A*	N/A*	27% WY 31.1% US	N/A*	(-)
% of children ages 6-11 who are physically active at least 60 minutes per day <sup>2</sup> (New measure)	44.1%	44.1%	N/A*	N/A*	40.1% WY 29.3% US	N/A*	(-)
Injury Mortality Rates (per 100,000) 0 - 18 years <sup>3</sup>	13.5	13.5	WY: 23.5 US: 13.3	WY: 23.1 US: 13.4	WY: 21.5 US: 13.9	WY: 22.5 US: N/A	(-)
% of Parents who felt like a partner in their child with special healthcare needs care <sup>2</sup>	75%	75%	N/A*	N/A*	75% WY 69.5% US	N/A*	(-)

<sup>1</sup> Medicaid 416 Report, Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) – calendar year, 2018 data available in 2019

<sup>2</sup> National Survey of Children's Health

<sup>3</sup> Wyoming Vital Statistics, CDC WISQARS Mortality data– three year rolling rates.

N/A\* indicates data not available on an annual basis

(-) indicates data not yet available

Outputs and Efficiencies									
Performance Metric	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	2017 Q1+Q2	2017 Q3+Q4	2018 Q1+Q2	2018 Q3+Q4
Outputs									
# of Ages and Stages Developmental Screenings Completed by Public Health Nursing (ASQ3+SE2) <sup>4</sup>	N/A	722	1,018	1,241	943 as of 8/2018	565	676	681	262 (Q3)
# of Wyoming Educators trained in Comprehensive School Physical Activity Program (CSPAP)	N/A*	N/A*	N/A*	N/A*	118	N/A*	N/A*	N/A*	N/A*
# of car seats distributed (D) & inspected (I) through Safe Kids Wyoming <sup>5</sup>	D:646 I:1,501	D:675 I:1,293	D:521 I:1,184	D:774 I: 1,689	D:543 I:987 as of 8/2018	D:406 I:1,023	D:368 I:666	D:393 I:726	D:150 I:261 as of 8/2018
# of unique families served by Wyoming Parent Partner <sup>6</sup>	N/A	N/A	N/A	217	205 as of 9/2018	N/A	N/A	N/A	N/A
Efficiencies									
Cost per family served by Parent Partner	N/A	N/A	N/A	\$284.79 (\$61,800/ 217)	\$301.46 (\$61,800 /205) as of 8/2018	N/A	N/A	N/A	N/A
4 ASQ3/SE – Ages & Stages Developmental Questionnaire, Third Edition (ASQ3)/Ages & Stages Questionnaire: Social-Emotional Second Edition (ASQ:SE2) 5 Safe Kids USA 6 Wyoming Parent Partner Project by HALI N/A indicates data not available due to the creation of a new metric N/A* indicates data not available on an annual basis (-) indicates data not vet available									

## STORY BEHIND THE PERFORMANCE

- The Child Health Program provides leadership and support for the design, implementation, and evaluation of state and local policies and programs to address the health, safety, and development of children (ages 1-11 years), including children with special health care needs. The Child Health Program also strives to foster the engagement of parents and other caregivers across the state.
  - Examples of MCH activities directly supporting the child population include the Help Me Grow Program, Parent Partner Program, Safe Kids Wyoming, and the Wyoming Vision Collaborative.
  - The Parent Partner Program serves as a central access point in primary care practices for coordination of health services and family support to ensure that all available services are fully integrated into a patient's primary preventive health care program.
  - The Child Health Program Manager also participates in the Wyoming Early Intervention Council and Wyoming Home Visiting Network.
  - MCH undertakes a Title V Needs Assessment every (5) five years in which population specific priorities are adopted. In 2015, the 2016-2020 MCH priorities were selected. The (3) three priorities which directly relate to the Child Health Program include:
    - Reduce and prevent childhood obesity
    - Promote preventive and quality care for children
    - Prevent injury in children



## Youth and Young Adult Health

### Program Description

The Youth and Young Adult Health Program (YAYAHP) ensures that all Wyoming youth and young adults (ages 12-24) are healthy and ready to learn, work, and transition successfully to adulthood. The priorities of the YAYAHP are to promote healthy and safe relationships among adolescents, to increase access to quality and preventive health care, and to promote healthy development within the youth and young adult population, including adolescents with special healthcare needs.

### Program Expenditures and People Served

	2016	2017	2018
<b>Total Program Cost</b>	\$268,135.55	\$232,883.60	\$252,483.99
<b>People Served*</b>	3,133	2,781	9,776
<b>Cost per Person</b>	\$85.59	\$83.74	\$25.83
<b>Non-600 Series**</b>	41.8%	52.3%	90.8%

\* People served are those who received direct services from the program and was previously reported as the total population ages 12-24.

\*\*600 series is defined as direct service contracts.

### Program Cost Notes

- Federally funded: Title V, Rape Prevention Education (RPE), Personal Responsibility Education Program (PREP), and Preventive Health and Health Services Block Grant (PHHSBG)
- The increase in people served is due to the Title V work with pilot clinics and expanding the PREP program.

### Program Staffing

- 1.1 FTE
- 0.1 AWEC
- 0 Other

### Program Metrics

- 1 in 5 Wyoming middle and high school students report using alcohol in the last 30 days; alcohol use is strongly related to unintended teen births and teen dating violence.
- The Wyoming Teen Birth Rate has significantly decreased from 46.1 births per 1,000 females in 2006 to 24.8 births per 1,000 in 2017. However, the Wyoming teen birth rate still remains higher than the U.S. rate of 18.8 births per 1,000 in 2017.
- Medicaid Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) data indicates that only 29.6% of Medicaid eligible adolescents (10-20 years old) received a recommended EPSDT screening in 2017.
- In 2016, 2,425 high school and college students participated in evidence-based, sexual violence prevention programming through the RPE Program; this was an increase from 622 high school and college students in 2015.

### Events that have Shaped this Program

- Maternal and Child Health (MCH) Unit priorities for 2016-2020 were identified by the MCH Health Needs Assessment and include adolescent-specific priorities of Healthy and Safe Relationships, Preventive and Quality Care, and Promoting Healthy Development within the youth and young adult population.
- The Youth and Young Adult Health Program has established collaborations with several local and state partners.



# Youth and Young Adult Health Program

## PROGRAM CORE PURPOSE

The purpose of the Youth and Young Adult Health Program (YAYAHP) is to ensure that all Wyoming youth and young adults (ages 12-24) are healthy and ready to learn, work, and transition successfully to adulthood.

## OUTCOMES

Performance Metric	CY2017 Target	CY2018 Target	CY2013	CY2014	CY2015	CY2016	CY2017
% middle and high school students reporting no alcohol use in last 30 days <sup>1</sup> (PNA)+	N/A	79%	N/A	78.6%	N/A	80.2%	N/A
% and # of Wyoming Personal Responsibility Education Program (WyPREP) participants that reported they were much more likely or somewhat more likely to resist or say no to peer pressure after completing the program <sup>2</sup> (WyPREP post-assessment)*	75%	78%	N/A	N/A	70% (262/376)	75% (340/473)	67% (382/571)
Rate of births (per 1,000) among 15 - 19 year old girls <sup>3</sup> (WY & National Vital Statistics Service) (national rate)	28	25	29.8 (26.6)	30.3 (24.2)	29.0 (22.3)	26.2 (20.6)	24.8 (18.8)
% and # of Medicaid eligible adolescents (10-20 years) who received at least one ESPDT screen <sup>4</sup> (Medicaid)** (national average)	32%	32%	26.3% (5,448/ 18,586) (49.1%)	27.3% (5,380/ 19,689) (45.6%)	26.3% (5,310/ 20,218) (46.1%)	30.5% (5,546/ 18,163) (45.1%)	29.6% (5,008/ 16,914) (46.1%)
% of adolescents with special health care needs who received services necessary to make transitions to adult health care <sup>5</sup> (NSCH)+ (national average)	N/A	20%	N/A	N/A	N/A	16.5% (17.9%)	N/A

(-) indicates data not yet available

N/A indicates data not available

N/A\* indicates data not available due to new metric

Outputs and Efficiencies									
Performance Metric	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	2017 Q1+Q2	2017 Q3+Q4	2018 Q1+Q2	2018 Q3+Q4
Outputs									
# of youth and young adults participating in evidence-based programming through the Rape Prevention Education (RPE) grant <sup>6</sup>	N/A	622	2,425	2,080	-	N/A*	N/A*	N/A*	N/A*
# of communities (city/town) participating in comprehensive reproductive health education (WyPREP) <sup>2</sup>	N/A	N/A	6	8	10	N/A*	N/A*	N/A*	N/A*
# of clinics serving adolescents participating in quality improvement projects	N/A	N/A	N/A	0	4	N/A	N/A	4	4
Efficiencies									
Dollars spent / Youth receiving comprehensive reproductive health education <sup>2</sup>	N/A	N/A	N/A	\$829.00 \$483,830 /538	\$74.79 \$73,296/ 980	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not available N/A* indicates data not available due to new metric									

## STORY BEHIND THE PERFORMANCE

The priorities of the YAYAHP are to promote healthy and safe relationships among adolescents, increase access to quality and preventive health care, and promote healthy development within the youth and young adult population, including youth and young adults with special health care needs. These priorities were determined by the Maternal and Child Health (MCH) Unit Title V Needs Assessment.

<sup>1</sup>The Prevention Needs Assessment (PNA) survey is sponsored by the Wyoming Department of Health and endorsed by the Wyoming Department of Education. The PNA measures a wide variety of attitudes, beliefs, and perceptions that have been shown to be related to alcohol, tobacco, and drug use along with violent and problem behaviors. It is administered every other year in even years to 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in Wyoming. The YAYAHP measures zero alcohol use in the last 30 days because many unhealthy behaviors are related to alcohol use. Also, the YAYAHP implements strategies to reduce multiple risk factors for youth.

<sup>2</sup>The YAYAHP partners with the Communicable Disease Prevention Program to administer the Wyoming Personal Responsibility Program (WyPREP) in Wyoming. WyPREP trains facilitators and provides funding to deliver evidence-based comprehensive reproductive health education curricula to adolescents in middle and high school. The goal of WyPREP is to prevent teen pregnancy and reduce the rate of STD/HIV. This measure is only among participants that had parental consent and student assent to completing the WyPREP Post Survey.

<sup>3</sup>The YAYAHP partners with Public Health Nursing (PHN) and the Communicable Disease Prevention Program in activities to reduce the teen birth rate in Wyoming through WyPREP implementation and increasing availability of services.

<sup>4</sup>Early, Periodic, Screening, Diagnosis, and Testing (EPSDT) measure. From the CMS-416 report (total eligible receiving at least one screen / total eligible who should receive at least one screen). The YAYAHP is working with Medicaid, CHIP, the Wyoming Primary Care Association, and other internal and external partners to improve EPSDT rates for Wyoming youth and young adults. The YAYAHP is currently working with pilot clinics across the state on quality improvement efforts to increase youth friendliness in clinics.

<sup>5</sup>From the National Survey of Children's Health. This measure was changed in 2016 and will now be completed annually with state-level estimates available every 2-3 years. Previous data are not included as they are no longer comparable to the new measure.

<sup>6</sup>The Rape Prevention Education (RPE) grant focuses on primary prevention of sexual violence among adolescents—stopping the behavior before it happens. The Wyoming Coalition against Domestic Violence and Sexual Assault (WCADVSA), an RPE sub-recipient, works within communities to implement primary prevention activities.