

# Nevada Strategic Action Plan: Maternal and Child Health Program

2016-2020

The Nevada Division of Public and Behavioral Health (DPBH) Maternal and Child Health Action Plan covers the period October 1, 2016 to September 30, 2020 and is a draft strategic planning blueprint for the activities to be taken to meet Nevada's priority needs. All activities undertaken (e.g., focus groups, surveys, etc.) involves diverse stakeholders (e.g., providers, coalition members, community-level advocates and family resource entities, legislators, etc.) and consumers. Stakeholders assisted in the identification of National Performance Measures, the top priorities for each of the MCH populations as well as in developing the action plan. Consumers provided input on the quality of the healthcare services that they, their children and/or families received as well as their unmet needs. Below is the draft MCH strategic plan for the activities to be undertaken towards the measures chosen. The table contains further details regarding the responsibilities towards meeting the objectives of the plan. Over this next year personnel within the MCH program will work with stakeholders across Nevada to ensure the priorities noted, and actions taken, meet the needs at the local level.

## DOMAIN: Women/Maternal Health

### Priority Need #1: Well Woman Care – improve preconception health among adolescent and women of childbearing age:

- Priority #1, Objective 1a – Annual 2% increase of women ages 18-44 receiving routine checks-up in the last year (2013 baseline of 60.1 and 2020 goal of 70%)
    - Strategy – Educational campaign on health and human services available
      - Activity – Collaborative meetings between entities
      - Activities – Collaborations formalized
      - Approved documents, policies, etc.
      - Update document and website with educational information
  - Priority #1, Objective 1b – Increase by 25%, over 2013 baseline of 65.9%, by 2020 women receiving prenatal care in first trimester
    - Strategy – Educational campaign regarding preventive (e.g., diet modification) services through Medicaid in preconception
      - Activity – Provide healthcare provider training
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## **DOMAIN: PERINATAL/INFANT HEALTH**

Priority Need #2: Reduce Disparities in Birth Outcomes – Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months:

- Priority #2, Objective 2a – Increase to 90% children who are ever breastfed (2014 baseline 80.9%) by 2020
  - Priority #2, Objective 2b – increase to 25% children exclusively breastfed at 6 months (2014 baseline of 20.2) by 2020
  - Priority #2, Objective 2c – Increase 50% the number of baby-friendly hospitals in Nevada by 2020
    - Strategy (for all above objectives) – Collaborate with diverse stakeholders (both public and private) across Nevada to increase provider use and general education (both providers and moms) on: substance use (during and after pregnancy), Cribs for Kids best safe sleep practice, breastfeeding, safe sleep, post-partum care, etc.
      - Activity – Public/community workshops and training to gather feedback to implement practice
      - Activity – Conduct healthcare provider training on applicable topics
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## **DOMAIN: CHILD & ADOLESCENT HEALTH**

Priority Need #3: Developmental Screening – Increase the percent of children aged 10-71 months receiving developmental screening:

- Priority #3, Objective 3a – Increase 10% annually children (10-71 months) who received a developmental screening using a parent-completed screening tool (is there a specific tool?)
  - Strategy – Work with diverse community partners on a campaign to encourage and/or assist parents to complete developmental screening
    - Activity – Hold public workshops to implement education and assist at local level across all partners
  - Strategy – Collaborate with health professionals using telehealth to reach rural/frontier populations
    - Activity – Hold public workshops to implement education and assist at local level across all partners (focus on rural/frontier areas)
- Priority #3, Objective 3b – Increase 10% annually children (10-35 months) who have been screened for an Autism Spectrum Disorder and other developmental delays
  - Strategy – Collaborate with funded and non-funded professional entities on a campaign to educate parents on developmental screenings
    - Activity – Ongoing meetings to discuss specific needs, actions and funding to fully implement developmental screening

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Goal #4: Physical Activity – Increase the percent of children, adolescents and women of childbearing age who are physically active:

- Priority #4, Objective 4a – Increase 5% over baseline annually high school students who are physically active at least 60 minutes a day for 5 or more days a week (2013 BRFSS baseline 43.8%)
- Priority #4, Objective 4b – Increase 5% over baseline annually high school students who attend physical education classes on 1 or more days in a week (2013 BRFSS baseline 52.5%)
  - Strategy (for both above objectives) – Collaborate across partners to conduct outreach to develop and implement obesity prevention activities
    - Activity – Ongoing meetings and trainings across community partners to gather feedback and implement for individual change

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Goal #5: Adolescent Well Visits – Increase the percent of adolescents and women of childbearing age who have access to healthcare services:

- Priority #5, Objective 5a – Increase to 78% by 2020 adolescents aged 12-17 with a preventive medical visit in the past year
- Priority #5, Objective 5b – Increase 25% within a year, with 2% annual increase by 2020, PREP and Abstinence program participants that received education on the well-visit
- Priority #5, Objective 5c – Increase 10% annually applicable Medicaid participant with adolescent well-visits in FFS and ACOs
  - Strategy (for all objectives above) – Educational campaign regarding preventive medical well-visits and abstinence
    - Activity – Collaborative meetings between diverse partners to implement a social marketing campaign

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**DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

Goal #6: Medical Home for Children – Promote establishment of a Medical Home for children:

- Priority #6, Objective 6a – Increase 40% within a year, with 2% annual increase by 2020, children with and without special health care needs with a medical home in the past year
- Priority #6, Objective 6c – Increase 20% annually, WIC, Home Visiting, Health Start, and other program participants that received education on the medical home
- Priority #6, Objective 6c – Increase by 5% number of referrals to Nevada’s medical home portal resources by 2020

- Priority #6, Objective 6d – Increase 8% of children with a medical home by 2020
    - Strategy (for all above objectives) – Educational campaign and implementation of Medical Home portal
      - Activity – Collaborative meetings between diverse partners to implement a social marketing campaign, develop website and implement a Medical Home
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## **DOMAIN: CROSS-CUTTING/LIFE COURSE**

### Goal #7: Prevent or Reduce Smoking – Prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age:

- Priority #7, Objective 7a – Decrease by 4% within a year, with 1% annual decrease by 2020, girls and women smoking in pregnancy
  - Priority #7, Objective 7b – Decrease by 20% within a year, with 1% annual decrease by 2020, girls and women smoking during offspring’s childhood (is this entire childhood?) – NOTE: I separated out
  - Priority #7, Objective 7c – Increase by 10% annually Medicaid participants with smoking cessation counseling
    - Strategy (for all above objectives) – educational campaign to prevent or reduce smoking
      - Activity – Promote Quitline and website (sobermomshealthybabies)
      - Activity – Partner across DPBH programs on educational materials
      - Activity – Train and ensure quality protocols for providers
      - Activity – Include injury prevention education around nicotine and e-cigs
      - Activity – Asthma prevention/mitigation education in messaging
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### Goal #8: Adequately Insured Children – Increase the percent of adequately insured children:

- Priority #8, Objective 8a – Increase 10% within a year, with 5% annual increase by 2020, statewide or local programs integrating insurance importance and accessibility messaging to develop or target promotion of the Nevada Check-Up and Nevada Health Link
- Priority #8, Objective 8b – Increase 10% annually the number of eligible Medicaid enrollees with children
  - Strategy (for both above objectives) – Partner across DPBH programs to implement marketing campaign
    - Activity – Develop educational information and materials
    - Activity – Post information on Intranet and Internet
    - Activity – Conduct outreach with all Subgrantees

- Strategy – Seek funding to hire more navigators to assist individuals/families to apply for health insurance
  - Activity – Track and analyze Medicaid data

<b>DOMAIN: WOMEN/MATERNAL HEALTH</b>							
<b>PRIORITY NEED #1: WELL-WOMAN CARE</b>							
<b>GOAL: Improve preconception health among adolescent and women of childbearing age</b>							
<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Partners</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
1a – Annual 2% increase women 15-44 receiving routine check-ups in last year (data collected as part of EHB)	Educational campaign on health and human services available – including informational discussions at provider level, brochures, etc. to communicate message and ensure increase in routine checkups for target population	Collaborative meetings between public and private entities noted to right	DPBH programs (including Community Health Workers, Home Visiting, Rural Community Health Services), Health Districts, and other health providers.	Start within DPBH on 10/1/15. Done by 1/31/16	Medicaid payments for service provision	<ul style="list-style-type: none"> <li>• Rate maternal morbidity per 10,000 hospital deliveries</li> <li>• Mat. mortality per 100,000 live births</li> <li>• % low birth weight (&lt;2,500 &amp; &lt;1,500)</li> <li>• % moderate weight (1,500 to 2,499)</li> <li>• % preterm births (&lt;37 and &lt;34 weeks)</li> <li>• % late preterm births (34-36 weeks)</li> <li>• % early term (37,38 weeks)</li> <li>• Perinatal mortality per 1,000 live births plus fetal deaths</li> </ul>	Percent of women with a past year preventive medical visit
		Formalize collaborations (e.g., MOU/A, subgrant, etc.)		Done by 1/31/16	MOU (or related document) documenting activities to be completed		
		All documents, including policies are completed and approved	Done by 5/31/16	Policies (including draft/suggested statute changes) and/or procedural documents completed			
		Update educational documents (e.g., flyers, etc.) & websites with educational info – include information about substance use: before, during and after pregnancy	Start updates 1/1/16 & continue ongoing	Need staff responsible for monitoring & updating websites (track unique visitors)			

1b – Increase by 25%, over 2013 baseline of 65.9%, by 2020, women receiving prenatal care in first trimester	Educational campaign regarding preventive (e.g., diet modification) services through Medicaid in preconception	Training for healthcare providers, both professional and paraprofessional, including SBIRT and other trainings with topics focused on objective	Children’s Cabinet, SAPTA and Mental Health	Start SBIRT training 10/1/15	Trainings occur both national and statewide that have not been tracked. Ensure provision of sufficient # of trainings – track via sign-in sheets or other mechanism (e.g., requirement to report progress by funded partners)	<ul style="list-style-type: none"> <li>• Infant mortality per 1,000 live births</li> <li>• Neonatal mortality per 1,000 live births</li> <li>• Post-neonatal mortality per 1,000 live births</li> </ul>	
			Partners yet to be developed	Start other applicable trainings 3/1/16 as topics are determined			

**DOMAIN: PERINATAL/INFANT HEALTH**

**PRIORITY NEED #2: REDUCE DISPARITIES IN BIRTH OUTCOMES**

**GOAL: Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months**

<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
2a – Increase to 90% babies ever breastfed	Collaborate across Nevada stakeholders to increase provider use and general education (for both providers and moms) on: substance use (before, during & after pregnancy), Telemed., breastfeeding, safe sleep, post-partum care, etc. Strategies must include methods & activities/actions to reduce racial disparities noted in	Hold public/comm. Workshops/forums and/or trainings to gather stakeholder feedback and/or input to implement practices/inform service provision (use culturally appropriate engagement techniques such that activities/actions affect racial/ethnic disparities affecting overall objective)	DPBH, Medicaid, and community partners (stakeholders, coalitions, etc.), medical providers, hospitals, universities, etc.	Start 11/1/15, and track by county, # participants & ongoing	Room in each county (or region) large enough for community meetings, workshops and other community-level activities	<ul style="list-style-type: none"> <li>• Post neonatal mortality per 1,000 live births</li> <li>• Sleep-related Sudden Unexpected Infant Death (SUID) per 100,000 live births</li> </ul>	Percent infants who are ever breastfed and percent of infants breastfed exclusively at 6 months
2b – Increase to 25% children exclusively breastfed at 6 months							
2c – Increase to 50% baby-friendly							
		Conduct ongoing healthcare provider trainings on		First training by 3/31/16 & ongoing	Provision of sufficient # of		

hospitals in NV by 2020	2016 grant application	applicable topics (including specific focused information critical to reducing disparities)			trainings – track via sign-in sheets		
<b>DOMAIN: CHILD &amp; ADOLESCENT HEALTH</b>							
<b>PRIORITY NEED #3: DEVELOPMENTAL SCREENING</b>							
<b>GOAL: Increase the percent of children aged 10-71 months receiving developmental screening</b>							
<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
3a – Increase 10% annually children 10-71 months screened with parent-completed screening tool	Work with diverse community partner entities on a campaign to encourage and/or assist parents to complete developmental screening tool	Hold public/comm. workshops/forums to implement education and assistance at local level across all partners (coalitions, School Districts, daycare sites, human service providers, health professionals, etc.)	DPBH, Medicaid, and community partners (stakeholders, coalitions, etc.), medical providers, hospitals, universities, etc.	Start 10/1/15, and track by county, # participants &/or meetings. Determine need for ongoing activities by 10/1/18	<ul style="list-style-type: none"> <li>Room in each county large enough for meetings</li> <li>Ability to share data and information, sufficient staff &amp; infrastructure, funding, etc.</li> </ul>	<ul style="list-style-type: none"> <li>% children meeting the criteria developed for school readiness</li> <li>% children in excellent or very good health</li> </ul>	Percent of children (10-71 months) receiving a developmental screening using a parent-completed screening tool
	Collaborate with health professionals using telehealth to reach rural/frontier populations						
3b – Increase 10% annually children 10-35 month who have been screened for ASD & other develop. delays	Partner with Learn the Signs Act Early, Bright Futures, Home Visiting and others on a campaign to educate parents on develop. Screening tool	Ongoing meetings to discuss specific needs, actions and funding to fully implement (including data collection and tracking)	University of Nevada Reno, DPBH, community partners, health providers, etc.				

**PRIORITY #4: PHYSICAL ACTIVITY**  
**GOAL: Increase the percent of children, adolescents and women of childbearing age who are physically active**

<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
4a – Increase 5% over baseline annually elementary & high school students physically active at least 60 minutes a day for 5 or more days a week	Collaborate with Chronic Disease Section of DPBH to conduct outreach to School Districts (including school-based health) to develop and implement obesity prevention activities for target population	Ongoing meetings and trainings with diverse community partners to gather feedback and/or input to implement and/or inform practices and individual change	DPBH, local coalitions, School-based health providers, Department of Education, etc.	Start 1/1/16, and track by county, # partici-pants &/or meetings	Ability to share data and information, sufficient staff & infrastructure, funding, etc.	<ul style="list-style-type: none"> <li>• % children &amp; adolescents in excellent or very good health</li> <li>• % children &amp; adolescents who are overweight or obese</li> </ul>	Percent of children (6-11) and adolescents (12-17) who are physically active at least 60 minutes per day
4b – Increase 5% over baseline annually elementary & high school students who attend PE 1 or more days a week							

**PRIORITY NEED #5: ADOLESCENT WELL VISITS**  
**GOAL: Increase the percent of adolescents and women of childbearing age who have access to healthcare services**

<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
5a – Increase to 78% by 2020 adolescents aged 12-17 with a preventive medical visit in the past year	Educational campaign regarding preventive medical well-visits and abstinence	Collaborative meetings between diverse partners to implement a social marketing campaign and preventive medical well-visits	DPBH (with focused input by Adolescent Health Program), Teen Sexual Health Coalition, Teen Success program,	Start 10/1/15, and track by county, # participants and/or meetings.	Ability to share data and information, sufficient staff & infrastructure, funding, etc.	<ul style="list-style-type: none"> <li>• Adolescent mortality rate ages 10-19 per 100,000</li> <li>• Adolescent motor vehicle</li> </ul>	Percent of adolescents 12-17 with a preventive medical visit in the past year

5b – Increase 25% within a year, with 2% annual increase by 2020, PREP & Abstinence program participants receiving education on well-visits		and abstinence, which may include: policies/processes, other documentation, and training for Medicaid providers (and others) and other quality tracking/monitoring	Medicaid and other community stakeholders and providers (not exclusive list)	Determine need for ongoing activities by 10/1/18		<p>mortality rate ages 15-19 per 100,000</p> <ul style="list-style-type: none"> <li>• Adol. suicide rate ages 15-19 per 100,000</li> <li>• % children with mental/behavioral needs who receive treatment/counseling.</li> <li>• % child in excellent or very good health</li> <li>• % children and adolescents who are overweight or obese</li> <li>• % children 6 months through 17 years who are vaccinated annually against seasonal influenza</li> </ul>	
5c – Increase 10% annually applicable Medicaid participants with well-visits (FFS & ACOs) – why does initial entry just mention adolescents and not children????							

**DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

**PRIORITY NEED #6: MEDICAL HOME FOR CHILDREN**

**GOAL: Promote establishment of a Medical Home for children**

<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
6a – Increase 40% within a year, with 2% annual increase by 2020, children with	Educational campaign and access implementation regarding Medical Home	Collaborative meetings between diverse partners to implement the Medical Home portal, including	DPBH, community level stakeholders, human service providers,	Start 11/1/15, and track by county, # participants	• Review best practices for Medical Home establishment guidelines to	• % children with SHCN receiving care in a well-functioning system	Percent of children with and without special health care needs having a Medical Home

and without special health care needs with a medical home in the past year		education and fact sheets (or other documentation, policies, processes, etc.) May also include training activities	medical professionals, etc.	and/or meetings. Determine need for ongoing activities by 10/1/18	ensure quality as working with Utah Medical Home portal personnel • Analyze CMS, KHS and FQHC data to identify targeted education, inform interventions and develop facts sheets	<ul style="list-style-type: none"> <li>• % children in excellent or very good health</li> <li>• % children 19-35 months receiving routine vaccinations</li> <li>• % children 6 months through 17 years vaccinated annually against seasonal influenza</li> <li>• % adolescents 13 through 17 who received at least 1 dose HPV</li> <li>• % adolescent 13 through 17 who received at least 1 dose Tdap</li> <li>• % adolescents 13 through 17 who received at least 1 dose meningococcal conjugate vaccine.</li> </ul>	
6b – increase 20% annually programs and participants that receiving education on the Medical Home							
Increase by 5% number of referrals to Nevada’s medical home portal resources by 2020							

**DOMAIN: CROSS-CUTTING/LIFE COURSE**

**PRIORITY NEED #7: PREVENT OR REDUCE SMOKING**

**GOAL: Prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age**

<b>Objective</b>	<b>Strategies/Methods</b>	<b>Activity/Action</b>	<b>Responsible Parties</b>	<b>Timeline</b>	<b>Resources (all types)</b>	<b>National Outcome Measure</b>	<b>National Performance Measures</b>
7a – Decrease by 4% within a year, with 1% annual	Educational campaign to prevent or reduce smoking (including	<ul style="list-style-type: none"> <li>• Promote Quitline and website</li> </ul>	DPBH and County Health and Human Services providers	Start 2/1/16, and track by county, #	<ul style="list-style-type: none"> <li>• Review toolkits and guidelines to</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of severe maternal morbidity per</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of women who smoke during pregnancy; and</li> </ul>

decrease by 2020, girls and women smoking in pregnancy	e-cigs and medical marijuana) in target population, including pregnant women or children who live in a house with a smoker	(sobermomshealthhybabies.org) <ul style="list-style-type: none"> <li>• Partner across DPBH programs to develop educational material</li> <li>• Train and ensure quality smoking cessation protocols for providers (e.g., SBIRT training &amp; resource provision)</li> <li>• Include injury prevention education around nicotine and e-cigs</li> <li>• Asthma prevention/mitigation education in regard to messaging about children and the importance of a smoke-free environment</li> </ul>		website hits, # of programs &/or program participant, &, if done, trainings	ensure quality resources <ul style="list-style-type: none"> <li>• Analyze data (vital records, B-Bears, &amp; Medicaid to identify program targets, inform interventions</li> </ul>	10,000 delivery hospitalizations <ul style="list-style-type: none"> <li>• Maternal mortality rate per 100,000 live births</li> <li>• % very low birth weight (&lt;1,500 grams)</li> <li>• % moderately low birth weight (1,500-2,499 grams)</li> <li>• % of preterm births (&lt;37 wks)</li> <li>• % early preterm births (&lt;34 wks)</li> <li>• % late preterm births (34-36 weeks)</li> <li>• % early term births (37, 38 weeks)</li> <li>• Perinatal mortality rate per 1,000 live births plus fetal deaths</li> <li>• Infant mortality rate per 1,000 live births</li> <li>• Neonatal mortality rate per 1,000 live births</li> <li>• Preterm-related mortality rate per 100,000 live births</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of children who live in households where someone smokes</li> </ul>			
7b – Decrease by 20% within a year, with 1% annual decrease by 2020, girls and women smoking during offspring’s childhood										
7C – Increase by 10% annually Medicaid participant with smoking cessation counseling										

						<ul style="list-style-type: none"> <li>• Sleep-related SUID rate per 100,000 live births</li> <li>• % children in excellent or very good health</li> </ul>	
<b>PRIORITY NEED #8: HEALTH INSURANCE</b> <b>GOAL: Increase the percent of adequately insured children</b>							
<i>Objective</i>	<i>Strategies/Methods</i>	<i>Activity/Action</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Resources (all types)</i>	<i>National Outcome Measure</i>	<i>National Performance Measures</i>
8a – Increase 10% within a year, with 5% annual increase by 2020: integrating insurance importance and accessibility messaging to promote Nevada Check-Up and Nevada Health Link  8b – increase 10% annually the number of eligible Medicaid enrollees with children	<ul style="list-style-type: none"> <li>• Partner across DPBH programs to implement a marketing campaign to educate &amp;/or promote info on ACA Essential Health Benefits, school-based health, adequate health insurance coverage, Katie-Beckett, etc.</li> <li>• Seek federal funding to hire more navigators to assist individuals and families to apply for health insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Develop educational information and materials</li> <li>• Post information on DPBH Intranet and Internet sites</li> <li>• Conduct outreach with all Subgrantees</li> <li>• Track and analyze Medicaid data – collaborate to improve as necessary to meet objective</li> </ul>	DPBH and Medicaid	Start 5/1/16	<ul style="list-style-type: none"> <li>• Review toolkits and guidelines regarding insurance coverage</li> <li>• Analyze data (vital records, B-Bears, &amp; Medicaid to identify program targets, inform interventions</li> </ul>	<ul style="list-style-type: none"> <li>• % children with SHCN receiving care in a well-functioning system</li> <li>• % children without health insurance</li> </ul>	Percent of children 0-17 who are adequately insured
ORAL HEALTH TO BE ADDED HERE AT SOME POINT	TO BE DEVELOPED LATER						

INJURY PREVENTION TO BE ADDED HERE AT SOME POINT	TO BE DEVELOPED LATER						
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The table below is to be completed as activities are started. Information will continue to be entered as information changes or updates occur. When an activity has been completed, no additional information should be added, but the Date Completed must have a date noted.

<b>DOMAIN: WOMEN/MATERNAL HEALTH</b> <b>PRIORITY NEED #1: WELL-WOMAN CARE</b> <b>GOAL: Improve preconception health among adolescent and women of childbearing age</b>					
Start Date	MCH Staff Person	Responsible Parties	Action/Activity	Notes (SWOT)	Date Completed
10/1/15					
<b>DOMAIN: PERINATAL/INFANT HEALTH</b> <b>PRIORITY NEED #2: REDUCE DISPARITIES IN BIRTH OUTCOMES</b> <b>GOAL: Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months</b>					
Start Date	MCH Staff Person	Responsible Parties	Action/Activity	Notes (SWOT)	Date Completed
<b>DOMAIN: CHILD &amp; ADOLESCENT HEALTH</b> <b>PRIORITY NEED #3: DEVELOPMENTAL SCREENING</b> <b>GOAL: Increase the percent of children aged 10-71 months receiving developmental screening</b> <b>PRIORITY #4: PHYSICAL ACTIVITY</b> <b>GOAL: Increase the percent of children, adolescents and women of childbearing age who are physically active</b> <b>PRIORITY NEED #5: ADOLESCENT WELL VISITS</b> <b>GOAL: Increase the percent of adolescents and women of childbearing age who have access to healthcare services</b>					
Start Date	MCH Staff Person	Responsible Parties	Action/Activity	Notes (SWOT)	Date Completed

**DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

**PRIORITY NEED #6: MEDICAL HOME FOR CHILDREN**

**GOAL: Promote establishment of a Medical Home for children**

Start Date	MCH Staff Person	Responsible Parties	Action/Activity	Notes (SWOT)	Date Completed

**DOMAIN: CROSS-CUTTING/LIFE COURSE**

**PRIORITY NEED #7: PREVENT OR REDUCE SMOKING**

**GOAL: Prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age**

**PRIORITY NEED #8: HEALTH INSURANCE**

**GOAL: Increase the percent of adequately insured children**

Start Date	MCH Staff Person	Responsible Parties	Action/Activity	Notes (SWOT)	Date Completed

OTHER GOALS, INCLUDING STATE MEASURES TO BE ADDED HERE LATER