

ALABAMA MCH PRIORITY NEEDS, NATIONAL PERFORMANCE MEASURES, AND EVIDENCE-BASED OR – INFORMED STRATEGY MEASURES BY DOMAIN, FY 2016-FY 2020

MCH POPULATION DOMAIN	NPM (S)	PRIORITY NEEDS	Evidence-Based or –Informed Strategy Measures (ESMs)
WOMEN/ MATERNAL HEALTH	<p style="text-align: center;">NPM #1: Well-woman visit (Percent of women with a past year preventive medical visit)</p>	<ul style="list-style-type: none"> ❖ Lack of or inadequate access to comprehensive reproductive and well woman health care 	<ul style="list-style-type: none"> ❖ ESM 1.1 – Increase the proportion of women age 12-55 who report receiving a preventive medical visit in the past 12 months by piloting Well Woman in two county health departments by December 2017.
PERINATAL/ INFANT HEALTH	<p style="text-align: center;">NPM #5: Safe sleep (Percent of infants placed to sleep on their backs)</p> <p style="text-align: center;">NPM #3: Perinatal regionalization (Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU))</p>	<ul style="list-style-type: none"> ❖ Lack of awareness of and trust in safe sleep recommendations ❖ Desire to maintain and strengthen regionalized perinatal care 	<ul style="list-style-type: none"> ❖ ESM 5.1 – To conduct the Direct on Scene Education (DOSE) Train-the-Trainer Program to first responders in order to reduce Alabama’s high rate of unsafe sleep-related deaths in infants less than one year of age. ❖ ESM 3.1 – To conduct a Healthy Babies are Worth the Wait (HBWW) pilot in one regional NICU hospital in Alabama.
CHILD HEALTH	<p style="text-align: center;">NPM #6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)</p>	<ul style="list-style-type: none"> ❖ Low rates of preventive health and developmental screening for children 	<ul style="list-style-type: none"> ❖ ESM 6.1 – To implement a Nurse Family Partnership (NFP) Program in a county health department in order to increase parent-completed developmental screening and improve overall health and development.

<p>ADOLESCENT HEALTH</p>	<p>NPM #10: Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)</p>	<ul style="list-style-type: none"> ❖ Low rates of preventive health and developmental screening for adolescents 	<ul style="list-style-type: none"> ❖ ESM 10.1 – Partner with the University of Alabama at Birmingham (UAB) LEAH Project to provide training and clinical practice quality improvement on youth-centered care to clinicians and other clinic staff using the Bright Futures model.
<p>CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)</p>	<p>NPM #11: Medical Home (Percent of children with and without special health care needs having a medical home)</p> <p>NPM #12: Transition (Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care)</p>	<ul style="list-style-type: none"> ❖ Lack of or inadequate access for CSHCN to family-centered, coordinated, ongoing comprehensive care within a medical home ❖ Lack of or inadequate access to services necessary for CSHCN to transition to all aspects of adult life 	<ul style="list-style-type: none"> ❖ ESM 11.1 – Number of enrollees in the State CSHCN program with a comprehensive plan of care. ❖ ESM 11.2 – Number of providers receiving education/training about family-centered care. ❖ ESM 12.1 – Number of YSCHN enrolled in the State CSHCN program with a transition plan in place. ❖ ESM 12.2 - Number of CSHCN program clinics who adopt the Six Core Elements of Health Care Transition.
<p>CROSS-CUTTING OR LIFE COURSE</p>	<p>NPM #13: Oral health (A. Percent of women who had a dental visit during pregnancy) (B. Percent of children ages 1 through 17 who had a preventive dental visit in the past year)</p>	<ul style="list-style-type: none"> ❖ Inadequate health and dental insurance for all Title V populations 	<ul style="list-style-type: none"> ❖ ESM 13.1 – Increase the proportion of infants and children, ages 1 through 17 years, who report receiving a preventive dental visit in the past 12 months by piloting the Home by One Program. ❖ ESM 13.2 – Increase the proportion of at-risk pregnant women who report receiving a preventive dental visit during pregnancy by piloting the First Steps Program.