Overview

• Coalition Mission and Goals
• Strategic Planning Process
• Outcome
• Next Steps
• Questions
Statewide Maternal and Child Health Coalition

• Established in 2009
• Members from all over Nevada
• Two local coalitions affiliated

**Mission:**

“To provide leadership in partnership with public and private organizations to improve the physical and mental health, safety and well-being of the maternal and child health population in Nevada including children with special healthcare needs.”
MCH Coalition Goals

• Promote and facilitate access to preventative, rehabilitative and child health care services.
• Advocate for the timely identification of children and adolescents with special health care needs and promote appropriate intervention.
• Create awareness regarding the importance of routine mental health screening and identification and referral to appropriate resources for care and follow-up.
• Promote access to comprehensive pre-conception, prenatal and postnatal care to women, especially low-income and at-risk pregnant women.
• Reduce risk factors which contribute to unhealthy outcomes among Nevada’s maternal and child health population through the use of evidence-based practice and research.
• Raise awareness about available resources and services that promote and ensure the well-being of Nevada’s maternal, child and adolescent health populations.
Coalition Strategic Planning Process

• Meeting held on March 9, 2016

• Attended by steering committee members and state MCH Title-VI Program Manager, Laura Valentine

• Goal was to review state MCH Strategic Plan and provide suggestions and identify coalition priorities

• Performance measures were reviewed in detail and barriers and facilitators were discussed by the group
Outcome

Decided to focus on three of the national performance measures over the next few years

1. Improve preconception health among adolescents and women of child bearing age
2. Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 months of age
3. Increase the percent of children ages 10 months to 71 months receiving developmental screening
NPM #1 - Improve preconception health among adolescents and women of childbearing age

Priority 1 – Women ages 15-44 years receive routine check-ups (well-visits) annually
  ◦ From baseline in 2013 of 60.1% to 70% by 2020

Barriers Identified –
• Access to care – including adequate insurance coverage and availability of specialty providers. Limited access may be due to documented workforce shortages
• Routine medical coverage and care does not always include oral health care
• There is a need to promote a culture of change regarding accessing routine care across Nevada and all types of medical professionals – well checks are important!

Priority 2 – Increase proportion of women receiving prenatal care in the first trimester
  • From baseline in 2013 of 65.9%

Barriers Identified –
• Need additional information about resources for family planning and importance of early prenatal care.
NPM #2 Increase percent of infants who are ever breastfed and percent of infants’ breastfed exclusively through six months.

Priority 1 – Increase proportion of infants ever breastfed
- Barriers – Education on breastfeeding provided in hospitals is not consistent – there may be a disconnect between policy and actual practice. In addition parents need to be educated about breastfeeding well before delivery and then supported when they are in the hospital.

Priority 2 – Increase proportion exclusively breastfed at 6 months
- Barriers- Support for family leave policies and creating an environment that supports women breastfeeding even after they return to work. Support systems are limited for some women who want to continue but become frustrated and exhausted.

Priority 3 – Increase the number of “Baby Friendly” hospitals statewide
- Barriers – The certification is costly and some hospitals may not see benefits until it becomes mandated
NPM #3 Increase the percent of children 10-71 months receiving developmental screening

**Priority** – increase percent of children ages 10-71 months receiving developmental screening and increase percentage of children 10-35 months receiving autism (ASD) screening

- **Barriers** – Across the state there is no direct link between early childhood entities (e.g., Head Start, child care facilities, etc.), medical providers, other providers (e.g., Early Intervention, etc.), community entities (e.g., Family TIES, etc.) and state/federal funding and requirements
- Currently there is no repository for where to store and monitor this at the population level. Screenings may be done but that information is not tracked and linked across systems.
Other Concerns Noted:

Workforce Shortages have led to:

• Lack of behavioral health resources
• Long wait for initial visits
• Increase in Medicaid recipients has led to greater need for providers that access Medicaid and this has not occurred
• Increased number of refugees/undocumented citizens who cannot access providers within 3 month Medicaid “allowance”
• Discharge from hospitals is not always coordinated with community entity which the hospital has sent the person to for follow-up services
• Less services, and significant issues of competence, in rural areas
• Significant concerns regarding reimbursement rates
• Culture as a barrier, including;
  • Communication
  • How people of different cultures perceive seeking care
  • How messages are provided in communities to ensure cultures access appropriate care
  • Family members not at connected to Welfare and other community supports, especially when the supports are not specific to their culture
  • May be less likely to ensure children
Next Steps

- Local coalitions have been meeting to discuss the planning process and identify activities that will support the identified performance measures through 2020.

- Southern Nevada has a planning meeting scheduled for July 27 to review the performance measures and identify how the local coalition can help support or supplement existing activities to make improvements or start new initiatives to move metrics forward.

- Should have a more formalized strategic plan by end of summer.
Thank you!

For any questions please contact:

Tara Phebus  
Nevada Institute for Children’s Research and Policy at UNLV  
702.895.1040  
Tara.Phebus@unlv.edu

OR

Jackie Kennedy  
Nevada Statewide Maternal Child Health Coalition  
702.616.4970  
Jacqueline.Kennedy@DignityHealth.org  
www.nvmch.org