

Division of Maternal & Child Health

Strategic Plan | July 2016 to June 2018

Vision. The health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters.

Principles. Family-centered | Evidence-based | Data-informed | Equity in health

Frameworks. The **Life Course** model considers the full spectrum of factors that impact an individual's health across the lifespan. Life course encompasses broad social, economic and environmental factors that underlie persistent inequalities in health. The Health Department promotes the **Vermont Prevention Model** which supports a comprehensive public health approach addressing individual risk and protective factors, as well as the norms, beliefs, and social and economic systems that influence individual and population health. Vermont Maternal and Child Health uses a **two-generation approach** that focuses on creating opportunities for and addresses the needs of both children and parents together.

Priority: Ensure optimal health prior to pregnancy

women's / maternal health

well-women care

Performance measure: % of women with a past year preventive medical visit

- Key strategies:
 - # of primary care providers outreached to with materials and tools to improve well-women visits/preconception health visits
 - Collaborate with community and state partners to develop consumer messaging and education materials to increase awareness of importance of preconception health/well-women visits, and birth control options, with an emphasis on the most effective methods

Priority: Promote optimal infant health and development

perinatal / infant health

breastfeeding

Performance measures: a) % of infants who are ever breastfed; b) % of infants breastfed exclusively through 6 months

- Key strategies:
 - % of 10 Steps to Successful Breastfeeding compliant or designated Baby-Friendly hospitals
 - # of workplaces with a Vermont Department of Health breastfeeding-friendly designation

Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

child health

developmental screening

Performance measure: % of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

- Key strategies:
 - % of children participating in an evidence-based home visiting program who received age-appropriate developmental screening, according to *Bright Futures* guidelines
 - # of early care and education professionals trained to conduct developmental surveillance and screening of young children
 - % of primary care practices trained on and using the statewide development screening registry

Priority: Children live in safe and supported communities

child health

injury prevention

Performance measure: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19

- Key strategies:
 - # of hospital emergency department clinicians and staff trained in the early identification and assessment of suicide risk
 - % of birthing hospitals that adopt safe sleep protocols

Priority: Achieve a comprehensive, coordinated, and integrated state and community system of services for children

children & youth with special health care needs

medical home

Performance measure: % of children with and without special health care needs having a medical home

- Key strategies:
 - % of Vermont primary care practices that serve children with whom Children with Special Health Needs (CSHN) clinical staff have established a working relationship
 - # of trained family leaders involved in leadership activities such as participation on an advisory council, advocating policy change, and etc.

Priority: Youth choose healthy behaviors and thrive

adolescent health

adolescent well-care

Performance measure: % of adolescents, ages 12 through 17, with a preventive medical visit in the past year

- Key strategies:
 - % of Vermont public schools will report they include Bright Futures recommendations of an annual well-care visit on their website or within a handbook
 - # of Vermont communities working on adolescent well-care visits as part of health reform

adolescent health

youth empowerment

Performance measure: % of adolescents that feel they matter to people in their community

- Key strategies:
 - % of middle schools that have participated in Youth Risk Behavior Survey (YRBS) Student Analysis Projects within the last three years
 - # of youth council members attending quarterly meetings

Priority: Reduce the risk of chronic disease across the lifespan

crosscutting

oral health

Performance measures: a) % of women who had a dental visit during pregnancy; b) % of children, ages 1 through 17, who had a preventive dental visit in the past year

- Key strategies:
 - % pregnant women enrolled in WIC receiving preventive oral health care and education from a public health dental hygienist working in local health offices
 - % of students participating in Vermont's Tooth Tutor Program receiving oral health services
 - % of children enrolled in WIC receiving preventive oral health care and education from a public health dental hygienist working in local health offices

crosscutting

tobacco use

Performance measures: a) % of women who smoke during pregnancy; b) % of children who live in households where someone smokes

- Key strategies:
 - % of clients participating in an evidence-based home visiting program who screen positive for tobacco use who are referred to the 802Quits or other cessation services
 - % of pregnant women who register with the QuitLine or QuitOnline

Priority: Promote protective factors and resiliency among Vermont's families

crosscutting

childhood resiliency

Performance measure: % of children 6 month to 5 years who are flourishing

- Key strategies:
 - % families who are connected to services through Vermont Help Me Grow 2-1-1

Priority: Achieve a coordinated mental health system for children, youth, & pregnant women

crosscutting	family well-being
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Performance measure: % of women who discussed with a doctor, nurse, or other health care worker during a prenatal care visit about what to do if she feels depressed during her pregnancy or after her baby is born

- Key strategies:
 - # of pediatric and family practices screening for parental depression during well-child visits, as part of quality improvement project
 - % of women participating in an evidence-based home visiting program who receive a depression screen that indicates a need for referral to mental health services, who subsequently received a referral

Priority: A competent and valued workforce that is supported in promoting and protecting the public's health

workforce	engagement & communication
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Performance measure: 100% of Maternal and Child Health employees will be engaged in their jobs

- Key strategies:
 - MCH will establish a workgroup to assess and improve employee engagement across the division
 - 25% of employees in the Maternal and Child Health (MCH) division will have an Individual Development Plan to guide continual professional development

Performance measure: The division of Maternal and Child Health and the Office of Local Health will demonstrate clear, consistent, and transparent communication between divisions

- Key strategies:
 - On a quarterly basis, Children with Special Health Needs (CSHN) care coordination staff will meet with local health office Maternal and Child Health Coordinators to partner
 - On a quarterly basis, MCH program staff will meet with MCH designees in the Office of Local Health, including: School Liaisons, MCH Coordinators, and WIC staff

**Vermont
Prevention
Model**

