**WOMEN / MATERNAL HEALTH**

**Priority Need 1:**
Improve access to needed healthcare services for all populations.

**Objectives:**
1. By July 1, 2017, all Title X Family Planning clinics will have at least one staff member proficient in Long-Acting Reversible Contraceptive (LARC) insertion.
2. Increase Utilization of LARCs by 5% each year.
3. By July 1, 2017, all Title X Family Planning clinic staff will have completed preconception health services training.

**Strategies:**
- Nexplanon and IUD training – building capacity to provide long-acting contraception
- Professional training/capacity building

**Evidence-based strategy measure:**
Percentage of women who receive pre-conception counseling and services during annual reproductive health (preventive) visits to family-planning clinics (Title X).
**PERINATAL / INFANT HEALTH**

**Priority Need 7:** Decrease unintentional injury.

**Objective:**
1. By January 1, 2017, 100% of New Hampshire’s 19 birth hospitals will have a safe sleep policy in writing.
2. By June of 2017, 75% of New Hampshire’s 19 birth hospitals will have indicated an improvement in their staff’s safe sleep practice from what it had been in the fall 2015 practice survey.

**Strategies:**
- Utilize the Sudden Unexpected Infant Death (SUID) case registry, to describe the distribution of risk factors and identify possible points of intervention
- Data collection from the Pregnancy Risk Assessment Monitoring System (PRAMS)
- Participation in the Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)
- Promote safe sleep policy development and change within birthing facilities
- Training of providers working with infants (e.g. labor and delivery nurses, child care providers)
- Public education

**Evidence-based strategy measure:**
Percentage of birth hospitals with a written safe sleep policy, including placing all infants to sleep on their back.
CHILD HEALTH

**Priority Need 5:**
Decrease pediatric overweight and obesity.

**Objective:**
By July 1st of 2017, increase the average by at least five percentage points overall of children who have had a high BMI and documentation of counseling/referral at the MCH-funded Community Health Centers in state fiscal year 17 (ends June 30, 2017).

**Strategies:**
- Screening and intervention on physical activity among MCH funded contract agencies (i.e. home visiting agencies and community health centers)
- Professional training on increasing physical activity

**Evidence-based strategy measure:**
Percentage of children ages 6 - 11 enrolled in Comprehensive Family Support Services (CFSS) whose parent reports that the child gets at least one hour of physical exercise per day.
**CHILD HEALTH**

**Priority Need 8:**
Improve access to standardized developmental/social emotional screening, assessment and follow-up for children and adolescents.

**Objective:**
To increase from 30.6% (2011-2012 FAD baseline) to 45.0%, the percent of children, ages 10 months to 71 months, who receive a developmental screening using a parent-completed screening tool, by 2020.

**Strategies:**
- Training professionals to utilize the ASQ and ASQ-SE screening tools
- Provide leadership and group facilitation to Watch Me Grow and the Act Early Screening and Diagnosis Committee
- Conduct environmental scan
- Promote developmental screening and participation in Watch Me Grow
- Educate the public

**Evidence-based strategy measure:**
The number of sites using ASQ/ASQ-SE screening tools and participating in the Watch Me Grow (WMG) System.
Please use the blank space to provide your suggestions.

**ADOLESCENT HEALTH**

**Priority Need 7:**
Decrease unintentional injury.

**Objective:**

1. By June of 2018, increase seatbelt usage in the 15 high schools participating in the Teen Driving Project by 8% over the baseline of 70%.

2. By June of 2018, at least 75% of the schools in the state will have implemented the NH Concussion Law and/or will have written policies.

**Strategies:**

- Use of peer groups within schools to increase seatbelt usage and overall teen driving safety culture
- Increase parental participation and understanding of teen driving issues
- Analyze concussion policies within school systems and make recommendations for potential change

**Evidence-based strategy measure:**
Percentage of high school students who wear seatbelts.
New Hampshire – Maternal and Child Health Section
2018 Title V Block Grant application

Please use the blank space to provide your suggestions.

**ADOLESCENT HEALTH**

**Priority Need 1:**
Improve access to needed healthcare services for all populations.

**Objective:**
By July 1st of 2017, increase the average percentage of adolescents who have had a preventive medical visit at the MCH-funded Community Health Centers from a baseline of 61% in state fiscal year 14 to 67% in state fiscal year 17 (ends June 30th 2017).

**Strategies:**
- Professional education
- Quality improvement projects to focus on adolescent visits
- Leverage missed opportunities to discuss wellness visits (e.g. acute care)

**Evidence-based strategy measure:**
Percentage of adolescents ages 12-21 at the MCH-contracted health centers who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Priority Need 3:
Improve access to comprehensive medical homes.

Objective:
To increase from 48.2% (2011-12 FAD baseline) to 60.0% the percent of children with special health care needs having a medical home by 2020.

Strategies:
- Improvement of Family Partnerships with primary care providers
- Collaboration with the NH Pediatric Improvement Partnership
- Support and advocacy of embedding Medical Home components into Medicaid Care Management contracts/quality indicators
- Outreach and education to the public and providers to improve Medical Home awareness and understanding
- Support for integrated care coordinator including planning and support for transition
- Facilitate incorporation of the evidence informed six core elements of transition into medical homes, in accordance with Got Transition™ recommendations

Evidence-based strategy measure:
Number of Primary Care Provider practices who have adopted a Transition Policy.
**CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

**Priority Need 6:**
Increase family support and access to trained respite and childcare providers.

**Objective:**
To increase the number of families reporting access to respite care when needed, from 61% to 66% on the SMS Satisfaction Survey, by 2021.

**Strategies:**
- Facilitation of the Statewide Respite Coalition
- Ongoing support and public awareness of NH respite provider locator (web-based)
- Analysis of available data to support policy development and support for respite

**Evidence-based strategy measure:**
N/A
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<thead>
<tr>
<th><strong>CROSS-CUTTING / LIFE COURSE</strong></th>
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<tr>
<td><strong>Priority Need 2:</strong></td>
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<tr>
<td>Decrease the use and abuse of alcohol, tobacco and other substances among youth, pregnant women and families.</td>
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**Objective:**

1A. By July 1, 2020, decrease the percentage of women who smoke during pregnancy to 28% or less among deliveries paid by NH Medicaid.

1B. By July 1, 2020, decrease the percentage of women who smoke during pregnancy to 4.8% or less among deliveries not paid by NH Medicaid.

2. By July 1, 2020, all of the MCH –funded Community Health Centers will have referral sources documented along with follow-up for patients who smoke in their electronic medical records.

**Strategies:**

- Increase the utilization of NHQuitworks and other tobacco cessation programs
- Facilitate enrollment into tobacco cessation programs by making referrals for both providers and clients easier (e.g. electronic two-way system)
- Professional education on best practices in tobacco cessation
- Facilitate two-way communication between tobacco cessation programs and health care providers to enhance patients' likelihood of quitting

**Evidence-based strategy measure:**

Number of calls received by smoking quitline in the past year.
**CROSS-CUTTING / LIFE COURSE**

**Priority Need 1:**
Improve access to needed healthcare services for all populations.

**Objective:**
1. Increase the percentage of MCH contracted CHCs with an Enabling Services (ES) workplan on file with DHHS from 2015 baseline of 60% (9 of 15) to 80% (12 of 15) by October 2017.
2. Increase the capacity to measure the impact of ES by implementing a standardized ES performance measure by July 1, 2017.

**Strategies:**
- Require MCH-contracted CHCs to submit an ES work plan by writing this into the contracted Scope of Services for SFY18 & SFY19.
- Provide technical assistance and support to CHCs as they develop their ES work plan
- Identify proxy measures for ES (e.g. rate of preventable ER visits)
- Collect data from Claims Data Base
- Collaborate with CHCs to assess feasibility for them to capture agency-specific data

**Evidence-based strategy measure:**
Rate of Emergency Department visits for conditions potentially treatable in primary care per 1,000 population.
CROSS-CUTTING / LIFE COURSE

**Priority Need 4:**
Improve access to mental health services.

**Objective:**
Increase the recruitment of behavioral health professionals by 10 percentage points over five years, (2017-2021) from estimated baseline of 25% to 35%.

**Strategies:**
- Assess the current behavioral health workforce
- Determine the factors that recruit and retain workforce
- Establish a vacancy tracking system with employers
- Establish relationships with professional training programs for pipeline development
- Social marketing to attract behavioral health professionals

**Evidence-based strategy measure:**
N/A