



# NPM Webinar Series: Evidence-Based/Informed Strategies for Title V Programs

National Performance Measures 7 - 9

April 15, 2020

# Welcome from MCHB

Thanks from MCHB and Georgetown University

## Introductions:

- MCHB
- Georgetown University



## Purpose and importance of the webinar series:

- Looking forward to upcoming submission of MCH Block Grant reports and applications
- Connecting the field with public health strategies remotely
- Hearing questions and learning from the field

## Goals for today:

- NPM 7: Child Safety/Injury
- NPM 8: Physical Activity
- NPM 9: Bullying

# Webinar Schedule

**Webinar 1:** Wednesday, April 8 from 3:30 – 4:30 EST.

NPM 1 (Well-Woman Visit) – Arden Handler, University of Illinois at Chicago, School of Public Health

NPM 2 (Low-Risk Cesarean) – Deborah F. Perry, GU Center for Child and Human Development

NPM 3 (Perinatal Regionalization) – Kate Menard, University of North Carolina

**Webinar 2:** Wednesday, April 15 from 3:30 – 4:30 EST.

NPM 7 (Child Safety/Injury) – Jennifer Leonardo, Children’s Safety Network

NPM 8 (Physical Activity) – Rachel Brady, GU Center for Child and Human Development

NPM 9 (Bullying) – Sue Limber, Clemson University

**Webinar 3:** Wednesday, April 22 from 3:30 – 4:30 EST.

NPM 4 (Breastfeeding) – Barb Himes, First Candle

NPM 5 (Safe Sleep) – Suzanne Bronheim, Georgetown University

NPM 6 (Developmental Screening) – Sarah Riehl, Georgetown University Medical Center

**Webinar 4:** Wednesday, April 29 from 3:30 – 4:30 EST.

NPM 10 (Adolescent Well-Visit) – Charles Irwin, Adolescent and Young Adult Health National Resource Center

NPM 13 (Oral Health) – Katrina Holt, National Maternal and Child Oral Health Resource Center

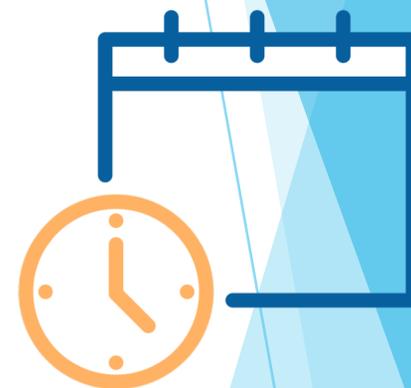
NPM 14 (Smoking) – Beth DeFrancis, American College of Obstetricians and Gynecologists

**Webinar 5: CYSHCN** – Wednesday, May 6 from 3:30 – 4:30 EST.

NPM 11 (Medical Home) – Christina Boothby, National Resource Center for Patient/Family-Centered Medical Home

NPM 12 (Health Care Transition) – Peggy McManus and Patience White, Got Transition

NPM 15 (Adequate Insurance Coverage) – Allyson Baughman, Catalyst Center and Elisabeth Burak, Center for Children and Families



# Webinar Structure

10 minutes of introductions and background.

15 minutes for each NPM—10 for presentation/5 for questions

To help with timing, please type your questions into the chat box while speaker is presenting

Format:

- Significance of the NPM
- 1-3 public health strategies
- Title V approaches for implementing strategies
- Evidence base for the strategies
- Additional resources

5 minutes of wrap up and summarizing resources



# Where Can We Find Evidence?

<https://www.mchevidence.org/tools/strategies/>

### NPM 1 Strategy Shortcuts: Well-Woman Visit

These strategies have been proven effective in addressing NPM 1: Percent of women, ages 18 through 44, with a preventive medial visit in the past year. They can be adapted for your program needs.

#### Evidence-Linked Strategies



Use MCH Best to find strategies based on high-level evidence

Note: Strategies with the most evidence are often more clinical. Check the [MCH Best Database](#) for newly-added, more public health strategies.

#### Scientifically Rigorous Evidence

- Patient Invitations:** Support providers in disseminating reminders (e.g., postcard, text, email, phone) to women about scheduling annual preventative visits.

#### Moderate Evidence

- Community-Based Group Education:** Utilize community-based education groups to promote annual preventative visits.
- Computerized Reminder System:** Support a cell phone texting program to send reminders to patients 48 hours before scheduled annual visit.
- Designated Clinics/Extended Hours:** Increase access and visibility to clinics that offer extended hours of service within close proximity to MCH populations.
- Expanded Insurance Coverage/Medicaid Eligibility:** Adopt a protocol to ensure that all persons in maternal, child, and adolescent health programs are referred for enrollment in health insurance.
- Media Campaigns:** Utilize media outlets to promote preventive medical visits.
- Patient Navigation:** Adopt protocols where clinic staff (e.g., WIC) assist with scheduling preventative visits.
- Provider Education:** Host a webinar series for providers about annual preventative visits and strategies to address missed opportunities.

#### Promising Practices



Use AMCHP's Innovation Station to find practices that can advance NPMs

#### Best Practice

- Nurse Family Partnership (National):** Partnering nurses with low income mothers.
- Pathways Community HUB (OH):** Network of community health workers.

#### Promising Practice

- Body & Soul: A Faith Based Initiative (FL):** Health education and exercise program.
- Healthy Women, Health Futures (OK):** Education, skills, and supports.
- PowerMeAZZ (TX):** Folic acid education for women and providers.
- Welcome Family (MA):** Nurse home visit and follow-up phone call to all mothers.

#### Emerging Practice

- Perinatal Depression Screening/Referral (CT):** Developing a screening/referral system.
- Superior Babies Program (MN):** Promotion of healthy prenatal & parenting behavior.

>> Also see AMCHP's [NPM 1 Implementation Toolkit](#) for field-based strategic approaches.

#### Field-Generated Measures



Use the MCH Library to find ESMs being used by other Title V programs

Quadrant 1: Quantity of Effort	Quadrant 2: Quality of Effort
<ul style="list-style-type: none"> <li><b>Number of women referred for an annual well-women visit by a perinatal program (DC)</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Percent of Title V maternal health participants that received education on continuing their health care coverage (IA)</b></li> </ul>
Quadrant 3: Quantity of Effect	Quadrant 4: Quality of Effect
<ul style="list-style-type: none"> <li><b>The number of Title V programs that demonstrate incorporation of strategies to reinforce well-woman and preconception health care services (NY)</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Percent of annual preventive health visit appointments kept among women at ADH local health units (AR)</b></li> </ul>

#### Additional Resources

- Access [ESMs](#) from other Title V programs that can serve as examples and models
- Access the MCH Evidence Center's [Well-Woman Visit Toolkit](#) for strategies and tools

# Introducing Our Speakers



NPM 7 (Child Safety/Injury) – **Jennifer Leonardo**, PhD, Children’s Safety Network



NPM 8 (Physical Activity) – **Rachel Brady**, DPT, GU Center for Child and Human Development



NPM 9 (Bullying) – **Sue Limber**, PhD, MLS, Clemson University



## NPM 7: Injury Hospitalization (0-19)

### Importance and Background

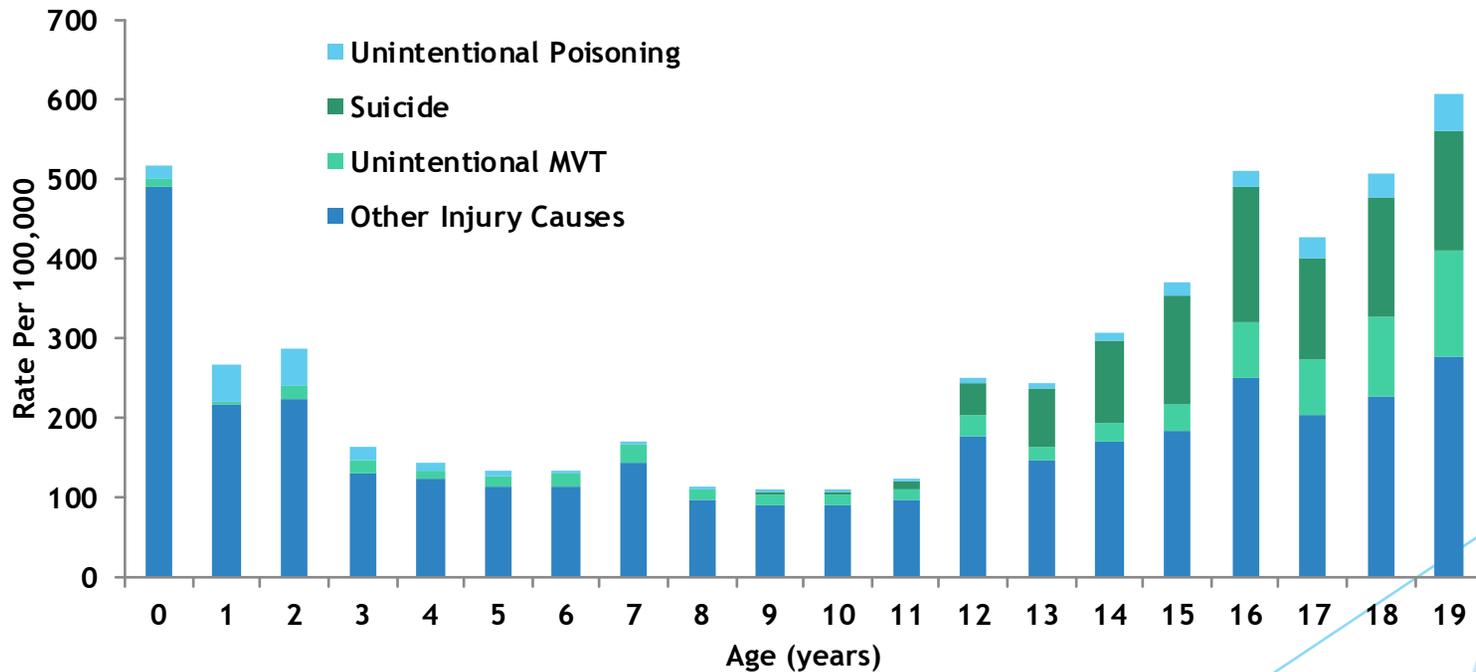
Injury is the leading cause of child mortality. In the United States, nearly 14,000 children and adolescents ages 0 to 19 die of injuries. For those infants, children and adolescents who suffer non-fatal severe injuries, many will have long term health care needs. Approximately **227,000 children ages 0 to 19 are hospitalized**, and close to 8.7 million visit the emergency department.<sup>1</sup>

Effective evidence-based and evidence-informed strategies and programs exist, but are not sustainably implemented and widely spread. Reducing injury hospitalization can improve the life trajectory of 0-19 year olds.

<sup>1</sup>National Center for Health Statistics Multiple Cause of Deaths, 2016-2018; Healthcare Cost and Utilization Project National Inpatient Sample, 2016; Healthcare Cost and Utilization Project Nationwide Emergency Department Sample, 2016



# Injury Hospitalizations by Age and Injury Type



Source: Healthcare Cost and Utilization Project National Inpatient Sample (HCUP NIS), 2016



## NPM 7: Injury Hospitalization

These strategies are effective in addressing **NPM 7: Rate of hospitalization for non-fatal injury per 100,000, ages 0-9 (NPM 7.1) and 10-19 (NPM 7.2)**. They can be adapted for your program needs.

**Strategy #1:** Establish and leverage partnerships to effectively and sustainably scale evidence-based programs and practices

**Approach:** Align and mobilize traditional (e.g., federal, state, and local governmental) and non-traditional (e.g., schools, hospitals, law enforcement agencies, insurance companies, private sector, etc.) partners to sustainably implement and widely spread child safety programs and strategies.

**Evidence:** *Expert Opinion*.<sup>1,2</sup>

<sup>1</sup>Childrens Safety Network (2019). [Evidence-based and evidence-informed strategies for child and adolescent injury prevention](#)

<sup>2</sup>Leonardo J.B., Spicer, S.S., Katradis, M., Allison, J., & Thomas, R. (2018). Building the Child Safety Innovation and Improvement Network: How does it work and what is it achieving? *Injury Prevention*, 1-6



## NPM 7: Injury Hospitalization

**Role of Title V:** Title V Agencies can lead and manage the establishment and/or expansion of traditional and non-traditional partnerships to achieve results

- Lead with a systems approach
- Conduct an environmental scan
- Conduct a stakeholder analysis
- Align partner priorities, create commitment to a common SMART aim statement, and identify partner roles (e.g., priority matrix, spheres of influence)
- Identify areas for improvement (e.g., root cause analysis, system map)
- Apply a quality improvement approach to achieve results (e.g., collaborative partnerships, Plan-Do-Study-Act cycles, data-driven decision making)

**Example from the Field:** The Nebraska Department of Health and Human Services sustainably and widely spread graduated driver license (GDL) education to teen drivers, parents, and caregivers by leveraging a partnership with schools, driver education instructors, the Highway Safety Office, Drive Smart NE Coalition, NE State Patrol, NE Medical Association, Department of Motor Vehicles, and AAA NE. Updated GDL education was put into the DMV Driver's Manual and approximately 7,000 GDL education cards have been distributed to various partners.



## NPM 7: Injury Hospitalization

**Strategy #2:** Create nurturing and caring environments and relationships through the use of evidence-based and evidence-informed approaches across child safety topics

**Approach:** Application of implementation science and quality improvement for testing, adapting, sustainably implementing, and widely spreading evidence-based and evidence-informed programs and strategies<sup>1</sup>

**Evidence:** *Moderate Evidence.*<sup>2,3</sup>

- **Overall Injury Prevention:**<sup>1</sup> Home visitation, Caregiver education, School based programs
- **Suicide and Self-Harm Prevention School Based Programs:**<sup>2</sup> Signs of Suicide, Question, Persuade, and Refer, Sources of Strength, Good Behavior Game, etc.

<sup>1</sup>Langley et al. (2009).The Improvement Guide (2<sup>nd</sup> ed.). Jossey-Bass: San Francisco, CA

<sup>2</sup>Abbott & Elliott, 2017; Burrus et al., 2012; Filene, Kaminski, Valle, & Cachat, 2013; Langford et al., 2014; MacArthur et al., 2018

<sup>3</sup>Katz et al., 2013; Robinson et al., 2013



## NPM 7: Injury Hospitalization

**Role of Title V:** Title V Agencies can use implementation science and quality improvement methods to identify pilot sites, support funding, train, and provide technical assistance for sustainable implementation and spread of EB/EI strategies and programs

- Establish an improvement team
- Provide TA on building partnerships and accessing funding
- Provide TA on implementation and spread using evidence-informed practices
- Build and maintain a data collection system to drive decision making

**Example from the Field:** The Tennessee Department of Health formed a state team of partners working to reduce suicide and self harm among 10 to 19 year olds through sustainable implementation and spread of the gatekeeper program Question, Persuade and Refer (QPR). The TN DOH conducts weekly surveillance to identify areas of the state seeing increases in suicide-related behavior and provides this information to the Tennessee Suicide Prevention Network. This partnership contributed to 111 QPR trainings to 3,737 youth impactors from January 2019 through January 2020.



# NPM 7: Injury Hospitalization

## Resources:

- [Injury Data State Fact Sheets](#)
- [Leveraging Funding Sources and Partnerships in Child and Adolescent Injury Prevention](#)
- [Injury and Violence Prevention Systems Toolkit](#)
- [Evidence-Based and Evidence-Informed Strategies for Child and Adolescent Injury Prevention](#)
- [Child Safety Change Packages and Outcome Measure Worksheets](#)
- [Technical Packages for Violence Prevention: Using Evidence-based Strategies in Your Youth Violence Prevention Efforts](#)
- [Moving Towards Health Equity: Understanding and Addressing Child and Adolescent Injury Disparities](#)

# Questions and Discussion

## Questions:

- How are we connecting?
- Questions?
- A-ha moments?

## Discussion:

- You are the experts! Please share strategies, programs, or experiences that you have found effective.

## Contact:

- [jleonardo@edc.org](mailto:jleonardo@edc.org)





## NPM 8: Physical Activity

### Importance and Background of the NPM

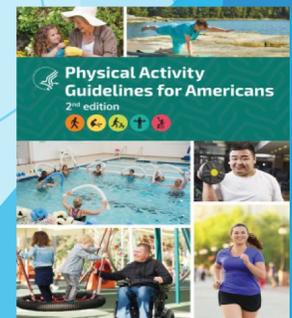
Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis.

It is recommended that children and adolescents age 6-17 years old engage in moderate to vigorous physical activity for 60 minutes or more each day<sup>1,2</sup>. This can be done in one session or periods of time that add to 60 minutes. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents because the majority of peak bone mass is obtained by the end of adolescence.

Currently there is a low rate of adherence for children across the age range to the recommended activity levels for children with and without disabilities or special health care needs.

<sup>1</sup>The U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans, 2<sup>nd</sup> Edition (2018)

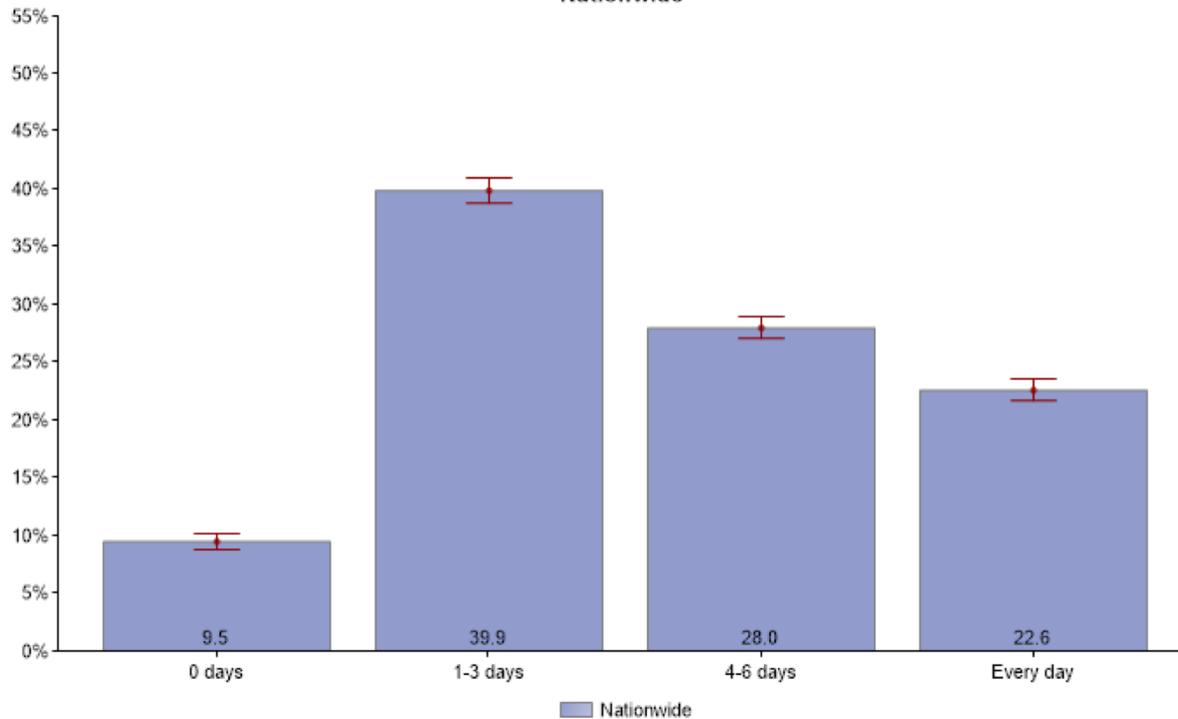
<sup>2</sup> Healthy People 2020, Leading Health Indicators: Physical Activity Objectives





## NPM 8: Physical Activity<sup>3</sup>

Number of days during past week children engaged in vigorous physical activity for at least 60 minutes  
Children age 6-17 years  
Nationwide



3. Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).



## NPM 8: Physical Activity

These strategies have been proven effective in addressing **NPM 8: Percent of children (NPM 8.1 ages 6-11) and adolescents (NPM 8.2 ages 12-17) who are physically active at least 60 minutes per day .**

They can be adapted for your program needs.

- Health provider counseling
- Supportive built environments
- School based programs and activities



## NPM 8: Physical Activity

### Strategy #1: Health Provider Counseling

**Approach:** Promote physical activity counseling during well-child visits. Patient-centered, individual face-to-face counseling by health professionals including the use of physical activity prescriptions

**Evidence:** *Moderate evidence.* Individual counseling by health professionals, including the use of physical activity prescriptions have shown to be effective. This strategy has been tested more than once and results trend positive overall.<sup>4</sup>

<sup>4</sup> Videira-Silva, A., & Fonseca, H. (2017). The effect of a physical activity consultation on body mass index z-score of overweight adolescents: results from a pediatric outpatient obesity clinic. *European journal of pediatrics*, 176(5), 655-660.



## NPM 8: Physical Activity

**Role of Title V:** Title V Agencies can support health provider counseling efforts in several ways:

- Engaging in community partnerships to increase physical activity counseling in health or other community program visits (e.g. home visiting).
- Educational or outreach materials to health providers and families about talking about physical activity counseling and supports.
- Workforce development in health communities to increase physical activity counseling as part of practice.

**Example from the Field:** The Virgin Islands are partnering with their Federally Qualified Health Centers (FQHC's) to increase physical activity counseling during the well child visits.



## NPM 8: Physical Activity

These strategies have been proven effective in addressing **NPM 8**. They can be adapted for your program needs.

### Strategy #2: Supportive Built Environments

**Approach:** Infrastructure and environmental supports for physical activity. Promote the development and use of infrastructure that facilitates physical activity (walking trails, sidewalks, playgrounds, parks)

**Evidence:** *Moderate evidence.* Environmental change strategies such as creation of walking trails and infrastructure through legislative, fiscal or policy requirements, and planning have shown to be effective. Additionally, promotion of the use of new or existing facilities is critical to encourage use. This strategy has been tested more than once and results trend positive overall.<sup>5</sup>

<sup>5</sup>Piercy, K.L., Dorn, J.M., Fulton, J.E., et al (2015). Opportunities for public health to increase physical activity among youths. *American Journal of Public Health*, 105(3), 421-426.



## NPM 8: Physical Activity

**Role of Title V:** Title V Agencies can support better built environments through a number of approaches:

- Partner with parks and recreation to create or promote the use of mobile app for finding and using recreational and park spaces.
- Education about and support for school districts that adopt policies of open community use of school recreation spaces.
- Convene or support training and technical assistance for municipalities about how to enact polices or design streets and neighborhoods in ways to promote physical activity.
- Leverage funding from multiple sources to communities to focus on urban design that promotes physical activity.

**Example from the Field:** In Oregon, Title V provided technical assistance to local grantees to develop school wellness policies and Safe Routes to School programs to meet national physical activity guidelines for children.



## NPM 8: Physical Activity

These strategies have been proven effective in addressing **NPM 8**. They can be adapted for your program needs.

### Strategy #3: School based programs and activities

**Approach:** Creating an active recess break in the elementary school day.

**Evidence:** *Scientifically Supported\**. Semi-structured, or structured recess break from the school day typically before lunch that involves a variety of planned, inclusive, and actively supervised games or activities. Engages all students in playground activities and games. Often a multi-component interventions that include investments in playground and activity equipment, painted markings on playgrounds, and training for teachers or specialists to lead activities<sup>6</sup>.

\*From "What Works for Health"

<sup>6</sup> Erwin, H.E., Ickes, M., Ahn, S. & Fedewa, A. (2014). Impact of recess interventions on children's physical activity- A meta-analysis. American Journal of Health Promotion, 28(3), 159-167.



## NPM 8: Physical Activity

**Role of Title V:** Title V Agencies can support organizations to offer more recess or school based programs through a number of approaches:

- Engage community partners through learning communities to share recess or other school program curricula that increases time in physical activity.
- Workforce development opportunities for school staff and administration that promotes more physical activity during physical education or within academic lessons.
- Conduct quality improvement evaluation of schools that participated in increased physical activity interventions to identify what worked and for which populations.

**Example from the Field:** In South Carolina, an effort was made to increase the number of professional development opportunities for school staff to provide a minimum of 30 minutes per day of physical activity and ensure physical education interventions in schools were more sustainable.



## NPM 8: Physical Activity

### Resources:

Title V Transformation Tools: [Recommendations to Support NPM 8-Physical Activity](#): (MCH Navigator and National MCH Workforce Development Center). Learning resources, implementation strategies, and links to the evidence base for the competencies needed to carry out NPM 8 activities.

[Taking Action with Evidence Implementation Roadmap](#) (Association of MCH Programs (AMCHP) and Women and Children's Health Policy Center (WCHPC). Archived webinars and additional learning and implementation resources.

Healthy People 2020 Leading Health Indicator Topics: [Nutrition, Physical Activity, and Obesity](#)

National Association of State Boards of Education. [State school health policy database: Physical education](#). Arlington, VA: National Association of State Boards of Education.

U.S. Department of Health and Human Services. [Physical Activity Guidelines for Americans, 2nd edition](#). Washington, DC: U.S. Department of Health and Human Services; 2018.

# Questions and Discussion

## Questions:

- How are we connecting?
- Questions?
- A-ha moments?

## Discussion:

- You are the experts! Please share strategies, programs, or experiences that you have found effective.

## Contact:

- [rab9@georgetown.edu](mailto:rab9@georgetown.edu)





## NPM 9 Bullying

### Importance and Background of the NPM

Bullying, particularly among school-age children, is a major public health problem.

- Bullying is any unwanted aggressive behavior(s) by another youth or group of youth that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.<sup>1</sup>
- In 2017, about 20% of students ages 12-18 reported being bullied at school during the school year.<sup>2</sup>
- Studies show that bullying experiences are associated with behavioral, emotional, and physical adjustment problems.
  - Bullied youth are more likely than peers to report feelings of depression, anxiety, low self-esteem and isolation; poor school performance; suicidal ideation; and suicide attempts.
  - Those who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, and are more likely to drop out of school

<sup>1</sup>Gladden et al. (2014). Bullying Surveillance Among Youths: *Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0*. Atlanta, GA; National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education.

<sup>2</sup>Musu, L., Zhang, A., Wang, K., Zhang, J., and Oudekerk, B.A. (2019). *Indicators of School Crime and Safety: 2018* (NCES 2019-047/NCJ 252571). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, DC.



## Sample NPM 9: Bullying

These strategies have been proven effective in addressing **NPM 9: Percent of adolescents, ages 12-17 who are bullied or who bully others**. They can be adapted for your program needs.

### Strategy #1: **Combining classroom and school level interventions**

**Approach:** School-based efforts that combine classroom and school level interventions appear to be more effective than implementing either alone.

School level interventions include establishing a common set of expectations for behavior, implementing clear anti-bullying policies, involvement of all staff in prevention activities, careful supervision in hotspots, and collection of anonymous data on bullying. Classroom interventions include providing class time to discuss bullying and related social-emotional skill development for all students.

**Evidence:** *Moderate evidence.*

Multiple studies have highlighted the importance of comprehensive bullying prevention efforts.<sup>3</sup>

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Preventing Bullying Through Science, Policy, and Practice*. Washington, DC: The National Academies Press. doi: 10.17226/23482.



## NPM 9: Bullying Strategy #1

**Role of Title V:** Title V Agencies can support organizations that offer comprehensive bullying prevention programming:

- Provide training to educators and other staff in school and community organizations in evidence-based bullying prevention practices.
- Promote the implementation of evidence-based bullying prevention programs and strategies.
- Evaluate the reach and effectiveness of bullying prevention activities in schools and community organizations.
- **Example from the Field: Currently 12 states address NPM 9.** Pennsylvania is implementing the Olweus Bullying Prevention Program in community-based organizations.
- West Virginia is implementing comprehensive bullying prevention programming in schools and communities.
- The Northern Mariana Islands are implementing evidence-based programs in schools.



## Sample NPM 9: Bullying

These strategies have been proven effective in addressing **NPM 9: Percent of adolescents, ages 12-17 who are bullied or who bully others**. They can be adapted for your program needs.

**Strategy #2: Ongoing Outreach at Schools through Collaborations with School Based Health Centers**

**Approach:** Collaborate with School Based Health Centers to conduct ongoing meetings, conferences, and webinars to address bullying.

**Evidence:** *Emerging evidence.*

Multiple studies have supported the implementation of comprehensive school-based bullying prevention efforts.<sup>4</sup> Because youth who are bullied are at increased risk for a health and mental health challenges<sup>5</sup>, school-based health and mental health services can be critical partners in bullying prevention.

<sup>4</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Preventing Bullying Through Science, Policy, and Practice*. Washington, DC: The National Academies Press. doi: 10.17226/23482.

<sup>5</sup> Bogart, L.M., Elliott, M.N., Klein, D.J., Tortolero, S.R., Mrug, S., Peskin, M.F., Davies, S.L., Schink, E.T., and Schuster, M.A. (2014). Peer victimization in fifth grade and health in tenth grade. *Pediatrics*, 133(3), 440-447.



## NPM 9: Strategy 2

**Role of Title V:** Title V Agencies can support organizations that offer Ongoing Outreach to Schools through Collaborations with School Based Health Centers through a number of approaches:

- Provide training and technical assistance to educators and professionals in School Based Health Centers to collaborate effectively to address bullying.
- Engage professionals in SBHCs in proactive bullying prevention efforts in schools.
- Utilize professionals in SBHCs to provide mental health services to students and families impacted by bullying.

**Example from the Field:** Delaware has School Based Health Centers in almost all of its public high schools. These centers provide a multitude of services, including mental health. Title V agencies have partnered with School Based Health Centers to address bullying as a health issue, with particular focus on the mental health impact, for not only students who are being bullied but also students who bully others.



## NPM 9: Bullying

### Resources:

#### StopBullying.gov

- Includes facts about bullying awareness, prevention, and intervention; research on best practices; training modules; and a community action toolkit.
- National Academies of Sciences, Engineering, and Medicine. (2016). *Preventing Bullying Through Science, Policy, and Practice*. Washington, DC: The National Academies Press.
- Centers for Disease Control and Prevention (CDC)
  - Prevent Bullying  
(<https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html>)
  - Gladden et al. (2014). *Bullying Surveillance Among Youths: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0*. Atlanta, GA; National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education.
- Information about the Olweus Bullying Prevention Program
  - [www.violencepreventionworks.org](http://www.violencepreventionworks.org) and [www.Clemson.edu/olweus](http://www.Clemson.edu/olweus)

# Questions and Discussion

## Questions:

- How are we connecting?
- Questions?
- A-ha moments?

## Discussion:

- You are the experts! Please share strategies, programs, or experiences that you have found effective.

## Contact:

- [slimber@clemson.edu](mailto:slimber@clemson.edu)



# The Role of Title V



- **Assessing ongoing community needs:** Title V can use data collected by programs, evaluations, or more formal needs assessment findings to see if the strategy could address identified service gaps or build equity in access and positive health outcomes.
- **Informing and educating the public:** Title V can provide educational/outreach materials to families/consumers to advance the strategy through training and peer support.
- **Engaging community partners and families:** Title V can serve as the convener for those groups/organizations that can implement the strategy.
- **Integrating systems of public health.** Title V can help ensure access, sharing of resources, and coordination of services to assure maximum impact of the strategy (coordinating the public health approach, health care, and related community services).
- **Educating the MCH workforce (building capacity):** Title V can partner with groups actually conducting this strategy in order to train MCH and healthcare professionals in strategy implementation.
- **Developing public health policies and plans:** Title V can support adoption of the strategy at a state level.
- **Ensuring quality improvement and promoting applied research:** Title V can collect data and evaluate programs in the state/jurisdiction that are implementing this strategy to build the evidence base and promote rapid innovation.

<https://www.mchevidence.org/tools/strategies/role-of-title-v.php>

# Wrap Up

**John Richards**

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**Keriann Uesugi**

[KUesugi@hrsa.gov](mailto:KUesugi@hrsa.gov)

**THANK YOU**

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