

FFY 2015 MCH Services Contract and CCHC Contract Opening

Maternal Child Health (MCH) Services Program

MCH District Nurse Consultants &

Martha Smith MSN RN

Maternal Child Health Services Program Manager

Martha.smith@health.mo.gov

Child Care Health Consultation (CCHC) Program

Nola Martz MSN RN

Child Care Health Consultant Program Manager

Nola.martz@health.mo.gov (573) 526-1973

Purpose

To support a leadership role for local public health agencies within coalitions and partnerships at the local level to build MCH systems and expand the resources those systems can use to respond to priority health issues.

Deliverables

- Shall work with community to maintain, develop, and enhance a system to address the priority health issue
- Should address risk and protective factors that influence health disparities within families and communities through the life course perspective
- Shall demonstrate progressive yearly growth toward the third-year system outcomes specified in the approved work plan
- Shall meet system outcomes from approved work plan by September 30, 2017

Funding Provisions

- Funding for this contract is for one year, with two subsequent years, based on availability of funds
- MCH funds are to be considered payer of last resort
- Funds must be expended during the contract year
- Funding shall be used to expand or enhance activities that improve the health of mothers and children, and address local MCH issues
- No cash payments to recipients of MCH services, for land or building purchases, or major medical equipment

Funding Provisions

- ❑ Funds shall not indirectly or directly support abortion services
- ❑ Funds shall not be used to provide comprehensive family planning services
- ❑ Minimum of 30% should be directed toward children with special health care needs
- ❑ Individuals below 100% Federal Poverty Level shall not be charged for services
- ❑ Shall not be used to supplant any state or federal funds for any services

Subcontracting Provision

- Contractors may subcontract, but contractor must do majority of work (more than 50%)

Amendments

- May request to amend the work plan or system outcomes
- Priority health issue may not be amended
- Submit amendment request by March 31st or prior to February if requesting to amend activities
- Submit request on dated agency letterhead with original or electronic signature
- Include revised work plan on template (revision date at bottom)

Reporting



- Shall submit reports using the forms and/or formats specified by the Department
- Shall be submitted via e-mail attachment to the District Nurse Consultant

Reporting

Maternal Child Health Services

October 2014 1st - FFY 2015 contract year begins 15th - FFY 2014 September invoice due 31st - FFY 2014 Outcomes Report due	November 2014 15th - FFY 2015 October invoice due	December 2014 15th - FFY 2015 November invoice due	January 2015 15th - FFY 2015 December invoice due
February 2015 15th - FFY 2015 January invoice due 15th - FFY 2015 Progress Report due	March 2015 15th - FFY 2015 February invoice due 31st - Contractor proposed amendment requests due	April 2015 15th - FFY 2015 March invoice due 18th - FFY 2016 Work Plan Proposals due	May 2015 15th - FFY 2015 April invoice due
June 2015 15th - FFY 2015 May invoice due	July 2015 15th - FFY 2015 June invoice due	August 2015 15th - FFY 2015 July invoice due	September 2015 15th - FFY 2015 August invoice due



REMINDER CALENDAR

E-mail contacts for reports:

- Agency's assigned District Nurse Consultant (DNC)

Contacts for invoices:

- Tina Crowe
- Maurita Swartwood

SEE BACK FOR STAFF CONTACT INFORMATION!

Year End Report – October 31

Progress Report – February 15th

Outcomes Report – October 31, 2017

Progress Report

Maternal Child Health Services Contract Progress Report FFY 2015 – FFY 2017 Contract Period October 1, 2014-September 30, 2017

LPHA contractor:

Report prepared by:

Reporting Period: Mid-Year Report (February) End of Year Report (October)

FFY 2015 (October 1, 2014 – January 31, 2015)

FFY 2016 (October 1, 2015 – January 31, 2016)

FFY 2017 (October 1, 2016 – January 31, 2017)

Indicate agency's selected priority health issue:

Prevent and Reduce Obesity

Prevent and Reduce Tobacco Use and Exposure

Prevent and Reduce Injuries

Prevent and Reduce Adverse Birth Outcomes

Progress toward the system outcomes set forth in the approved work plan

Spectrum of Prevention	Activities	System Outcomes by Sept. 30, 2017
	<i>Restate exact activity(ies) language for each level of the Spectrum of Prevention from the approved work plan and add the evidence/data/ documentation of progress toward completing each activity.</i>	<i>Restate exact system outcome language for each level of the Spectrum of Prevention from the approved work plan</i>
Influence Policy and Legislation	FFY 2015: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	FY 2015-17 Outcome: Enter outcome as stated <input type="text"/> <input type="checkbox"/> No progress <input type="checkbox"/> Minimal progress <input type="checkbox"/> Significant progress <input type="checkbox"/> Met
	FFY 2016: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	
	FFY 2017: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	
	FY 2015-17 Outcome: List achievements related to your stated outcome (bullet points): <input type="text"/>	

FFY 2015
List achievements

FFY 2016
No progress
Describe progress and actions:

FFY 2017
No progress
Describe progress and actions:

FFY 2015
No progress
Describe progress and actions:

FFY 2016
No progress
Describe progress and actions:

FFY 2017
No progress
Describe progress and actions:

FFY 2015
No progress
Describe progress and actions:

FFY 2016
No progress
Describe progress and actions:

FFY 2017
No progress
Describe progress and actions:

FFY 2015
No progress
Describe progress and actions:

FFY 2016
No progress
Describe progress and actions:

FFY 2017
No progress
Describe progress and actions:

Change Organizational Practices

Foster Coalitions and Networks

Educate Providers

Promote Community Education

Strengthen Individual Knowledge and Skills

Name of Administrator/Director or Designee

Date

Telephone Number

Progress Report

Maternal Child Health Services Contract Progress Report
 FFY 2015 – FFY 2017
 Contract Period October 1, 2014-September 30, 2017

No Abbreviations

LPHA contractor:
 Report prepared by:

Person completing the report

Reporting Period: Mid-Year Report (February) End of Year Report (October)
 FFY 2015 (October 1, 2014 – January 31, 2015)
 FFY 2016 (October 1, 2015 – January 31, 2016)
 FFY 2017 (October 1, 2016 – January 31, 2017)

Your Issue Here

Indicate agency's selected priority health issue:
 Prevent and Reduce Obesity Prevent and Reduce Tobacco Use and Exposure
 Prevent and Reduce Injuries Prevent and Reduce Adverse Birth Outcomes

Copy the Outcome from your work plan here.

Progress toward the system outcomes set forth in the approved work plan

Copy Activities from your work plan here

Spectrum of Prevention	Activities <i>Restate exact activity(ies) language for each level of the Spectrum of Prevention from the approved work plan and add the evidence/data/ documentation of progress toward completing each activity.</i>	System Outcomes by Sept. 30, 2017 <i>Restate exact system outcome language for each level of the Spectrum of Prevention from the approved work plan</i>
	FFY 2015: Enter activity <input type="checkbox"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	FY 2015-17 Outcome: Enter outcome as stated <input type="text"/>
Influence Policy and Legislation	FFY 2016: Enter activity <input type="checkbox"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	
	FFY 2017: Enter activity <input type="checkbox"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	<input type="checkbox"/> No progress <input type="checkbox"/> Minimal progress <input type="checkbox"/> Significant progress <input type="checkbox"/> Met
	FY 2015-17 Outcome: List achievements related to your stated outcome (bullet points): <input type="text"/>	

Progress Report

Work Plan



Spectrum of Prevention	Activities	System Outcomes by Sept. 30, 2017
Influence Policy and Legislation <i>Develop strategies to change laws and policies to influence outcomes in health, education, and justice</i>	FFY 2015: a. Increase awareness of policy/environmental issues in our community by educating our partners on evidence-based polices and environmental changes to improve physical activity, decrease consumption of sugar sweetened beverages, and promote healthy eating.	The number of policy and/or environmental changes as a result of CBCPHHS and community advocacy efforts related to healthy lifestyles in Boone County has increased as evidence by PHHS tracking mechanism.
	FFY 2016: a. In collaboration with our partners identify policy/environmental issues to change b. Community Health Promotion staff work with Common Ground Initiative to work toward use of public/private lands for community gardening/urban agriculture.	
	FFY 2017: a. Assess & promote policy/environmental changes supporting Fit-Tastic behaviors (i.e. Partnership for a Healthier America, Eat Smart in Parks, and healthy vending policy in government buildings)	

Progress Report →

Spectrum of Prevention	Activities	System Outcomes by Sept. 30, 2017
Influence Policy and Legislation	FFY 2015: <i>Enter activity</i> a. Increase awareness of policy/environmental issues in our community by educating our partners on evidence-based polices and environmental changes to improve physical activity, decrease consumption of sugar sweetened beverages, and promote healthy eating. No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> <i>Describe progress and actions:</i>	FY 2015-17 Outcome: <i>Enter outcome as stated</i> The number of policy and/or environmental changes as a result of CBCPHHS and community advocacy efforts related to healthy lifestyles in Boone County has increased as evidence by PHHS tracking mechanism. <input type="checkbox"/> No progress <input type="checkbox"/> Minimal progress <input type="checkbox"/> Significant progress <input type="checkbox"/> Met
	FFY 2016: <i>Enter activity</i> a. In collaboration with our partners identify policy/environmental issues to change b. Community Health Promotion staff work with Common Ground Initiative to work toward use of public/private lands for community gardening/urban agriculture. No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> <i>Describe progress and actions:</i>	
	FFY 2017: <i>Enter activity</i> a. Assess & promote policy/environmental changes supporting Fit-Tastic behaviors (i.e. Partnership for a Healthier America, Eat Smart in Parks, and healthy vending policy in government buildings) No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> <i>Describe progress and actions:</i>	
	FY 2015-17 Outcome: <i>List achievements related to your stated outcome (bullet points):</i>	

Progress Report

Maternal Child Health Services Contract Progress Report
 FFY 2015 – FFY 2017
 Contract Period October 1, 2014-September 30, 2017

Select which report you are completing.

Select which year you are working in.

LPHA contractor:

Report prepared by:

Reporting Period: Mid-Year Report (February) End of Year Report (October)

FFY 2015 (October 1, 2014 – January 31, 2015)

FFY 2016 (October 1, 2015 – January 31, 2016)

FFY 2017 (October 1, 2016 – January 31, 2017)

Indicate agency's selected priority health issue:

Prevent and Reduce Obesity Prevent and Reduce Tobacco Use and Exposure

Prevent and Reduce Injuries Prevent and Reduce Adverse Birth Outcomes

Progress toward the system outcomes set forth in the approved work plan

Check the box indicating progress toward the stated activity.

Enter progress and actions during the reporting period toward your activity and outcome

Spectrum of Prevention	Activities <i>Restate exact activity(ies) language for each level of the Spectrum of Prevention from the approved work plan and add the evidence/data/ documentation of progress toward completing each activity.</i>	System Outcomes by Sept. 30, 2017 <i>Restate exact system outcome language for each level of the Spectrum of Prevention from the approved work plan</i>
	FFY 2015: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	FY 2015-17 Outcome: Enter outcome as stated <input type="text"/>
Influence Policy and Legislation	FFY 2016: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	
	FFY 2017: Enter activity <input type="text"/> No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input type="checkbox"/> Describe progress and actions: <input type="text"/>	<input type="checkbox"/> No progress <input type="checkbox"/> Minimal progress <input type="checkbox"/> Significant progress <input type="checkbox"/> Met
	FY 2015-17 Outcome: List achievements related to your stated outcome (bullet points): <input type="text"/>	

Year End Report

Maternal Child Health Services Year End Report
FFY 2015- FFY 2017
Contract Period October 1, 2014-September 30, 2017

LPHA contractor:

Report prepared by:

Reporting period:

FFY 2015 (October 1, 2014 – September 30, 2015)

FFY 2016 (October 1, 2015 – September 30, 2016)

Section One. Update the Progress Report with activities performed during reporting period and include attachment with end of year report submission.

Progress Report - attachment

Maternal Child Health Services Contract Progress Report
 FFY 2015 – FFY 2017
 Contract Period October 1, 2014-September 30, 2017

Change the Report Period.

Update year if needed.

LPHA contractor: Sampleville Health Department
 Report prepared by: Patty Sample RN

Reporting Period: Mid-Year Report (February) End of Year Report (October)

FFY 2015 (October 1, 2014 – January 31, 2015)
 FFY 2016 (October 1, 2015 – January 31, 2016)
 FFY 2017 (October 1, 2016 – January 31, 2017)

Indicate agency's selected priority health issue:

Prevent and Reduce Obesity Prevent and Reduce Tobacco Use and Exposure
 Prevent and Reduce Injuries Prevent and Reduce Adverse Birth Outcomes

Update progress status if needed.

Progress toward the system outcomes set forth in the approved work plan

Spectrum of Prevention	Activities	System Outcomes by Sept. 30, 2017
Influence	<p>FFY 2015: Enter activity & increase awareness of policy/environmental issues in our community by educating our partners on evidence-based policies and environmental changes to improve physical activity, decrease consumption of sugar sweetened beverages, and promote healthy eating.</p> <p>2/2015 Worked with the Obesity Coalition to create a presentation designed to increase awareness of best practices related to obesity in the workplace. Initial meetings are being set up with local business associations to present in the spring of 2015.</p>	<p>Restate exact system outcome language for each level of the Spectrum of Prevention from the approved work plan</p> <p>Restate exact system outcome language for each level of the Spectrum of Prevention from the approved work plan</p>
Legislation	<p>No progress <input type="checkbox"/> Making progress <input type="checkbox"/> Completed <input checked="" type="checkbox"/></p>	<p>FY 2015-17 Outcome:</p> <p>Enter outcome as stated</p> <p>The number of policy and/or environmental changes as a result of CBCPHHS and community advocacy efforts related to healthy lifestyles in Boone County has increased as evidence by PHHS</p>

Add additional progress and activities

Maternal Child Health Services Contract Progress Report

<p>10/2015_Held a Workplace best practices workshop for 15 local businesses in March 2015 and have scheduled presentations at Kwanza's and Columbia Rotary Club in November. Website page developed with best practice links/handouts for local businesses, tracking usage via web tracking tool.</p>	<p>tracking mechanism:</p> <p><input type="checkbox"/> No progress <input checked="" type="checkbox"/> Minimal progress</p>
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SAVE AS



and update the document name to reflect the new report.
 Example: Existing = "MCH Progress Report Feb 2015"
 New = "MCH Progress Report October 2015"

Year End report

Section Two: Describe any challenges and/or barriers encountered during this reporting period.

Annual Financial Report

Section Three: Complete the following financial report related to the contract during the current federal fiscal year reporting period below.

Line 1 **Enter the total amount invoiced to the MCH Services Program** *(contract award)*

Line 2 **Enter the total amount expended in addressing the agency's selected priority health issue**

Line 3 **Enter the difference between Line 1 and Line 2**
(use () or – symbol to represent negative numbers)

Additional comments *(required if Line 3 is a positive amount):*
Briefly list other MCH issues supported/addressed with contract funds.

Complete the following financial report related to the contract during the current federal fiscal year reporting period below.

Line 1 10,000.00 Enter the total amount invoiced to the MCH Services Program (contract award)

Line 2 12,000.00 Enter the total amount expended in addressing the agency's selected priority health issue

Line 3 -2000.00 Enter the difference between Line 1 and Line 2 (use () or – symbol to represent negative numbers)

Additional comments (required if Line 3 is a positive amount):
Briefly list other MCH issues supported/addressed with contract funds.

Complete the following financial report related to the contract during the current federal fiscal year reporting period below.

Line 1 10,000.00 Enter the total amount invoiced to the MCH Services Program (contract award)

Line 2 8000.00 Enter the total amount expended in addressing the agency's selected priority health issue

Line 3 2000.00 Enter the difference between Line 1 and Line 2 (use () or – symbol to represent negative numbers)

Additional comments (required if Line 3 is a positive amount):
Briefly list other MCH issues supported/addressed with contract funds.



End of Year Report

Section Four: Report on compliance with the contract funding and general contract provisions.

Select all check boxes that apply below.

In fulfilling this contract, our agency attests it ...

- Has used funding to expand or enhance activities that improve the MCH population, and to address local MCH issues
- Has followed applicable funding provisions (6.4)
- Has followed applicable general contract provisions (8.0)

... as specified in the scope of work for the FFY 2015-2017 MCH Services Contract.

Section Five: Report on tangible personal property, defined as any single equipment purchase with MCH contract funding that has a useful life of more than 1 year and has a purchase price that exceeds \$5,000.

Select check box that applies below. If answer is Yes, complete the table below.

In fulfilling this contract, our agency attests it ...

- HAS NOT** had any tangible personal property purchases
- HAS** tangible personal property purchases

Description	Identification	Acquisition Date	Acquisition Cost

Match Funding Page

- Completed as part of the Year-End Report
 - ▣ **“Over or beyond” general MCH expenditures from October through September**
 - Track throughout the year
 - Do not include contract funding
 - ▣ **Only Non-federal/state monies are reported**
 - Any local fees/taxes/grants/awards
 - Type “not reporting” in total amount if you do not have anything to report
 - ▣ **Complete bottom portion regardless of total amount entered**

Section Six: Report of local match funding amounts on health activities for the MCH population.

Instructions: *Include match funding from any non-federal sources that can be clearly linked to the MCH population.*

NOTE: A fixed amount of match is not required of contractor's, however it is requested, to aid the MCH Services Program in providing a record of local support toward MCH issues. If the contractor opts not to report match funding, an entry of "not reporting" in the Total Match Funding Amount is still required to serve as completion of this section.

Expenditure Classification Description	Local Match Funding (definition in Glossary)
Enter description for salary match (may include fringe benefits): [Redacted]	Enter dollar amount(s): \$ [Redacted]
Enter description for travel match (e.g. mileage, meals, and lodging for attendance at professional development related to MCH population): [Redacted]	Enter dollar amount(s): \$ [Redacted]
Enter description for equipment match (excluding major medical equipment): [Redacted]	Enter dollar amount(s): \$ [Redacted]
Enter description for supply match (e.g. office supplies or materials purchased specifically for work with the MCH population): [Redacted]	Enter dollar amount(s): \$ [Redacted]
Enter description for other match (expenditures which exceeded contract funding and could not be applied to other sections above): [Redacted]	Enter dollar amount(s): \$ [Redacted]
Total Match Funding Amount	\$ [Redacted]

Must complete



Outcomes Report

Maternal Child Health Services Contract Outcome Report FFY 2015 – FFY 2017 Contract Period October 1, 2016-September 30, 2017

LPHA contractor: [REDACTED]

Report prepared by: [REDACTED]

Reporting period:

FFY 2017 (October 1, 2016 – September 30, 2017)

Section One: Update the Progress report with final activities completed and outcomes achieved. Attach completed Progress Report with the Outcomes Report.

Section Two: For any outcome marked “NOT MET”, please explain the barriers or extenuating circumstances that prevented you from meeting the outcome.

Section Three: Describe what has changed in the community as a result of efforts addressing the selected priority health issue for the last three years.

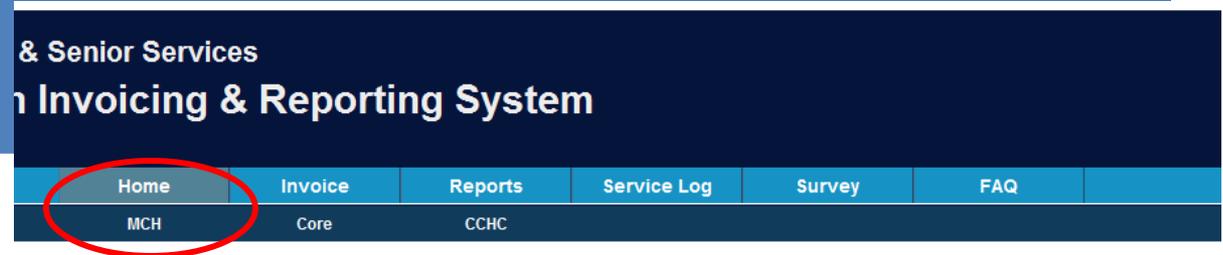
MCH Invoicing - MOPHIRS

If your agency has an MCH contract, you will need to invoice monthly using the following steps.

Go to:

<https://healthapps.dhss.mo.gov/Login/Login.aspx?ReturnUrl=%2fMOPHIRS%2fHome.aspx>

From the tab menu, select Invoice and then MCH



Welcome to Missouri Public Health Invoicing & Reporting System

- Select Contract Year from drop down
- Select Contract number from Contracts drop down
- *Click on Search*
- Clicking on Search will populate the Start/End Date, Contract Number and Contract Amount. Please verify they are correct
- **Billing period drop down will give you the next available billing period to invoice**

You Are Here : Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
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Invoice - MCH			
Contract	<input type="text" value="MCH"/>		
* Contract Year	<input type="text" value="2014"/> ▼		
* Contracts	<input type="text" value="AOC12380052"/> ▼	<input type="button" value="Search"/>	
Contract Start Date	<input type="text"/>	Contract End Date	<input type="text"/>
Contract Number	<input type="text"/>	Contract Amount	<input type="text"/>
* Billing period	<input type="text" value="--Select--"/> ▼	Generate Invoice	

- Generate Invoice will turn blue after billing period has been selected
- Click on **Generate Invoice**

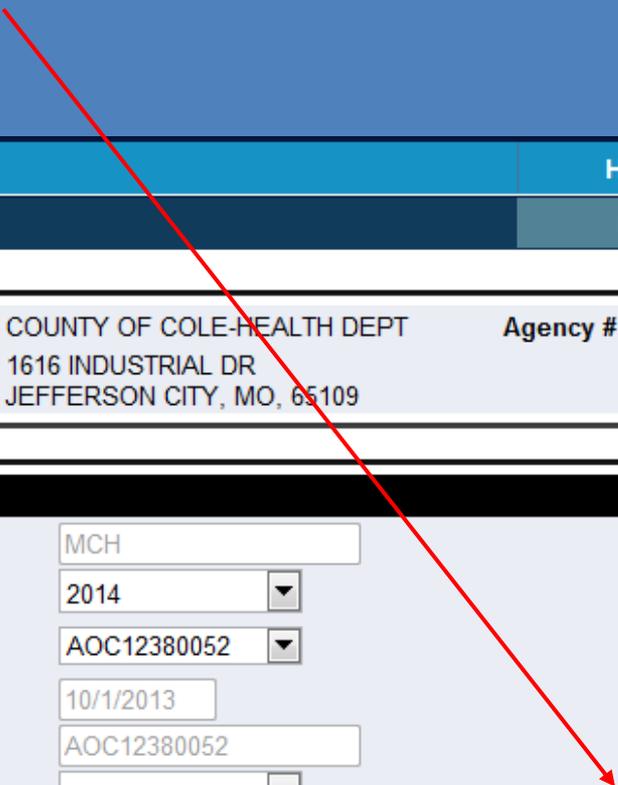
	Home	Invoice
	MCH	Core

You Are Here : Invoice > MCH

Agency Name	COUNTY OF COLE-HEALTH DEPT 1616 INDUSTRIAL DR JEFFERSON CITY, MO, 65109	Agency #	3778645
--------------------	---	-----------------	---------

Invoice - MCH	
Contract	<input type="text" value="MCH"/>
* Contract Year	<input type="text" value="2014"/> ▼
* Contracts	<input type="text" value="AOC12380052"/> ▼
Contract Start Date	<input type="text" value="10/1/2013"/>
Contract Number	<input type="text" value="AOC12380052"/>
* Billing period	<input type="text" value="MAR"/> ▼

Contract End Date
Contract Amount
[Generate Invoice](#)



- Click “Agree” box. *Clicking agree will insert the electronic signature of the person logged in to MOPHIRS when the box is checked*
- Then click “Submit” button
- **Your invoice has now been submitted for payment**

MCH Core CCHC

ou Are Here : Invoice Approval > DH38

VENDOR NAME
COUNTY OF COLE-HEALTH DEPT

VENDOR REMIT TO ADDRESS:
1616 INDUSTRIAL DR, JEFFERSON CITY, MO - 65109

STATE VENDOR NUMBER
44600048806

CONTRACT NAME / SERVICE
MATERNAL AND CHILD HEALTH

CONTRACT NUMBER
AOC12380052

COMMENTS

I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT

Agree TITLE: CROWE, TINA (TE

FOR D

PURCHASE ORDER (SC,SCS DOCUMENT NUMBER)

PROGRAM/BUREAU APPROVAL SIGNATURE(S) TITLE

COMMENTS

ACCOUNTING DISTRIBUTION

SC, SCS ACCOUNTING LINE NO.	AMOUNT	PLEASE CIRCLE ONE PARTIAL (P) FINAL (F)	FUNDING STREAM
	\$2,483.85	P F	HRSA-14-002

APPROVED PAYMENT AMOUNT \$2,483.85

ACCOUNTS PAYABLE SIGNATURE

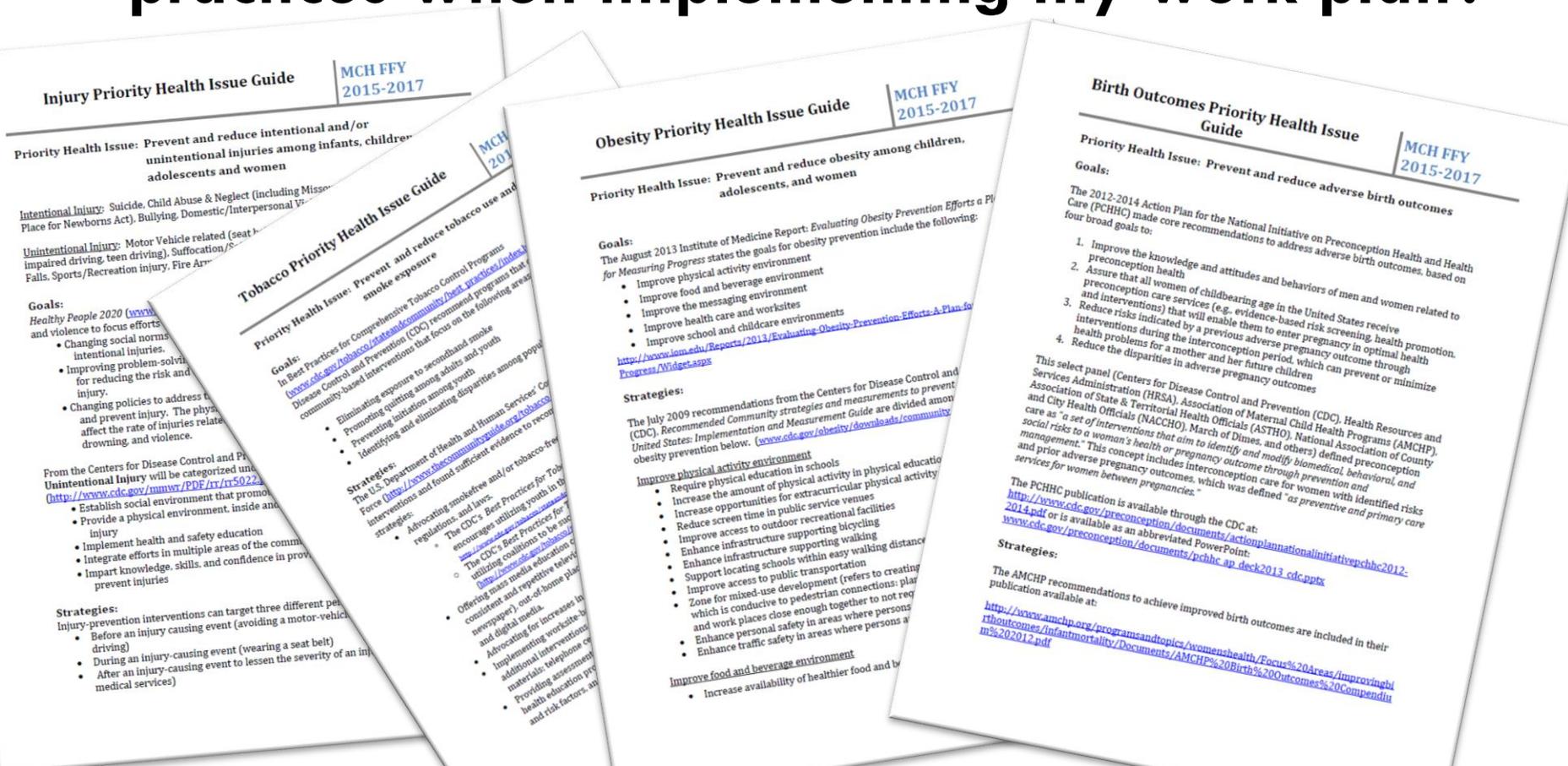
COMMENTS

COMMENT

*Invoice can not be submitted until last business day of billing period.

Implementing your work plan

How do I integrate best and promising practices when implementing my work plan?

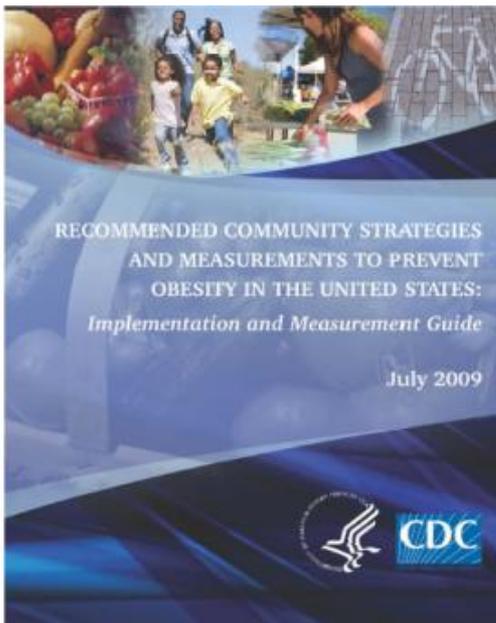


Priority Health Issue: Prevent and reduce obesity among children, adolescents, and women

STRATEGIES

Improve food and beverage environment

- Restrict availability of less healthy foods and beverages in public service venues
- Institute smaller portion size options in public service venues
- Discourage consumption of sugar-sweetened beverages**



MEASURE 9:	
<p>A policy exists that limits advertising and promotion of less healthy foods and beverages within local government facilities in a local jurisdiction or on public school campuses during the school day within the largest school district in a local jurisdiction.</p>	
Data Collection Questions	
<p>1. Does your local government have a policy that prohibits advertising and promotion of less healthy foods and beverages within local government facilities?</p> <p>1a. If you answered yes to question 1, does your local government's policy regarding advertising and promotion of less healthy food and beverages apply to any of the following types of facilities?</p> <ul style="list-style-type: none"> Administrative office facilities 24-hour "dormitory-type" facilities Health care facilities Recreation/community center facilities Distraction facilities Other facilities <p>1b. Is there a State policy or requirement that limits advertising of less healthy food and beverages that applies to your local jurisdiction?</p> <p>2. Does the largest school district located within the local jurisdiction have a policy that limits advertising and promotion of less healthy food and beverages on public school campuses during the school day?</p> <p>2a. If you answered yes to question 2, please describe the school district's policy.</p>	
Data Sources	
<ul style="list-style-type: none"> Office that maintains government-wide policies (e.g., city/county manager's office, mayor's office) Facilities Management Department Purchasing staff person who manages the food service or vending contract for jurisdiction School district administrative offices 	
Category 2 • Page 66	

SUGAR-SWEETENED BEVERAGES	
<p>Consumption of sugar-sweetened beverages (e.g., carbonated soft drinks, sports drinks, flavored/sweetened milk, and fruit drinks) among children has increased dramatically since the 1970s and is associated with higher daily caloric intake and greater risk of obesity among children and adolescents (CDC, 2006). Schools and group day care centers contribute to the problem by serving and/or allowing children to purchase sugar-sweetened beverages. Policies that restrict the availability of sugar-sweetened beverages and 100% fruit juice in schools and group day care centers may discourage the consumption of sugar-sweetened beverages among children.</p>	
Community Examples	
<ul style="list-style-type: none"> In 2002, the Los Angeles Unified School District adopted the Motion to Promote Healthy Beverage Sales. The motion bans the sale of soft drinks on school campuses, prohibits schools from entering into new or extended sales contracts of unapproved beverages; allows only approved beverages to be sold in vending machines, cafeterias, and student stores; monitors compliance through an audit program; disseminates information on healthy beverage sale options; and develops a new revenue model to make up for anticipated net loss of Associated Student Body monies related to the ban on soft drinks (LAUSD, 2002). In 2006, the New York City Board of Health adopted regulations that provide nutrition standards and limit the serving size for beverages served to children in licensed day care centers. Specifically, the New York City Health Code prohibits serving beverages with added sweeteners and limits the serving size of 100% fruit juice to 8 ounces per day for children 8 months of age and older. When milk is served, children 2 years of age and older must receive low-fat 1% or nonfat milk and water must be made easily available to children throughout the day (New York City Department of Health and Mental Hygiene, 2006). 	
Resources	
<ul style="list-style-type: none"> Alliance for a Healthier Generation. (n.d.). <i>Alliance school beverage guidelines toolkit</i>. Retrieved April 13, 2009, from http://www.healthyschools.org/healthyschool/ Centers for Disease Control and Prevention. (2006). <i>Does drinking beverages with added sugars increase the risk of overweight? Research to Practice Series</i> (No. 3). Atlanta, GA: Author. Available online at: http://www.cdc.gov/nccd/dnp/dnp/rtpr/06/06_03_06_weighted_beverages.pdf National Policy & Legal Analysis Network to Prevent Childhood Obesity. (2009). <i>Developing a healthy beverage vending agreement</i>. Available online at: http://www.nplanonline.org/files/HealthyVendingAgmt_FactSheet_FINAL_000311.pdf Strategic Alliance ENACT. (n.d.). <i>Eliminate exclusive beverage contracts that require the marketing of unhealthy beverages</i>. Retrieved April 13, 2009, from http://www.preventchildobesity.org/ea/enact/school/beverage_contracts_4n.php 	
Page 27 • Implementation and Measurement Guide	

ALLIANCE FOR A HEALTHIER GENERATION

RESOURCES SEARCH LOG IN/REGISTER DONATE

About Childhood Obesity Live Healthier Take Action News & Events Programs About Us

Join the Movement in Your Way

SHARE [Facebook] [Twitter] [LinkedIn] [Email]

Solving childhood obesity takes work and coordination from multiple directions. Making changes in schools, educating parents, and empowering young people are just some of the important parts of creating a healthier generation. Explore the options below to find out how you can get more involved in this worthwhile process.



ALLIANCE FOR A HEALTHIER GENERATION

RESOURCES SEARCH LOG IN/REGISTER DONATE

About childhood Obesity Live Healthier Take Action News & Events Programs About Us

Snacks and Beverages

Parents, districts, states and now the federal government have decided that it is time to change Smart Snacks in School nutrition standards published last year and all foods and beverages sold to students during the school day.

Click through the sections below for guidance and resources.

Smart Snacks
Use our guidance on beverages sold around Snacks' guidelines.
[GO TO SMART SNACKS](#)

Fundraisers
Design healthy fund school-wide support teach.
[GO TO FUNDRAISERS](#)

Celebrations
Throw classroom or school-wide parties rather than sweets.
[GO TO CELEBRATIONS](#)

Non-Food Rewards
Give students reward success or reinforce.
[GO TO NON-FOOD](#)

Talk with Our Expert
Jill Turley is one of our National Nutrition Ambassadors. Ask her questions, get her suggestions, healthier environment.
[Get to Know Jill](#) | [Email Jill](#)

Create a healthier school environment for your students today.
[Visit Healthier Schools Program](#)

Smart Snacks resource

Dear [INSERT VENDOR NAME]:

As you are probably aware, last summer the USDA released Smart Snacks in School nutrition standards for all foods and beverages sold to students during the school day. Please visit USDA's website at <http://www.fda.usda.gov/ind/governance/regulatoryaffairs/foods.htm> for more detailed information. While we realize these standards do not take effect until July 1, 2014, we would like to start now to ensure we have only compliant foods and beverages in our school so we are ready for the deadline this summer.

We are requesting your help with the following:

- Please provide a list of your products that meet the Smart Snacks in School nutrition standards
- If you are unsure if your products are compliant, please use the following tools from the Alliance for a Healthier Generation:
 - Product Navigator (pre-populated list of products from Alliance signatory companies)
 - Product Calculator (use the product calculator to determine if your products are compliant)
 - These tools can be found by visiting www.healthiergeneration.org/smartsnacks

Please provide your list of products to us by [INSERT DATE].

In addition, please provide samples of any compliant products you would like us to showcase to our students. We know that students are the customers and, in order to help with the transition to healthier foods and beverages, we would like to conduct taste tests with some of the products before we begin selling them. Student approval is key to successfully changing foods and beverages in school and learning about their preferences will benefit us as a school as well as you as a vendor.

We look forward to receiving a list of your products by [insert date] and working with you as we change the food and beverage landscape on our campus.

If you have any questions, please find my contact information below:

[INSERT NAME AND CONTACT INFORMATION OF SCHOOL OR DISTRICT REPRESENTATIVE]

Sincerely,

[INSERT NAME AND SIGNATURE OF SCHOOL OR DISTRICT REPRESENTATIVE]

CDC Features

CDC Features

Data & Statistics

Diseases & Conditions

Emergency Preparedness & Response

Environmental Health

Health Living

Injury, Violence & Safety

Life Stages & Populations

Travelers' Health

Reducing Access to Sugar-sweetened Beverages Among Youth

Generic Information

Language: English

Youth should drink fewer sugar-sweetened beverages and more water and low-fat or fat-free milk, or limited amounts of 100% fruit juices. Families, schools, and other institutions need to provide healthy beverage choices.

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Adolescent and School Health

Home

Adolescent Health
School Health
BAMI Body and Mind
Policy

Nutrition, Physical Activity, & Obesity

Obesity Facts
Nutrition Facts
Competitive Foods in Schools
Water Access
Publications, Tools, & Resources
Physical Activity Facts
Physical Education Profiles
Comprehensive School Physical Activity Program (CSPAP)
Local School Wellness Policy
Data & Statistics
Guidelines & Strategies
Journal Articles
Protective Factors
Sexual Risk Behavior
Health Topics
Youth Risk Behavior Surveillance
Data & Statistics
Publications
Tools & Training
Funding Opportunity Announcements

Home

Recommend Tweet Share

Nutrition, Physical Activity, & Obesity

Schools can help children and adolescents adopt and maintain healthy eating and physical activity behaviors. CDC provides evidence-based guidance for schools on how to implement policies and practices that effectively promote behaviors among youth.

Print page
Multimedia Tools
Site Map
Get email updates
To receive email

Increasing Access to Drinking Water in Schools



National Center for Chronic Disease Prevention and Health Promotion
Division of Population Sciences

Spotlight On

Select Tools and Resources for Nutrition, Physical Activity, and [PDF 207K]

Implementing Strong Nutrition for Schools: Financial Implications [PDF 1.09K]

More specific activities

<http://changelabsolutions.org/publications/ssb-playbook>

ChangeLab Solutions
Law & policy innovation for the common good.

Funding Healthy Changes | Healthy Planning | Tobacco Control | **Childhood Obesity** | Healthy Housing | Recent Achievements

CHILDHOOD OBESITY ABOUT NPLAN TOOLS NEWS ASK US

Home / Water Access in Schools: Model Wellness Policy Language

Water Access in Schools: Model Wellness Policy Language

With the passage of the Healthy, Hunger-Free Kids Act of 2010, federal law now requires schools to have fresh drinking water available during meal periods in all school service areas at no cost to students.

By providing drinking water as an alternative to soda and other sugar-sweetened beverages, schools can support children's ability to learn and their health overall, and play an important role in the fight against childhood obesity. But schools face a variety of challenges to making drinking water readily available, including deteriorating school infrastructure, fears about water quality, and the prevalence of sugar-sweetened beverages.

To help schools and other community advocates overcome these barriers, NPLAN has developed a "policy package" (downloaded below) featuring a set of model goals and actions for schools to incorporate into their wellness policies. The package also has been used by other agencies and private organizations.

Be sure to check out our other related resources:

- [Drinking Water Access in Schools](#), a fact sheet offering more readily available, and guidance for parents, teachers, and school administrators on how to enforce their district's policy is enforced.
- [Developing a Healthy Beverage Vending Agreement](#), an entering into a beverage vending agreement and ways process.
- [Model Healthy Beverage Vending Agreement](#), a model maximize the financial benefits from their district's level.
- [District Policy Establishing a Healthy Vending Program](#), a vending program that successfully limits the sale of un-

Specific Action Steps

PUBLIC RESOURCES > PATIENT EDUCATION > STOP THE POP

Stop the Pop

Your Mouth Is Talking

Find a Dentist

Your Dental Visit

Questions & Concerns
Insurance & Private Pay
Direct Reimbursement
Uninsured Resources
Low-Income Clinic Listings

Program Overview

Each day, soda and sports drinks alone provides the average teenage boy about 15 teaspoons of refined sugars, the average girl about 10 teaspoons. These amounts are roughly equal the recommended daily limits for teens' sugar consumption from all foods.

Sugar and acid in soft drinks, juices and sports drinks can set up the perfect environment for tooth decay. Drinking too much of these beverage can contribute to other health problems, such as osteoporosis, kidney stones, and especially overweight and obesity, which are prime risk factors for type 2 diabetes in teens and adults.

Soft drinks are a problem not only for what they contain, but for what they push out of the diet, including vitamins, minerals and fiber. Less than 50% of adolescent girls consume enough calcium daily, which can lead to early development of osteoporosis. Girls who drink carbonated beverages are 5 times more likely to have bone fractures than those who don't drink soda.

Materials

Brochure | Display Toolkit

Order Form Options:

- Order Materials Online

Online Resources

Soft Drinks, Sport Drinks, Energy Drink and Flavored Waters: What All Parents Should Know
Liquid Candy

Frequently Asked Questions

Enter Topic or Question Here
View Topic List Search

Find a Dentist

Find an MDA dentist in your area
Enter Your Zip Code
Advanced Search For Members

Missouri specific media/educational campaign



10 WAYS TO LIMIT SSBs IN YOUR COMMUNITY

Our recommended 10 strategies to reduce SSB consumption and improve health in your community.

The infographic illustrates 10 strategies to limit SSBs in a community, set against a backdrop of a school and a fast-food market. The strategies are numbered 1 through 10, each with a corresponding icon and a brief description below the main graphic.

- 1** Launch Public Awareness Campaign: An icon of a sign that reads "YOU'RE DRINKING 16 PACKS OF SUGAR IN THAT COLA".
- 2** Limit SSBs on Government Property: An icon of a government building with a "2" in a red box.
- 3** Limit SSBs in Workplaces (Private Sector): An icon of a vending machine labeled "HEALTHY DRINKS" with a "3" in a red box.
- 4** Restrict Sales of SSBs on & Near School Grounds: An icon of a school building with a "4" in a red box.
- 5** Prohibit SSBs in Childcare & Afterschool Programs: An icon of a playground with a "5" in a red box.
- 6** Restrict SSB Marketing in Schools: An icon of a sign with a profile of a head and a "6" in a red box.
- 7** Eliminate SSBs from Kids' Meals: An icon of a fast-food restaurant with a "7" in a red box.
- 8** License SSB Retailers: An icon of a market with a "8" in a red box.
- 9** Tax SSBs: An icon of a fast-food restaurant with a "9" in a red box.
- 10** Limit SSB Portion Sizes: An icon of a market with a "10" in a red box.

Priority Health Issue: Prevent and reduce intentional and/or unintentional injuries among infants, children, adolescents and women

Strategies:

general strategies to address injury prevention should address:

- **Education** to raise awareness about the problem of child injury and to prompt action or behavior changes.
- **Enforcement** to use the legal system to influence behavior and the environment; and is effective in prevention injury, especially when combined with education, to highlight prevention solutions by uniting stakeholders around a common set of goals and strategies and to mobilize action in a coordinated effort to reduce child injury.
- **Engineering** to use environmental and product design to reduce the chance of an injury event.



NATIONAL ACTION PLAN for CHILD INJURY PREVENTION

An Agenda to Prevent Injuries and Promote the Safety of Children

COMMUNICATION

Why is Communication Important?

Raising awareness of the impact of child injuries and effective strategies for injury prevention is an important goal of the NAP. Communication is essential to the success of the NAP. Communication strategies can be used to accomplish many objectives. For example, they can increase awareness of injury prevalence, relevance, and preventability. They can increase awareness of and desire for solutions that prevent injuries and of the need to implement solutions. Communication strategies can also influence the attitudes of the public and help overcome barriers to implementing effective measures eventually increasing their use. Achieving these various objectives at the local and national level can help reduce child injuries.

Delivering actionable, persuasive communication strategies to those who can change is crucial for reaching these objectives. At the core, communication strategies target the primary audiences of children, teenagers and their families (and communities), who need to adopt, implement, and maintain effective injury prevention practices. Communication strategies that reach those who influence these audiences and those who can influence broader structural change are equally important. Communication needs to reach leaders and decision makers with compelling, and accurate messages.

Finally, essential steps need to be incorporated throughout the communication process. Target audiences need to be clearly identified, and messages need to be tailored to them. Formative research should be conducted to gain a better understanding of the audience's injury-related attitudes, beliefs, and behaviors, and their communication needs. This audience research will guide decisions about communication planning, including messages, channels, spokespersons, and establishing clear goals and measurable objectives for the communication strategy. It will also articulate what the intended effort will achieve and help to evaluate its impact and communication science principles and best practices should be employed throughout the planning, implementation, and evaluation process.⁴¹

Communication Goals and Actions

Goal: Develop and use targeted, compelling, and consistent injury prevention messages.

Increasing awareness is one of the easiest communication objectives to achieve and can sometimes be accomplished using multiple messages simultaneously. For example, through one communication intervention, awareness can be increased about the burden of injuries, risk factors, and the appropriateness of public health approaches to reduce injury.

Depending on the attitudes, beliefs, values, and needs of the intended audience, the message can be tailored to ensure it is relevant, appropriate, and compelling. Success is more likely when the target audience is involved in shaping the message.

One effective way to achieve widespread awareness is through diffusion of messages that are simple, easy to recall, and attention getting. At the awareness-building stage, it is important to gain and keep audience interest. This can be challenging in the current media environment where health messages have strong competition for time and space.



COMMUNICATION

Actions:

- Create or implement local and national campaigns on child safety (such as CDC's Protect the Ones You Love initiative, www.cdc.gov/safefchikl).
- Create a bank of messages by topics and themes that are relevant to the public and timed to events and seasons (e.g., holiday shopping and toy safety at the end of the year). Stories can then be used to bring key messages to life.
- Establish Web-based, comprehensive communication tool kits for child injury topics. The tool kits can include links to ready-to-use messaging and materials (including various languages and reading levels, and pieces tailored for hard-to-reach or at-risk populations), research studies, contact information for experts, sources for local and national statistics, issue briefs, and links to government agencies and other organizations.
- Develop and implement a coordinated message strategy across all child injury topics (one resource for this is *Adding Power to Our Voices: Framing Guide for Communicating about Injury—see box*).

Goal: Use relevant, audience-specific communication sources to deliver child injury prevention messages.

How an injury message is delivered (channel) and from whom or where it is delivered can influence whether the message reaches the target audience.

Examples of different channels include interpersonal, small group, community, and mass reach media (such as magazines, newspapers, and the internet/social media). Using multiple channels increases the reach of the target audience. It can also make it more likely that the target audience will see the message multiple times, increasing the chance that they will remember it.

When selecting the source of a message, consider which people in your audience will attract the most of their attention. The best sources may include celebrities, experts and scientists, colleges and universities, and government agencies with credibility or high status can improve the effectiveness of the message. Messages that are heard and believed.

Communication Plan

CDC's publication *Adding Power to Our Voices: Framing Guide for Communicating about Injury* is designed to help organizations speak their voice to build the public health needed to save lives. The framing guide provides a collective voice of violence prevention disciplines in many areas. Information and materials can be used in press releases, reports, and other communication materials. Learn more at www.cdc.gov/injury.

National Action Plan for Child Injury Prevention | 2012

Actions:

- Find local young people and parents who have been injured, or had a near-miss experience, who are willing to speak out publicly about the importance of injury prevention.
- Create a network (at local, state, and/or national levels) of available professional spokespersons (such as pediatricians, trauma surgeons, emergency personnel, lawyers, judges, educators) and victim and safety advocates who are trained to deliver compelling, evidence-based messages to the media.
- Use local businesses that value safety for injury prevention events and distribution sites (e.g., smoke alarms available at fire houses or child safety seat checks at local auto dealers).
- Encourage children's hospitals and other health care facilities to use their communication channels (e.g., the phone system's on-hold message or televisions in waiting areas) to share safety information.
- Sponsor local injury prevention events to raise awareness about a specific cause (e.g., a bike-a-thon to raise money to provide children with helmets).
- Identify opportunities for media coverage in unexpected places (e.g., a national automotive writer can cover car seat use or ways to keep teenagers from driving while texting, or a sports program or channel can reach out to teens about recreational safety).

The CDC *Injury Center Success Stories Portal* is an online collection of real stories about injury prevention successes. The portal is an innovative collection of stories detailing the work supported by CDC's Injury Center and illustrating the impact of injury prevention programs and research. The portal includes:

- Free, easy-to-use software that helps you develop your story
- Helpful guidance as you collect essential details to include in your success story
- Examples of model programs that have been effective
- Enables you to create a polished, professionally designed product
- Hosts a growing archive of success stories that you can search and share

Learn more at: www.cdc.gov/injury/SuccessStories



Home » Topics » Motor Vehicle Injury

Text Size: S M L XL

Motor Vehicle Injury

Motor Vehicle-Related Injury Prevention



- Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States and are the leading cause of death from injury for people of all ages (CDC) [PDF](#).
- Each year, motor vehicle crashes take the lives of more than 32,000 people in the United States and result in more than 2.6 million emergency department visits (CDC) [PDF](#).

Get Email Updates

Submit your email address to get updates on The Community Guide topics of interest.

What's this?

- [Child Safety Seats](#)
- [Motorcycle Helmets](#)
- [Safety Belts](#)
- [Alcohol-Impaired Driving](#)
- [Publications](#)

Home » Topics » Motor Vehicle Injury » Child Safety Seats

Text Size: S M L XL

Motor Vehicle Injury

Child Safety Seats

- [Summary of Findings](#)
- [Laws Mandating Use](#)
- [Community-Wide Information](#)
- [Distribution and Education Programs](#)
- [Incentive and Education Programs](#)
- [Education Programs When Used Alone](#)
- [Supporting Materials](#)
- [Motorcycle Helmets](#)
- [Safety Belts](#)
- [Alcohol-Impaired Driving](#)
- [Publications](#)

Motor Vehicle-Related Injury Prevention: Use of Child Safety Seats



The reviewed interventions aim to increase the use of child safety seats among children ages 0-4 years. Approaches include legislation, education, and seat distribution programs.

Task Force Recommendations and Findings

This table lists interventions reviewed by the Community Guide, with a summary of the Task Force finding (Definitions of findings). Click on an underlined intervention title for a summary of the review. These reviews were led by scientists in the Community Guide and CDC's Division of Unintentional Injury Prevention.

Intervention	Recommendation
Laws Mandating Use	Recommended June 1998
Community-Wide Information and Enhanced Enforcement Campaigns	Recommended June 1998
Distribution and Education Programs	Recommended June 1998
Incentive and Education Programs	Recommended June 1998
Education Programs When Used Alone	Inufficient Evidence June 1998

Presentations and Promotional Materials

Sides and Presentations

- [Using Evidence for Public Health Decision Making: Motor Vehicle-Related Injury Prevention](#) [PDF - 320 kB] Developed by The Community Guide
- [Public Health Grand Rounds: The Science Base for Prevention of Injury and Violence](#) [PDF](#) Hosted by CDC

What Works - Fact Sheets

- [What Works: Motor Vehicle-Related Injury Prevention - brochure and insert](#) [PDF - Size 921 kB]

For More on this Topic

- [CDC, National Center for Injury Prevention and Control](#) [PDF](#)
- [CDC Prevention Status Report - Motor Vehicle Injuries](#) [PDF](#)
- [National Highway Traffic Safety Administration](#) [PDF](#)
- [Safe Kids USA](#) [PDF](#)
- [American Academy of Pediatrics](#) [PDF](#)

Related Topics

- [Preventing Excessive Alcohol Consumption](#)

Get Email Updates

Submit your email address to get updates on The Community Guide topics of interest.

What's this?



The Guide to Clinical Preventive Services

Together, the Community Guide and the Clinical Guide provide evidence-based recommendations across the prevention spectrum.

Contact Us

- [Email](#)
- [Address](#)

Partnerships Assessment Readiness Capacity **Intervention MICA** Evaluation Momentum

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Home

Background and Development

Intervention Topics

References

Related Links

Frequently Asked Questions

Contact Us

User's Guide

Site Map

Worksheets

Intervention MICA
 BUILDING HEALTHY COMMUNITIES

Intervention MICA is a web-based resource for planning, implementing and evaluating interventions to improve the health of a risk factors.

Intervention MICA encourages the use of multiple strategies and settings to increase the likelihood of creating lasting behavior

Intervention planning is organized around six evidence-based strategies: campaigns and promotions, provider education, group

The following health issues are currently available on Intervention MICA:

- [Asthma](#)
- [Colorectal Cancer](#)
- [Diabetes](#)
- [Heart Disease and Stroke](#)
- [Immunizations](#)
- [Injuries from Falls](#)
- [Motor Vehicle Injuries](#)
- [Nutrition](#)
- [Oral Health](#)
- [Physical Activity](#)
- [Sexual Assault Prevention](#)
- [Tobacco Use](#)

For more about Intervention MICA, continue to [What is Intervention MICA?](#) >>

Or select another section:

- [What is an intervention?](#)
- [What is evidence?](#)
- [How to use Intervention MICA](#)
- [Intervention Topics Overview](#)

[Top of Page](#)

Partnerships Assessment Readiness Capacity **Intervention MICA** Evaluation Momentum

Google™ Search

Motor Vehicle Injuries Evidence-based Interventions

Home

Background and Development

Intervention Topics

References

Related Links

Frequently Asked Questions

Contact Us

User's Guide

Site Map

Worksheets

INTERVENTION	POPULATION	SETTING	STI
	Age	Race/Ethnicity	Group Education
Buckle Bear	Children	All	School
Bucklebear	Infants/Toddlers	All	School
A "Driving Under the Influence" class	Teens	All	Community
Impaired Minds Produced by Alcohol Cause Trauma (IMPACT) Program	Teens	All	Health care facility
Integration of injury control information into a high school physics course	Teens	All	School
Plan a Safe Strategy (P.A.S.S.) Program	Teens	All	School
Progressive Agriculture Safety Day program	Children	All	Community
Promoting automobile safety belt use by young children	Children	All	School
Resisting Pressures to Drink and Drive	Teens	All	School
School-based drug abuse prevention program on adolescent risky driving	Teens	All	School
Server-intervention Education Program	Adults, Seniors	All	Worksite
Teaching car passenger safety to preschool children	Infants/Toddlers, Adults	All	School
TIPS (Training for Intervention Procedures for Servers of Alcohol)	Adults	All	Worksite

<< [Back to Evidence-based Motor Vehicle Injuries Strategies](#)

INTERVENTION	POPULATION	SETTING	STI
	Age	Race/Ethnicity	Individual Education
Baby, Be Safe	Adults	All	Health care facility
Computer games and virtual reality as therapy	Young adults, Adults, Seniors	All	Health care facility
Driving Decisions Workbook	Seniors	All	Community
Fatal Vision Goggles	Young adults	All	Community

Major funding provided by **MFFH** MEMORIAL FOUNDATION FOR THE HEALTH

Priority Health Issue: Prevent and reduce tobacco use and secondhand smoke exposure

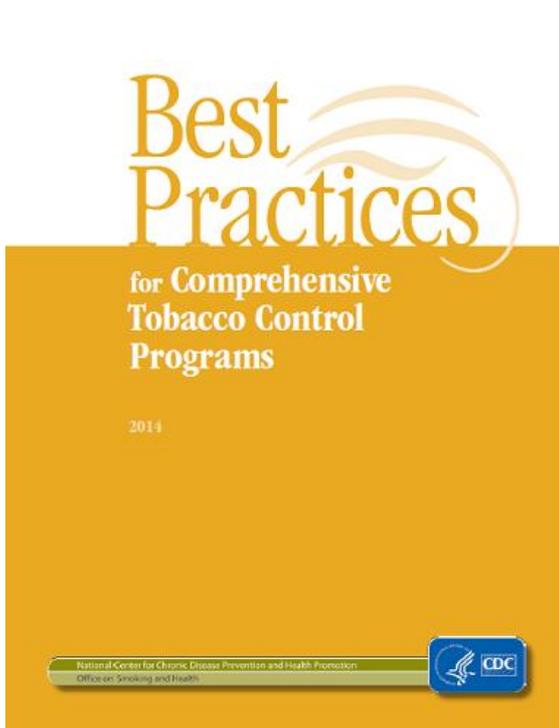
Goals:

- Eliminating exposure to secondhand smoke
- Promoting quitting among adults and youth

Strategies:

- Encouraging Quitline interventions, particularly proactive quitlines (i.e. those that offer follow-up counseling calls).

Priority Health Issue: Prevent and reduce tobacco use and secondhand smoke exposure



Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

MISSOURI TOBACCO QUITLINE Fax Number: 1-800-483-3114

FAX REFERRAL FORM

Provider Information: Date: ___/___/___
Clinic Name: _____
Health Care Provider: _____
Contact Name: _____
I am a HIPAA-Covered Entity (Please check one) Yes No I Don't Know
Fax: (____) ____-____ Phone (____) ____-____
Comments: _____

Patient Information: Gender: male female Pregnant? Y N
Patient Name: _____ DOB: ___/___/___
Address: _____ City: _____ Zip: _____
Hm #: (____) ____-____ Wk #: (____) ____-____ Cell #: (____) ____-____
Language Preference (check one): English Other _____

<http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php>

Birth Outcomes Priority Health Issue Guide

MCH FFY
2015-2017

Priority Health Issue: Prevent and reduce adverse birth outcomes

Birth Outcomes Priority Health Issue Guide

MCH FFY
2015-2017

Priority Health Issue: Prevent and reduce adverse birth outcomes

Goals:

The 2012-2014 Action Plan for the National Initiative on Preconception Health and Health Care (PCHHC) made core recommendations to address adverse birth outcomes, based on four broad goals to:

1. Improve the knowledge and attitudes and behaviors of men and women related to preconception health
2. Assure that all women of childbearing age in the United States receive preconception care services (e.g., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health
3. Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children
4. Reduce the disparities in adverse pregnancy outcomes

Based on the PCHHC and AMCHP recommended evidence-based community strategies:

Implement Health Promotion and Education Efforts to Improve Birth Outcomes

- Incorporate preconception and interconception health messages into social media campaigns that promote women's health and wellness, and support reproductive life planning for men and women of reproductive age, including adolescents.
- Incorporate messages on healthy pregnancies into social marketing and education campaigns targeting messages to first-time mothers and promoting text4baby to provide health and safety messages to pregnant women.
- Support folic acid campaigns to target preconception and interconception women about the importance of folic acid to reduce the occurrence of neural tube defects.
- Reduce the use of and exposure to harmful substances such as alcohol, tobacco, and environmental teratogens among all pregnant women.
- Promote screening and monitoring for chronic disease, infection, and other high-risk conditions which may impact pregnancy or birth outcomes.

Birth Outcomes Priority Health Issue Guide

MCH FFY
2015-2017

Priority Health Issue: Prevent and reduce adverse birth outcomes



Implement Health Promotion and Education Efforts to Improve Birth Outcomes

- <http://www.amchp.org/programsandtopics/womens-health/Focus%20Areas/improvingbirthoutcomes/infant-mortality/Documents/AMCHP%20Birth%20Outcomes%20Compendium-Recommendations.pdf>
- **Promote daily folic acid for women of childbearing age**

Working with partners, specifically state chapters of the March of Dimes, family planning clinics, WIC, community health centers and other women's health professionals, to deliver messages and recommended amounts of folic acid to women of childbearing age (AMCHP)

To find your local March of Dimes partner you can explore:

<http://www.marchofdimes.org/missouri>

March of Dimes in collaboration with Missouri Department of Health and Senior Services, MU Extension, and others has developed a curriculum on folic acid,

“An Ounce of Prevention” available from:

<http://extension.missouri.edu/hdfs/ounceofprevention>

CDC offers free resource materials on folic acid information:

<http://www.cdc.gov/ncbddd/folicacid/index.html>

An Ounce of Prevention
Addressing Prenatal Health Issues of Adolescents and Young Adults

About Curriculum | Development/Authors | Content Overview | Chapter Topics | Target Audience

A need was identified by Missouri teachers to educate adolescents and young adults on prenatal health and risk factors. In 1999, a comprehensive, research-based curriculum was developed to address this need.

This curriculum resource, **An Ounce of Prevention** (revised in 2011, third edition), addresses preconception health and preventative factors related to birth defects, folic acid, the effects of alcohol and tobacco during pregnancy, family health history, newborn screening, STD/STIs and HIV, and healthy relationships.

The target audience is junior high and high school students, and participants in related programs and services through state and county departments of health or human service agencies.

The 2011 revision includes resources for classroom use, a variety of learning activities, assessments, visual aids and e-learning tools.

The curriculum can be ordered from MU Extension publications:
CE15, An Ounce of Prevention
Price: \$80
MU Extension Publications
2600 Hagura Blvd.
Columbia, MO 65211
Call toll-free: 1-800-292-0999
Or order online: <http://extension.missouri.edu/p/CE15>

Development of An Ounce of Prevention was supported by funds from the March of Dimes Foundation, MU hospitals and Clinics, Missouri Department of Health and Senior Services, and MU Extension, with collaboration from the Missouri Department of Elementary and Secondary Education.

UNIVERSITY OF MISSOURI
Site Administrator: amchp@missouri.edu

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Recommendations

Analysis of state action plans and national reports on reducing infant mortality led to seven broad recommendations for building a comprehensive plan to improve birth outcomes. These recommendations outline core areas for focus and planning among states and partners. These recommendations are:

- 1) Implement Health Promotion Efforts
- 2) Ensure Quality of Care for All Women and Infants
- 3) Improve Maternal Risk Screening for All Women of Reproductive Age
- 4) Enhance Service Integration for Women and Infants
- 5) Improve Access to Health Care for Women Before, During and After Pregnancy
- 6) Develop Data Systems to Understand and Inform Efforts
- 7) Promote Social Equity

The following section explores each of these recommendations and provides specific action steps that state agencies and partners can take to improve birth outcomes. Each recommendation is supplemented with state-level programs or policies exemplifying aspects of the overall recommendations. Detailed case studies of seven state initiatives to improve birth outcomes are also featured (page 54-72) as a way to illustrate how comprehensive approaches can vary across offering states and communities.

Recommendation 1: Implement Health Promotion Efforts

Health promotion is the art and science of helping individuals understand influences of health, become motivated to strive for optimal health and change their lifestyle to move toward a state of optimal health.¹⁰ Health promotion leads to individual level change through education, enhanced awareness and increased skills and self-efficacy. Health promotion can also be achieved through establishing opportunities and environments that make positive health behaviors the easiest choice, thus creating individual health promotion at the population level.

The health of a mother as a woman should be a priority focus area in order to reduce the impact maternal health behaviors can have on infant mortality and mortality. Not only is women's health promotion important for community health outcomes, general women's health promotion as a strategy can be used to target birth outcomes during the preconception period. A preconception health framework espouses that the maternal health status before pregnancy plays an important role in the health of women and infants during pregnancy. Preconception health behaviors that can impact pregnancy and infant health include: substance use and weight management. Smoking by pregnant women is associated with 20 percent of fetal or gestational-age infants, 10 percent of preterm infants and

Another direct cause of infant mortality and mortality are neural tube defects (NTDs), or birth defects of the brain and spinal cord. Spina bifida and anencephaly are the most common NTDs in the United States. According to the CDC, each year 1,900 babies are born with spina bifida and nearly one in every 5,000 babies are born with anencephaly. Over the past few decades, reductions in birth defects have been achieved through use of prenatal of healthy preconception and prenatal behaviors, as well as proper health care before and during pregnancy. For example, there has been a 27 percent decline in pregnancies affected by NTDs since the United States began fortifying enriched grains with folic acid. Folic acid intake and folic acid fortification can prevent 50 to 70 percent of neural tube defects.¹¹ In addition, controlling teratogenic medications, obesity and diabetes¹² can help prevent NTDs.

women and families. Education about behaviors, their impact on health and how to change or reduce risk associated with behaviors is central to many health promotion activities. Health promotion and behavior change at the individual level is sustained as communities institutionalize health policy systems and environmental changes that ensure healthy choices are the easiest choice (i.e., laws that require car seats, workplaces that support breastfeeding).

Health promotion activities can directly improve birth outcomes and influence the causes of infant mortality and mortality by educating on health behaviors that prevent Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID). SIDS/SUID is the leading cause of death among infants aged one to 12 months, and the third leading cause overall of infant mortality. In the early 1900s, health education campaigns, such as Back to Sleep, promoted safe sleep positions and environments for infants in order to reduce the occurrence of SIDS. Since then, the overall rate of SIDS in the United States has declined by more than 50 percent.¹³ Research has shown promoting health behaviors, such as breastfeeding, immunizations and reducing substance use, also lower the risk of SIDS.¹⁴

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Health promotion is the art and science of helping individuals understand influences of health, become motivated to strive for optimal health and change their lifestyle to move toward a state of optimal health.¹⁰ Health promotion leads to individual level change through education, enhanced awareness and increased skills and self-efficacy. Health promotion can also be achieved through establishing opportunities and environments that make positive health behaviors the easiest choice, thus creating individual health promotion at the population level.

The health of a mother as a woman should be a priority focus area in order to reduce the impact maternal health behaviors can have on infant mortality and mortality. Not only is women's health promotion important for community health outcomes, general women's health promotion as a strategy can be used to target birth outcomes during the preconception period. A preconception health framework espouses that the maternal health status before pregnancy plays an important role in the health of women and infants during pregnancy. Preconception health behaviors that can impact pregnancy and infant health include: substance use and weight management. Smoking by pregnant women is associated with 20 percent of fetal or gestational-age infants, 10 percent of preterm infants and

Local Public Health Agency Information

[Home](#) » [Local Public Health Services](#)

- [Directory of Local Public Health Agencies](#)
- [Defining Public Health For Missouri II](#)
- [LPHA Data Release Policies, Procedures and Guidelines \(VR & PAS\)](#)
- [Facebook Resources](#)
- [317 Funded Vaccine Frequently Asked Questions](#)
- [LPHA Immunization Data - Children](#)
- [LPHA Immunization Data - Adolescents](#)

Child Care Health Consultation

- [Recorded Webinars](#)

Contract Documents

- [CCHC Contract Map](#)
- [FFY 2014 CCHC Scope of Work](#)
- [Terms and Conditions \(Updated 01-2012\)](#)
- [Contract Forms, Attachments, Tools and Resources](#)

Standardized Curricula (including lesson plans) for the CCHC Program

- [Approved Obesity Prevention Training and Health Promotions](#)
Obesity prevention - nutrition and physical activity
- [Department Standardized Health Issue Trainings](#)
- [Department Standardized Health Promotions for Children](#)

Maternal Child Health Services

- [MCH District Nurse Consultant Map](#)
- [MCH Services - Contract Reminder Calendar](#)
- [Resources](#)

FFY 2015-2017 Contract

- [Scope of Work for the MCH Services Contract](#)
- [Glossary for the MCH Services Contract](#)
- [Proposal Guidance for the MCH Services Contract](#)
- [Template for the MCH Services Contract Work Plan](#)
 - [Statement of the Problem Data Sources](#)
 - [Priority Health Issue Map](#)
 - [Priority Health Issue Guide – Obesity](#)
 - [Priority Health Issue Guide – Injury](#)
 - [Priority Health Issue Guide – Tobacco](#)
 - [Priority Health Issue Guide – Birth Outcomes](#)
 - [2014 Missouri Maternal Child Health Services Program Strategies](#)
- [Vendor Request for Payment form](#)
- [Terms and Conditions \(Revised 01-2012\)](#)
- [Progress Report](#)
- [Year-End Report](#)
- [Contract Outcomes Report](#)

Local Public Health

Services

- [Vision & Mission](#)
- [Calendar of Events](#)
- [Friday Facts](#)
- [LPHA Information](#)
- [Publications](#)
- [Related Sites](#)
- [Resources](#)
- [Special Projects](#)
- [Training](#)

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Maternal Child Health Services

[Home](#) » [Local Public Health Services](#)

Quick reference list of program provided resources:

- [Maternal Child Health Services](#)
- [Spectrum of Prevention](#)

Maternal Child Health Services

- [MCH Intervention and Data Resources List](#) 
- [MCH Block Grant Handout](#) 
Pyramid of Services, MO MCH Priority Needs, Mandated National Outcome and Performance Measures, and MO State Performance Measures for 2011-2015
- [Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America](#) 
- [ASTDN](#) 
How to Participate, as a Public Health (PH) Nurse, in the Essential Services of PH
- [The Life Course Model and Maternal, Child and Adolescent Health](#) 
 - [Life Course Perspective Flyer](#) 
- [AMCHP Best Practice Categories and Criteria](#) 
- [Community Tobacco, Physical Activity and Nutrition Policy and Environment Assessment and Resource Guide](#) 
- [2014 Missouri Maternal Child Health Services Program Strategies](#) 

2008 Maternal Child Health Institute: Bringing Together Communities to Address Injury, Obesity, and Tobacco Prevention - June 4-5, 2008

Holiday Inn Select Executive Center, Columbia, MO

[Table of Contents for Presentations and Resources](#)

MCH Services Program Contract Opening, November 2011

The MCH Services Program conducted contract opening regional webinars from November 3 - 17, 2011. Topics included: Brief overview of contract changes in reporting, life course perspective, risk and protective factors, social determinants of health and health disparities and how these apply to the priority health issues, spectrum of prevention work plans, tools for assessments/surveys and other datasets, and community engagement. The resources available below are from these aforementioned webinars.

Local Public Health Services

[Vision & Mission](#)[Calendar of Events](#)[Friday Facts](#)[LPHA Information](#)[Publications](#)[Related Sites](#)[Resources](#)[Special Projects](#)[Training](#)

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Local Public Health Agency Information

[Home](#) » [Local Public Health Services](#)

- [Directory of Local Public Health Agencies](#)
- [Defining Public Health For Missouri II](#)
- [LPHA Data Release Policies, Procedures and Guidelines \(VR & PAS\)](#)
- [Facebook Resources](#)
- [317 Funded Vaccine Frequently Asked Questions](#)
- [LPHA Immunization Data - Children](#)
- [LPHA Immunization Data - Adolescents](#)

Child Care Health Consultation

- [Recorded Webinars](#)

Contract Documents

- [CCHC Contract Map](#)
- [FFY 2014 CCHC Scope of Work](#)
- [Terms and Conditions \(Updated 01-2012\)](#)
- [Contract Forms, Attachments, Tools and Resources](#)

Standardized Curricula (including lesson plans) for the CCHC Program

- [Approved Obesity Prevention Training and Health Promotions](#)
Obesity prevention - nutrition and physical activity
- [Department Standardized Health Issue Trainings](#)
- [Department Standardized Health Promotions for Children](#)

Maternal Child Health Services

- [MCH District Nurse Consultant Map](#)
- [MCH Services Contract Reminder Calendar](#)
- [Resources](#)

FFY 2015-2017 Contract

- [Scope of Work for the MCH Services Contract](#)
- [Glossary for the MCH Services Contract](#)
- [Proposal Guidance for the MCH Services Contract](#)
- [Template for the MCH Services Contract Work Plan](#)

Statement of the Problem Data Sources

- [Priority Health Issue Map](#)
- [Priority Health Issue Guide – Obesity](#)
- [Priority Health Issue Guide – Injury](#)
- [Priority Health Issue Guide – Tobacco](#)
- [Priority Health Issue Guide – Birth Outcomes](#)

- [Vendor Request for Payment form](#)
- [Terms and Conditions \(Revised 01-2012\)](#)
- [Progress Report](#)
- [Year-End Report](#)
- [Contract Outcomes Report](#)

Local Public Health

Services

[Vision & Mission](#)[Calendar of Events](#)[Friday Facts](#)[LPHA Information](#)[Publications](#)[Related Sites](#)[Resources](#)[Special Projects](#)[Training](#)

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Missouri Department of Health & Senior Services MCH Services District Nurse Consultant Regions

