



MATERNAL CHILD HEALTH (MCH) PRIORITY HEALTH ISSUES Data Crosswalk and Indicator Guide

*For use by local public health agencies (LPHAs)
MCH Services contract work plan FFY2027-2031*

How to Use This Document

This guide is designed to support Local Public Health Agencies (LPHAs) in selecting a Maternal & Child Health (MCH) priority need for the upcoming contract cycle and identifying the most relevant data to inform that decision.

LPHAs are required to:

1. Conduct a local needs assessment using quantitative and qualitative data.
2. Use available county-level data (e.g., MOPHIMS, MCH Risk Level Dashboard) to identify local burden.
3. Consider statewide data sources to understand Missouri-wide trends and Title V alignment.
4. Select one Priority Health Issue based on data findings and community input.
5. Develop a work plan aligned with the selected priority.

What This Document Provides:

- County-level indicators aligned to each priority
- State-level indicators aligned to each priority
- Data sources and interpretation guidance
- A crosswalk between available datasets and priority issue areas

This document does not replace local data collection.

LPHAs should supplement quantitative data with:

- Community health assessments (CHA/CHIP)
- Hospital and FQHC data
- Provider input
- Community-based organization and school partners
- Surveys, focus groups, and lived experience

Data Sources Referenced in Guide:

- [Missouri Public Health Information Management System \(MOPHIMS\)](#) (This document specifically utilizes the Community Data Profiles in MOPHIMS)

- [Missouri Maternal-Child Health Risk Level Dashboard](#)
- [Missouri Maternal & Child Health Data Platform](#)
- [Pregnancy-Associated Mortality Review \(PAMR\) Dashboard](#)
- [Missouri Pregnancy Risk Assessment Monitoring System \(PRAMS\) Dashboard](#)



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Access to Patient-Centered, Coordinated, & Comprehensive Postpartum Care

Overview

This priority focuses on ensuring women of childbearing age receive timely, continuous, and coordinated medical, behavioral, and social supports following delivery, especially during the first 12 months postpartum. Postpartum care encompasses physical recovery, chronic condition management, mental health support, family planning services, and connection to ongoing preventive care.

Data Source Levels:

- **County-level data:**
MOPHIMS Profiles and *MCH Risk Level Dashboard* provide indicators that can be used to measure local burden.
- **State-level data:**
PRAMS Dashboard, *PAMR Dashboard*, and *Missouri MCH Data Platform* provide statewide indicators only. These should not be used to describe county-specific burden but can provide evidence of statewide trends, disparities, and risk patterns that inform local prioritization.

◆ DIRECT INDICATORS (County-Level)

These measure postpartum outcomes or service use directly.

Indicator	Source	Why It Matters
Postpartum checkup rate	MCH Risk Level Dashboard (County-level)	Direct measure of care engagement after birth
Postpartum depressive symptoms	MCH Risk Level Dashboard (County-level)	Indicator of mental health burden requiring coordinated follow-up

● INDIRECT INDICATORS (County-Level)

These suggest risk for poor postpartum outcomes even before delivery.

Indicator	Source	Why It Matters
Late prenatal care (2nd/3rd trimester)	MOPHIMS – Prenatal Profile (County-level)	Poor prenatal engagement predicts weak postpartum follow-up
No prenatal care	MOPHIMS – Prenatal Profile (County-level)	Indicates major access barriers before delivery

Indicator	Source	Why It Matters
Inadequate prenatal care	MOPHIMS – Prenatal Profile and Minority Health Profile (County-level)	Higher risk for complications requiring postpartum management
Mother smoked during pregnancy	MOPHIMS – Prenatal Profile (County-level)	Predicts adverse outcomes and chronic disease needs postpartum
Mother Obese (BMI greater than or equal to 30) Mother Underweight (BMI less than 18.5)	MOPHIMS – Women’s Reproductive Health Profile (County-level)	Chronic health conditions requiring postpartum management
Gestational diabetes or pre-pregnancy diabetes	MOPHIMS – Prenatal Profile (County-level)	Requires follow-up glucose screening postpartum
Pregnancy Complications (ER Visits)	MOPHIMS – ER Profile (County-level)	Suggests high-risk pregnancy needing close follow-up
Other Complications of Birth Normal Pregnancy and Delivery	MOPHIMS – Inpatient Profile (County-level)	Higher morbidity → need for case management postpartum
NICU admission (infant)	MOPHIMS – Infant Profile (County-level)	Indicates high-risk birth requiring greater maternal support
Preterm Births (less than 37 Weeks Gestation) Low Birth Weight Low Birth Weight and Term Very Low Birth Weight Small for Gestational Age	MOPHIMS – Infant Profile (County-level)	Correlated with increased maternal stress + health challenges postpartum

● CONTEXTUAL INDICATORS (County-Level)

These reflect systemic or socioeconomic barriers to receiving postpartum care.

Indicator	Source	Why It Matters
Uninsured women (19-44)	MCH Risk Level Dashboard (County-level)	Coverage affects access to follow-up care
No healthcare coverage ages 18–64	MOPHIMS – County-Level Study Profile (County-level)	System-wide access limitation
Prenatal Medicaid	MOPHIMS – Prenatal Profile (County-level)	Indicates payer source for delivery and predicts postpartum insurance coverage continuity
Prenatal WIC participation	MOPHIMS – Prenatal Profile (County-level)	Proxy for socioeconomic strain; associated with barriers to accessing postpartum healthcare
Prenatal Food Stamps (SNAP use)	MOPHIMS – Prenatal Profile (County-level)	Reflects food insecurity and financial hardship that may hinder postpartum care-seeking
Unemployment rate (general adult population, 16+ years)	MOPHIMS – ACS Profile (County-level) (County-level)	Socioeconomic stress reduces ability to seek care
Did not get medical care because of lack of transportation — among those who needed care	MOPHIMS – County-Level Study Profile (County-level)	Limits appointment access
Computer ownership and internet use – Households with no computer, Households with a computer but not internet subscription	MOPHIMS – ACS Profile (County-level)	Impacts access to telehealth postpartum visits
Poverty status over the last 12 months	MOPHIMS – ACS Profile (County-level)	Basic needs instability lowers care prioritization
Substance use and mental health indicators (PDF) Mental Health Treatment Data: Missouri DMH Division of Behavioral Health (PDF)	MOPHIMS – Alcohol and Substance Use Disorder, Missouri Department of Mental Health, Division of Behavioral Health Data (County-level)	Indicates gaps in support for postpartum-age adults

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators are available only at the state level and cannot be used to quantify county-level burden. They should be used to understand statewide patterns, risk factors, and populations disproportionately

affected. Counties should pair state-level data with county-level indicators from MOPHIMS and the MCH Risk Level Dashboard, along with local qualitative data (provider interviews, community surveys, CHA/CHIP findings), to determine local need.

◆ **DIRECT INDICATORS (State-Level)**

Indicator	Source	Why It Matters
Postpartum: Had postpartum depression indicator	PRAMS Dashboard (State-level data only)	Measures mental health needs after delivery
Postpartum: Had postpartum check-up	PRAMS Dashboard (State-level data only)	Direct measure of postpartum visit engagement
Postpartum: At Postpartum Check-up Doctor or Healthcare Worker	PRAMS Dashboard (State-level data only)	Direct measure of the quality and content of postpartum care
Postpartum: Since Baby Was Born, How Often Felt Down, Depressed, or Hopeless	PRAMS Dashboard (State-level data only)	Detects severity of depressive symptoms
Postpartum: Since Baby Was Born, How Often Felt Little Interest or Little Pleasure in Doing Things	PRAMS Dashboard (State-level data only)	Screens for anhedonia and risk of PPD
Maternal mortality rate per 100,000	Missouri MCH Data Platform (State-level data only)	Overall severity of maternal outcomes
Pregnancy-related deaths by timing (during pregnancy, ≤42 days, 43–365 days postpartum)	PAMR Dashboard (State-level data only)	Identifies risk points in postpartum period

● **INDIRECT INDICATORS (State-Level)**

Indicator	Source	Why It Matters
Severe maternal morbidity rate	Missouri MCH Data Platform (State-level data only)	Tracks complications requiring postpartum follow-up
Teen Fertility Rate Age 15–17 Teen Pregnancy Rate Age 15–17	MOPHIMS – Women's Reproductive Health Profile	Teen parents face elevated postpartum risks and lower follow-up care

Indicator	Source	Why It Matters
Teen birth rate (ages 15–19)	Missouri MCH Data Platform (State-level data only)	
Nutrition & Maternal Morbidity: Health problems during pregnancy	PRAMS Dashboard (State-level data only)	Flags conditions that need continuity of care
Substance use during pregnancy	PRAMS Dashboard (State-level data only)	Predicts substance-related postpartum risks
Nutrition & Maternal Morbidity: Weight gain adequacy (2009 IOM guidelines)	PRAMS Dashboard (State-level data only)	Poor weight gain or excessive gain predicts complications requiring postpartum monitoring
Oral Health: Had hard time going to dentist because	PRAMS Dashboard (State-level data only)	Reflects access barriers during pregnancy, often continuing into the postpartum period
Leading underlying causes of pregnancy-related death (cardiovascular disease, mental health, infection, amniotic fluid embolism)	PAMR Dashboard (State-level data only)	Identifies conditions driving preventable mortality that require postpartum monitoring.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Medicaid, WIC, and Insurance	PRAMS Dashboard (State-level data only)	Predicts continuity of coverage postpartum
Nutrition & Maternal Morbidity: Ever eat less than you felt you should because of lack of money	PRAMS Dashboard (State-level data only)	Basic needs insecurity impacts recovery
Other Experiences: Return to work after delivery / maternity leave duration	PRAMS Dashboard (State-level data only)	Impacts ability to attend follow-up visits
Other Experiences: During the 12 months before delivery, felt upset due to race bias	PRAMS Dashboard (State-level data only)	Structural inequity that predicts mistrust, reduced care engagement, and poorer postpartum outcomes

Indicator	Source	Why It Matters
Other Experiences: Reason for not taking maternity leave	PRAMS Dashboard (State-level data only)	Economic and job-related pressures impact recovery and ability to attend postpartum visits
Other Experiences: Felt unsafe at home in past 12 months	PRAMS Dashboard (State-level data only)	Safety concerns directly interfere with attending care and predict postpartum mental health risks
Discrimination as a contributing factor (listed under Select a Factor")	PAMR Dashboard (State-level data only)	Structural barrier to safe care
Mental health conditions contributing to mortality (listed under Select a Factor")	PAMR Dashboard (State-level data only)	Identifies systemic mental health gaps
Percent of women ages 18–44 with preventive medical visit in past year	Missouri MCH Data Platform (State-level data only)	Measures preventive care baseline
Percent of infants ever breastfed	Missouri MCH Data Platform (State-level data only)	Reflects early postpartum support, hospital practices, and maternal–infant health environment; low rates signal unmet postpartum support needs

Interpretation Note

State-level indicators should be used to understand broader maternal health trends and align county work with statewide priorities. They provide context but cannot be used to claim county-specific burden.

Preventive Oral Health Care Services During Pregnancy

Overview

This priority focuses on ensuring pregnant women have access to dental screenings, treatment, education, and preventive oral health services during pregnancy. Oral health during pregnancy is linked to birth outcomes, maternal well-being, and postpartum health behaviors.

Data Source Levels:

- **County-level data:**
MOPHIMS Profiles and *MCH Risk Level Dashboard* can be used to evaluate local patterns in healthcare coverage, hospitalization, and preventable dental-related utilization.
- **State-level data:**
PRAMS Dashboard and *Missouri MCH Data Platform* provide statewide estimates only. These data support statewide context and alignment with Title V priorities but should not be interpreted as local burden.

◆ DIRECT INDICATORS (County-Level)

These measure oral health outcomes or dental-related healthcare use during or around pregnancy.

Indicator	Source	Why It Matters
Dental Visit During Pregnancy	MCH Risk Level Dashboard (County-level)	Measures whether women received recommended dental care during pregnancy

● INDIRECT INDICATORS (County-Level)

These suggest risk of poor oral health during pregnancy but do not directly measure dental disease.

Indicator	Source	Why It Matters
Uninsured women ages 19–44	MCH Risk Level Dashboard (County-level)	Lack of insurance reduces access to dental services during pregnancy
Poor or Fair Health	MCH Risk Level Dashboard (County-level)	Low baseline health affects ability to seek preventive care
Physical Inactivity	MCH Risk Level Dashboard (County-level)	Correlated with lower preventive health engagement
Obesity	MCH Risk Level Dashboard (County-level)	Associated with oral inflammation & periodontal risk

Indicator	Source	Why It Matters
Poor Mental Health Days	MCH Risk Level Dashboard (County-level)	Depression/anxiety reduce preventive care uptake
Pre-Pregnancy Health Care Visit	MCH Risk Level Dashboard (County-level)	Indicates engagement in preventive health generally
No health care coverage – Ages 18–64	MOPHIMS – County-Level Study Profile (County-level)	Direct access barrier to dental services
Needed to see a dentist in past 12 months but could not due to cost	MOPHIMS – County-Level Study Profile (County-level)	Financial barrier to oral health care
Last visited a dentist more than 2 years ago	MOPHIMS – County-Level Study Profile (County-level)	Indicates lack of routine oral health care
Did not get medical care because of cost	MOPHIMS – County-Level Study Profile (County-level)	Competing financial burdens impact dental care
Did not get medical care because of lack of transportation	MOPHIMS – County-Level Study Profile (County-level)	Transportation barriers limit access to local dentists
Current cigarette smoking	MOPHIMS – County-Level Study Profile (County-level)	Smoking increases periodontal disease risk
Ever been told had diabetes	MOPHIMS – County-Level Study Profile (County-level)	Diabetes worsens gum disease risk
Ever been told had a depressive disorder	MOPHIMS – County-Level Study Profile (County-level)	Depression is linked to low preventive care uptake

● CONTEXTUAL INDICATORS (County-Level)

These describe the structural environment influencing access to oral health services.

Indicator	Source	Why It Matters
Persons below poverty	MOPHIMS – ACS Profile (County-level)	Lower-income groups have higher unmet dental needs
Families in poverty	MOPHIMS – ACS Profile (County-level)	Predicts unmet preventive dental needs

Indicator	Source	Why It Matters
Lack of broadband/internet	MOPHIMS – ACS Profile (County-level)	Reduces access to scheduling portals & virtual education
With food stamp benefits in the past 12 months	MOPHIMS – ACS Profile (County-level)	Indicates economic strain that limits healthcare access
Households with no vehicle available	MOPHIMS – ACS Profile (County-level)	Transportation is a top barrier for rural dental access

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators are statewide estimates and should not be interpreted as county-specific burden. They provide context on population patterns in oral health behaviors and access during pregnancy. Counties should pair state-level data with local MOPHIMS indicators and qualitative findings (e.g., provider interviews, surveys, CHA/CHIP) when determining need.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Oral Health: Dental care during pregnancy	PRAMS Dashboard (State-level data only)	Direct measure of utilization of oral health services
Oral Health: Had hard time going to dentist because	PRAMS Dashboard (State-level data only)	Identifies structural barriers to dental care
Percent of children (1–17) with preventive dental visit in past year (<i>proxy for maternal/family dental access</i>)	Missouri MCH Data Platform (State-level data only)	Shows statewide oral health engagement patterns

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of women who smoke during pregnancy	Missouri MCH Data Platform (State-level data only)	Smoking increases periodontal disease risk

Indicator	Source	Why It Matters
Nutrition & Maternal Morbidity: Health problems during pregnancy	PRAMS Dashboard (State-level data only)	Chronic and metabolic conditions correlate with oral disease
Percent of infants ever breastfed (<i>behavioral health indicator linked to maternal health engagement</i>)	Missouri MCH Data Platform (State-level data only)	Indicates health-seeking behaviors supporting preventive care
Nutrition & Maternal Morbidity: BMI before pregnancy	PRAMS Dashboard (State-level data only)	Associated with inflammatory oral conditions

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Insurance Coverage Before Pregnancy Present Health Insurance Prenatal Care Paid By	PRAMS Dashboard (State-level data only)	Coverage is a prerequisite for dental access
Nutrition & Maternal Morbidity: Ever eat less than you felt you should because of lack of money for food	PRAMS Dashboard (State-level data only)	Strong predictor of unmet dental needs
Other Experiences: During 12 months before delivery felt upset due to race bias	PRAMS Dashboard (State-level data only)	Structural racism increases stress and reduces trust in healthcare, affecting utilization.
Other Experiences: Felt unsafe at home in the 12 months before delivery	PRAMS Dashboard (State-level data only)	Safety concerns prevent birthing people from seeking preventive care.
Other Experiences: Reason for not taking maternity leave	PRAMS Dashboard (State-level data only)	Lack of maternity leave limits ability to attend medical and dental appointments.
Distribution of obstetric and family medicine providers (workforce): Family Medicine Physicians per 100,000 jobs Obstetricians per 100,000 jobs	Missouri MCH Data Platform (State-level data only)	Provider shortages correlate with fewer dental referrals

Indicator	Source	Why It Matters
Certified Nurse Midwives per 100,000 jobs		

Interpretation Note

Use state-level indicators to understand statewide patterns in oral health during pregnancy and align local work with Title V priorities. Because these indicators do not provide county-specific estimates, they should not be used to quantify local burden.

Safe Infant Sleep Practices & Environments to Promote Safe Infant Sleep & Reduce Sleep-Related Infant Deaths

Overview

This priority focuses on promoting safe infant sleep practices (back to sleep, own sleep surface, room-sharing without bed-sharing, smoke-free environments) and reducing sleep-related sudden unexpected infant deaths (SUID), including SIDS.

Data Source Levels:

- **County-level data:**
Use MOPHIMS Profiles and the MCH Risk Level Dashboard to quantify *local* infant mortality, birth outcomes, and risk factors.
- **State-level data:**
Use the Missouri Maternal Child Health Data Platform and PRAMS Dashboard for *statewide* patterns in infant sleep practices, breastfeeding, and SUID. These do not provide county-level estimates and should not be used to claim local burden but are helpful for context and alignment with Title V priorities.

◆ DIRECT INDICATORS (County-Level)

These directly measure sleep-related infant outcomes or closely related mortality patterns.

Indicator	Source	Why It Matters
Mortality Rate – Infant (called “Infant Deaths per 1,000” in MOPHIMS)	MCH Risk Level Dashboard and MOPHIMS – Infant Health Profile (County-level)	Sleep-related SUID is a contributor to infant mortality.
Postneonatal Deaths per 1,000	MOPHIMS – Infant Profile (County-level)	Sleep-related deaths can occur after the first 28 days
Sudden Infant Death Syndrome (SIDS) per 1,000	MOPHIMS – Infant Profile (County-level)	Direct measure of sleep-related infant deaths.
Safe Sleep (“Percentage of Infants Placed to Sleep on their Backs”)	MCH Risk Level Dashboard (County-level)	Direct measure of safe sleep behavior.

● INDIRECT INDICATORS (County-Level)

These indicate elevated risk of sleep-related infant death, even if sleep practices are not directly measured.

Indicator	Source	Why It Matters
Preterm Births (less than 37 Weeks Gestation)	MOPHIMS – Infant Profile (County-level)	Preterm infants are at higher risk for SUID.
Low birth weight	MOPHIMS – Infant Profile (County-level)	Low birth weight infants have greater vulnerability to sleep-related deaths.
NICU admission	MOPHIMS – Infant Profile (County-level)	High-risk infants need more intensive safe sleep education at discharge.
Breastfeeding Initiation in Hospital	MOPHIMS – Infant Profile (County-level)	Breastfeeding is protective against SUID.
Smoking (“Percentage of Women Ages 18 to 44 who are Current Smokers”)	MCH Risk Level Dashboard (County-level)	Smoking during and after pregnancy is one of the strongest SIDS/SUID risk factors.
Adolescent Birth Rate (Ages 10–19)	MCH Risk Level Dashboard (County-level)	Teen parents are more likely to engage in unsafe sleep practices.
Poor or Fair Health	MCH Risk Level Dashboard (County-level)	Lower maternal well-being limits engagement in safe sleep education.
Poor Mental Health Days	MCH Risk Level Dashboard (County-level)	Maternal depression increases risk of unsafe sleep and bed-sharing.

● CONTEXTUAL INDICATORS (County-Level)

These reflect environments where it may be harder for families to consistently practice safe infant sleep.

Indicator	Source	Why It Matters
Children Below Poverty Level	MCH Risk Level Dashboard – Child Health (County-level)	Poverty reduces access to safe cribs and increases bed-sharing.
Did not get medical care because of lack of transportation	MOPHIMS – County-Level Study Profile (County-level)	Limits access to prenatal/postnatal safe sleep programs.

Indicator	Source	Why It Matters
Households with no vehicle available (ACS Profile)	MOPHIMS – County-Level Study Profile (County-level)	Transportation barriers reduce access to crib programs and education.
No health care coverage – Ages 18–64	MOPHIMS – County-Level Study Profile (County-level)	Lack of coverage decreases access to prenatal and postpartum guidance on safe sleep.
Persons below poverty	MOPHIMS – ACS Profile (County-level)	Increases financial stress and risk for unsafe sleep conditions.
Households with no broadband internet subscription	MOPHIMS – ACS Profile (County-level)	Reduces access to online safe sleep education and telehealth follow-up.
Renter-occupied housing / Frequent moves (comes from ACS variables like “Moved in 2010 or later” & housing instability)	MOPHIMS – ACS Profile (County-level)	Crowded or unstable housing increases bed-sharing and unsafe sleep location risks.

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators are state-level estimates only and cannot be used to quantify your county’s burden. They are useful to understand statewide patterns in infant sleep practices, breastfeeding, and SUID. Counties should pair state-level data with county-level indicators from MOPHIMS and the MCH Risk Level Dashboard, plus local qualitative data (e.g., provider input, home visiting feedback, community surveys, CHA/CHIP findings), to determine whether safe sleep should be a local priority.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Sleep-related SUID per 100,000 live births	Missouri MCH Data Platform – Perinatal/Infant Health (State-level data only)	Direct measure of sleep-related deaths statewide.
Infant mortality rate per 1,000 live births	Missouri MCH Data Platform – Perinatal/Infant Health (State-level data only)	Shows overall infant mortality burden to which SUID contributes.

Indicator	Source	Why It Matters
Sleep position (infant usually sleeps on back)	PRAMS Dashboard – Infant Health (State-level data only)	Direct measure of adherence to safe sleep recommendations.
In the Past 2 Weeks, Baby Usually Slept	PRAMS Dashboard – Infant Health (State-level data only)	Reflects safe vs. unsafe sleep surfaces.
In Past 2 Weeks, How Often Has Your New Baby Slept Alone in His/Her Bed	PRAMS Dashboard – Infant Health (State-level data only)	Measures room-sharing vs. bed-sharing practices.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
In Past 2 Weeks, How Often Has Your New Baby Slept Alone in His/Her Bed	PRAMS Dashboard – Infant Health (State-level data only)	Room-sharing (no bed-sharing) is recommended for first 6–12 months.
Breastfeeding (ever breastfed)	Missouri MCH Data Platform – Perinatal/Infant Health (State-level data only)	Breastfeeding is protective against SUID and signals engagement with health services.
Neonatal abstinence syndrome (NAS) rate per 1,000 hospitalizations	Missouri MCH Data Platform – Perinatal/Infant Health (State-level data only)	Infants with NAS may have more complex care needs and sleep challenges.
Percent of women who smoke during pregnancy	Missouri MCH Data Platform – Women/Maternal Health (State-level data only)	Strong predictor of SIDS/SUID and unsafe sleep environments.
Preterm birth (<37 weeks)	Missouri MCH Data Platform – Women/Maternal Health (State-level data only)	Preterm infants are more vulnerable to SUID.
Low birthweight (<2500g)	Missouri MCH Data Platform – Women/Maternal Health (State-level data only)	LBW infants have higher SIDS/SUID risk.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Concerning Safe Sleep, Healthcare Worker Told Me	PRAMS Dashboard – Infant Health (State-level data only)	Indicates how consistently providers deliver safe sleep education statewide.
Percent of infants ever breastfed	Missouri MCH Data Platform – Perinatal/Infant Health (State-level data only)	Reflects broader caregiving norms and engagement with postpartum supports.
Maternal stressors in 12 months before delivery (financial, partner, traumatic)	PRAMS Dashboard – Stress (State-level data only)	High stress can undermine capacity to maintain safe sleep routines.
Ever Eat Less Than You Felt You Should Because of Lack of Money for Food	PRAMS Dashboard – <i>Nutrition & Maternal Morbidity</i>	Food insecurity predicts inability to afford safe sleep resources (crib, bedding).
Insurance Coverage Before Pregnancy	PRAMS Dashboard – <i>Medicaid, WIC, and Insurance</i>	Insurance affects access to prenatal safe sleep counseling.
Present Health Insurance	PRAMS Dashboard – <i>Medicaid, WIC, and Insurance</i>	Lack of coverage reduces postpartum education opportunities.

Interpretation Note

Use state-level indicators to understand how Missouri is performing overall on safe sleep practices and sleep-related SUID. Combine these statewide patterns with your county's MOPHIMS infant mortality, preterm birth, poverty, and housing data—and with local provider and community input—to decide if safe infant sleep should be your county's MCH priority.

Access to Holistic Oral Health Care Services for Children

Overview

This priority focuses on making sure children have ongoing, preventive, and restorative oral health care, not just emergency treatment. That includes access to a dental home, preventive visits, treatment of cavities, and referrals from medical providers when needed.

Data Source Levels:

- **County-level data:**
Use MOPHIMS Profiles and the MCH Risk Level Dashboard to look at local patterns in dental-related ER use, insurance, and access to care for children.
- **State-level data:**
Use the Missouri Maternal Child Health Data Platform for statewide estimates of pediatric dental visits and related access indicators. These are state-level only and should *not* be used to quantify your county's burden, but they can help provide context and support your rationale.

◆ DIRECT INDICATORS (County-Level)

MOPHIMS and the MCH Risk Level Dashboard do not provide county-level data on dental-specific conditions among children, the following indicators serve as proxies for unmet preventive care, delayed treatment, and socioeconomic conditions associated with pediatric oral disease.

MOPHIMS does include a category for 'Teeth and Jaw Disorders', but no data is available under this category. For this reason, we relied on validated proxy indicators

Proxy Indicator	Source	Why It Matters
Ages 1–14: Self Pay/No Charge ER Visits	MOPHIMS – Child Health Profile (County-level)	Indicates financial/coverage barriers that also affect dental access.
Ages 1–14: Self Pay/No Charge Hospitalizations	MOPHIMS – Child Health Profile (County-level)	Reflects families frequently paying out-of-pocket or lacking reliable access.
Ages 15–19: Self Pay/No Charge ER Visits	MOPHIMS – Child Health Profile (County-level)	Older youth often delay preventive care, including dental care.
Ages 15–19: Self Pay/No Charge Hospitalizations	MOPHIMS – Child Health Profile (County-level)	Highlights access disparities in the pediatric system.

● INDIRECT INDICATORS (County-Level)

These do not measure dental use directly but are validated predictors of unmet pediatric oral health needs, dental disease severity, and reduced preventive engagement.

Indicator	Source	Why It Matters
Under Age 18: Injury ER Visits	MOPHIMS –Child Health Profile (County-level)	Children who frequently use the ER for preventable conditions often have limited access to primary and preventive care, including dental visits. High ER dependence suggests barriers in the broader healthcare system.
Under Age 18: Injury Hospitalizations	MOPHIMS –Child Health Profile (County-level)	Hospitalizations for preventable injuries indicate systemic social and environmental risks. These same risk factors—poverty, housing conditions, caregiver stress—also correlate with untreated dental disease.
Children Below Poverty Level	MCH Risk Level Dashboard (County-level)	Poverty strongly predicts untreated dental caries and delayed preventive visits.
Child Food Insecurity	MCH Risk Level Dashboard (County-level)	Food insecurity is linked to poor nutrition and reduced ability to afford dental products, increasing decay risk.
Uninsured Children	MCH Risk Level Dashboard (County-level)	Lack of coverage lowers the likelihood of preventive dental visits and follow-up care.
Self Pay/No Charge ER Visits (Ages 1–14)	MOPHIMS –Child Health Profile (County-level)	Indicates financial hardship and lack of consistent access, which also delays dental treatment.
Self Pay/No Charge Hospitalizations (Ages 1–14)	MOPHIMS –Child Health Profile (County-level)	Families paying out-of-pocket for major episodes often defer preventive dental care.
Self Pay/No Charge ER Visits (Ages 15–19)	MOPHIMS –Child Health Profile (County-level)	Suggests gaps in insurance coverage or family resources that also limit dental care access.
Self Pay/No Charge Hospitalizations (Ages 15–19)	MOPHIMS –Child Health Profile (County-level)	Adolescents with access barriers have the lowest preventive dental visit rates.
No health care coverage – Ages 18–64 (proxy for parent access)	MOPHIMS – County-Level Study Profile (County-level)	Children's healthcare access is closely tied to caregivers' access, including dental care.

● CONTEXTUAL INDICATORS (County-Level)

These describe the environment and system factors affecting children's access to dental care.

Indicator	Source	Why It Matters
Children Below Poverty Level	MCH Risk Level Dashboard – Child Health (County-level)	Poverty limits access to dental care, transportation, and dental hygiene products.
Child Food Insecurity	MCH Risk Level Dashboard – Child Health (County-level)	Food-insecure children often have diets high in cariogenic foods and limited oral health resources.
Median Household Income (optional but recommended)	MCH Risk Level Dashboard – Child Health (County-level)	Lower-income households have higher rates of untreated decay and fewer dental visits.
Did not get medical care because of lack of transportation	MOPHIMS – County-Level Study Profile (County-level)	Transportation barriers prevent routine check-ups and dental appointments, especially in rural counties.
Occupied housing units: No vehicles available	MOPHIMS – ACS Profile (County-level)	Lack of a vehicle reduces ability to attend dental appointments and follow-up care.
Persons in poverty / families in poverty	MOPHIMS – ACS Profile (County-level)	Structural poverty affects insurance access, fluoridated water availability, nutrition, and stable routines — all central to oral health.
Households with food stamp benefits in past 12 months (optional contextual add)	MOPHIMS – ACS Profile (County-level)	Families relying on SNAP often face competing basic needs, making dental care a lower priority.

These indicators help justify choosing this priority even if you don't have local dental-specific survey data.

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators are state-level estimates only and cannot be used to describe your county's burden. They are intended to help you understand how Missouri is doing overall on children's oral health and access to care. Counties should pair state-level data with county-level MOPHIMS and MCH Risk Level Dashboard indicators, plus local qualitative input (school nurses, providers, Head Start, CHA/CHIP, etc.), when deciding whether to prioritize child oral health.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of children (1–17) who had a preventive dental visit in the past year	Missouri MCH Data Platform – Child Health (State-level data only)	Direct measure of how often Missouri children receive preventive dental care.
Percent of Children with and without Special Health Care Needs (0–17) who have a medical home	Missouri MCH Data Platform – Children with and without SHCN (State-level data only)	A medical home supports referrals to dental care and coordination for oral health needs.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of children (0–17) who could not obtain needed healthcare in past year	Missouri MCH Data Platform – Child Health (State-level data only)	Indicates statewide access barriers that likely affect dental care.
Percent of children (0–17) without health insurance	Missouri MCH Data Platform – Child Health (State-level data only)	Lack of coverage is a key driver of unmet oral health needs.
Rate of hospitalization for non-fatal injury (ages 0–9)	Missouri MCH Data Platform – Child Health (State-level data only)	A proxy for gaps in preventive care and systemic barriers; counties with elevated injury hospitalizations often show similar patterns of unmet dental needs.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of children (0–17) living in households where someone smokes	Missouri MCH Data Platform – Child Health (State-level data only)	Signals home environments with higher overall health risks and likely unmet preventive needs.
Percent of children (0–17) in excellent or very good health	Missouri MCH Data Platform – Child Health (State-level data only)	Overall wellness indicator that can contextualize the need for oral health promotion.
Pediatricians per 100,000 jobs	Missouri MCH Data Platform – Cross-cutting (State-level data only)	Primary care providers often play a key role in dental referrals and screening.

 Interpretation Note

Use state-level child oral health indicators to understand how Missouri is performing overall and to support your rationale for focusing on pediatric dental access. Combine these statewide patterns with your county's dental-related ER use, uninsured child rates, poverty, and local stakeholder feedback to decide if child oral health should be your MCH priority.

Access to Family-Centered, Coordinated, Comprehensive, and Community-Based Health Care Services & Supports for Children with and without Special Health Care Needs

Overview

This priority focuses on ensuring children—both those with special health care needs (SHCN) and those without—can access coordinated clinical services, referrals, early developmental and behavioral screening, and supports that reduce fragmentation across medical, social, and educational systems.

This includes:

- Access to a *medical home*
- Early identification and linkage to services
- Coordination between healthcare, schools, public health, and community partners
- Reducing unmet healthcare needs

Data Source Levels:

- **County-Level Data:**
Use *MOPHIMS Profiles* and the *MCH Risk Level Dashboard* to assess coverage, ER use, child health burden, transportation, and poverty at the local level.
- **State-Level Data:**
Use the *Missouri MCH Data Platform* to understand statewide coordination, medical home indicators, and unmet needs. These indicators are state-level only and *cannot* be used to quantify local burden but do help justify alignment with Title V goals.

Counties should pair state-level estimates with county-level data and local qualitative findings (schools, hospitals, community assessments, home visiting programs, parent advisory groups) to determine whether coordinated child health services should be their local priority.

◆ DIRECT INDICATORS (County-Level)

These measure access to coordinated care or direct health outcomes that reflect breakdowns in coordination.

Indicator	Source	Why It Matters
Hospitalizations and ER visits – Children <18 Years (Asthma)	MOPHIMS – Child Health Profile (County-level)	High hospitalization rates may indicate poor preventive care or lack of care coordination.

Indicator	Source	Why It Matters
Injury Hospitalizations – Children 1-14 Years	MOPHIMS – Child Health Profile (County-level)	Preventable injuries often reflect broader system fragmentation, including inadequate home visiting, school coordination, or primary care access.
ER Visits – Children <18 Years	MOPHIMS – ER Profile (County-level)	Reliance on emergency care suggests gaps in primary and coordinated care.
Self-Pay / No Charge ER Visits and Hospitalizations – Ages 1–14 and 15–19	MOPHIMS – Child Health Profile (County-level)	Indicates access or coverage barriers impacting care engagement.

● INDIRECT INDICATORS (County-Level)

These signal increased need for coordinated systems of care.

Indicator	Source	Why It Matters
Uninsured children (<19 years)	MCH Risk Level Dashboard – Child Health (County-level)	Coverage is foundational to coordinated care.
Children living in poverty	MCH Risk Level Dashboard (County-level)	Higher risk for unmet health needs and fragmented care.
Adolescent Birth Rate (Ages 10–19) (as a proxy for developmental support needs in parenting)	MCH Risk Level Dashboard (County-level)	Young parents often require additional developmental, social, and care coordination supports.

● CONTEXTUAL INDICATORS (County-Level)

These measure environmental factors affecting child access to coordinated care.

Indicator	Source	Why It Matters
Did Not Get Medical Care Because of Lack of Transportation	MOPHIMS – County-Level Study Profile (County-level)	Limits ability to attend appointments, especially for multi-provider care plans.
Broadband/internet access	MOPHIMS – ACS Profile (County-level)	Influences ability to access telehealth and care coordination services.

Indicator	Source	Why It Matters
Child food insecurity	MCH Risk Level Dashboard (County-level)	Basic needs strain reduces capacity to engage in care systems.
Occupied Housing Units: No Vehicle Available	MOPHIMS – ACS Profile (County-level)	Significant transportation limitation affecting appointment consistency.
Housing Instability (e.g., renter-occupied, frequent moves)	MOPHIMS – ACS Profile (County-level)	Disrupts continuity with providers, school systems, and service referrals.

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators provide statewide understanding of coordinated care, access to medical homes, insurance coverage, and unmet needs. They should be paired with local county-level data + qualitative data before selecting this priority.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of children with special health care needs (CSHCN), ages 0-17	Missouri MCH Data Platform – CSHCN (State-level only)	Children with SHCN often require multiple providers, therapies, and services. Higher prevalence increases the need for coordinated, family-centered systems of care across healthcare, schools, and community services.
Percent of children with special health care needs (0–17) who have a medical home	Missouri MCH Data Platform – CSHCN (State-level only)	A medical home is the national standard for coordinated care. Low rates indicate fragmented systems, poor communication across providers, and unmet needs for children requiring complex or ongoing services.
Percent of children without special health care needs (0–17) who have a medical home (NONCSHCN)	Missouri MCH Data Platform – Child Health (State-level only)	Access to a medical home is important for all children—not just those with SHCN. Low rates among NON-CSHCN suggest broader systemic issues in primary care access, referrals, and preventive services.
Percent of children, with and without special health care needs (0-17) who have a medical home	Missouri MCH Data Platform – Child Health (State-level only)	This combined measure demonstrates how well Missouri's pediatric system supports coordinated care overall. Gaps indicate statewide challenges with care continuity, communication, and family-centered healthcare systems.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Children (0–17) who could not obtain needed healthcare	Missouri MCH Data Platform – Child Health (State-level only)	Signals statewide barriers to care coordination and referral follow-through.
Percent of Children (0–17) without Health Insurance	Missouri MCH Data Platform – Child Health (State-level only)	Undermines access to a medical home and coordinated care.
Percent of Children (9–35 months) who received developmental screening in past year (parent report)	Missouri MCH Data Platform – Child Health (State-level only)	Early identification is essential for referral-based coordinated care.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Certified Nurse Midwives per 100,000 jobs	Missouri MCH Data Platform – Cross-cutting (State-level only)	Reflects maternal-child workforce capacity that influences referrals and coordination.
Family Medicine Physicians per 100,000 jobs	Missouri MCH Data Platform – Cross-cutting (State-level only)	Critical for care continuity across childhood.
Pediatricians per 100,000 jobs	Missouri MCH Data Platform – Cross-cutting (State-level only)	Workforce availability for primary and specialty referral coordination.
Percent of Children (0–17) living in households where someone smokes	Missouri MCH Data Platform – Child Health (State-level only)	Signals home environments with higher health burden and unmet needs.
Percent of Children (0–17) in Excellent or Very Good Health	Missouri MCH Data Platform – Child Health (State-level only)	Offers statewide context for overall child wellbeing and system function.

Interpretation Note

Use statewide data on medical homes, unmet care needs, and developmental screening to understand Missouri's overall performance and alignment with Title V. To determine whether this should be your local priority, pair state-level findings with county-level indicators from MOPHIMS and the MCH Risk Level Dashboard, along with lived experience and input from parents, schools, home visiting programs, hospitals, and community partners.

A Stable & Supportive Relationship with a Caring Non-Parental Adult to Enhance Adolescent Psychological Well-Being and Empower Youth with the Tools & Training to Reach Their Full Potential

Overview

This priority focuses on increasing opportunities for adolescents ages 13–19 to develop meaningful, stable, non-parental relationships that support their mental well-being, provide mentorship, and promote resilience, belonging, leadership, and skill development. Trusted adults play a key protective role against depression, substance use, disengagement, violence, and other challenges that emerge during adolescence.

Data Source Levels:

- **County-level data:**
Use *MOPHIMS* and the *MCH Risk Level Dashboard* to assess hospitalization, mental health burden, substance use, violence, and socioeconomic context in local youth populations.
- **State-level data:**
Use the *Missouri Maternal Child Health Data Platform* for understanding statewide patterns in adolescent wellbeing, physical activity, bullying, obesity, and mortality. These indicators are state-level only and should not be used to describe county-specific burden.

Local selection of this priority should combine data with community input from schools, juvenile justice, behavioral health providers, youth-serving organizations, and families, as relationship-driven priorities are not fully captured in quantitative datasets.

◆ DIRECT INDICATORS (County-Level)

These measure adolescent health outcomes that a trusted adult relationship directly protects against.

Indicator	Source	Why It Matters
Adolescent Depression — % of 6th–12th graders who reported feeling hopelessness	MCH Risk Level Dashboard (County-level)	Hopelessness is strongly associated with lack of belonging and limited supportive relationships.
Bullying Victim — % of 6th–12th graders who had rumors/lies spread at school in the past 3 months	MCH Risk Level Dashboard (County-level)	Caring adults help buffer youth from the emotional impact of bullying and teach coping skills.
School Days Missed due to Safety Concerns	MCH Risk Level Dashboard (County-level)	Avoiding school signals fear, isolation, or unsafe peer environments; trusted adults increase emotional safety.
Suicide Deaths – Children <18	MCH Risk Level Dashboard (County-level)	One of the strongest indicators of adolescent distress; mentoring and adult connectedness protect against suicide.
Self-Inflicted Injury (deaths, hospitalizations, ER visits) — Under Age 15; Ages 15–19	MOPHIMS – Self-Inflicted Injury Profile	Self-harm is strongly linked to social isolation; consistent adult support reduces risk.
Assault/Violence Injuries (deaths, hospitalizations, ER visits) among youth	MOPHIMS – Assault Injury Profile	Trusted adults reduce risk of involvement in violence and improve conflict-management skills.

● INDIRECT INDICATORS (County-Level)

These reflect environments or challenges where supportive adult relationships may be especially needed.

Indicator	Source	Why It Matters
Adolescent Birth Rate (Ages 10–19)	MCH Risk Level Dashboard (County-level)	Young parents benefit greatly from guidance, emotional support, and mentoring to navigate school, health, and parenting.
STDs Ages 15–19 — Chlamydia	MOPHIMS – Child Health Profile (County-level)	Higher STD rates reflect unmet support, gaps in guidance, and limited trusted adult communication about health.
Injury ER Visits – Ages 1–14, Ages 15–19	MOPHIMS – Child Health Profile (County-level)	Injury patterns often relate to risk behaviors or unsafe environments; stable adult presence helps reduce risk-taking.

Indicator	Source	Why It Matters
Injury Hospitalizations – Ages 1–14, Ages 15–19	MOPHIMS – Child Health Profile (County-level)	Severe injuries often co-occur with other youth risk factors where adult support is protective.
Self Pay/No Charge ER Visits – Ages 15–19	MOPHIMS – Child Health Profile (County-level)	Indicates unstable family environments or limited access to adult help navigating healthcare.
Uninsured Children (<19 years)	MCH Risk Level Dashboard (County-level)	Lack of insurance limits access to preventive visits where youth connect with trusted adult providers.

● CONTEXTUAL INDICATORS (County-Level)

These describe socioeconomic and structural environments influencing adolescent support systems.

Indicator	Source	Why It Matters
Children Below Poverty Level	MCH Risk Level Dashboard (County-level)	Poverty increases stress and reduces access to extracurriculars, after-school programs, and mentoring opportunities.
Overall and Child Food Insecurity	MCH Risk Level Dashboard (County-level)	Basic need strain reduces family and community capacity to provide consistent emotional support.
Unemployment Rate (Women Ages 20–64)	MCH Risk Level Dashboard (County-level)	Adult economic instability lowers availability for mentoring or engagement in youth activities.
Transportation Barriers — Did not get medical care because of lack of transportation	MOPHIMS – County-Level Study Comparisons	Youth cannot access after-school programs, counseling, or supportive activities without reliable transportation.
Household Instability (renter-occupied housing, frequent moves)	MOPHIMS – ACS Profile (County-level)	Instability disrupts continuity of relationships with teachers, coaches, school staff, and mentors.

These contextual indicators help justify the priority even when direct mental health outcomes are not elevated locally.

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators provide statewide patterns of adolescent health and risk factors relevant to protective relationships. They should be paired with county-level data and community input to determine local need, as they do not estimate county burden.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Adolescent Mortality Rate (ages 10–19 per 100,000)	Missouri MCH Data Platform – Adolescent Health (State-level only)	Severe outcomes often linked to lack of protective support systems.
Percent of Adolescents (12–17) who are Bullied	Missouri MCH Data Platform – Adolescent Health (State-level only)	Bullying reduces belonging; mentorship improves resilience.
Percent of Adolescents (12–17) who Bully Others	Missouri MCH Data Platform – Adolescent Health (State-level only)	Linked to trauma, instability, and lack of positive adult modeling.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Adolescents (10–17) who are Obese	Missouri MCH Data Platform – Adolescent Health (State-level only)	Obesity can reflect reduced access to safe spaces, recreation programs, and supportive adults who encourage healthy habits and engagement in positive activities.
Percent of Adolescents (12–17) who are Physically Active at least 60 minutes/day	Missouri MCH Data Platform – Adolescent Health (State-level only)	Regular physical activity is often supported by caring adults (coaches, program staff, family, mentors) and is linked to better mental health, social connection, and resilience.
Percent of Children without Special Healthcare Needs (0–17) who have a Medical Home (NON-CSHCN) Percent of Children with and without SHCN (0–17) who have a medical home	Missouri MCH Data Platform – Child Health (State-level only)	A medical home supports continuity, trusted relationships with providers, and referrals to behavioral health, school, and community programs that connect youth with additional caring adults.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Certified Nurse Midwives, Family Medicine Physicians, Pediatricians per 100,000 jobs	Missouri MCH Data Platform – Cross-cutting (State-level only)	Provider capacity influences whether adolescents have routine, ongoing contact with caring adults in healthcare settings who can screen for mental health concerns and connect them to supports.
Percent of Children (0–17) who live in households where someone smokes	Missouri MCH Data Platform – Child Health (State-level only)	Signals home stress and environments where additional adult support may be needed.
Percent of Children (1–17) who had a Preventive Dental Visit in past year	Missouri MCH Data Platform – Child Health & Adolescent Health (State-level only)	Preventive touchpoints provide opportunities to connect youth with caring adults.
Percent of Children (0–17) who could not obtain needed healthcare in past year	Missouri MCH Data Platform – Child Health & Adolescent Health (State-level only)	When families struggle to access needed care, youth lose contact with trusted providers, school-linked services, and other adults who can recognize and respond to mental health or safety concerns.
Percent of Children (0–17) without Health Insurance	Missouri MCH Data Platform – Child Health & Adolescent Health (State-level only)	Lack of insurance creates barriers to routine care and limits touchpoints with professionals who might serve as trusted adults, identify risks (bullying, depression, substance use), and connect youth to help.

Interpretation Note

Use statewide indicators from the Missouri MCH Data Platform to understand overall adolescent wellbeing, risk, and system capacity across Missouri. Because these data are state-level only, they should not be used to describe county-specific burden. Instead, pair them with county-level indicators from MOPHIMS and the MCH Risk Level Dashboard, plus lived experience and feedback from schools, behavioral health providers, juvenile justice, youth-serving organizations, and families when deciding whether “stable, supportive relationships with non-parental adults” should be your local MCH priority.

Smooth and Successful Transition from Child-Centered to Adult-Oriented Healthcare, Promoting Continuity of Care, Improving Health Outcomes, and Empowering Youth to Manage Their Own Health

Overview

This priority focuses on ensuring that youth transition successfully from pediatric to adult healthcare systems. Transition includes early planning, transfer processes, and ongoing support to help young people—*with and without special health care needs*—manage their own health, engage with adult providers, and maintain continuous, high-quality care into adulthood.

Data Source Levels:

- **County-Level Data:**
Use *MOPHIMS Profiles* and the *MCH Risk Level Dashboard* to assess adolescent health burden, behavioral health patterns, injury hospitalization, uninsured rates, and other local factors that influence transition readiness.
- **State-Level Data:**
Use the *Missouri Maternal Child Health Data Platform – Adolescent Health* to understand statewide patterns in adolescent health, mental well-being, chronic conditions, and healthcare access. These indicators are state-level only and should not be used to quantify local burden.

Local decision-making should incorporate qualitative data from pediatric clinics, schools, families, youth organizations, behavioral health organizations, and CYSHCN programs, as transition processes are not fully captured through quantitative indicators.

◆ DIRECT INDICATORS (County-Level)

These measure health system utilization patterns that indicate readiness, continuity, or gaps in transition to adult care.

Indicator	Source	Why It Matters
Ages 15–19: Hospitalizations	MOPHIMS – Missouri Resident Child Health Profile	Rising hospitalizations during late adolescence may indicate poor preventive care, unmanaged chronic conditions, or limited readiness for adult care systems.
Age 20–34: Hospitalizations (<i>youth-adult transition range</i>)	MOPHIMS – Self-Inflicted Injury Profile (Hospitalizations)	Captures early adult utilization patterns that reflect how well youth transitioned out of pediatric systems.
Ages 15–19: Emergency Room Visits	MOPHIMS – Self-Inflicted Injury & ER Profiles	Frequent ER use suggests inadequate primary care access, weak care coordination, or failure to establish an adult medical home.
Age 20–34: Emergency Room Visits	MOPHIMS – Self-Inflicted Injury & ER Profiles	Indicates whether young adults are relying on emergency care instead of establishing routine adult care.
Ages 15–19: Self Pay/No Charge ER Visits	MOPHIMS – Child Health Profile	Youth transitioning off parental insurance may experience insurance loss, causing delays in establishing adult providers.
Ages 15–19: Self Pay/No Charge Hospitalizations	MOPHIMS – Child Health Profile	Shows financial/coverage barriers at a critical point where young adults must secure independent health coverage.

● INDIRECT INDICATORS (County-Level)

These signal environments where transition support may be especially needed.

Indicator	Source	Why It Matters
No health care coverage – Ages 18–64	MOPHIMS – County Level Study Profile	Loss of coverage is the most common barrier during transition; young adults often fall into coverage gaps.
Age 15–19: Suicide (Deaths)	MOPHIMS – Child Health Profile	Indicates severe psychosocial risk that complicates transition and requires enhanced care coordination.
Age 15–19: Injury Hospitalizations	MOPHIMS – Child Health Profile	Adolescents with repeated injuries often lack consistent primary care or supportive adult care navigation.

Indicator	Source	Why It Matters
Under Age 18: Asthma Hospitalizations	MOPHIMS – Child Health Profile	Chronic disease management requires structured transition; poor control signals risk for failed handoff.
Under Age 18: Asthma ER Visits	MOPHIMS – Child Health Profile	Recurrent unmanaged asthma indicates weak self-management skills needed for adult care.
Ever been told had a depressive disorder	MOPHIMS – County Level Study Profile	Youth with behavioral health needs are at highest risk of poor transition outcomes.
Teen Fertility Rate Age 15–17 Teen Pregnancy Rate Age 15–17 Teen birth rate (ages 15–19)	MOPHIMS – Women’s Reproductive Health Profile Missouri MCH Data Platform (State-level data only)	Adolescent parents need strengthened transition planning, health literacy, and care coordination supports.
Probable Cause Child Abuse/Neglect	MOPHIMS – Child Health Profile	Exposure to trauma predicts difficulty navigating healthcare systems independently.

● CONTEXTUAL INDICATORS (County-Level)

These describe structural factors affecting transition readiness, access to adult providers, and continuity of care.

Indicator	Source	Why It Matters
Children Below Poverty Level	MCH Risk Level Dashboard	Economic barriers interrupt continuity, limit preventive visits, and delay establishing adult primary care.
Child Food Insecurity	MCH Risk Level Dashboard	Families under stress face competing priorities that hinder transition readiness.
Did not get medical care because of lack of transportation – among those who needed medical care but could not get it in the past 12 months	MOPHIMS – County Level Study Comparisons Profile	Transportation is a major barrier as youth shift from school-based or pediatric providers to adult providers farther from home.

Indicator	Source	Why It Matters
Households with a broadband internet subscription	MOPHIMS – ACS Profile	Broadband is needed for telehealth, scheduling, accessing patient portals, and managing chronic conditions.
No health care coverage – Ages 18–64	MOPHIMS – County Level Study Profile	Serves as a systemic marker indicating barriers to adult care access within the county's population.
Households with no vehicles available	MOPHIMS – ACS Profile	Lack of transportation prevents youth from attending adult specialty appointments.
Fair or Poor General Health Status	MOPHIMS – County Level Study Profile	Counties with high adult poor health burdens may have limited provider capacity and strained safety nets for transitioning youth.

● STATE-LEVEL CONTEXT INDICATORS (Not County-Level)

These indicators reflect statewide patterns in adolescent health and care access. Use them for context and alignment with Title V goals. They should be paired with county-level MOPHIMS data and local stakeholder input to determine whether this should be a local priority.

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Adolescent Mortality Rate (ages 10–19 per 100,000)	Missouri MCH Data Platform – Adolescent Health	Reflects severe health outcomes; poor transition processes can increase preventable deaths from unmanaged chronic conditions or behavioral health crises.
Percent of Children with Special Health Care Needs (SHCN) (0–17)	MCH Data Platform – Children with Special Health Care Needs	Children and youth with special health care needs are the most affected by transition; they require ongoing specialty care into adulthood.
Percent of Children with SHCN who have a medical home	MCH Data Platform – Children with Special Health Care Needs	Having a medical home strongly predicts whether structured transition planning occurs.

Indicator	Source	Why It Matters
Percent of Children with and without SHCN (0–17) who have a medical home	MCH Data Platform – Child Health	Indicates coordinated care and readiness for eventual transfer to adult providers.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Adolescents (12–17) who are Bullied	MCH Data Platform – Adolescent Health	Bullying and social stress reduce engagement with healthcare and increase behavioral health needs, complicating transition.
Percent of Adolescents (12–17) who Bully Others	MCH Data Platform – Adolescent Health	Linked to trauma and adverse childhood experiences; youth with behavioral challenges require enhanced transition support.
Percent of Adolescents (12–17) who are Physically Active at least 60 minutes/day	MCH Data Platform – Adolescent Health	Engagement in healthy behaviors predicts better management of chronic conditions in adulthood.
Percent of Adolescents (10–17) who are Obese	MCH Data Platform – Adolescent Health	Adolescents with obesity are more likely to have chronic conditions requiring structured transition planning.
Percent of Children (0–17) who could not obtain needed healthcare in past year	MCH Data Platform – Child Health	Indicates systemic access barriers that make it difficult for youth to connect with adult providers during transition.
Percent of Children (0–17) without Health Insurance	MCH Data Platform – Child Health	Uninsurance disrupts both preventive care and the ability to establish adult care relationships.
Rate of Hospitalization for Non-Fatal Injury (ages 0–9 per 100,000)	MCH Data Platform – Child Health	Statewide injury patterns help contextualize risk as youth age into adolescence and adulthood.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Pediatricians per 100,000 jobs	MCH Data Platform – Cross-cutting	Limited pediatric workforce can reduce early transition preparation.
Family Medicine Physicians per 100,000 jobs	MCH Data Platform – Cross-cutting	These are often the entry point for adult primary care; shortages hinder youth ability to find adult providers.
Obstetricians per 100,000 jobs	MCH Data Platform – Cross-cutting	Relevant for older adolescents transitioning for reproductive health needs.
Children (0–17) who live in households where someone smokes	MCH Data Platform – Child Health	Exposure to home stressors can reduce health engagement and complicate disease management during transition.
Percent of Children (1–17) who had a preventive dental visit in past year	MCH Data Platform – Child Health	Preventive visits serve as opportunities for early transition guidance and health literacy development.
Percent of Children (0–17) in Excellent or Very Good Health	MCH Data Platform – Child Health	Indicates overall population-level health context that influences readiness for adult care.
Percent of Children (9–35 months) who received developmental screening	MCH Data Platform – Child Health	Early developmental monitoring predicts long-term engagement with health systems as youth transition.

Interpretation Note

State-level indicators provide essential context about Missouri's adolescent health, chronic disease burden, care access, and provider availability. However, because these indicators do not estimate county-level need, they should not be used to determine the local burden of transition challenges. Local priority selection should rely on: County-level MOPHIMS data (hospitalizations, ER use, insurance, behavioral health, poverty, transportation); Direct input from pediatric practices, FQHCs, schools, behavioral health agencies, and CYSHCN programs; Youth and family engagement to understand real-world barriers in accessing adult care. State-level trends help align county priorities with Title V goals, highlight statewide gaps in transition services, and provide context for interpreting local patterns.

Strengths-Based Services and Supports to Promote Healthy Family Relationships and Functioning, Enhance Resilience, Foster Social Connections, and Support Children's Social and Emotional Development

Overview

This priority focuses on children ages 6–17 and their families. It emphasizes strengths-based services and supports that:

- Promote healthy family relationships and functioning
- Enhance resilience and coping
- Foster positive social connections
- Support children's social and emotional development and flourishing

This priority is not limited to clinical mental health treatment. It includes parenting skills, family skills programs, supportive environments, positive relationships, and community-based approaches that help families and children thrive.

Data Source Levels

- **County-level data:**
Use MOPHIMS and the MCH Risk Level Dashboard to understand local patterns of family stress, adversity, poverty, child abuse, and injury—factors that often signal a need for family-strengthening efforts.
- **State-level data:**
Use the Missouri Maternal Child Health Data Platform for statewide estimates of child wellbeing, flourishing-related behaviors, access to care, and family stressors. These are state-level only and cannot be used to describe county-specific burden but are valuable for context and alignment with Title V.

Local decisions about this priority should also incorporate community input (schools, juvenile justice, courts, community-based organizations, family resource centers, family courts, parent advisory groups, etc.).

◆ DIRECT INDICATORS (County-Level)

These directly measure family adversity or child harm that family-strengthening efforts seek to prevent or reduce.

Indicator	Source	Why It Matters
Probable Cause Child Abuse/Neglect	MOPHIMS – Missouri Resident Child Health Profile	Direct measure of family adversity and child maltreatment; indicates immediate need for family-strengthening support.
Divorces Involving Children	MOPHIMS – Missouri Resident Child Health Profile	Reflects family disruption; children may need increased emotional and relational support.
Homicide Deaths – Ages 1–14	MOPHIMS – Missouri Resident Child Health Profile	Severe outcome often linked to family or community violence affecting children.
Homicide Deaths – Ages 15–19	MOPHIMS – Missouri Resident Child Health Profile	Indicates violence exposure among older youth; family support and social connections are protective.
Suicide Deaths – Children <18 Years	MCH Risk Level Dashboard – Child Health	Direct sign of extreme emotional distress and lack of supportive environments.
Injury Deaths – Children <18 Years	MCH Risk Level Dashboard – Child Health	Reflects unsafe environments, supervision challenges, or high family stress.

● INDIRECT INDICATORS (County-Level)

These do not measure family relationships directly, but they point to environments where families may need strengthening and children may struggle to flourish.

Indicator	Source	Why It Matters
Self-Inflicted Injury Hospitalizations – Under Age 15	MOPHIMS – Self-Inflicted Injury Profile	Indicates emotional distress in children who may need stronger relational and family support.
Self-Inflicted Injury Hospitalizations – Age 15–19	MOPHIMS – Self-Inflicted Injury Profile	Signals mental health challenges among older youth; family relationships strongly influence coping.
Injury Hospitalizations – Ages 1–14	MOPHIMS – Missouri Resident Child Health Profile	May indicate unsafe environments or family stress affecting supervision.
Injury Hospitalizations – Ages 15–19	MOPHIMS – Missouri Resident Child Health Profile	Often linked to risky behaviors; supportive family relationships reduce injuries.

Indicator	Source	Why It Matters
Behavioral Health Hospitalizations (if available for youth)	MOPHIMS – Behavioral Health Profiles	Reflect unmet emotional needs linked to family stress or lack of support.
Self Pay/No Charge ER Visits – Ages 1–14	MOPHIMS – Missouri Resident Child Health Profile	Indicates financial hardship and unstable access to care, affecting family stress.
Self Pay/No Charge ER Visits – Ages 15–19	MOPHIMS – Missouri Resident Child Health Profile	Reflects socioeconomic strain that may undermine healthy family functioning.
Teen Fertility Rate Age 15–17 Teen Pregnancy Rate Age 15–17 Teen birth rate (ages 15–19)	MOPHIMS – Women’s Reproductive Health Profile Missouri MCH Data Platform (State-level data only)	Adolescents who give birth often require enhanced social, emotional, and parenting supports; their infants are also more likely to face developmental and emotional challenges.
Adolescent Depression	MCH Risk Level Dashboard – Adolescent Health	Indicates emotional distress; positive family relationships are protective.
Bullying Victim	MCH Risk Level Dashboard – Adolescent Health	Children facing peer victimization need supportive adult relationships.
School Days Missed Due to Safety Concerns	MCH Risk Level Dashboard – Adolescent Health	Indicates unsafe environments undermining emotional security.

● CONTEXTUAL INDICATORS (County-Level)

These describe structural, economic, and environmental conditions that affect family functioning, resilience, and children’s ability to thrive.

Indicator	Source	Why It Matters
Children Below Poverty Level	MCH Risk Level Dashboard	Poverty is one of the strongest predictors of family stress and child emotional difficulties.

Indicator	Source	Why It Matters
Child Food Insecurity	MCH Risk Level Dashboard	Insecurity in basic needs increases family strain and child mental health risk.
Overall Food Insecurity	MCH Risk Level Dashboard	Reflects community economic stress affecting households with children.
Transportation Barriers – No Medical Care Due to Lack of Transportation	MOPHIMS – County-Level Study Profile	Prevents families from accessing counseling, support programs, social services, and healthcare.
Households with No Broadband Internet Subscription	MOPHIMS – ACS Profile	Limits access to telehealth, online parenting resources, social connections, and school support.
Renter-Occupied Housing (Housing Instability Proxy)	MOPHIMS – ACS Profile	Frequent moves disrupt children's routine, school stability, and social connections.
Median Household Income	MCH Risk Level Dashboard	Lower income correlates with chronic stress and reduced access to support networks.
High School Graduation Rate (Adults 25+)	MCH Risk Level Dashboard	Lower education levels reflect community disadvantage and fewer family-support resources.
Uninsured Children (<19 Years)	MCH Risk Level Dashboard	Indicates difficulty accessing behavioral or developmental services.

● STATE-LEVEL CONTEXT INDICATORS

These indicators describe statewide patterns in children's wellbeing, social-emotional development, and family environments. They do not provide county-level estimates and should not be used to state your county's burden. Counties should instead use these as context, paired with county-level MOPHIMS and MCH Risk Level Dashboard data and local qualitative evidence (e.g., parenting programs, court referrals, school concerns).

◆ DIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Children (0–17) in Excellent or Very Good Health	MCH Data Platform – Child Health	Broad indicator of child wellbeing tied to social-emotional functioning and resilience.

Indicator	Source	Why It Matters
Percent of Children (6–11) who are Physically Active 60+ minutes/day	MCH Data Platform – Child Health	Physical activity supports emotional regulation, resilience, and healthy development.
Percent of Children (6–17) who are Obese	MCH Data Platform – Child Health	Obesity is linked to stress, social difficulties, and emotional wellbeing challenges.

● INDIRECT INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Children (0–17) who could not obtain needed healthcare in past year	MCH Data Platform – Child Health	Unmet needs hinder developmental support, behavioral health care, and family stress reduction.
Percent of Children (0–17) without Health Insurance	MCH Data Platform – Child Health	Lack of coverage reduces access to preventive care, behavioral health services, and family supports.
Percent of Children (0–17) who live in households where someone smokes	MCH Data Platform – Child Health	Proxy for household stress and instability, both of which negatively affect child social-emotional development.
Percent of Adolescents (12–17) who are Bullied	MCH Data Platform – Adolescent Health	Bullying impacts mental health, social connectedness, and resilience.
Percent of Adolescents (12–17) who Bully Others	MCH Data Platform – Adolescent Health	Indicates behavioral and social difficulties linked to family stress and lack of social-emotional supports.
Percent of Children (1–17) who had a Preventive Dental Visit in past year	MCH Data Platform – Child Health	Preventive visits are a proxy for family engagement in routine care and connection to supportive systems.

● CONTEXTUAL INDICATORS (State-Level)

Indicator	Source	Why It Matters
Percent of Children with and without SHCN (0–17) who have a Medical Home	MCH Data Platform – Children with and without SHCN	A medical home promotes coordinated care, family-centered services, and early identification of developmental needs.

Indicator	Source	Why It Matters
Child Mortality Rate (ages 1–9 per 100,000)	MCH Data Platform – Child Health	Broad indicator of child safety and wellbeing, often associated with environmental and family stressors.
Family Medicine Physicians per 100,000 jobs	MCH Data Platform – Cross-Cutting	Indicates statewide capacity for child and family preventive care and support.
Pediatricians per 100,000 jobs	MCH Data Platform – Cross-Cutting	Availability of pediatric expertise influences early recognition of social-emotional concerns.
Certified Nurse Midwives per 100,000 jobs	MCH Data Platform – Cross-Cutting	Reflect broader maternal-child health infrastructure that influences long-term family functioning.

Interpretation Note

Use these statewide indicators to understand Missouri's overall patterns in children's wellbeing, family stress, access to care, and social-emotional development. Because these measures do not reflect county-level burden, counties should rely on local MOPHIMS profiles, MCH Risk Level Dashboard indicators (abuse/neglect, injuries, poverty, mental health, school absenteeism), and community voice (schools, juvenile justice, courts, family support programs) to determine whether strengths-based family and child wellbeing supports should be selected as a local MCH priority.

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