KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

SEPTEMBER 22, 2015 MEETING

Today's Agenda

- Welcome and Introductions
- Review and Approval of July 1, 2015 Minutes
- Title V MCH & SHCN Overview
- Family and Consumer engagement
- MCH Measurement Framework and Data Trends

LUNCH

- KMCHC Structure, Roles, and Responsibilities

BREAK

- Title V Action Plan: Priorities and Measure by Domain
- Ranking Survey: Domain Selection
- Closing Remarks

KANSAS MATERNAL & CHILD HEALTH

Welcome & Introductions
Recognize New Members
Review & Approval of Minutes

DENNIS COOLEY, MD, CHAIR

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Kansas Title V Overview:

Maternal & Child Health
Special Health Care Needs

RACHEL SISSON

HEATHER SMITH & KAYZY BIGLER

Bureau of Family Health

- *Provide leadership to enhance the health of Kansas women and children in partnership with families and communities*

Mission

Core Programming

- Maternal & Child Health (MCH)
- Reproductive Health/Family Planning
- Teen Pregnancy Case Management
- Pregnancy Maintenance
- Home Visiting (MIECHV, HSHV)
- Newborn Screening
- Special Health Care Needs
- Infant-Toddler/Early Intervention
- Child Care Licensing & Regulation
- Nutrition & WIC
- Healthy Homes & Lead Hazard Prevention

Primary Investments

From a Family Health Perspective

- Reducing smoking/tobacco use
- Reducing infant mortality
- Reducing early term/pre-term birth
- Preconception/inter-conception care
- Increasing breastfeeding rates
- Quality/safe early care and education
- Care coordination
- Special health services *incl*. Telehealth
- School health
- Community collaboratives (sustainable)
- Systems/service integration (public-private)

Kansas Title V

Authority: Title V of the Social Security Act (1935) to improve health of women and children during the Great Depression;
Block Grant Program (1981); transformed (2015)

Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission: To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Legislatively-Defined State MCH Populations:

- pregnant women, mothers, and infants up to age 1
- children
- children with special health care needs

Title V's Reach: all 50 states, DC, and 9 jurisdictions

Priority Populations

MCH Population Domains*

1. Woman/Maternal (18-44; pregnant)
2. Perinatal/Infant (< 1 year)
3. Child (1-11 years)
4. Children & Youth w/Special Health Care Needs (0-22)
5. Adolescent (12-22)
6. Cross-cutting/Life Course

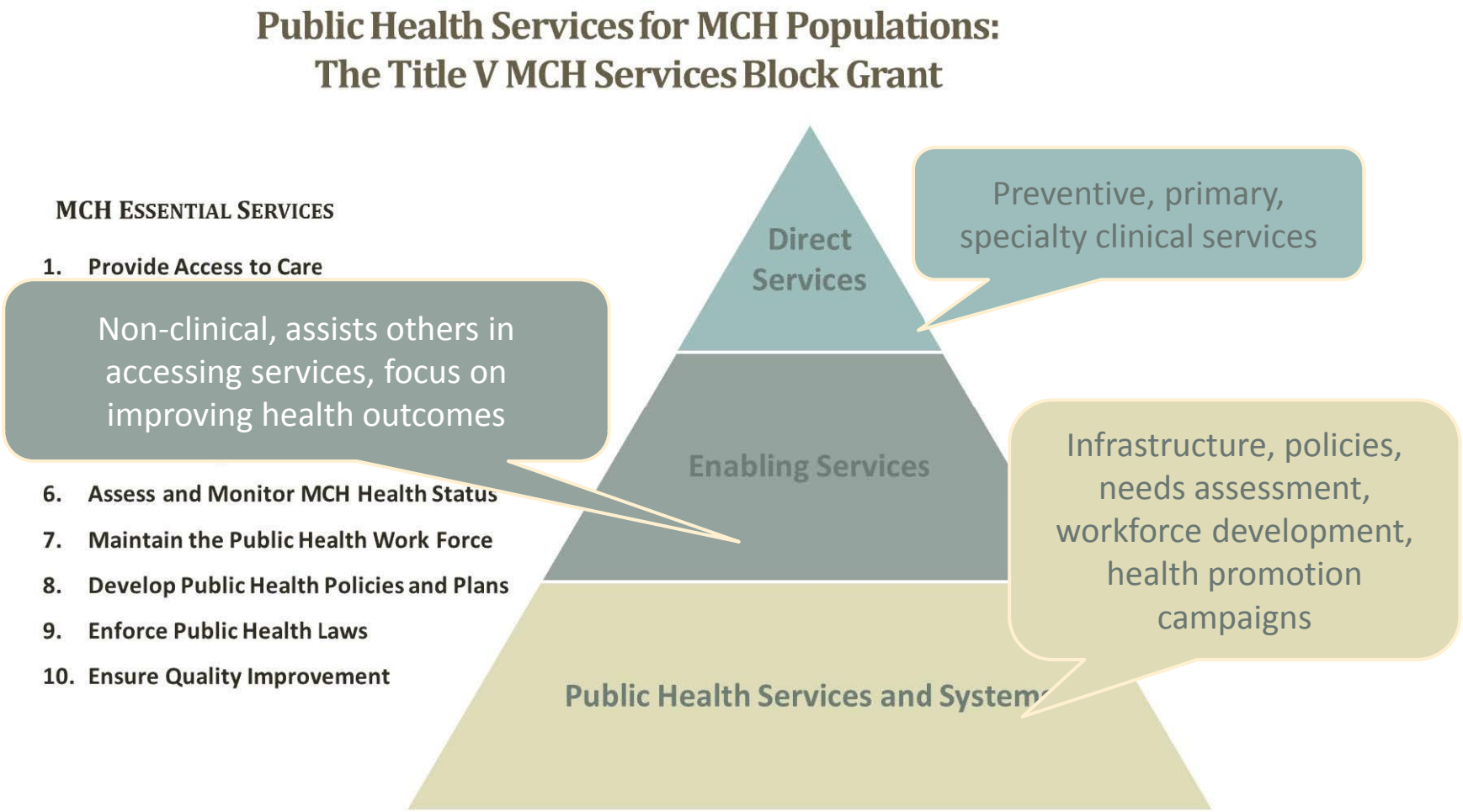
MCH 3.0 effective October 2015 (FFY2016)

Areas of Focus/Impact

Title V legislation and the MCH Services Block Grant Program enables states to…

- Provide and assure mothers and children **access** to quality MCH services;
- Reduce **infant mortality** and the incidence of preventable diseases;
- Provide **rehabilitation** services for blind and disabled individuals; and
- Provide and promote **family-centered, community-based, coordinated care**, and facilitate the development of community-based **systems of services**.

Conceptual Framework



Title V MCH Funding

Funding Source

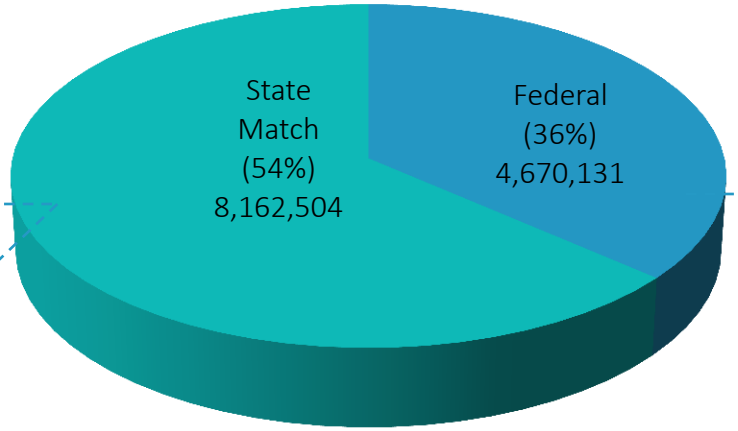
- US Department of Health & Human Services, Human Resource & Services Administration, Maternal and Child Health Bureau
- Based on the proportional number of children in poverty (0-18), according to the U.S. Census (funding amounts fluctuate)

Applications for Funding

- Needs assessment and priorities
- Measurable outcomes
- Budget accountability
- Documentation of matching funds*
- Maintenance of effort ($2,352,511 FY1989)
- Public input

**$3 for every $4 expended*

Federal-State-Local Partnership



State Match
$3,567,032

Local Match
$4,401,548

Match Requirement: $3 for every $4 of Federal funds expended

Federal
$4,670,131

Aid to Local
$2,226,006

Grants to local agencies/ contracts

$12.6 Million

Federal-State Title V Block Grant Partnership

Significant Concepts

Promoting the health of all mothers and children: emphasis on Children w/Special Health Care Needs (CSHCN) and their families

Life course theory: critical stages, beg
and continuing throughout life, influe
wellbeing

State-federal partnership:

Systemic approaches: improve health
women, children, youth, and families

Role: "assure" services (gap-filling)

- Annual block grant application and annual report
- 5-year comprehensive needs assessment
- Public input and comment
- Family engagement

Title V Public Input

Title V Accountability

Public Comment and Public Input

"The annual (Block Grant) application shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person during its development and after its transmittal."

-Title V Block Grant Legislation

Public Input: Data to Action

What is needed to achieve outcomes?

- Tool to elicit data, information, opinions and perspectives
  - Major Emerging Health Concerns
  - Unmet Health Needs
- Resources to support meaningful input
  - Acquaint reader with the block grant topics and data
  - Make it easier to discern critical/relevant data within the Block Grant
- Multiple methods to distribute and collect comment/input
  - People! Email, Council meetings, Conferences, Website, Online survey, Social media, Newsletters

KANSAS MATERNAL & CHILD HEALTH

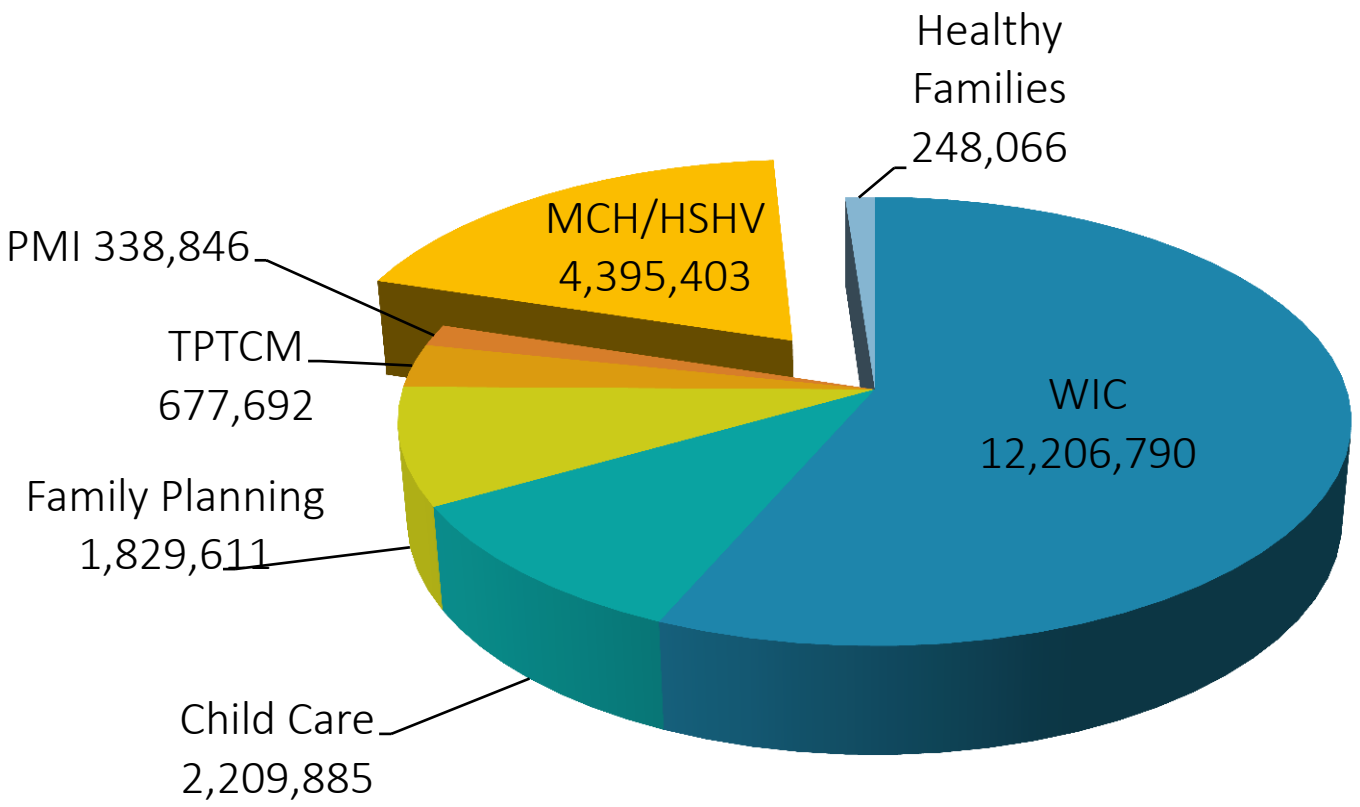
Maternal & Child Health

Program Overview

Aid to Local Programs

- Maternal & Child Health & Healthy Start Home Visitor
  (Title V, CIF, SGF funding) awarded to local agencies delivering services and programs in line with priorities and measures)
- Healthy Families
  (GE & WY) services to high risk, low-income families (home visiting, education, referral) to reduce infant mortality
- Teen Pregnancy Targeted Case Management
  (KanCare-eligible pregnant/parenting adolescents to 21) case management services to support reaching goals, delaying subsequent pregnancies, and increasing self-sufficiency
- Pregnancy Maintenance Initiative
  (Stan Clark Grant - KSA 65-1,159a) awarded to nonprofits for services to enable pregnant women to carry pregnancies to term; pw to 6 months after delivery

SFY Aid to Local



Total Aid: ~$22M

MCH Spotlight

Key Local Services

- Reproductive health services

  - Preconception counseling and referral as indicated
  - Linkage to early comprehensive prenatal medical care
  - STD testing and treatment
  - Link to genetic counseling services
  - Pregnancy testing, counseling and referrals as indicated

MCH Spotlight cont…

Key Local Services cont…

- Care coordination

  - Reproductive health and family planning services
  - Prenatal care and education
  - Supplemental food and nutrition programs such as Women, Infants and Children (WIC) nutrition program
  - Healthy Start Home Visitor and other community home visiting services
  - High-risk infant case management
  - Early intervention and services for SHCN
  - Child health and safety information
  - Community resource linkages

MCH Spotlight cont…

Key Local Services cont…

- Risk reduction and counseling

  - General health screens/assessments and treatment linkage
  - Tobacco/smoking, alcohol and substance use cessation
  - Healthy weight counseling
  - Domestic violence referral assistance
  - Identification of perinatal mood disorders
  - Depression screening with mental health service linkage
  - Prenatal education classes
  - Childbirth education classes
  - Parenting education classes

MCH Spotlight cont…

Key Local Services cont…

- Pediatric Health Services (Child and Adolescent)

  - Well-child health assessments
  - Immunizations
  - Child development and mental health screening
  - Reduction of unintentional and intentional injuries
  - Healthy weight guidance
  - Parenting education with anticipatory guidance
  - Mental health screening and referral as indicated

Aid to Local Process

- Application for funds: annual/SFY schedule, competitive
- Quarterly reporting requirements: expenses and progress
- SFY2016 Recommendations/Awards
  - $4.3M awarded to 82 grantees
  - Enhanced approach to review and award process
    - Expanded application (new online system)
    - External reviewers
    - Scoring template and reviewer guidance
    - Condition letters
    - Base funding formula by county
      - 75% - children <18 in poverty
      - 25% - MCH populations (children 0-22; women 23-44)

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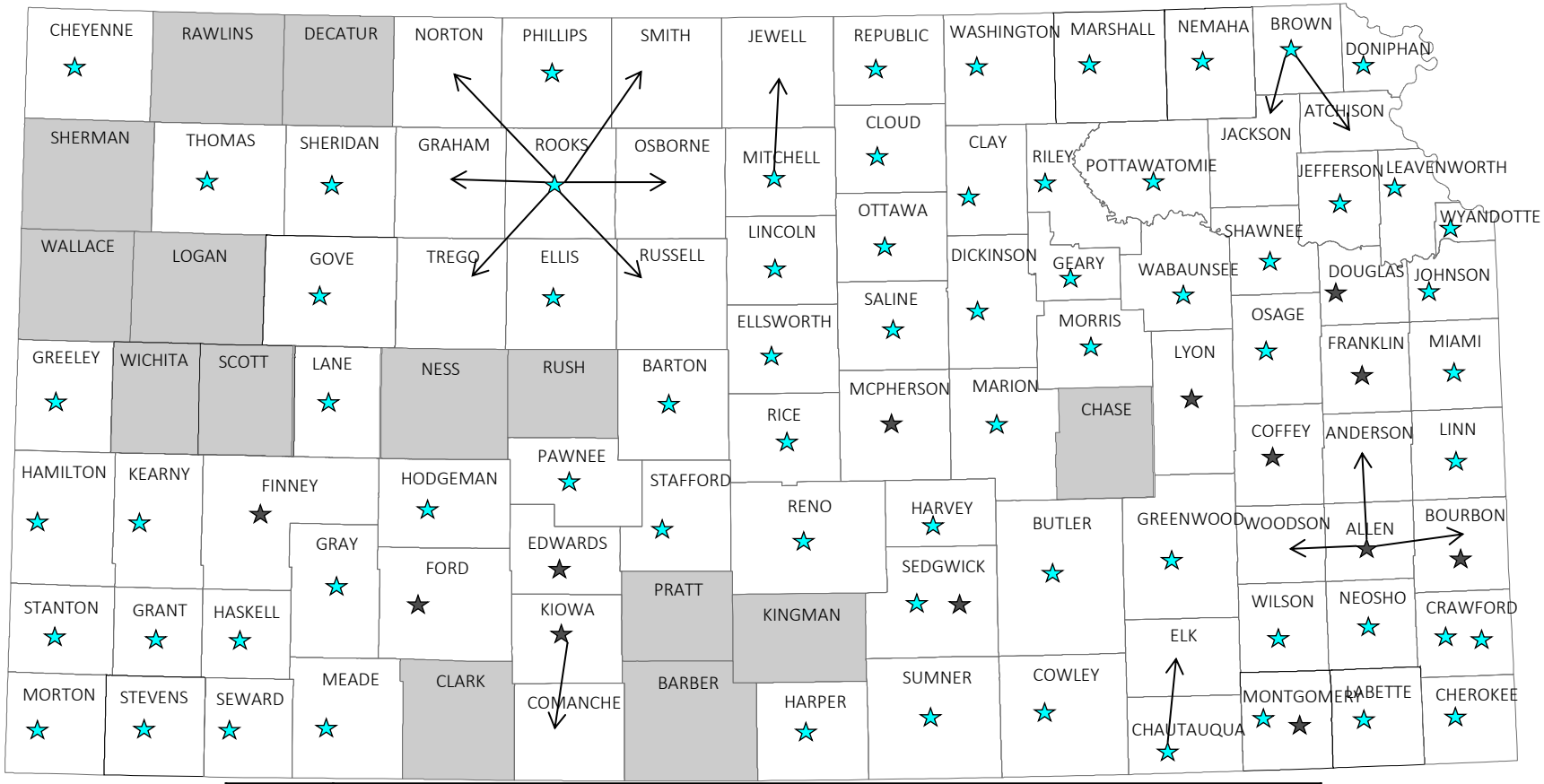
MCH Grantees - SFY16



★	**Maternal Child Health (MCH)**
★	**Maternal Child Health (MCH) without HSHV**
↖	**Indicates other counties that are funding partners**

Other Federal Grants/Initiatives

Abstinence Education Program

- Training foster/adoptive parents and youth
- Over 500 youth, 300 parents in 6 mos. this project year

MIECHV Program

- 500+ families enrolled in 9 mos. this project year
- Met and exceeded 3rd year Benchmark improvements
- Awarded $9.4M Competitive Expansion Grant (2015-17)

Early Childhood Comprehensive Systems

- KS Initiative of Developmental Ongoing Screening (KIDOS)
- 22 completed ASQ Training of Trainers
- Website and community toolkit

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Special Health Care Needs

Program Overview

Kayzy Bigler

Target Population

State Statute – KSA 65-5a01

"A child with special health care needs" means a person under 21 years of age who has an organic disease, defect or condition which may hinder the achievement of normal physical growth and development."

Maternal and Child Health Bureau

"Children and youth with special health care needs (CYSHCN) are those who have, or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

Provide financial assistance for medical services for individuals 0-21 with specific health conditions and all ages with genetic conditions.

Program Highlights

Services Provided

- Diagnostic: c
- Treatment: fi
  specialty servic
- Care Coordination
  plan and assistance
- Special Bequest: serv
  covered to improve qua
  items, assistive technology, h
  clinical/indirect services, etc).

Special Bequest is available to anyone served by the program or receiving SSI.

**These services must be prior authorized and approved by the Special Bequest Commission. Meetings occur quarterly.*

be
hensive
app engagement.

Federal Program Expectations

- Support a comprehensive, quality system of care
- Collaborate with other State agencies and private organizations
  - Conduct needs assessment related to the development of community-based systems of services
  - Coordinated policies, standards, data collection and analysis, financing of services, and program monitoring
- Support Communities
  - Facilitate community systems building to develop community-based programs
  - Provide technical assistance and consultation, education and training, common data protocols, and financial resources to communities
- Coordinate health services among providers of care
- Coordination and service integration among programs serving CYSHCN

State Program Expectations

- Determine eligibility, both medical and financial
- Support diagnostic clinics
- Determine which medical providers we will work with and what services we cover
- Authorize services
- Determine what providers can collect for services from the SHCN program and what they can bill the family
- Maintain surveillance and supervision over the services provided by the program

SHCN Eligible Conditions

Individuals with these conditions are eligible for financial assistance through SHCN.

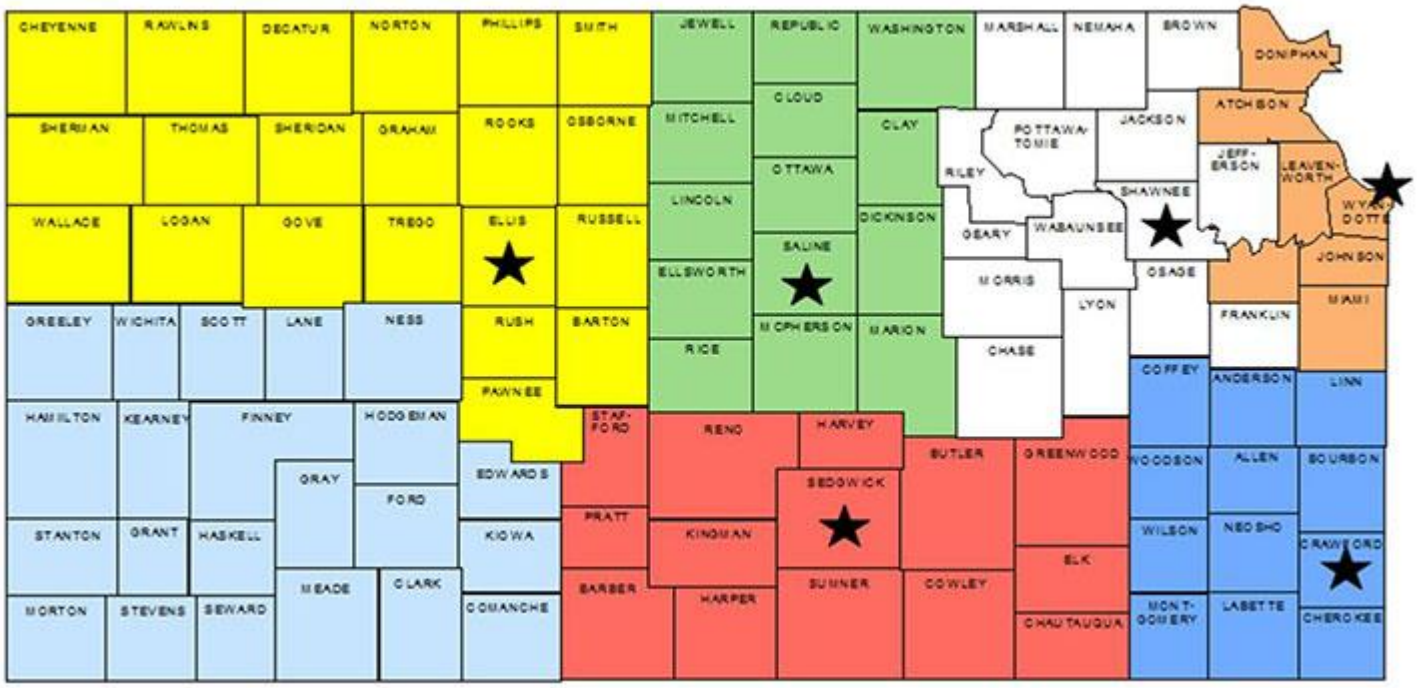
- Spina Bifida
- Cleft Lip/Cleft Palate
- Acquired or congenital heart disease
- Burns requiring surgical intervention
- Orthopedic Conditions*

**Congenital anomalies or those needing surgery.*

- Limited gastrointestinal or genitourinary conditions requiring surgery
- Hearing Loss
- Vision disorders (limited)
- Craniofascial anomalies (select)
- Seizures – outpatient care and prescriptions only
- Juvenile Rheumatoid Arthritis
- Genetic and Metabolic Conditions**

***Effective July 1, 2008, 28 conditions recommended by the National American College of Medical Genetics.*

SHCN Regional Offices



- Topeka *(central office)*
- Kansas City *(clinics)*
- Wichita *(clinics)*
- Salina
- Pittsburg
- Hays

We are currently looking for a Regional Office in the SW Region. In the meantime, this region is being covered by the Topeka office.

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New Priorities

- Cross-System Care Coordination
- Behavioral Health Integration
- Addressing Family Caregiver Health
- Direct Health Services & Supports
- Training & Education

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Title V MCH Block Grant Resources

Website, Resources, Publications

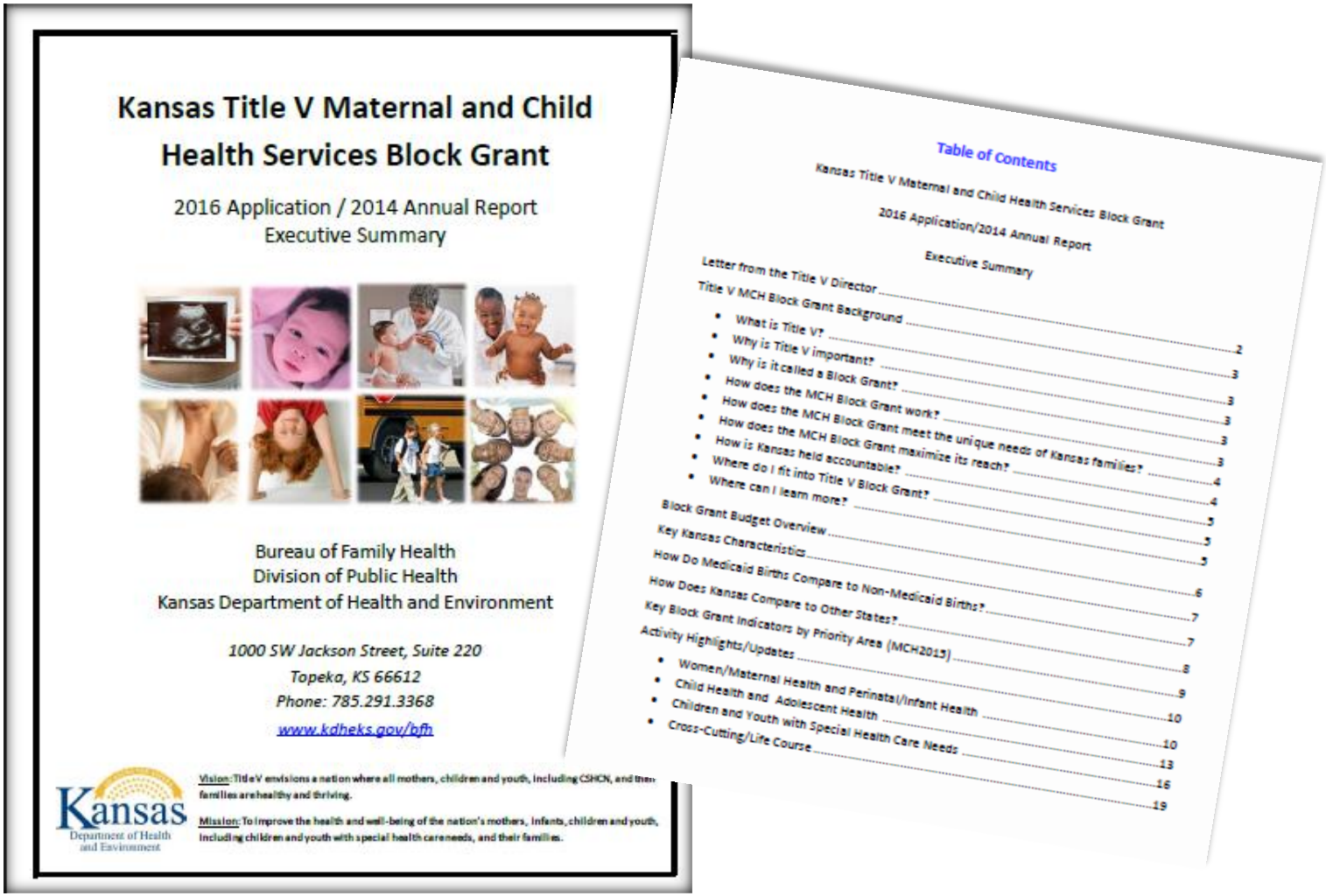
Websites

- KDHE BFH MCH Website: *www.kdheks.gov/bfh*
- HHS HRSA MCHB Title V: *mchb.hrsa.gov/*
- State Profiles/Title V Information System (TVIS): *mchdata.hrsa.gov/TVISReports/*
- Association of Maternal & Child Health Programs: *www.amchp.org*
- National Maternal and Child Health Workforce Development Center: *mchwdc.unc.edu/*
- MCH Navigator: *www.mchnavigator.org/*
- MCH Leadership Competencies: *leadership.mchtraining.net/*
- Core Public Health Competencies: *www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx*

MCH Block Grant Website

- Block Grant Basics
- Application & Annual Report
- Executive Summary
- Public Input Summary
- Data/Measures Snapshot
- Needs Assessment
- Reports & Publications
- Archives (prior year applications, reports, and publications)

Executive Summary



Kansas Title V Maternal and Child Health Services Block Grant

2016 Application / 2014 Annual Report
Executive Summary

Bureau of Family Health
Division of Public Health
Kansas Department of Health and Environment

1000 SW Jackson Street, Suite 220
Topeka, KS 66612
Phone: 785.291.3368
www.kdheks.gov/bfh

Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

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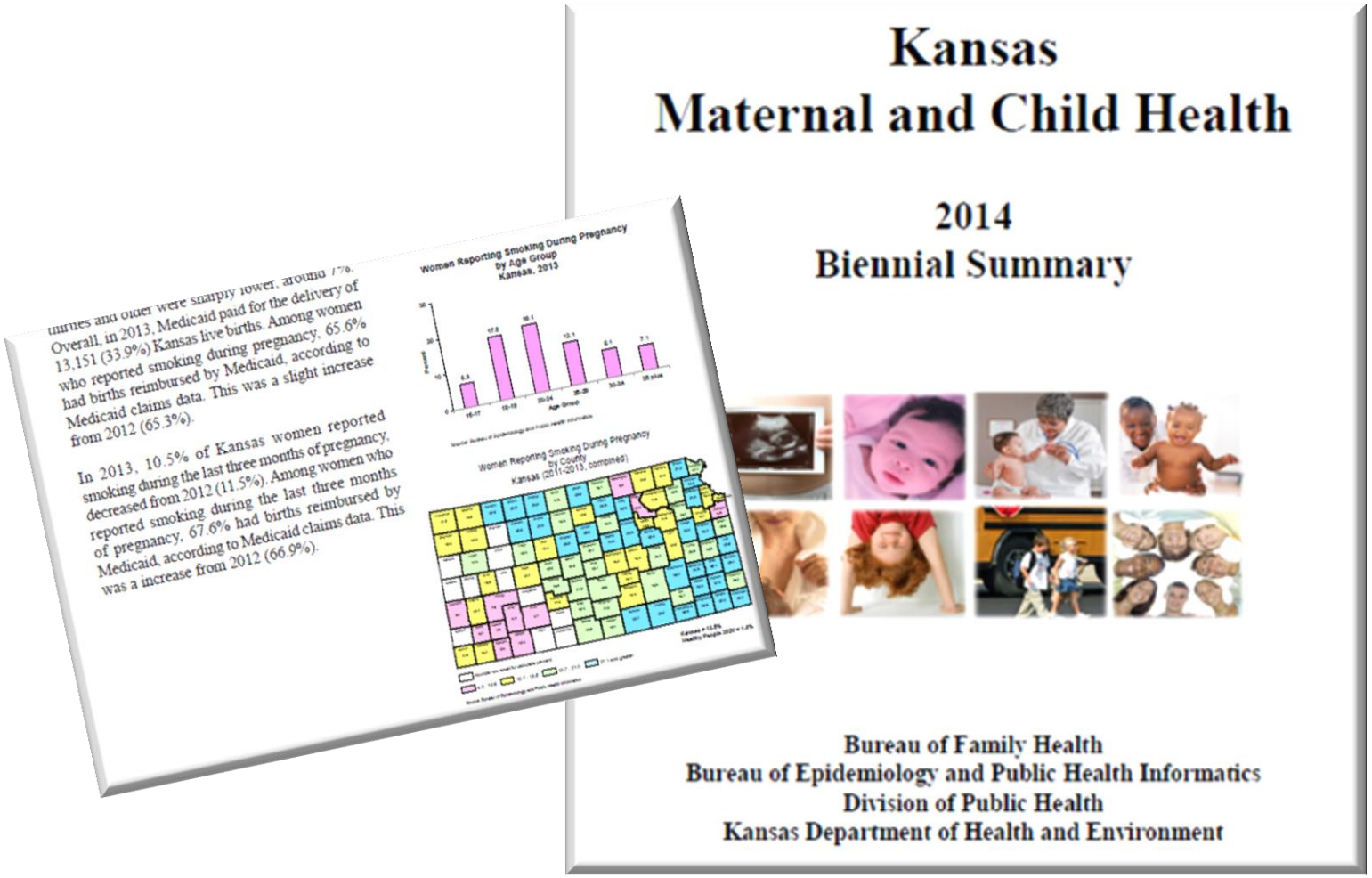
2014 Biennial Summary



AMCHP Compendium

Incorporate messages on healthy pregnancies and healthy infant care into social marketing and education campaigns. Specific strategies include:

Action step

Strategies

- Targeting messages to first-time mothers.
- Promoting text4baby (text4baby.org) to provide health and safety messages to pregnant women, families and parents of infants.
- Establishing social networking/educational tools on the Web or via telephone so women and men are able to obtain pregnancy health coaching information and services.
- As messages are created and communicated, materials and campaigns should be available in the languages of the target population.

Policy & Program Options

- 60 national source recommendations
- 60 state source recommendations

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Initiatives & Successes

Community Partnerships & Impact

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Becoming a Mom Collaboratives

Focus on disparities: racial/ethnic and socioeconomic

- Community collaborative backbone
- Clinical services + prenatal education
- Becoming a Mom/*Comenzando bien*®
  - Incentive-based program
  - Evidence-based curriculum
- Common evaluation system
- Early care/access (Medicaid)
- Local Public Health, Hospitals, Health Centers, OBGYN Providers
- Baby & Me – Tobacco Free®
- 10 established collaboratives

march of dimes

Kansas Department of Health and Environment

Impact & Outcomes

- Early prenatal care/access
- Reduced disparities
- Permanent MCH infrastructure
- Resources leveraged
- Long-term program sustainability
- Care delivery paradigm changed
- Emerging community needs identified quickly
- Reduced preterm birth and infant mortality; increased breastfeeding

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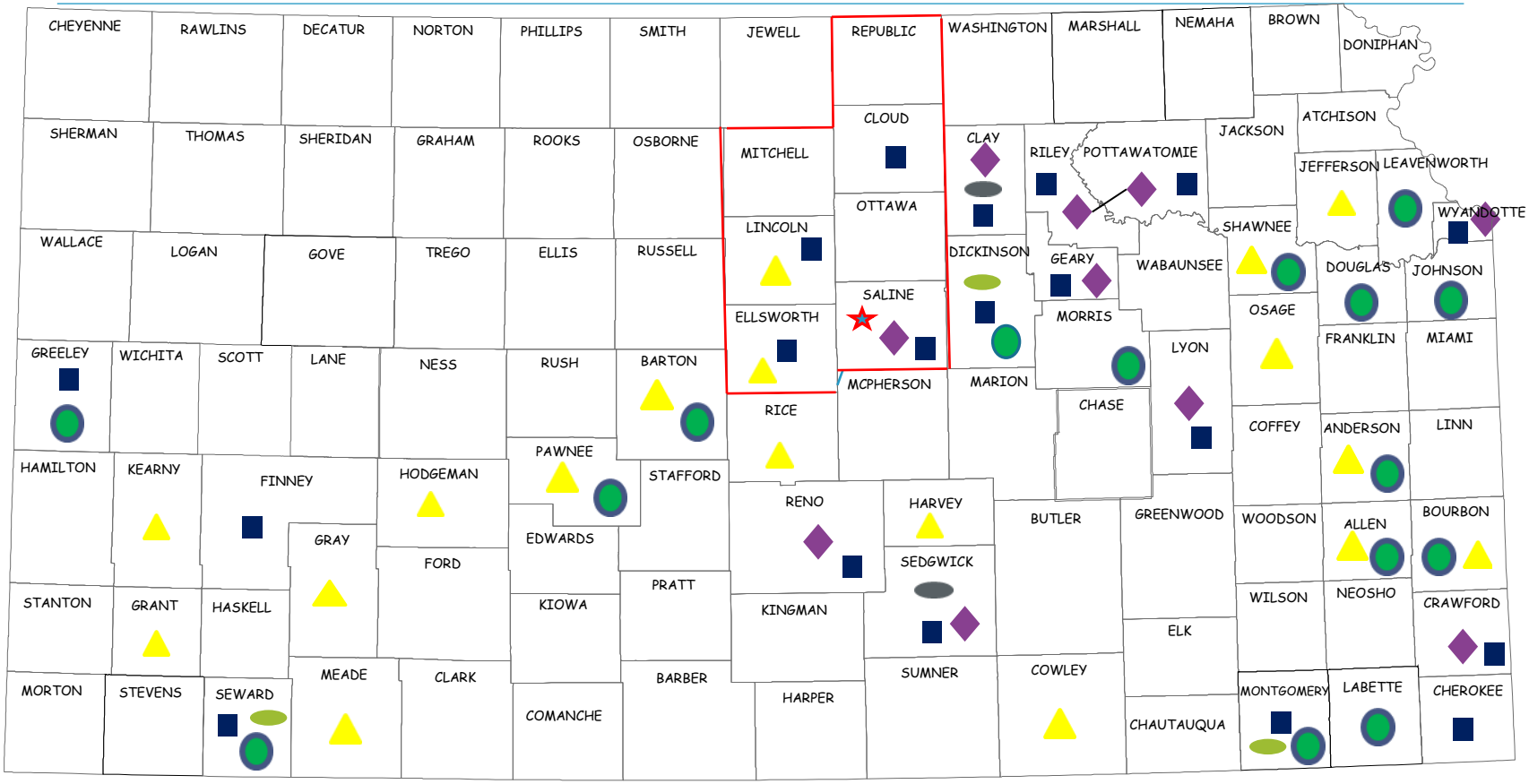
Becoming a Mom Program



BAM Integration Project

- Integration of state and local resources

Phase One: WIC / Breastfeeding

Smoking Cessation / Quitline

Behavioral Health

Safe Sleep / Safe Kids

Family Planning / LARC

- Integration of standardized screening and case management services

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Smoking Cessation

- Evidence-based program
- Pregnant and post-partum population
- Proven effective (60-75% quit rate)
- Targets low-income women
- Prenatal services collaborative model
- Offers practical incentives
- Integrates *Motivational Interviewing*
- Follows *Clinical Best Practice Guidelines* (HHS 2008 update)
- KS Certification Training Aug. 2015
- KS Implementation (10 sites) Oct. 2015

BABY & ME - Tobacco Free

Delivering Change Geary Co.

Healthy Start Program (Federal)

- Launched September 2014
- Model for Kansas MCH
- Project Goals (5 Years):
  1. Develop a comprehensive, coordinated perinatal system that leads to improved women's health;
  2. Improve the quality of services available to pregnant women and new mothers; and
  3. Develop a system of programs, services and partnerships that strengthen family resilience.

Delivering Change cont.

- Public Health-Primary Care-Community Support Service Integration
- Key program models:
  - OB Navigator
  - *Becoming a Mom*/Comenzando bien©
  - Period of PURPLE Crying
  - Triple P – Positive Parenting Program
  - Parents as Teachers

IMR 10.4-6.6 (5 years)

The Coming of the Blessing®

Target Population: American Indian and Alaska Native
(4 Kansas Tribes: Sac & Fox, Iowa, Potawatomi, Kickapoo)

- Created by the March of Dimes American Indian/Alaska Native Women's Committee
- Prenatal education, training and resources
  - traditional beliefs
  - lessons from ancestors
  - circle of support
- Utilizes *Becoming a Mom* curriculum

Source: http://www.comingoftheblessing.com/

Pioneer Baby

Target Area: Southwest Kansas region, centered in Kearny County

Partners: Kearny County Hospital and KU Medical Center, Wichita (research project)

Project:

- Focus groups with women to assess need and develop a health promotion program
- Address high-risk prenatal care and diverse needs of the region/population
- Video – real stories from women

Critical Congenital Heart Defect Public Health Quality Initiative

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Goal: 100% of infants screened

- Launched November 2013
- On-site education/training
- Partners: Hospitals, MOD, AHA, Hospital Assoc., parents…
- Vital Statistics Birth Record Reporting (January 2016)
- Success! Screening ***and*** Reporting via REDCap:
  - May 2014 (pilot): 30% screening; 78% births
  - August 2015: 100% screened at birth

Safe Sleep Efforts

- Evidence-based Safe Sleep Educational Sessions
- Safe Sleep Baby Showers/Curriculum
- Medical Society of Sedgwick County Physician's Safe Sleep Toolkit (Obstetrical Clinic, Pediatrics, Family Practice)
- Hospital Safe Sleep Bundle
  - Well Newborn Unit
  - Hospital Pediatric Unit
  - Neonatal Intensive Care Unit
- Sleepsack™ Programs
- Cribs for KIDS Program
- Educational Materials (kidsks.org)
- Bereavement support/resources

Kansas Infant Death and SIDS Network

Communities Supporting Breastfeeding (CSB)

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Goal: Improve exclusive breastfeeding rates at 3 months & 6 months

Targeted communities:

- Cowley County, Great Bend, Hays, Liberal, Parsons, Salina

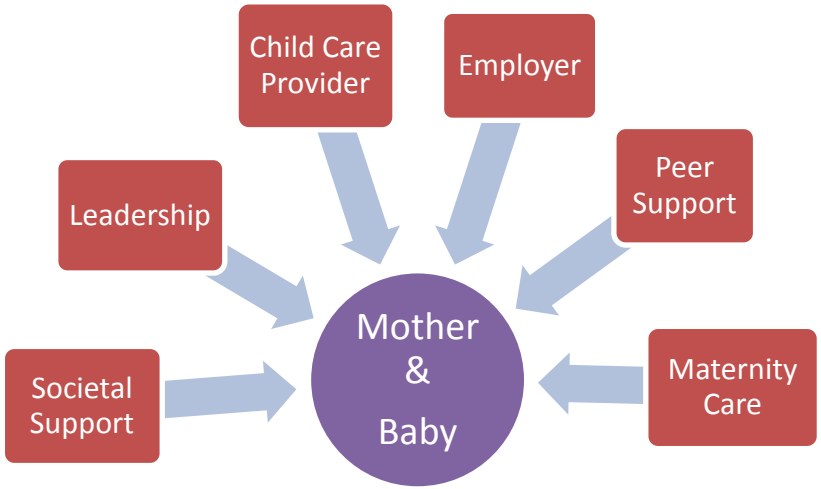
- Multi-sector, comprehensive
- Aligns existing programs/services
- Focus on achieving CSB designation (6 criteria/targets)

KANSAS WIC

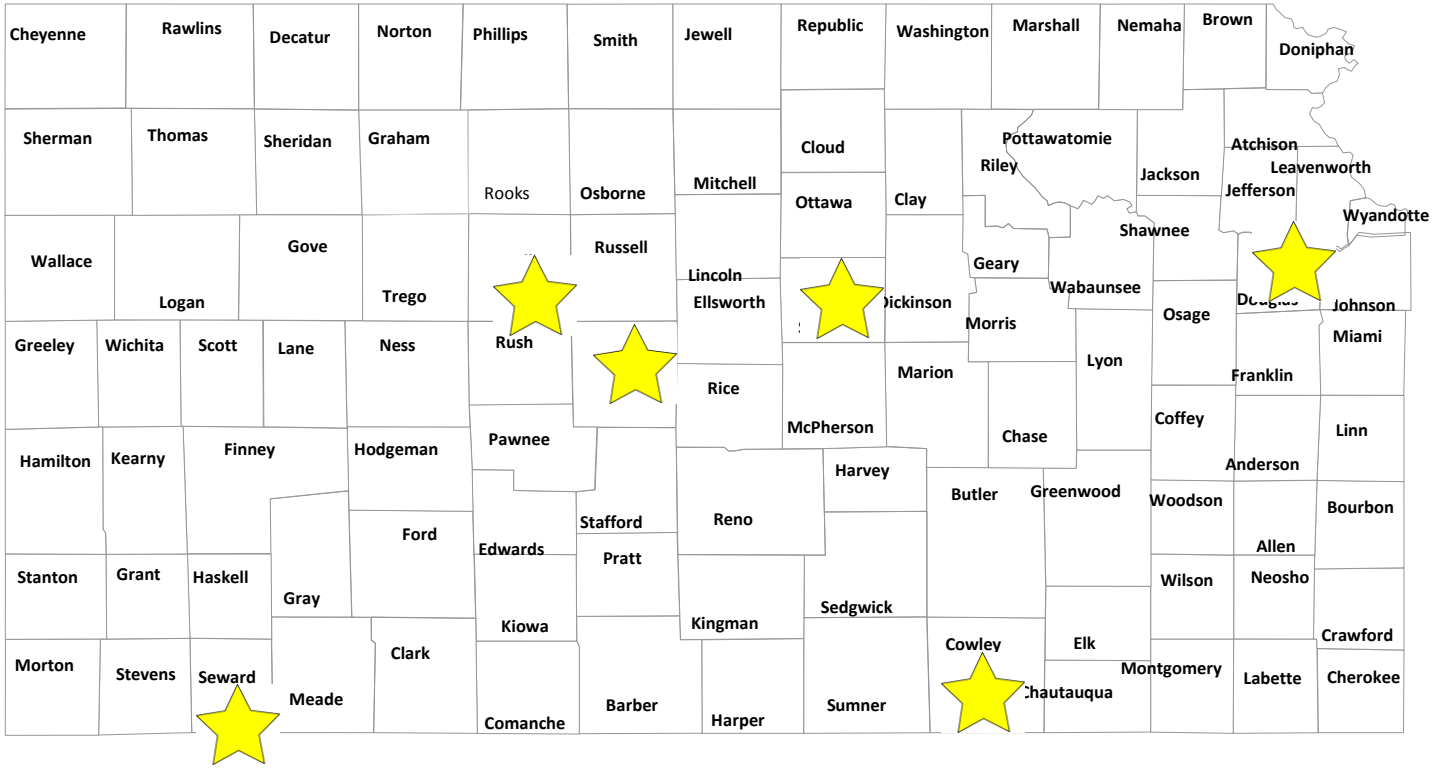
Kansas Breastfeeding Coalition, Inc.

CSB Criteria

1. Local coalition site with resources
2. Peer breastfeeding support group
3. Hospital *(High 5 for Mom* OR *Baby Friendly® USA)*
4. Businesses (*Breastfeeding Welcome Here*)
5. Businesses (*Breastfeeding Employee Support Award*)
6. Child care provider training



CSB Communities



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Breastfeeding Support Network

Infant Mortality CoIIN*

Project Mission: Demonstrate improvement in identified strategy areas that will result in lower rates of and greater equity in infant mortality.

***Collaborative Improvement & Innovation Network:** C*yber team of self-motivated people with a collective vision, that innovatively collaborate by sharing ideas, information, and work enabled by technology*

National CoIIN Strategies

- Kansas selected 2 of 6 national learning strategies/networks based on state needs/priorities*

1. **Smoking Cessation**

   Focus: reduce smoking before, during, and after pregnancy

2. **Prevention of Preterm and Early Term Births**

   Focus: reduce preterm birth through utilization of progesterone; reduce early elective deliveries

*KIDS Network engaged in Safe Sleep

Healthy Smiles: Child Care

Goal: Focus on changing behavior and healthy habits

- decreasing sugary snacks/beverages served
- incorporating oral health education/practices
- tooth brushing after meals

KDHE MCH, Child Care, Oral Health; Oral Health KS; Child Care Aware of KS; KS Child Care Training Opportunities

Kick off: Southwest KS public health region - May 2015

- 17 providers completed 2-hr training; received *Oral Health Kit*
- 105 children received education and screenings by a dental hygienist
- Parents received screening results and referrals, oral health literature

SHCN Telehealth Initiative

Goals:

- Telehealth tool kit
- Return on investment (ROI)
- Pilot project in rural area

AMCHP Workforce Development Center Project

- Partnerships with Medicaid, HRSA Telehealth Resource Center, Hospitals, Families
- Toolkit to expand/adapt the Heartland Regional Genetics Collaborative Telegenetics Tool Kit

Systems Integration Grant

- Received D-70 Integrated Community Systems for CYSHCN Medical/Health Home Grant
- Support access for CYSHCN to receive services
- Improved and increased system capacity
- Grant Objectives:
  - Coordinated policies & collaborative partners
  - Education, resources, supports, and tools
  - Increase access
  - Integrated, cross-system care coordination

Discussion – Title V Overview

Questions or clarifications needed on presentation content?

1. Did you learn about something new? Were you aware of most of these efforts?
2. Think of your circle of organizational contacts, community members, coworkers, friends, etc. On a scale of 1 to 10, what is the current level of awareness of Title V, the Bureau of Family Health, and current MCH initiatives?
3. What groups, populations, geographic areas, professionals, etc. are lacking awareness but could benefit from knowing more about Title V and Kansas MCH?
4. What efforts or initiatives do you find most **exciting** for Kansas MCH?
5. Are you involved in one or more of these efforts? If so, which one(s)?
6. Are there any efforts you would like to be more involved in or become a more engaged partner?
7. Where is there a need for increased collaboration to make Kansas Title V even more effective? Are we missing any people, resources, or related initiatives that should be leveraged for maximum impact?
8. Where **do you fit in Kansas Title V MCH**? Each of you are here because you are an important partner to Kansas Title V. If your role is not clear or you aren't sure where to engage, how can we help better define this?

KANSAS MATERNAL & CHILD HEALTH

Family & Consumer Engagement Family Advisory Council

HEATHER SMITH

KAYZY BIGLER

DONNA YADRICH

Family Engagement in Title V

Family/consumer partnership is the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.

Family engagement reflects a belief in the value of the family leadership at all levels form an individual, community, and policy level.

-2016 Title V Block Application Guidance

Family Engagement in Title V

AMCHP Fact Sheet

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- Nihil de nobis, sine nobis = Nothing about us, without us
  - Concept: Policies should not be created/implemented without the "full and direct participation of those affected"
- Families engaged at all stages (design, planning, implementation, evaluation) in an ongoing, continuous way → NOT a point-in-time approach
- Diversity is critical
  - Geographically
  - Socioeconomically
  - Culturally

AMCHP Family Engagement Resource

http://www.amchp.org/programsandtopics/family-engagement/ToolsandResources/Documents/FamilyEngagementinTitleV.pdf

Family Engagement cont…

Kansas Family Engagement and Partnership Standards for Early Childhood Purpose:

- Encourage and validate family participation in decision-making process
- Facilitate two-way communication
- Collaborate and exchange knowledge
- Emphasize creating and sustaining opportunities to enhance children's health and learning
- Collaborate in establishing goals
- Create an ongoing and comprehensive system

Family Engagement Standards

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Families as…….

- Foundation
  - All families are recognized and promoted as their child's first and most influential teacher.
- Communicators
  - Early childhood providers and families have effective and ongoing communication.
- Advocates
  - Families actively engage as an advocate and decision-maker for their child.
- Partners
  - Successful partnerships exist between families and professionals based upon mutual trust and respect.
- Community Members
  - Families are active participants in their communities and connect to resources and services.

Available at: www.kcefe.net

Current Kansas FE Efforts

- Special Health Services Family Advisory Council
  - Families of those served by, or potentially eligible for, services through the SHS programs (NBS, NBHS, SHCN, and ITS)
  - Contributed to SHCN Statewide Strategic Plan, including selection of 5 SHCN priorities
  - Defined each new SHCN priority and assisted in developing objectives and strategies.
  - Provides guidance to SHS programs and develops resources/materials to equip other families with knowledge and skills
  - Present at state and national conferences
- MCH Council Family Representatives
  - Assist Title V with implementation of Title V State Action Plan

Current Kansas FE Efforts

- AMCHP Family Delegate
  - Competitive process for a 2-year term awarded by Title V staff
  - Required mentored annual project
  - Voting rights at AMCHP

The Kansas Delegate also participates in the following initiatives:

- Family Representative as a State CoIIN Team Member
- The only state to have families represented at AMCHP's National MCH Workforce Academy Population Health Symposium
- Family Representative on the AMCHP Board of Directors
- Advisory Committee Member for the National MCH Workforce Development Center
- A 2015/16 City Leader

Future Plans for FE in Kansas

- Youth Advocacy Program
  - Pilot begins October 2015 with youth with special health care needs/disabilities
  - Intend to expand to all youth in the future
- BFH Family Engagement Rep to participate in Child Care Licensing Systems Improvement Team
- Youth involvement in MCH Council
- Family Leadership Program
  - Development in progress (Delegate Project)
  - Will be progressive, including support for the AMCHP Family Delegate and AMCHP Family Scholars programs

SHS Family Advisory Council

Mission

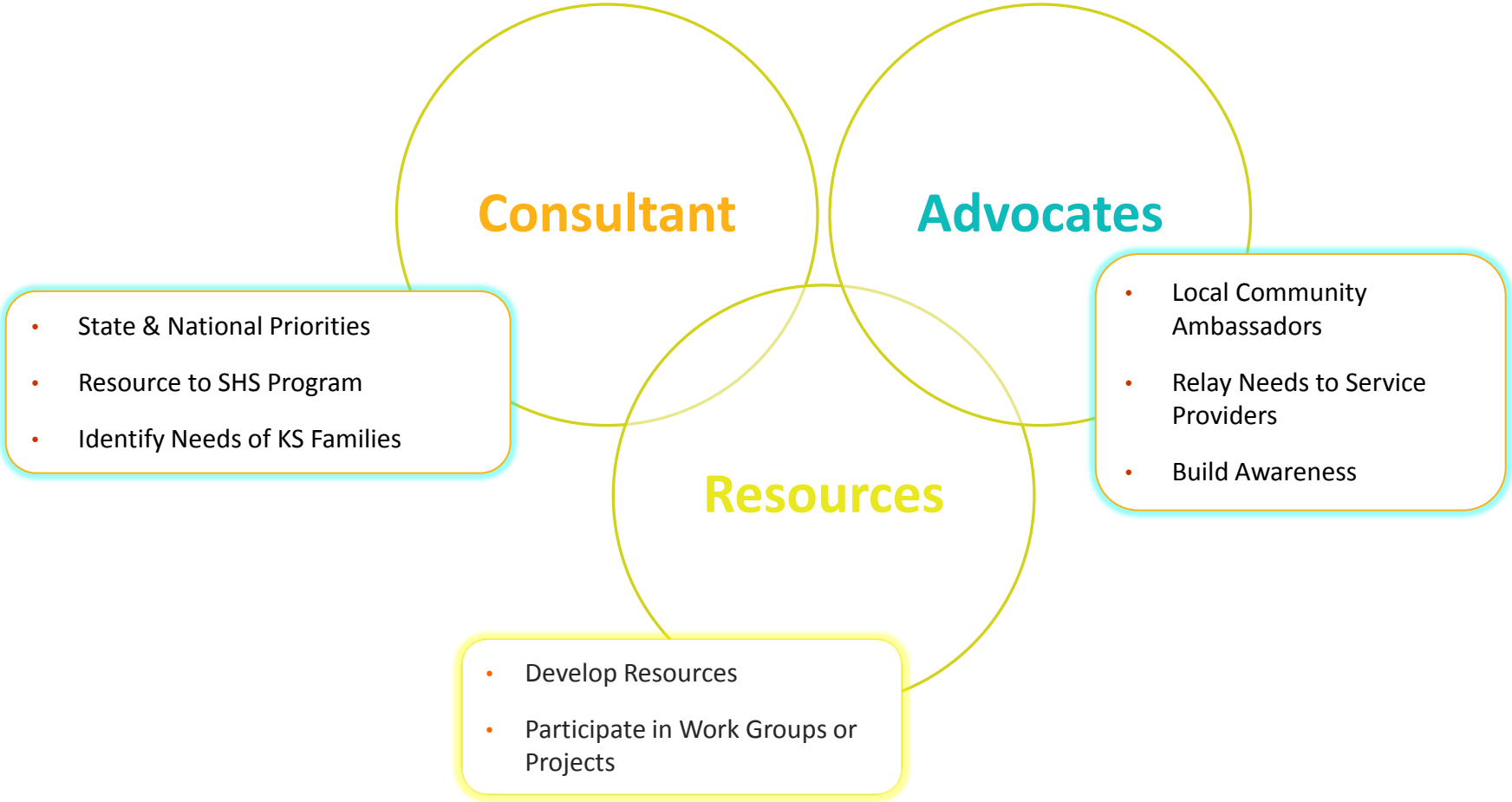
- To achieve satisfaction of special health care services for families of infants, children and youth with special health are needs by advising and promoting opportunities for individuals with health care needs or disabilities to exercise self-determination.

Vision

- Families of SHCN are partners in decision-making at all levels and are satisfied with the services they receive.

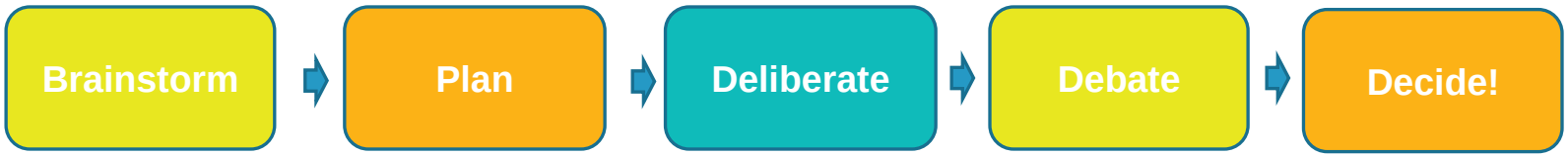
The FAC will revise these in the coming months to better reflect the SHS programming focus.

Role of the FAC



FAC Projects

- **Active Participation** in meetings and projects
- Focus is always on State and National **objectives**
- FAC Projects are **Chosen by Members**



Major FAC Accomplishments

- Medical Home Information Card
- Transition Booklets
  - For parents of children 0-6 years of age
  - For pre-teens and teens 7-13 years of age
  - For youth and young adults 14 years of age and older
- Community Services Brochure
- White Papers
  - Partner and Communicate with Families of CYSHCN
  - Raising CYSHCN and the Impact on Family Health
  - Financial Impact of Raising CYSHCN
- SHCN Strategic Planning

FAC Value to SHS Programs Collective State Gain

KANSAS MATERNAL & CHILD HEALTH

Decision-Makers	SHCN Program	Legislators
• Parent expertise available as consultants • Deeper understanding of families' daily struggles	• Data verification as more "family friendly" • Evaluations confirm improved SHS services	• Awareness of the importance of state and federal funding

FAC Value to Families

Leadership Development

Lead by example

Build Advocacy Skills

Advocate for Funds

Advocate for Services

Advocate for Family/Patient Rights

Peer Support

Enough said…

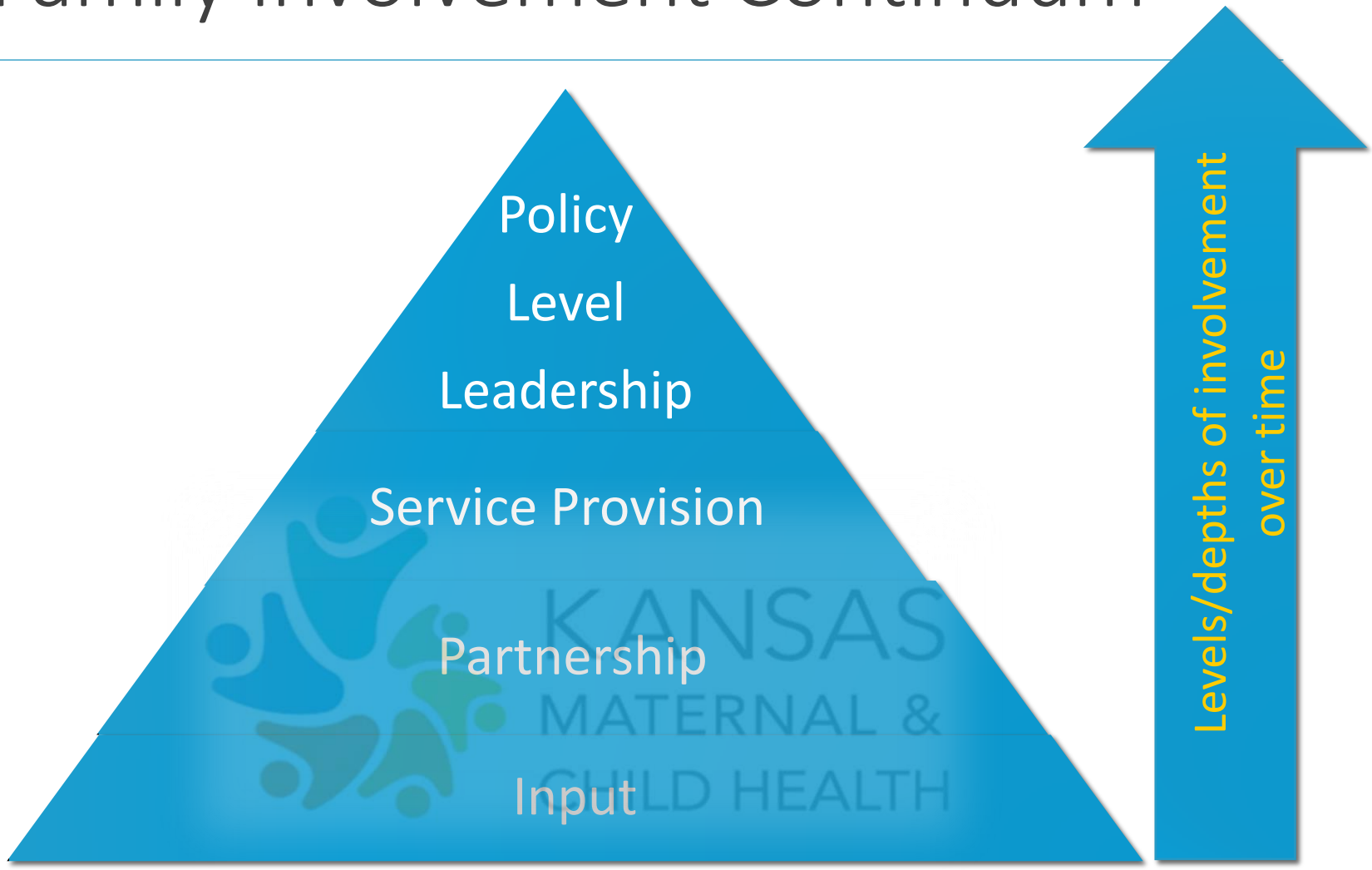
MCH 3.0
Families Engaged Across All Domains

KANSAS MATERNAL & CHILD HEALTH

"The **consistent provider** at each stage of the life course – from the unborn to the infirm – is the **family caregiver**."

2016 AMCHP Proposal DY, HS, KB

Family Involvement Continuum

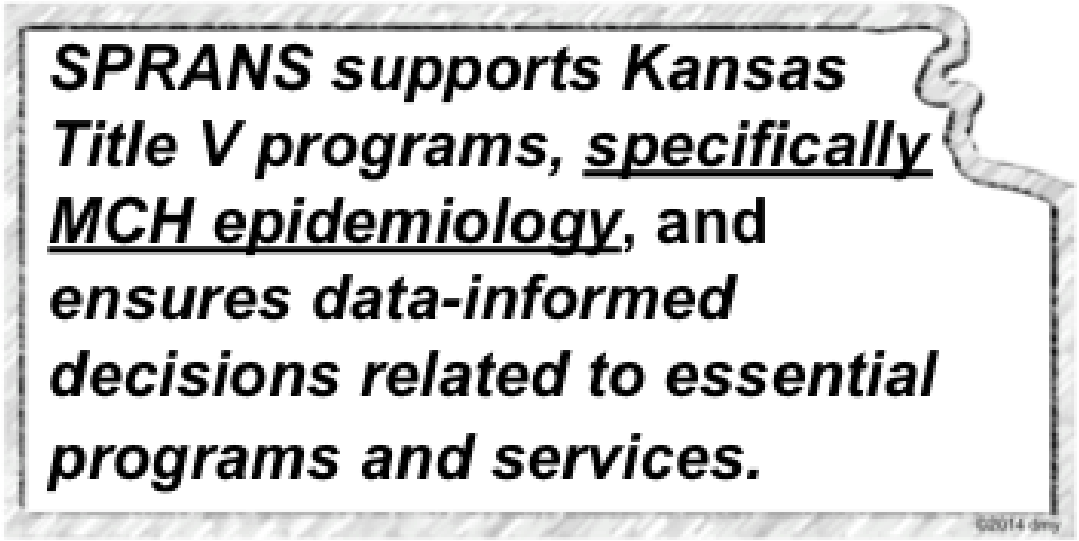


2014-15 AMCHP nationwide survey of Title V MCH & CYSHCN Programs

Increasing Levels/Depths
Family Involvement Continuum

KANSAS MATERNAL & CHILD HEALTH

Equipping families with firsthand knowledge of the budget and system challenges faced by MCH allows them to be eloquent and powerful advocates.[1]



[1]Page 6, AMCHP Family Engagement in Title V

MCH 3.0
Family Engagement Challenges

KANSAS MATERNAL & CHILD HEALTH

- Adaptive Leadership
  - CYSCHN is accustomed to meaningful family involvement, MCH in progress, learning from CYSHCN approach
  - Families can be our program target marketers who know where and how to reach underserved families[1]
  - Families are better able to use services if they are educated and aware of their options[1]
- Compensation[1]
  - Agency work vs. family work; key personnel vs. stipend
  - Uncompensated participation devalues the role of family as partners
- Youth
  - "nothing about us without us"[2]

[1]Page 6 & [2] Page 2 AMCHP Family Engagement in Title V

Discussion – Families/Consumers

Questions or clarifications on presentation content?

1. When you think about "family engagement", is it to the level defined and encouraged in Title V?
2. Think about the services, programs and initiatives you support, benefit from, or connect with...on a scale of 1 to 10, how effectively do we/they engage families? (Use the definition provided here – connecting at all stages, diversity is critical, "nothing about us, without us", etc.)
3. Related to family engagement for all Kansas MCH partners across the state, what is being done really well? Where are we most in need of improvement?
4. What is one specific action you can take to help improve family engagement in Kansas?

KANSAS MATERNAL & CHILD HEALTH

MCH Measurement Framework Data Trends

RACHEL SISSON

JAMIE KIM

Measurement Framework

National Outcome Measures

National Performance Measures

State-Initiated Evidence-based/informed Process Measures

State Performance Measures

Kansas is required to:

- Identify 7-10 priorities
- Select 8 of 15 national measures that tie directly to the state priorities
- Develop a process measure for every national measure
- Develop 3-5 state performance measures to address priorities that national measures do not address

How is Kansas Doing?

National Outcome Measures and National Performance Measures

Kansas Maternal and Child Health Services Block Grant Federally Reported Measures

2016 Application/2014 Annual Report

NOM #	National Outcome Measures	Population Health Domain	2008	2009	2010	2011	2012	2013	Trend	HP2020
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	Perinatal/Infant Health								
	All		73.1%	74.0%	75.0%	77.3%	78.8%	79.4%	↑	77.9%
	Medicaid*		59.9%	61.6%	61.4%	63.7%	68.0%	68.7%	↑	
	Non-Medicaid*		78.2%	79.3%	82.0%	84.5%	84.5%	84.7%	↑	
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations	Women/Maternal Health	95.2	103.6	103.3	97.4	111.6	-	↑	-
3	Maternal mortality rate per 100,000 live births (5 year rolling average)	Women/Maternal Health	-	13.6	14.0	14.1	14.7	16.5	↑	11.4
4.1	Percent of low birth weight deliveries (<2,500 grams)	Perinatal/Infant Health								
	All		7.2%	7.3%	7.1%	7.2%	7.2%	7.0%	●	7.8%
	Medicaid*		8.4%	8.5%	8.8%	8.9%	8.9%	8.6%	↑	
	Non-Medicaid*		6.7%	6.7%	6.3%	6.4%	6.3%	6.3%	↓	

Key and Definitions

An "-" indicates the data were not available at the time of reporting.

The **arrow** indicates the direction of the trend, if any, and the color indicates if the direction is positive (green) or negative (red); A yellow dot indicates no definite trend is apparent.

HP2020 - Healthy People 2020 goal

5.3	Percent of late preterm births (34-36 weeks gestation)	Perinatal/Infant Health	6.7%	6.6%	6.3%	6.5%	6.3%	6.2%	↓	8.1%
6	Percent of early term births (37,38 weeks gestation)	Perinatal/Infant Health	27.7%	26.8%	25.7%	25.4%	24.6%	23.0%	↓	-
7	Percent of non-medically indicated early elective deliveries	Perinatal/Infant Health	42.8%	40.2%	37.9%	35.8%	33.0%	29.3%	↓	-
8	Perinatal mortality rate per 1,000 live births plus fetal deaths	Perinatal/Infant Health	6.6	6.6	6.2	5.9	6.9	6.5	●	5.9

KANSAS MATERNAL & CHILD HEALTH

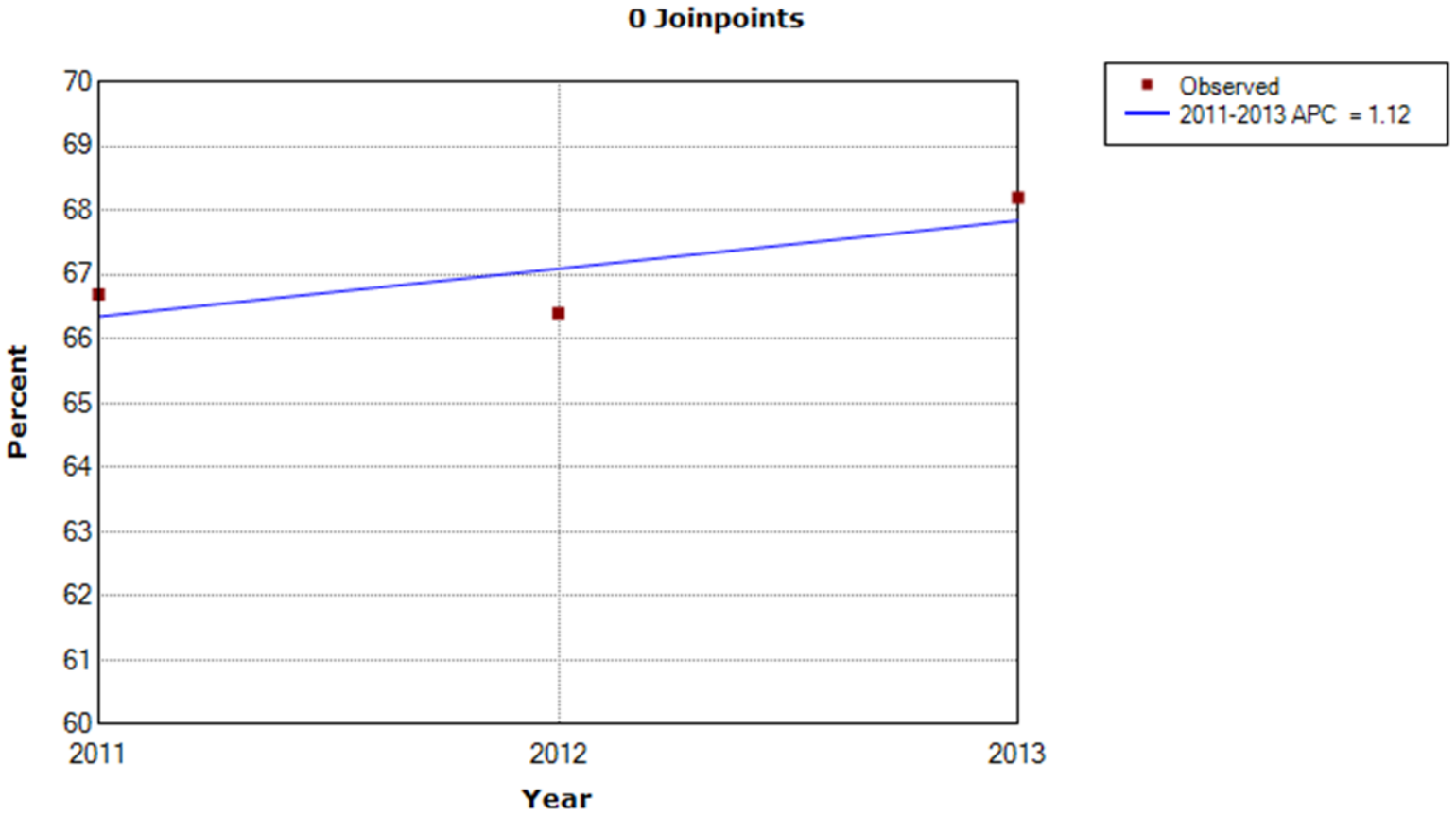
Select Performance Measures

Jamie Kim, MPH

MCH Epidemiologist

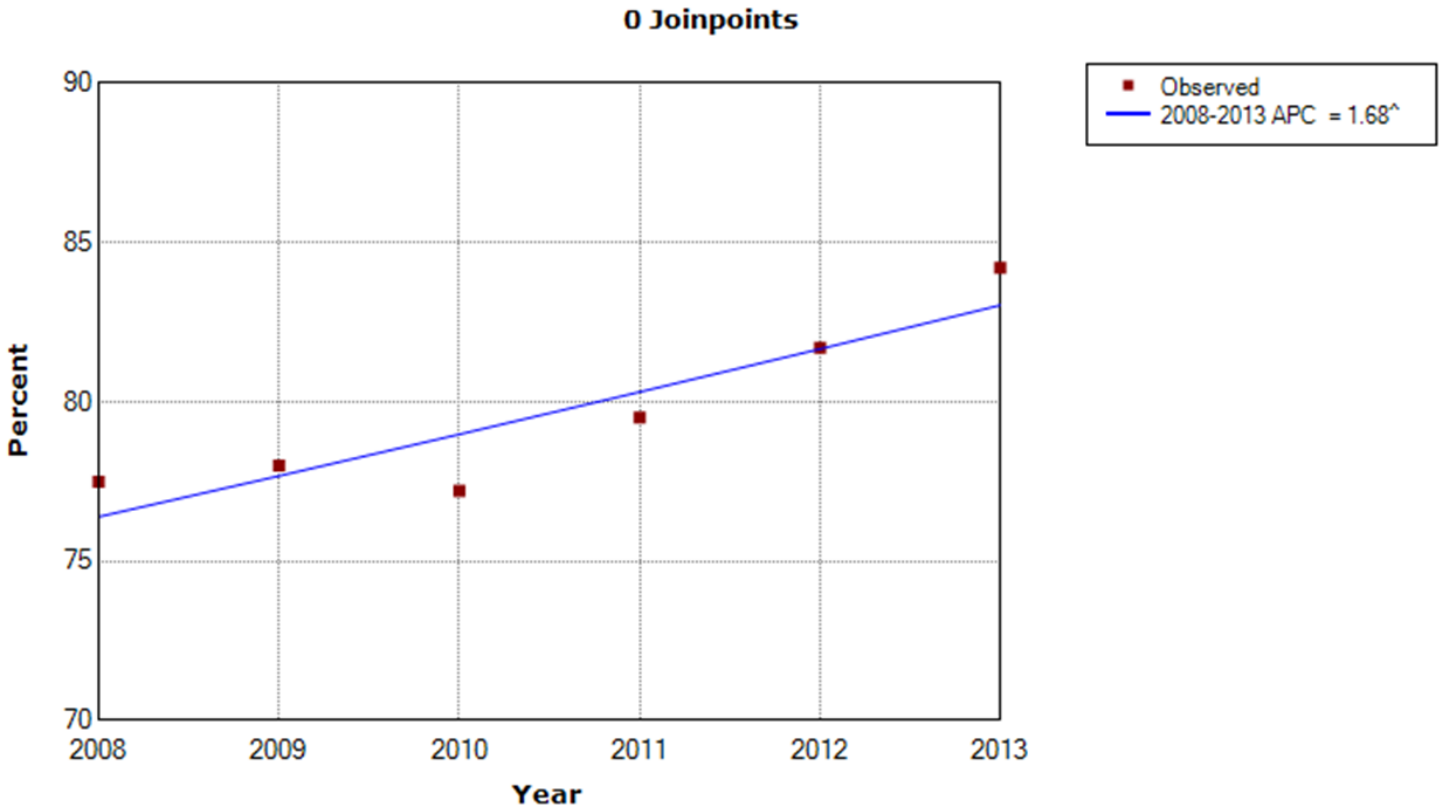
Positive Trends

NPM1: Well-Women Visit: The percent of women with a past year preventive medical visit



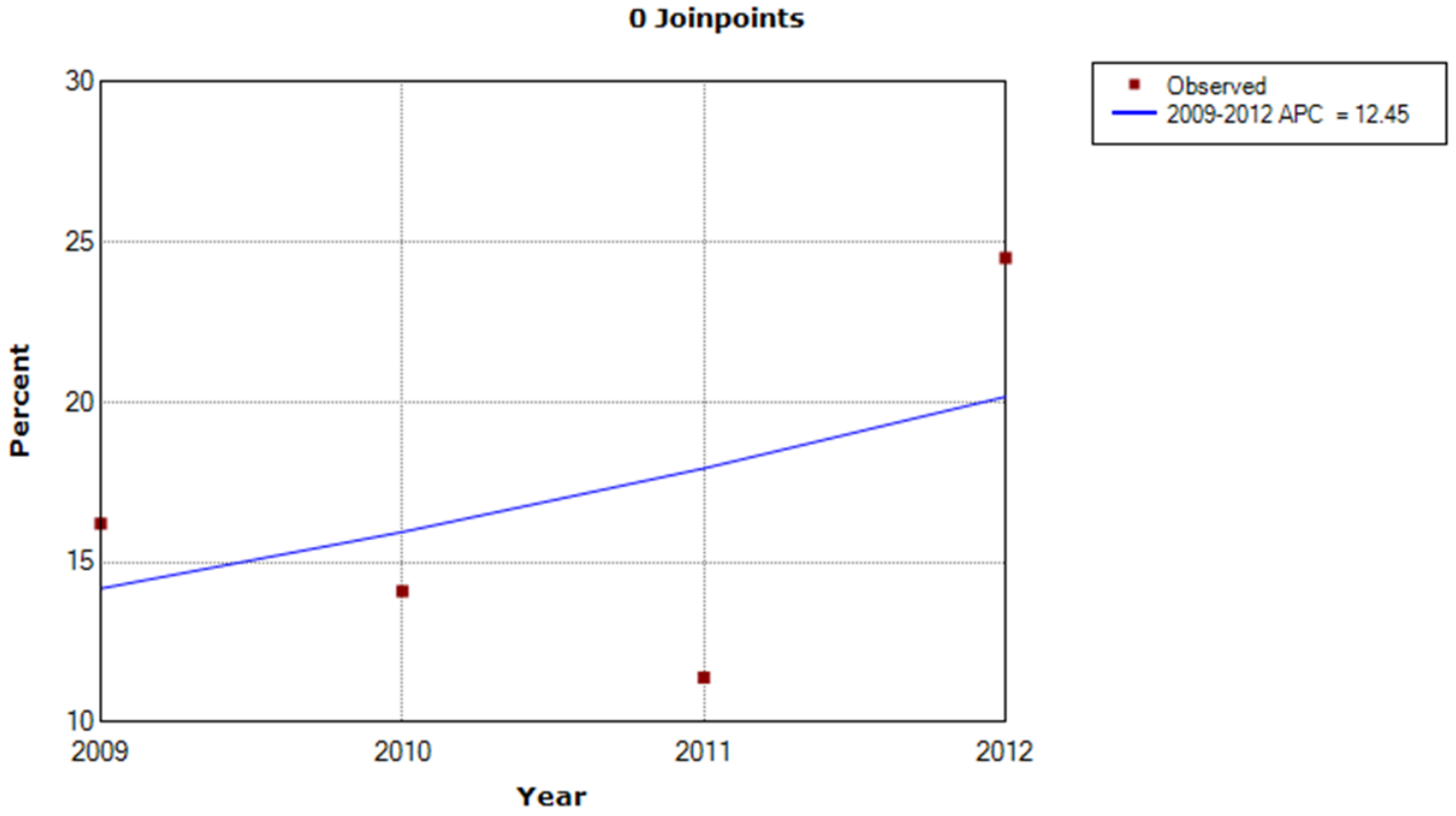
Note: Percents are plotted on a logarithmic scale.
Source: Behavioral Risk Factor Surveillance System (BRFSS)

NPM4 (A): Breastfeeding: The percent of infants who are ever breastfed



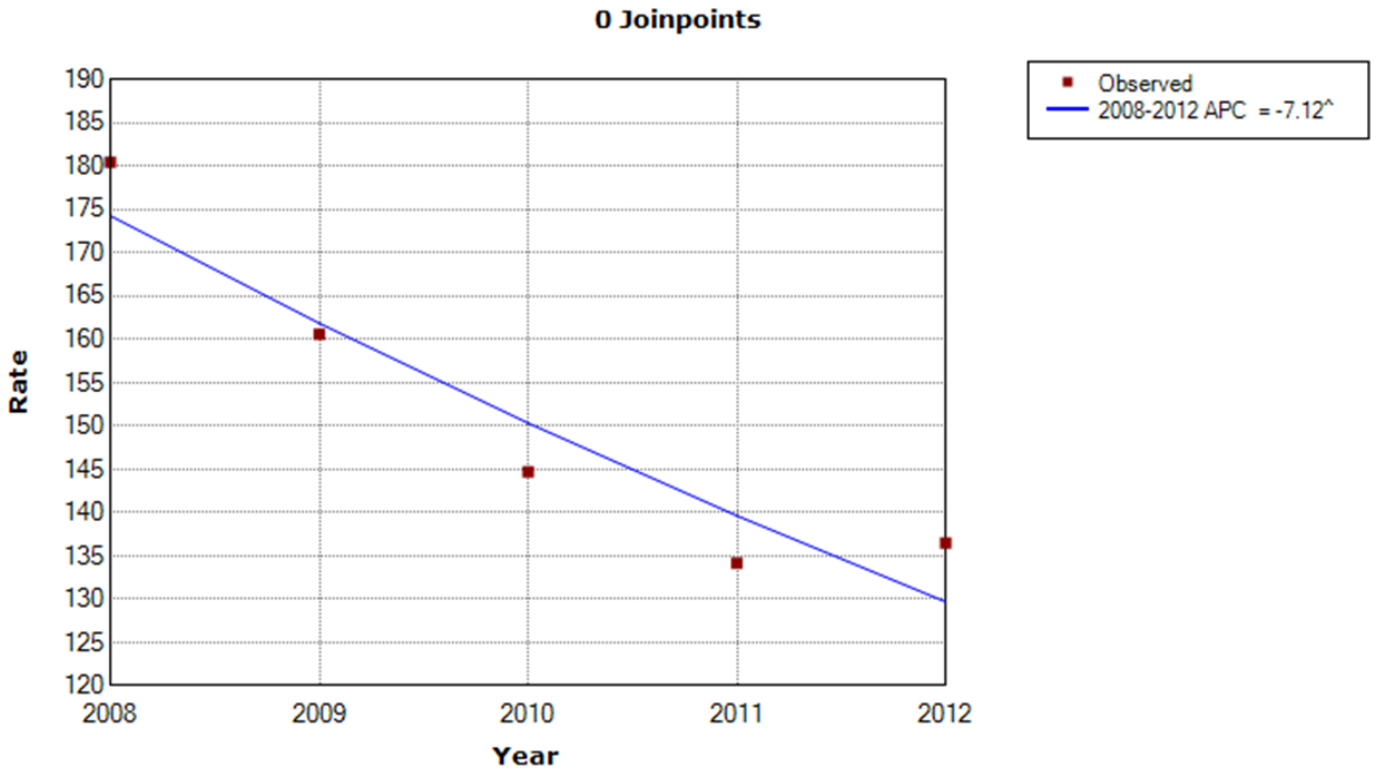
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics, birth certificate data

NPM4 (B): Breastfeeding: The percent of infants breastfed exclusively through 6 months



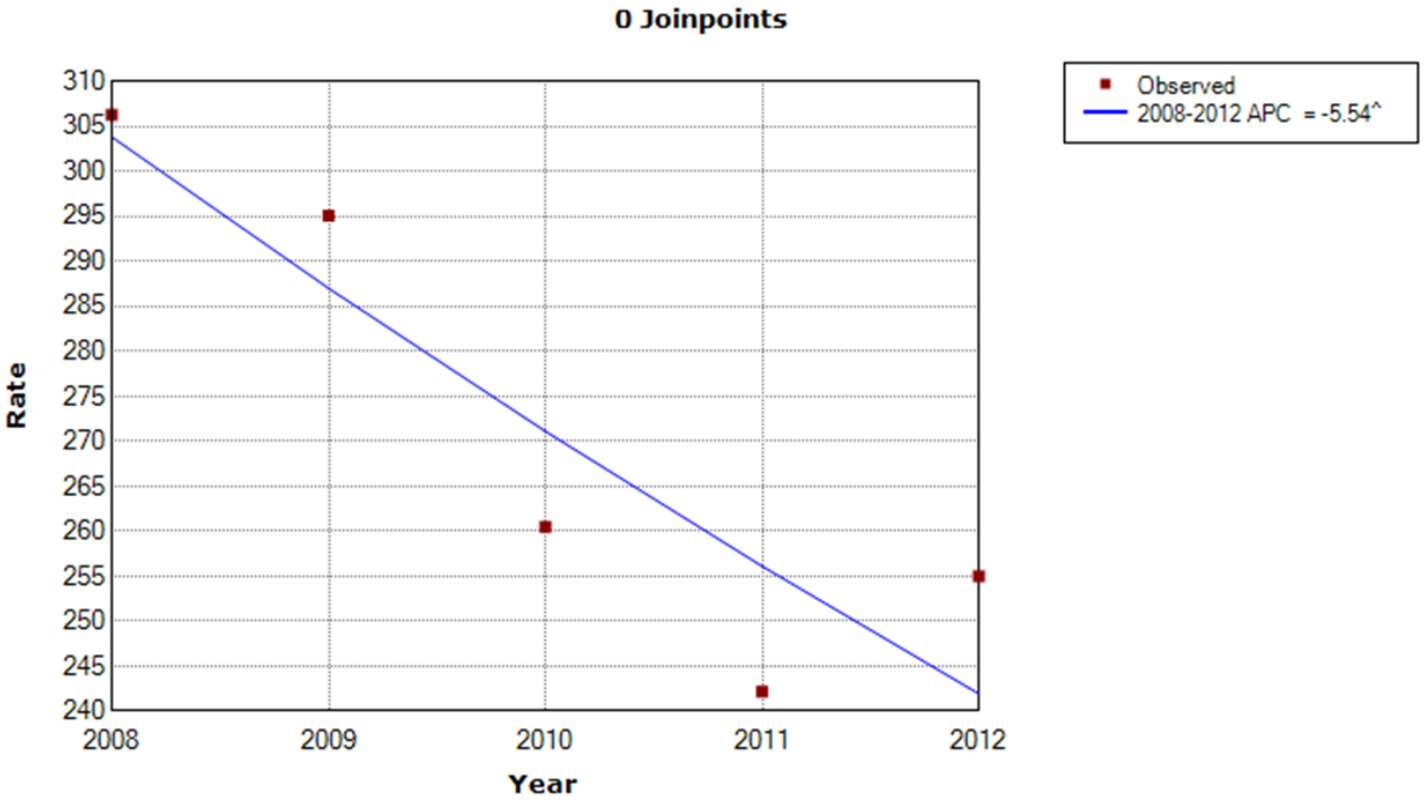
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey (Children born in 2009 - 2012)

NPM7: Child Injury: Rate of hospitalization for non-fatal injury per 100,000 **children ages 0 through 9**



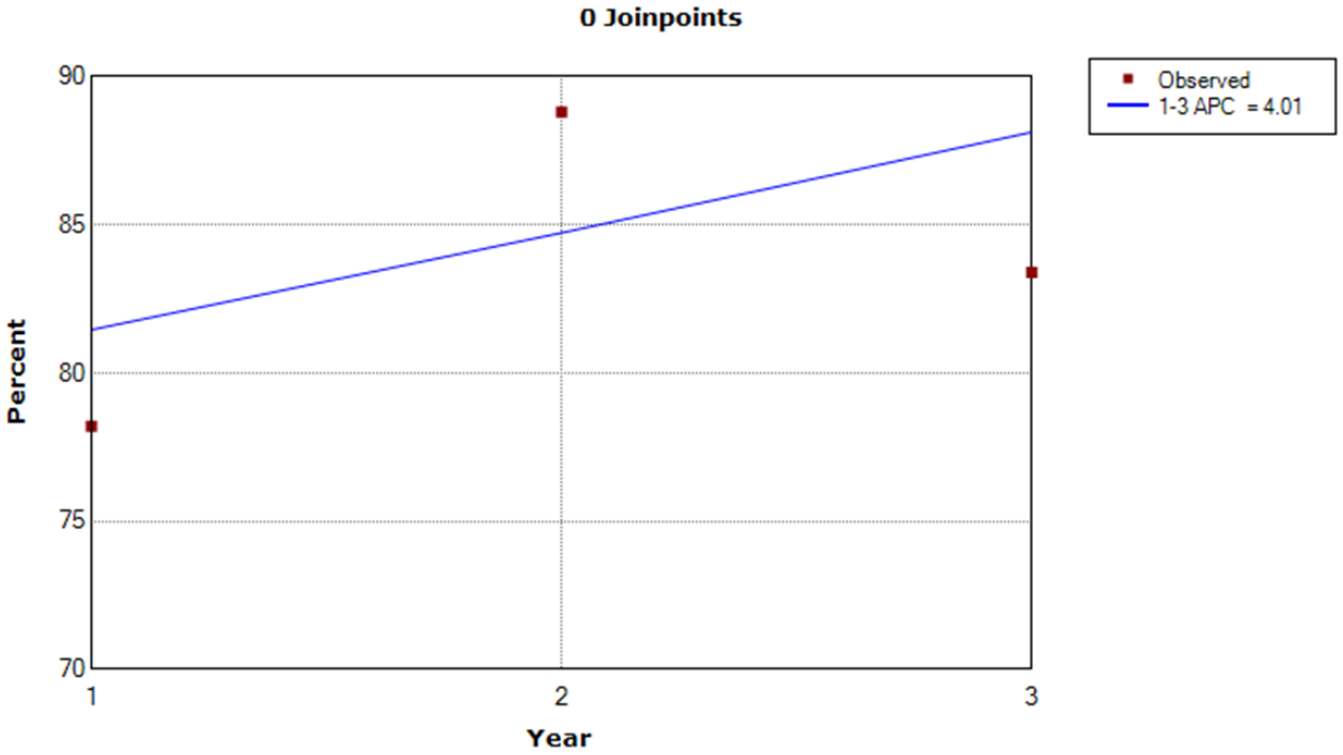
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Rates are plotted on a logarithmic scale.
Source: U.S. Census Bureau. State Inpatient Databases (SID)

NPM7: Child Injury: Rate of hospitalization for non-fatal injury per 100,000 **children ages 10 through 19**



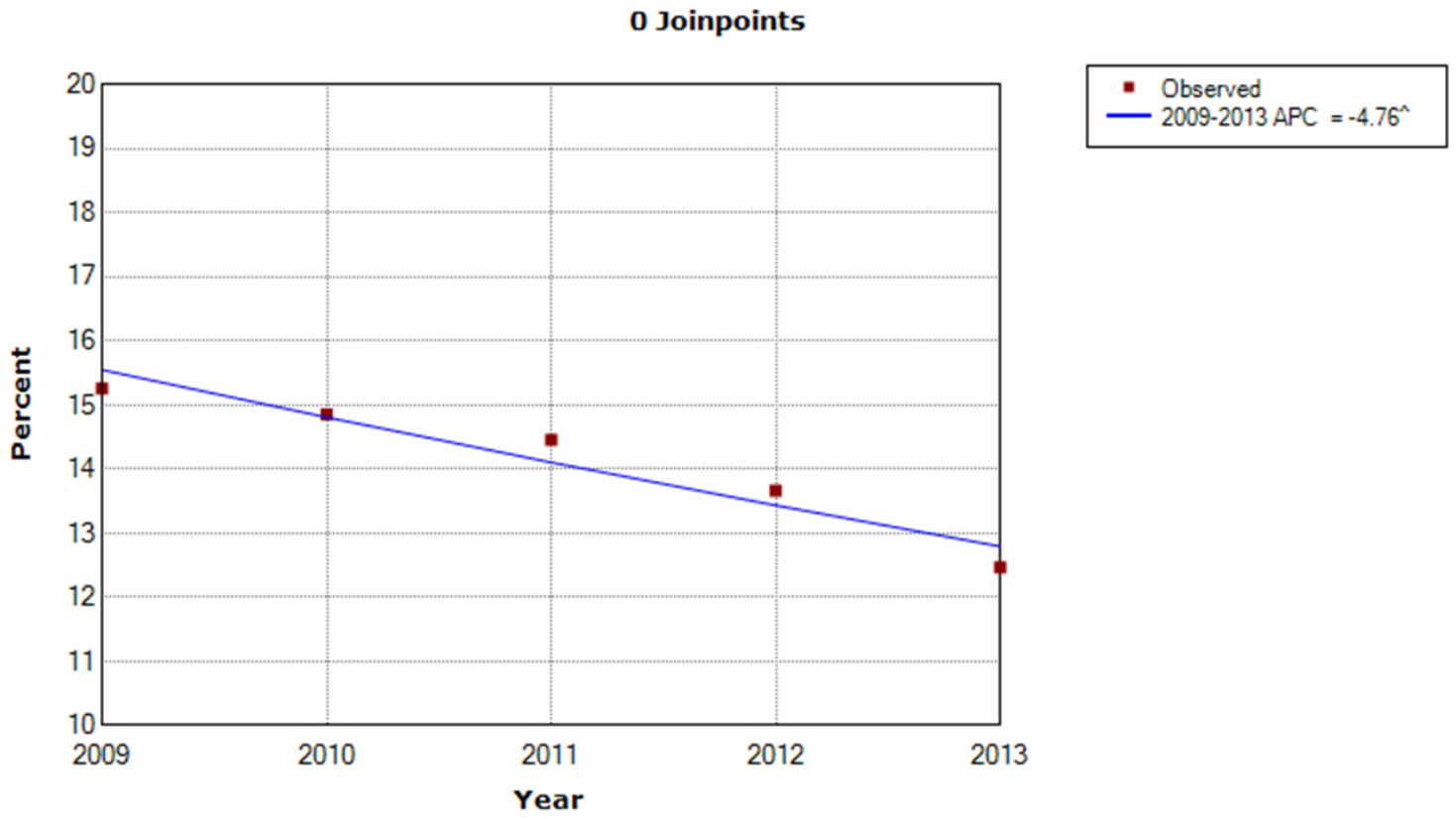
^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Rates are plotted on a logarithmic scale.
Source: U.S. Census Bureau. State Inpatient Databases (SID)

NPM10: Adolescent Well-Visit: The percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year



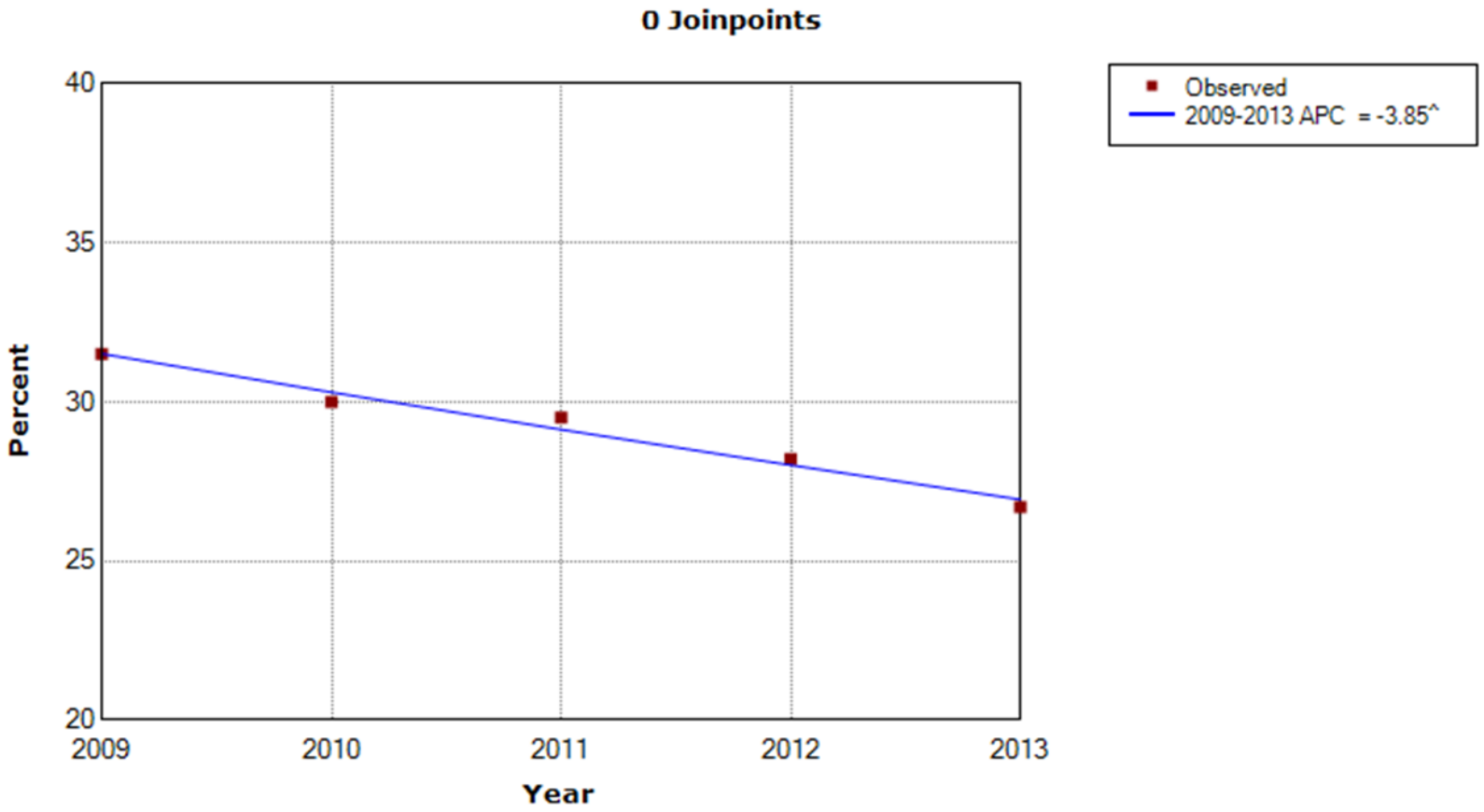
Note: Percents are plotted on a logarithmic scale.
Source: National Survey of Children's Health

NPM14(A): The Percent of women who smoke during pregnancy



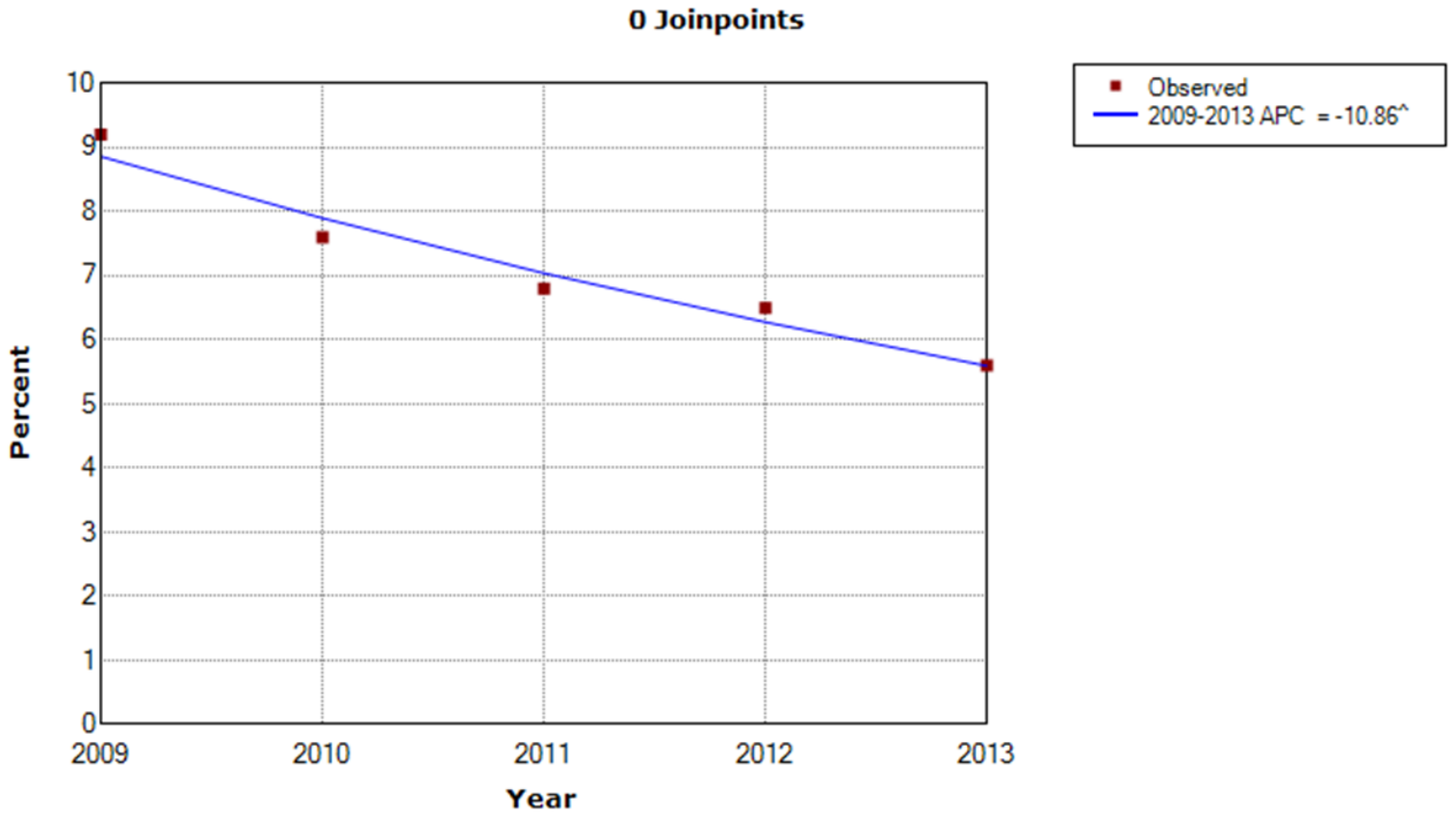
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NPM14(A): The Percent of women who smoke during pregnancy: **Medicaid**



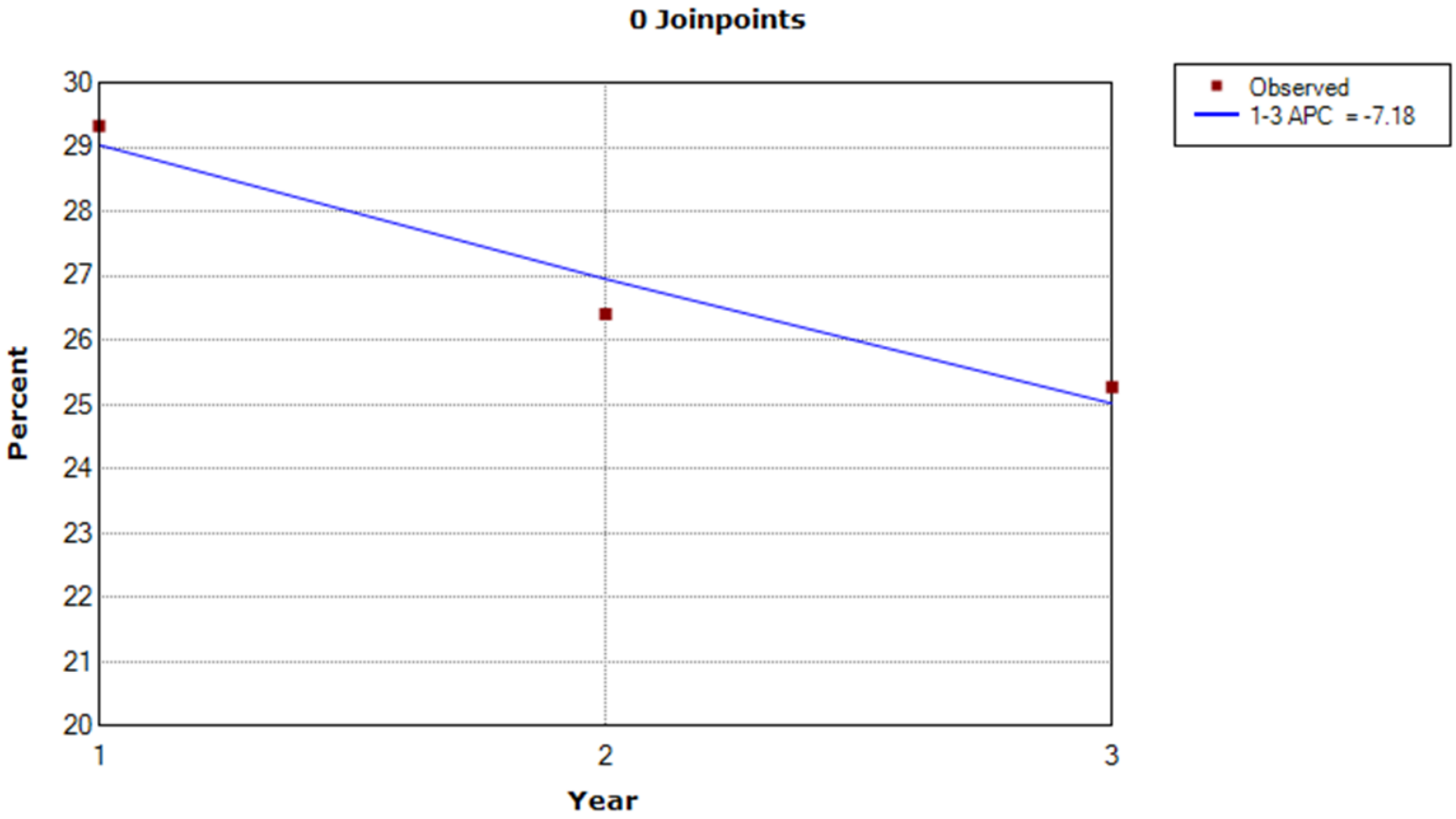
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NPM14(A): The Percent of women who smoke during pregnancy: **Non-Medicaid**



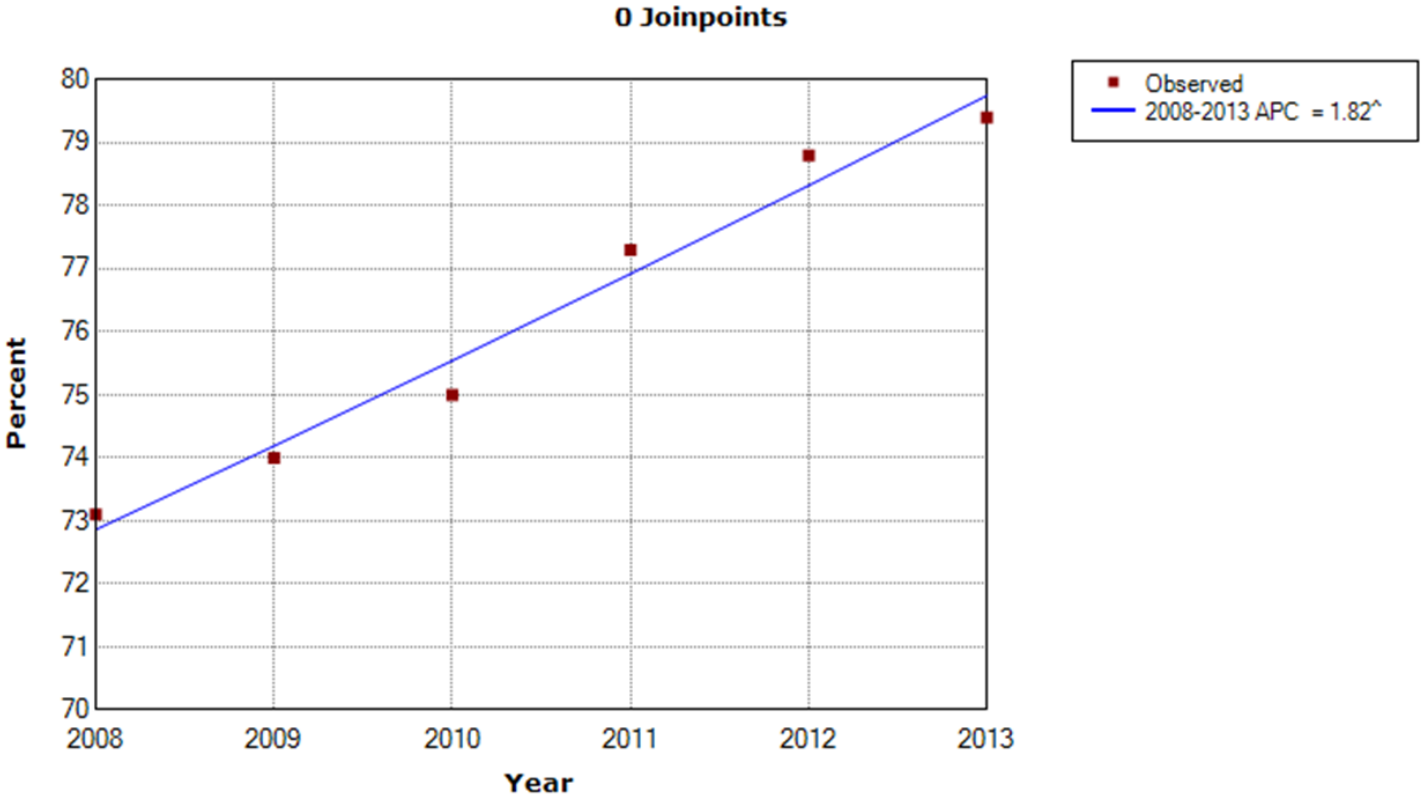
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NPM14(B): The Percent of children who live in households where someone smokes



Note: Percents are plotted on a logarithmic scale.
Source: National Survey of Children's Health

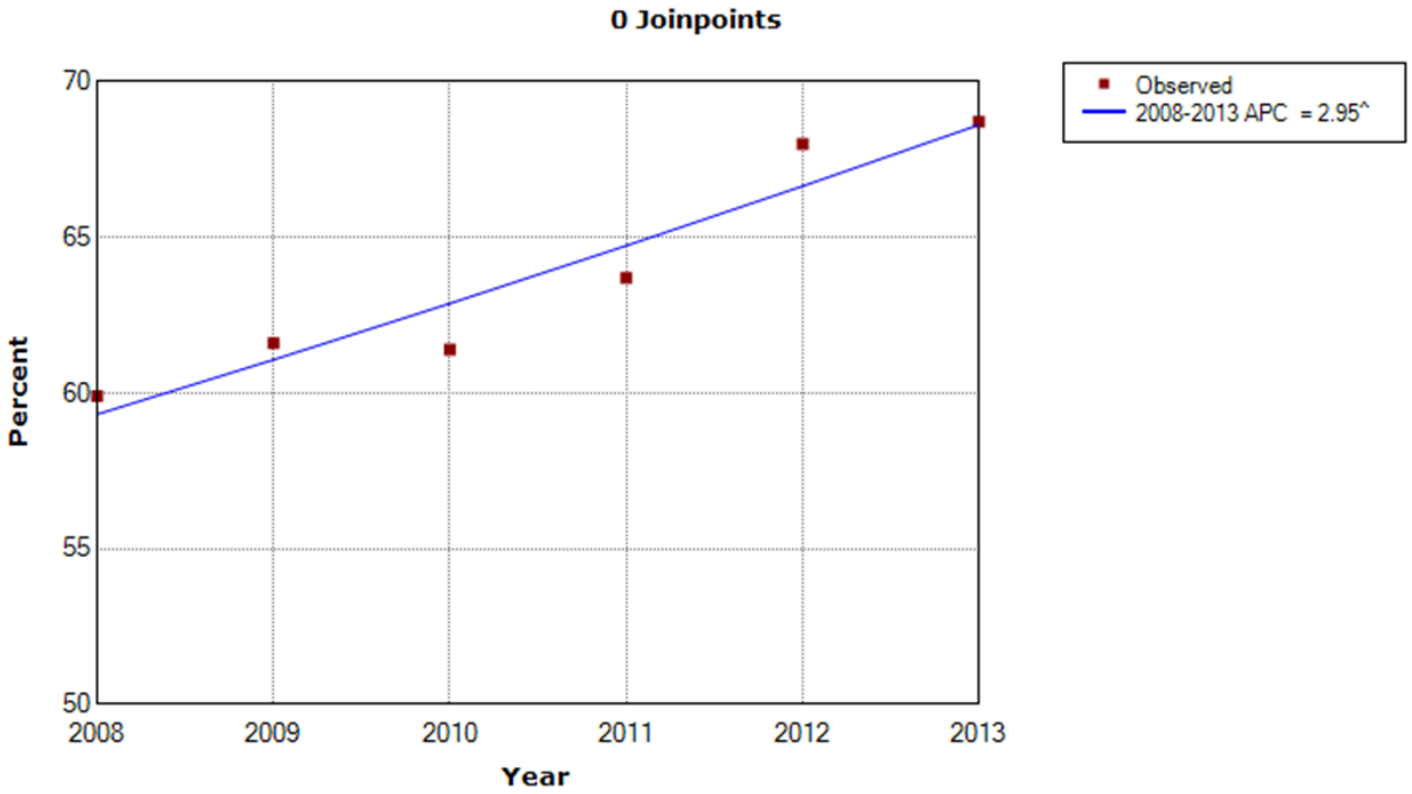
NOM1: The Percent of pregnant women who receive prenatal care beginning in the first trimester



^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM1: The Percent of pregnant women who receive prenatal care beginning in the first trimester

Medicaid



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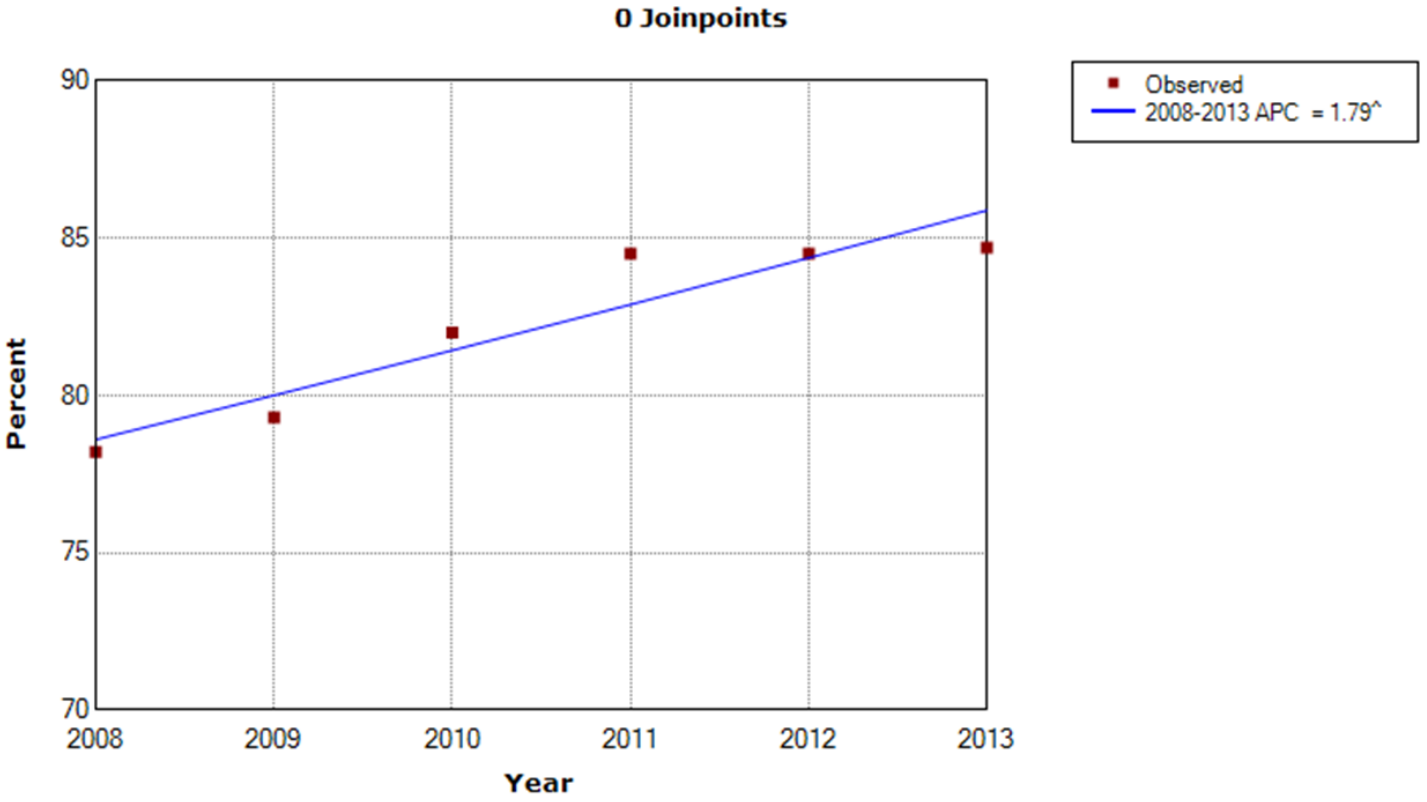
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

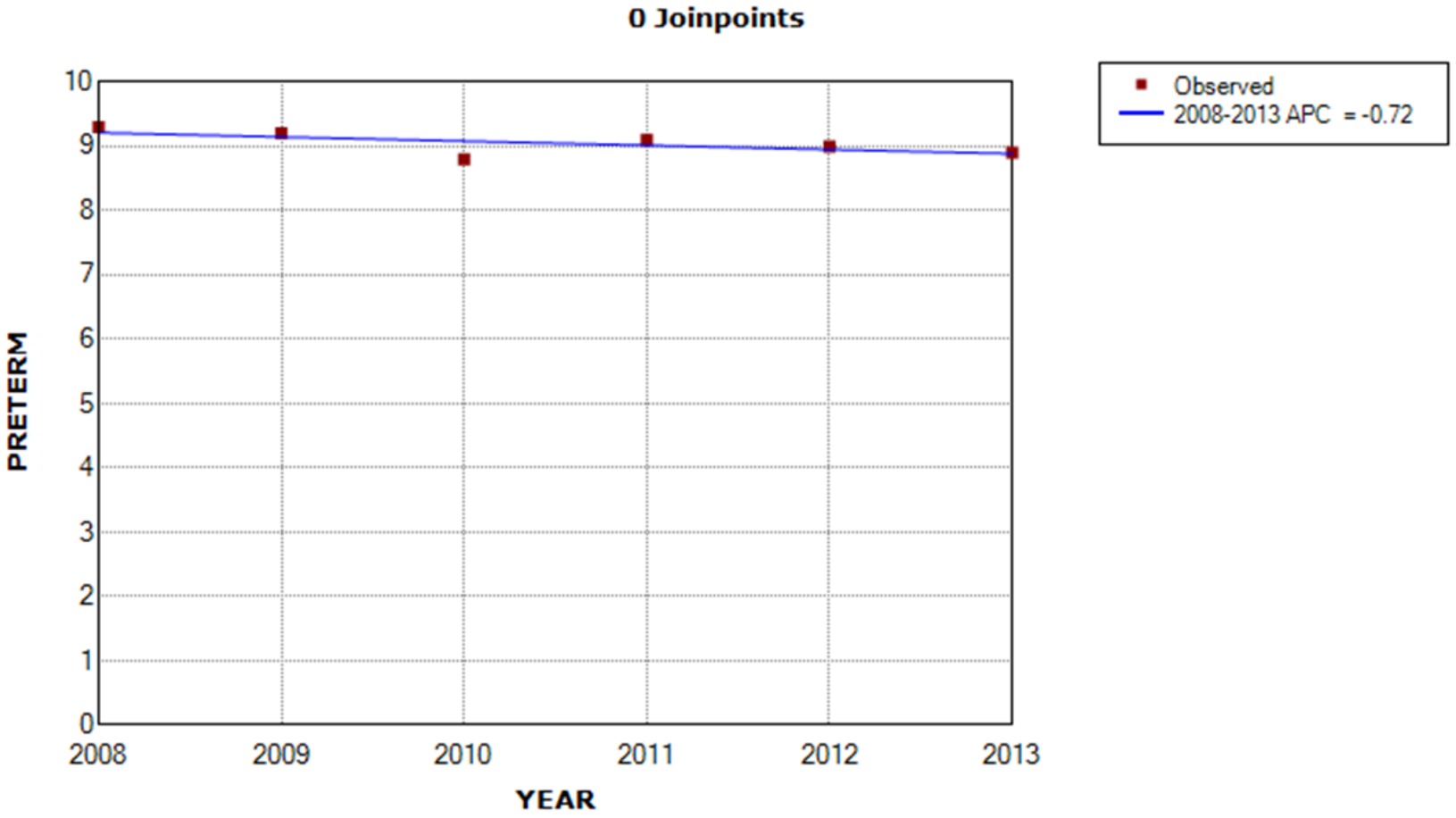
NOM1: The Percent of pregnant women who receive prenatal care beginning in the first trimester

Non- Medicaid



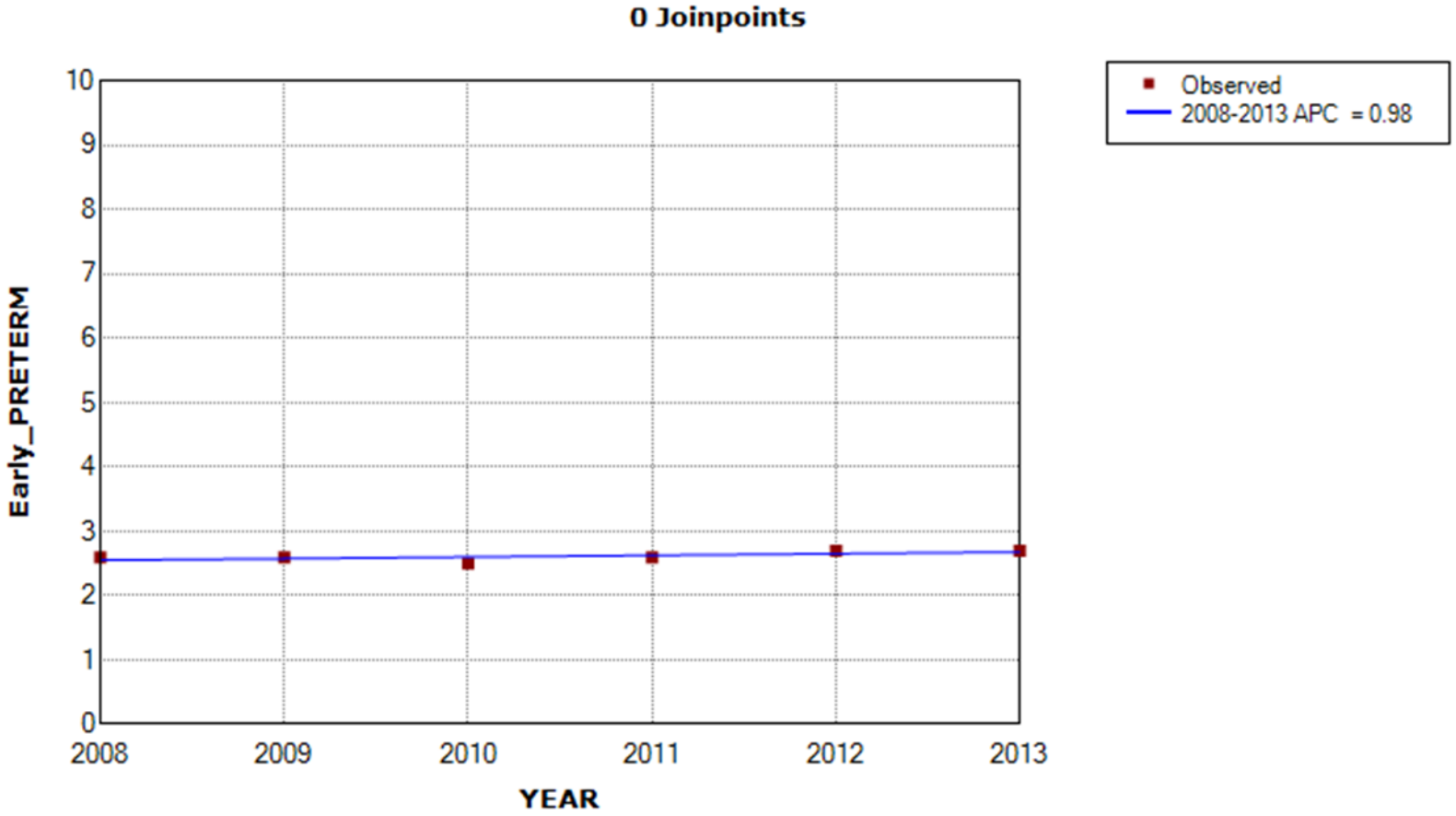
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM5.1: The Percent of **preterm** births (<37 weeks gestation)



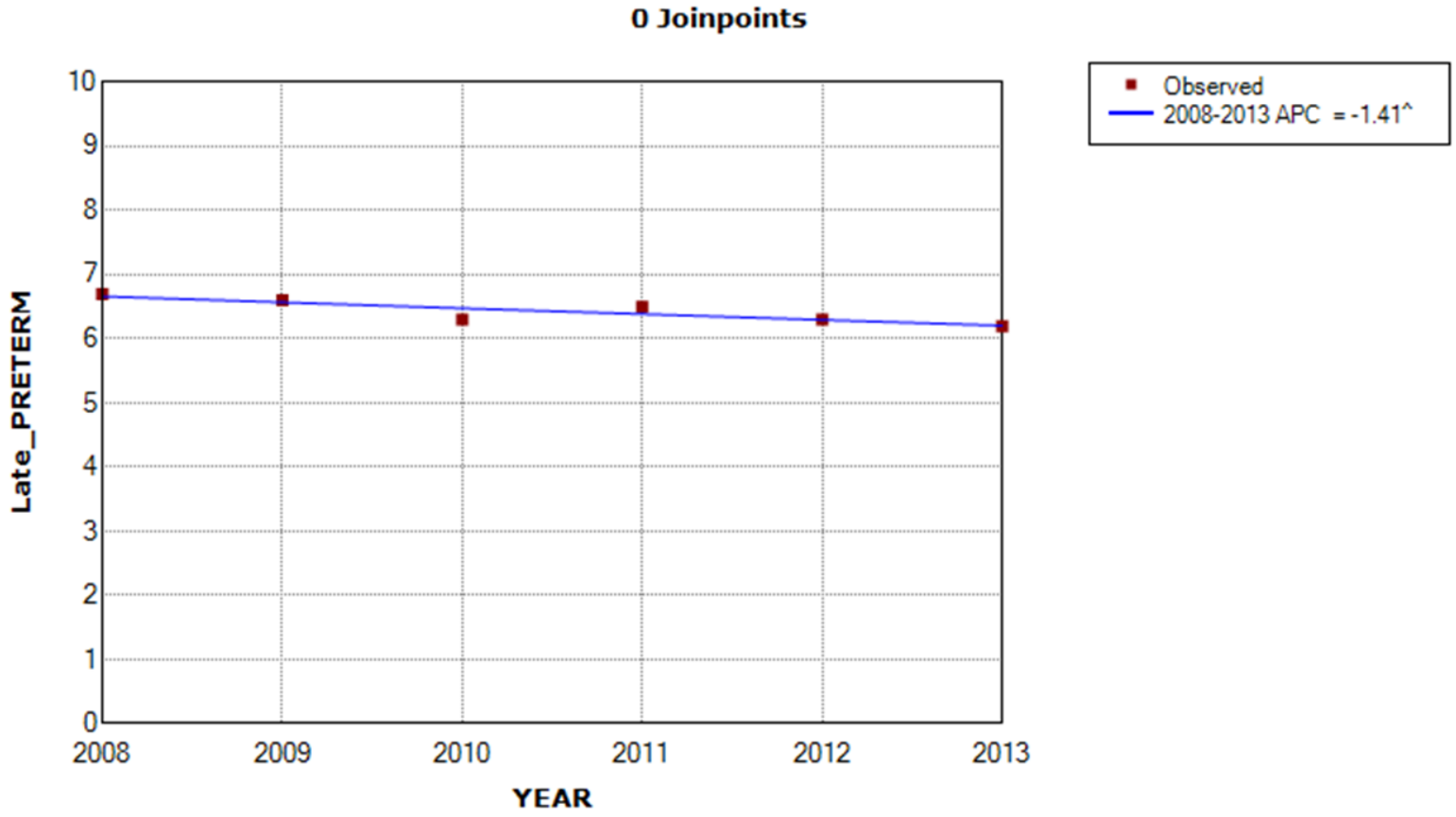
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM5.1: The Percent of **EARLY preterm** births (<34 weeks gestation)



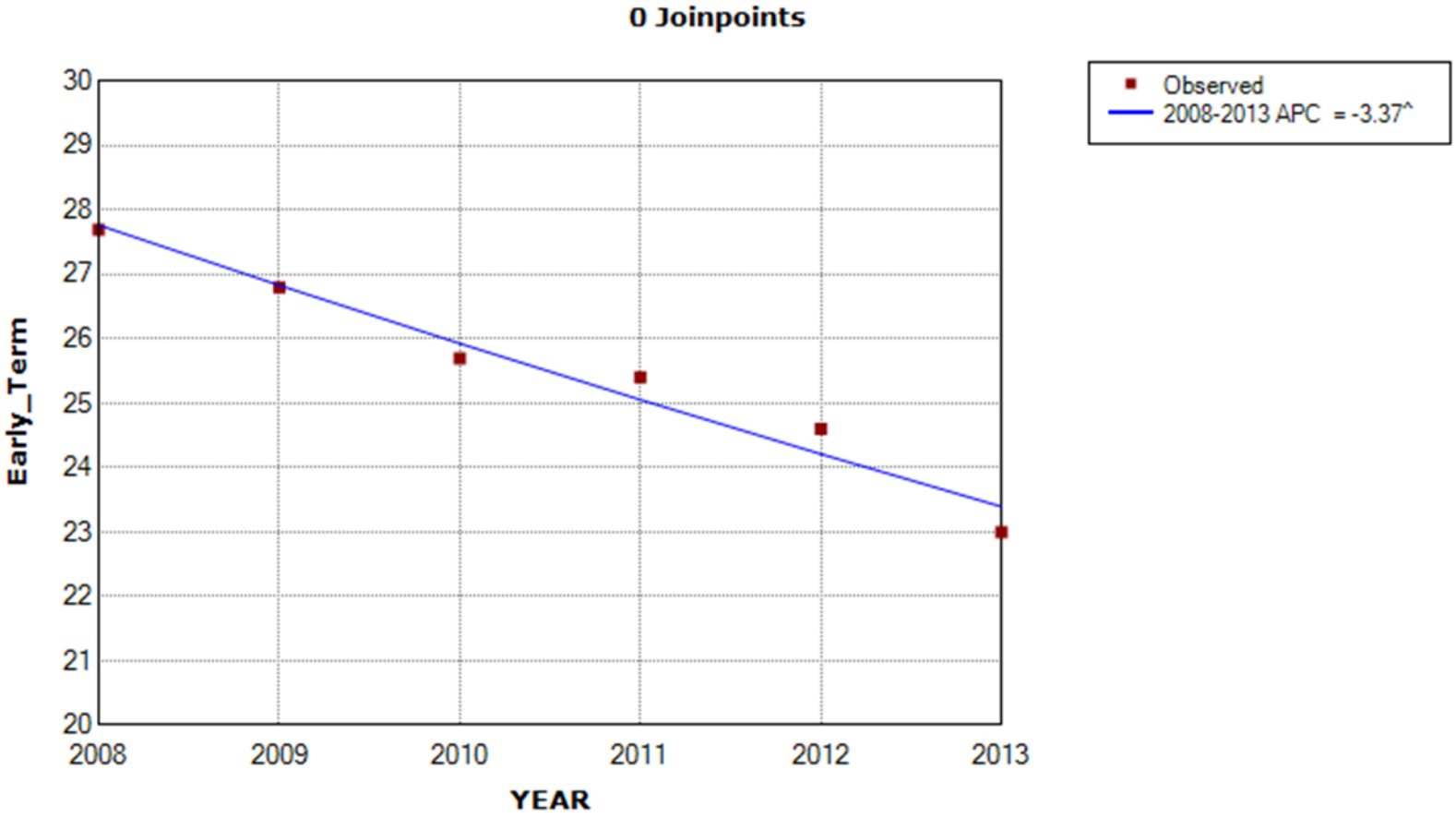
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM5.3: The Percent of **LATE preterm** births (34-36 weeks gestation)



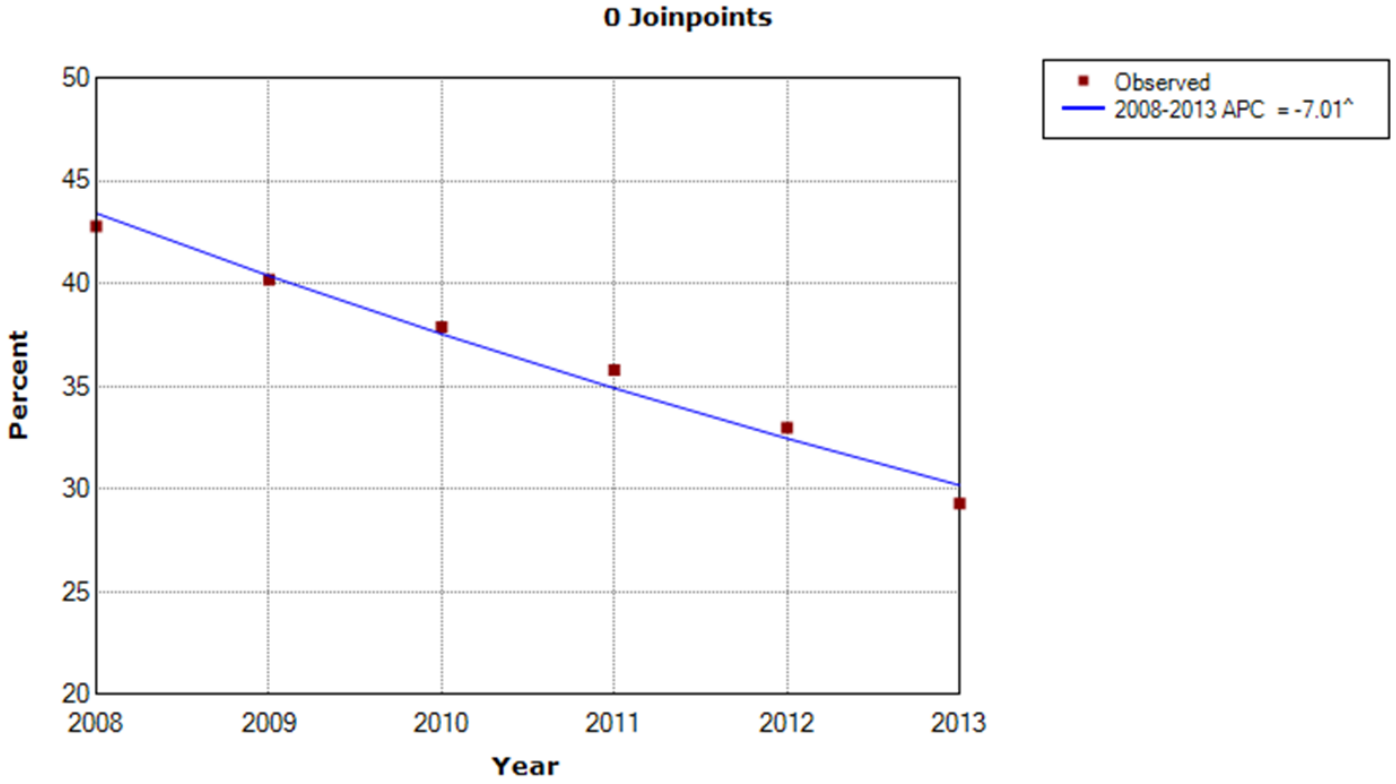
^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM6: The Percent of **early TERM** births (37-38 weeks gestation)



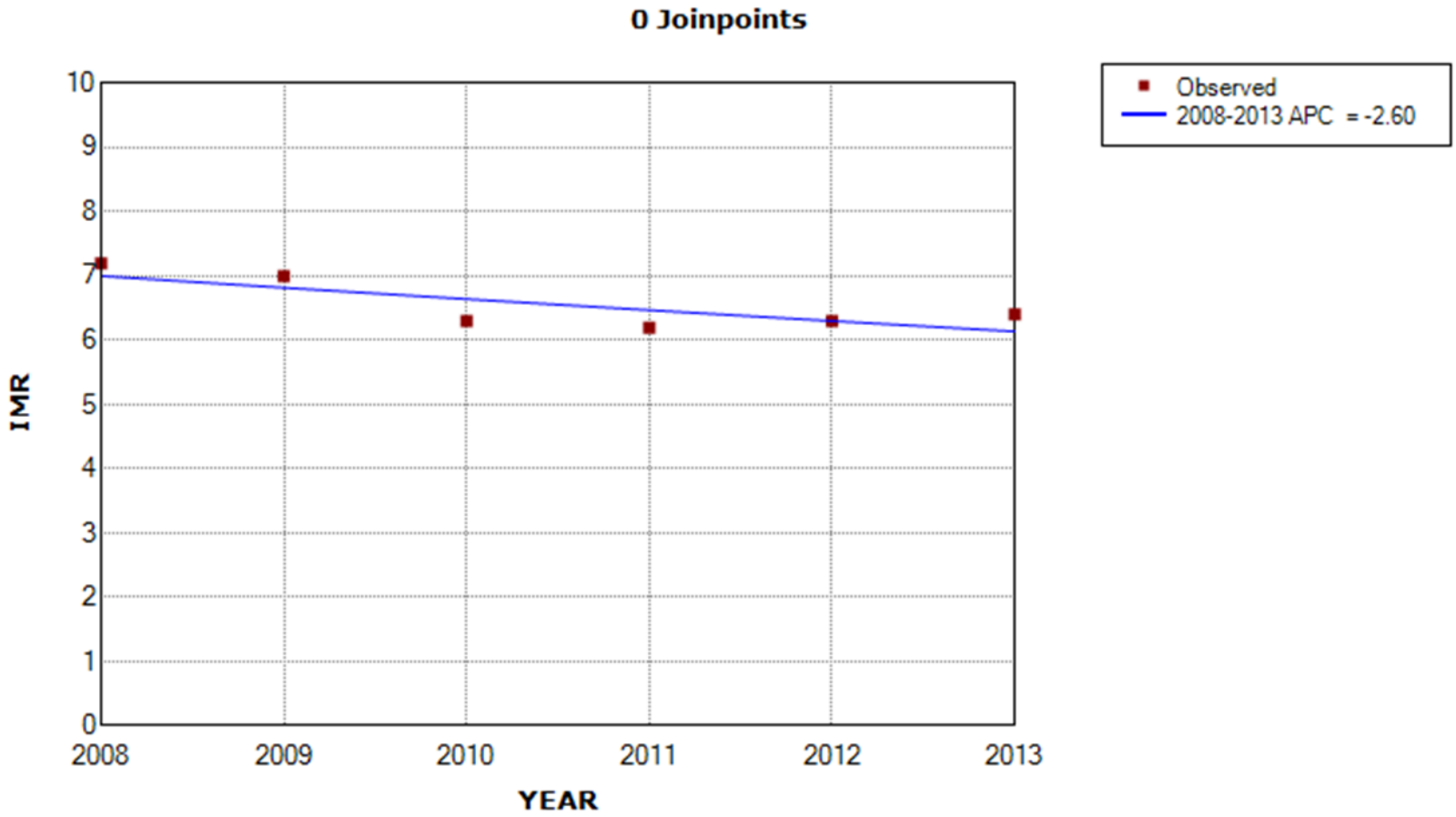
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM7: The percent of non-medically indicated (NMI) early term deliveries (37,38 weeks) among singleton term deliveries (37,38 weeks)



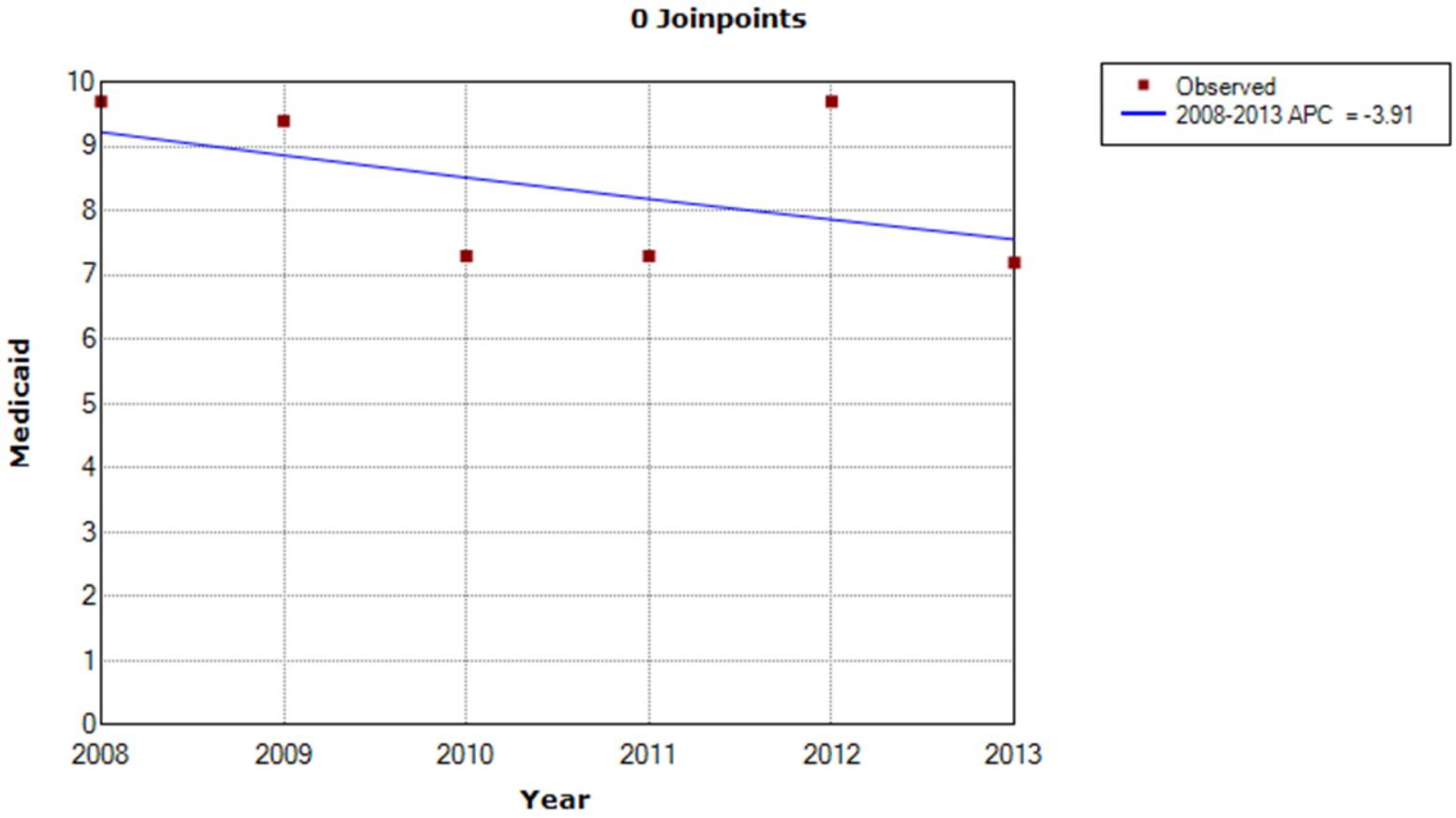
^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM9.1: Infant mortality rate per 1,000 live births



Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

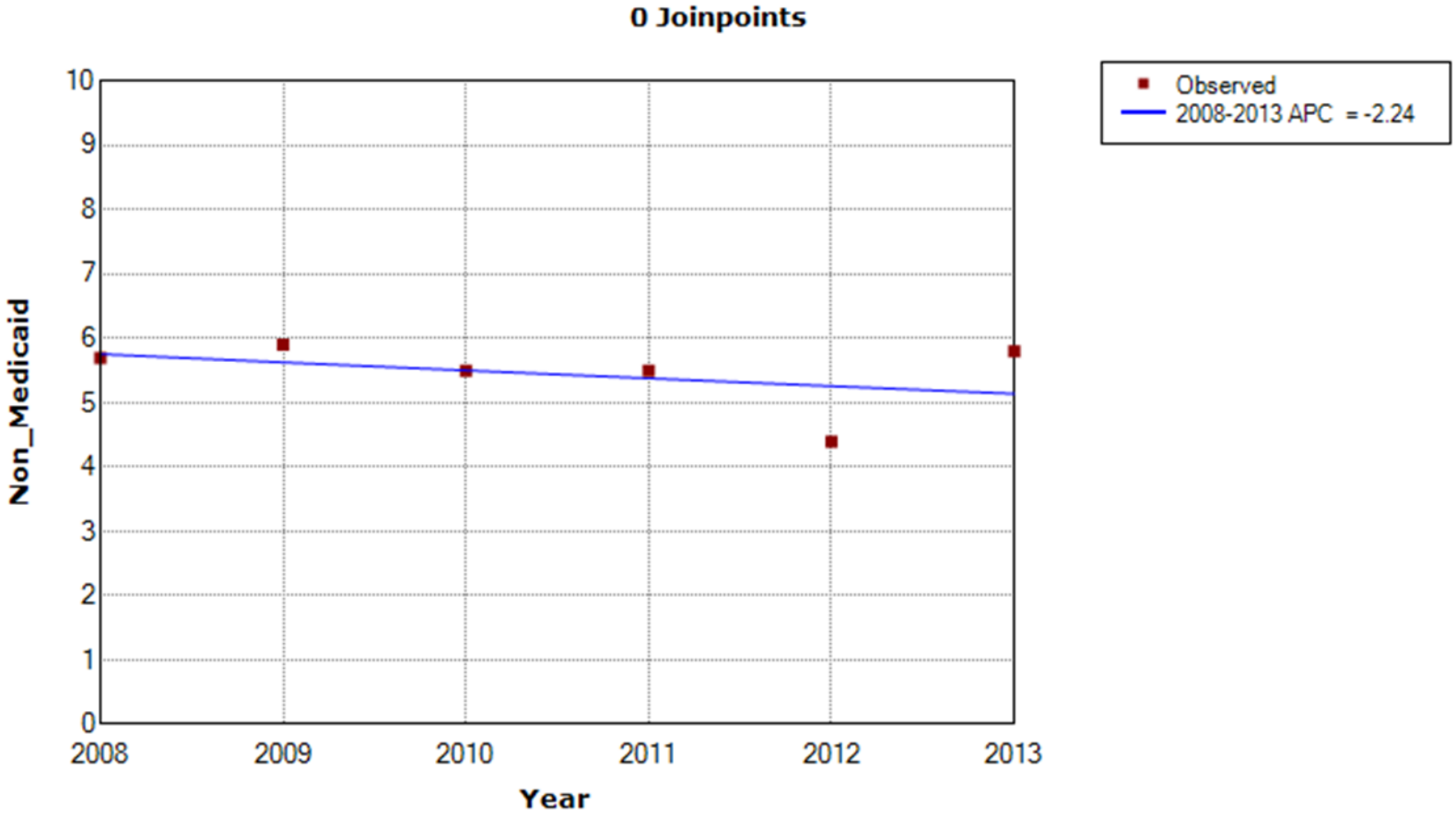
NOM9.1: Infant mortality rate per 1,000 live births
Medicaid



Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

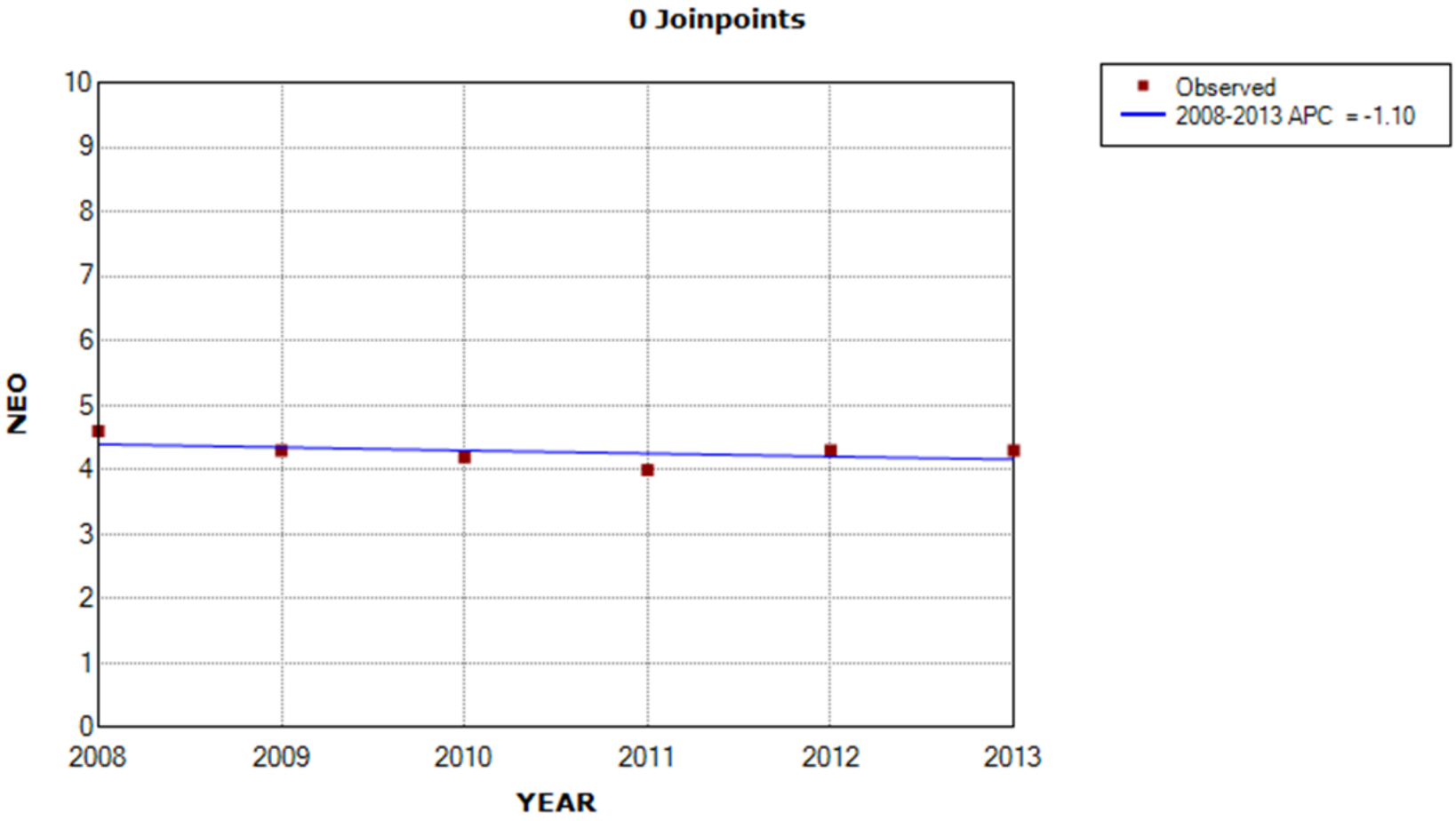
NOM9.1: Infant mortality rate per 1,000 live births

Non-Medicaid



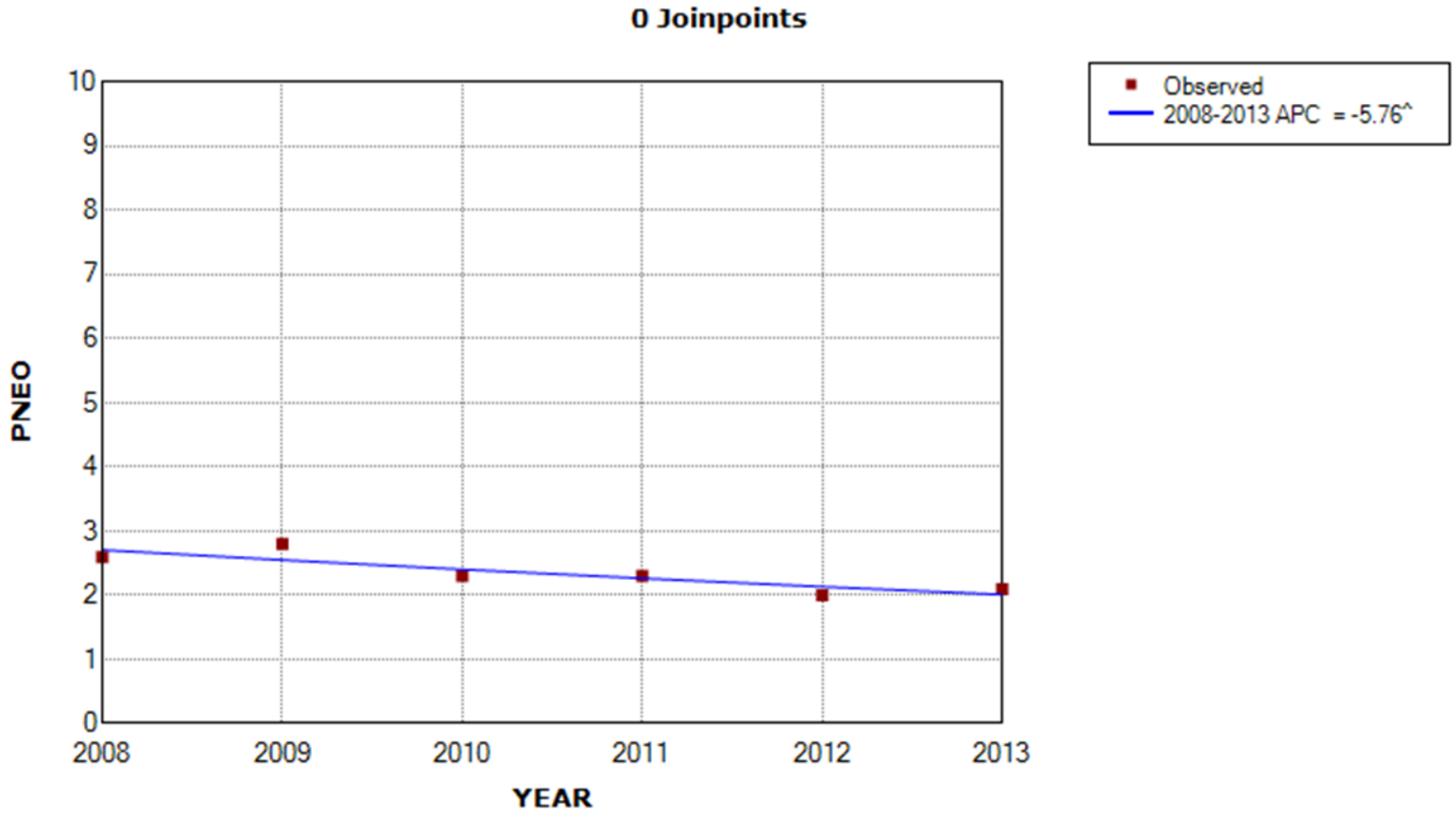
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM9.2: Neonatal mortality rate per 1,000 live births



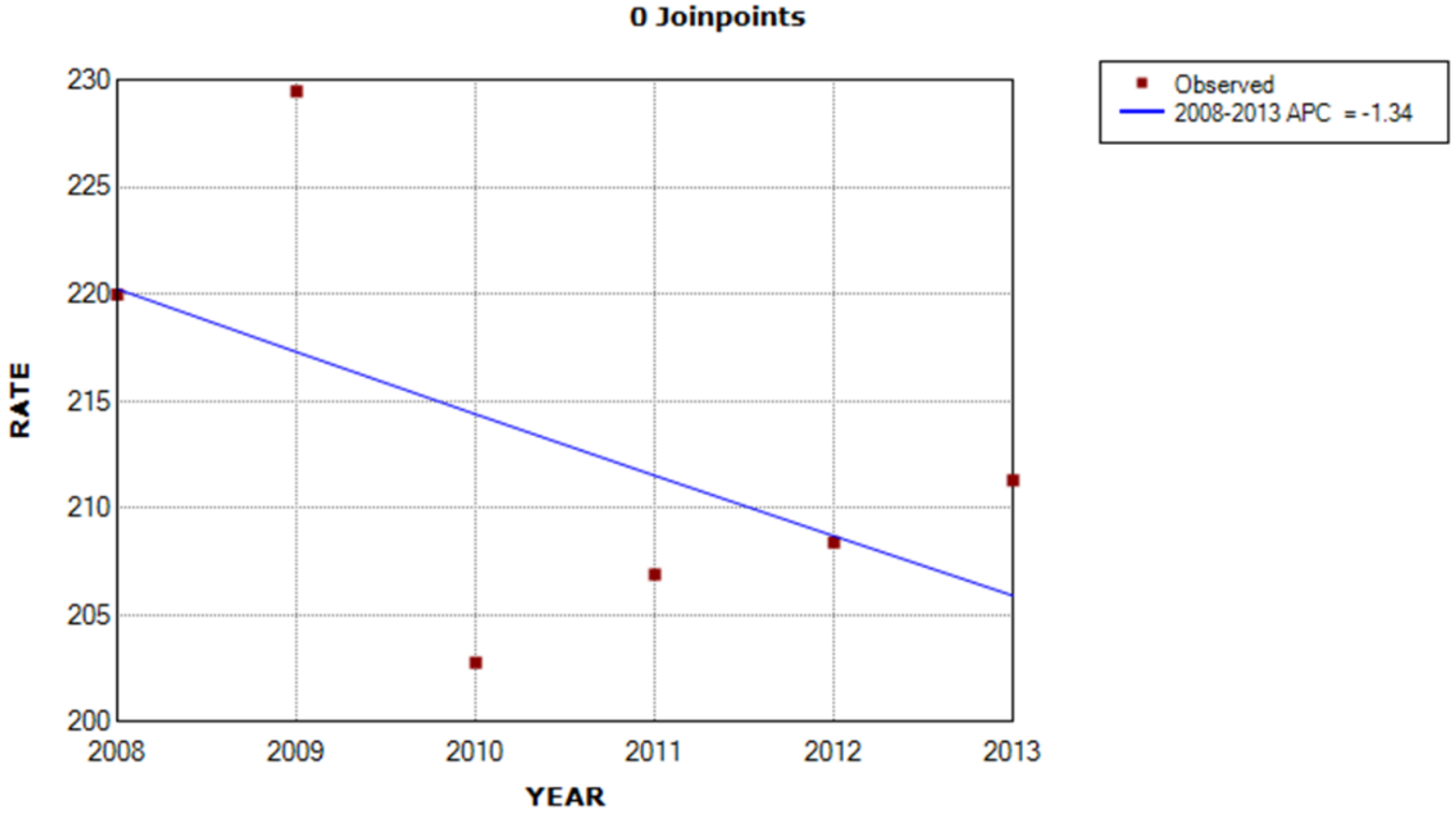
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM9.3: Postneonatal mortality rate per 1,000 live births



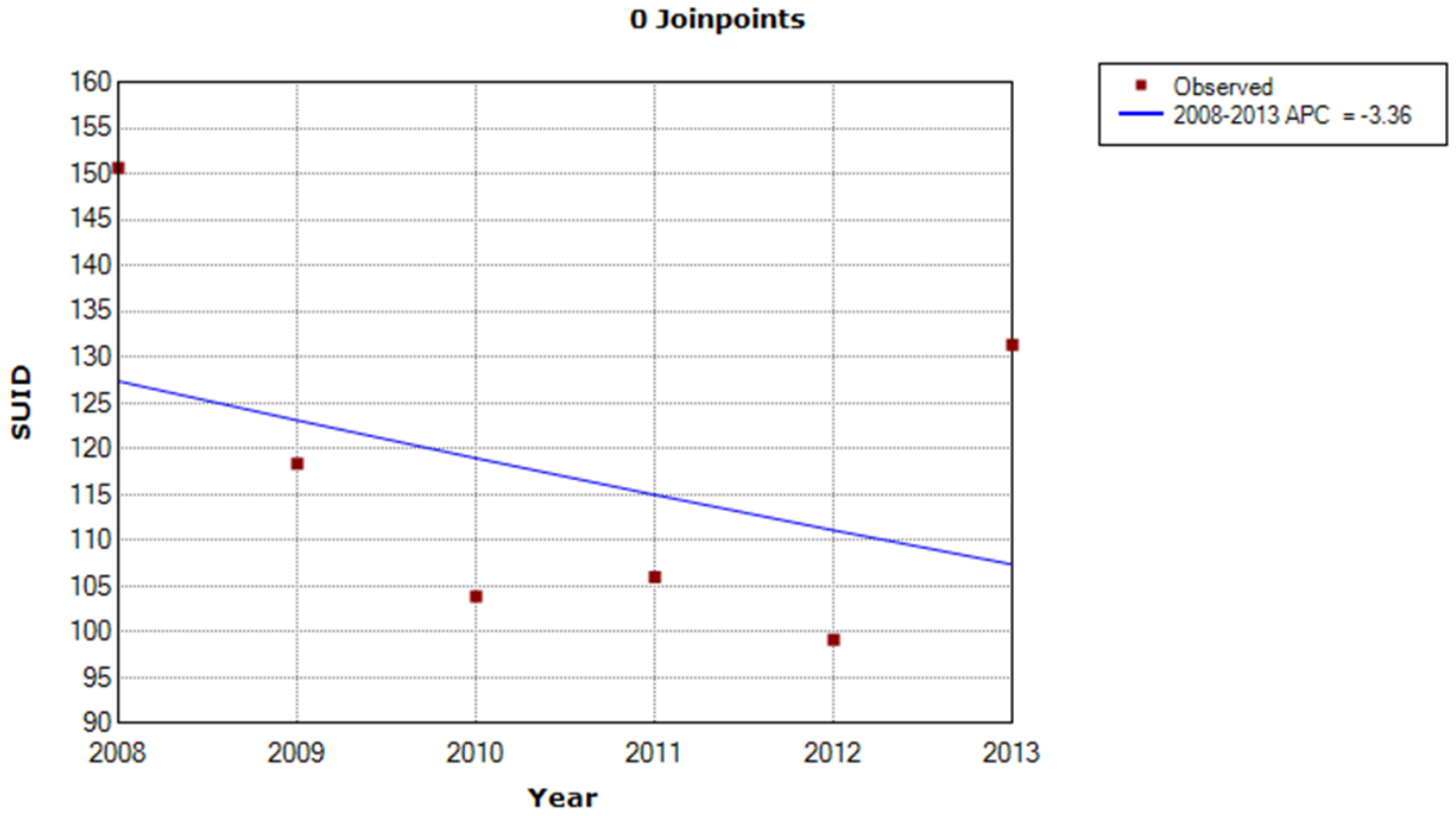
^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM9.4: Preterm-related mortality rate per 100,000 live births



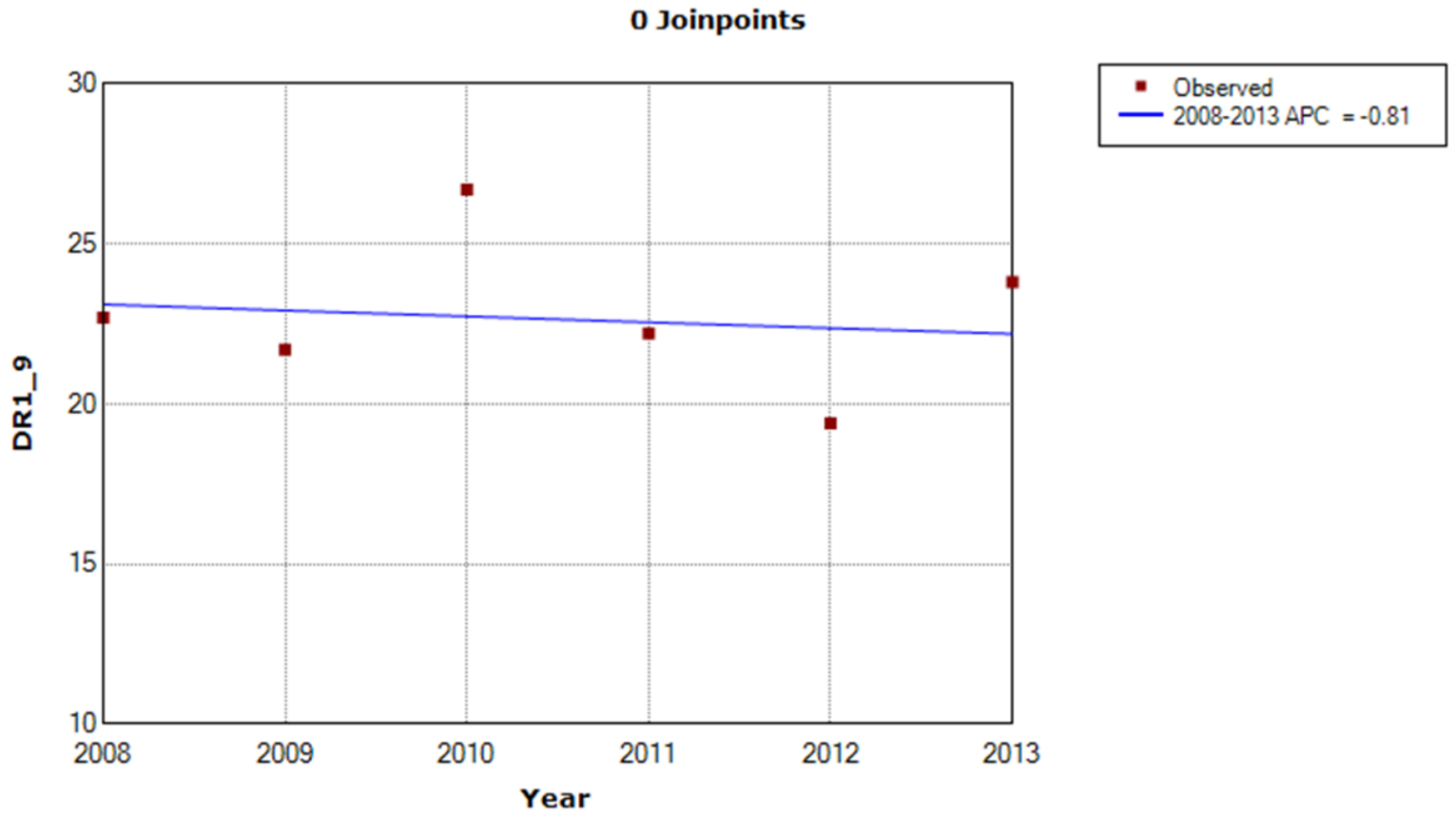
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM9.5: Sleep-related Sudden Unexpected Infant Death (SUID) mortality rate per 100,000 live births (R95, R99, W75)



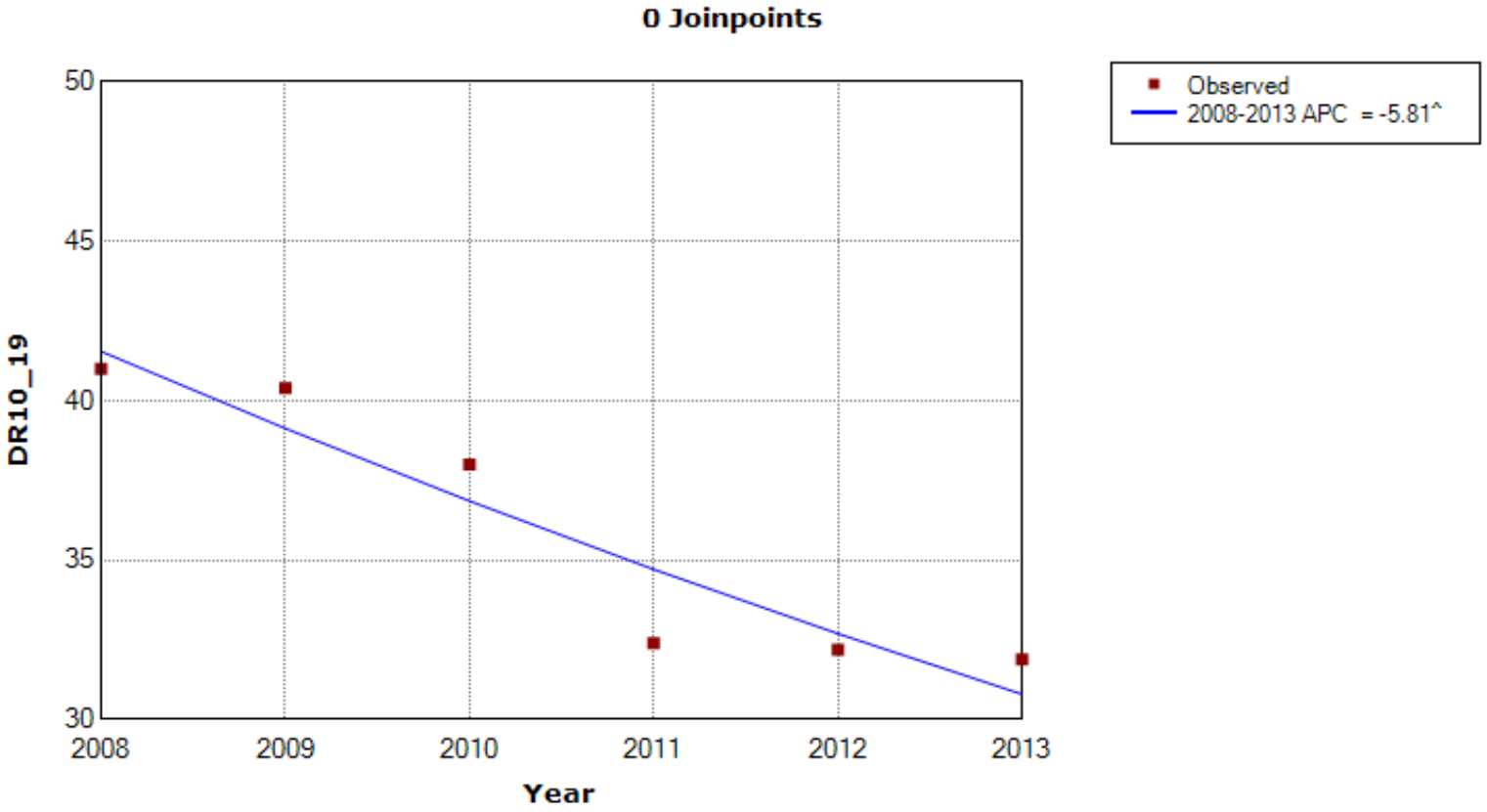
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM15: Child mortality rate ages 1 through 9 per 100,000



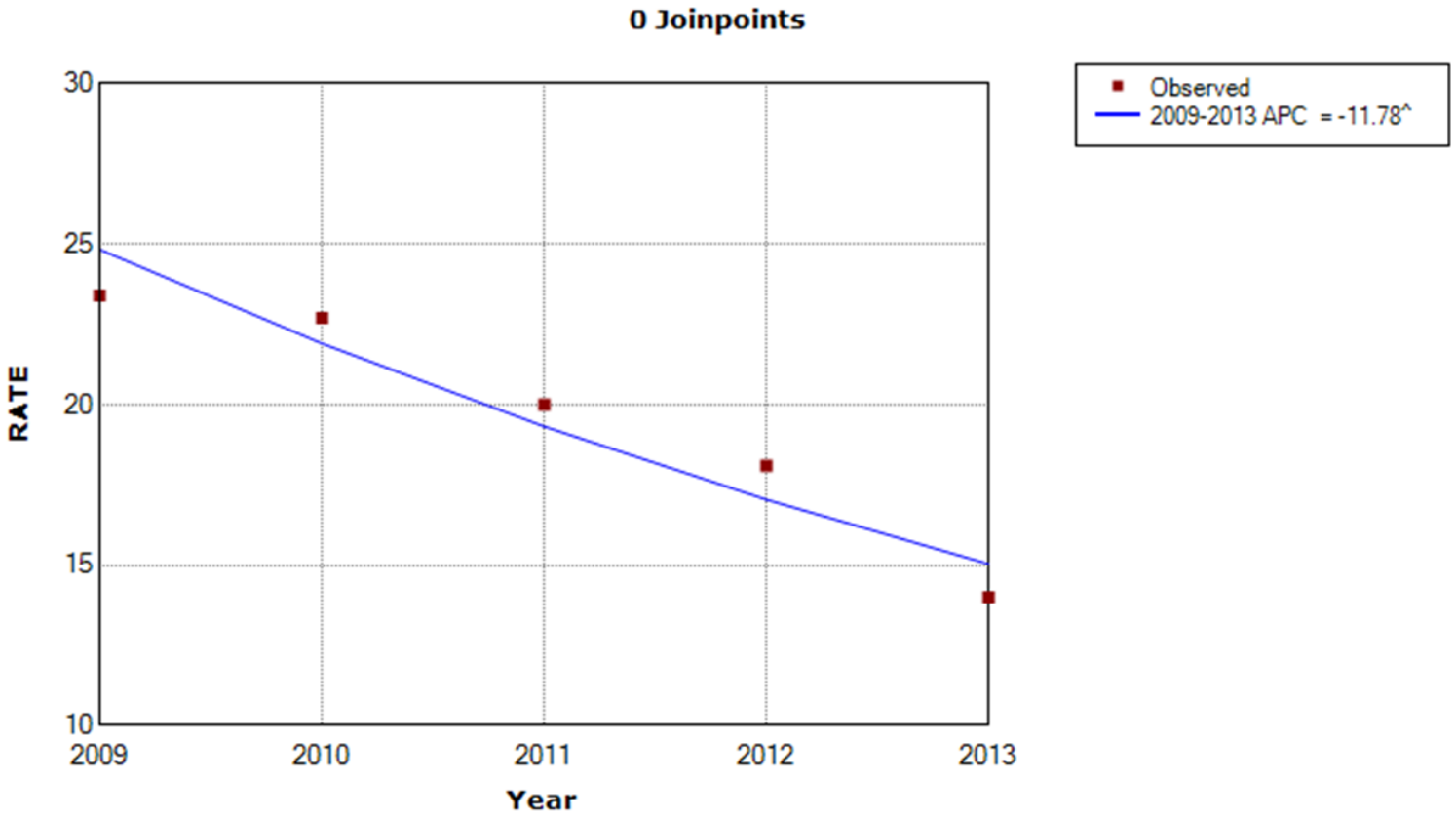
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM16.1: The rate of deaths in adolescents age 10-19 per 100,000



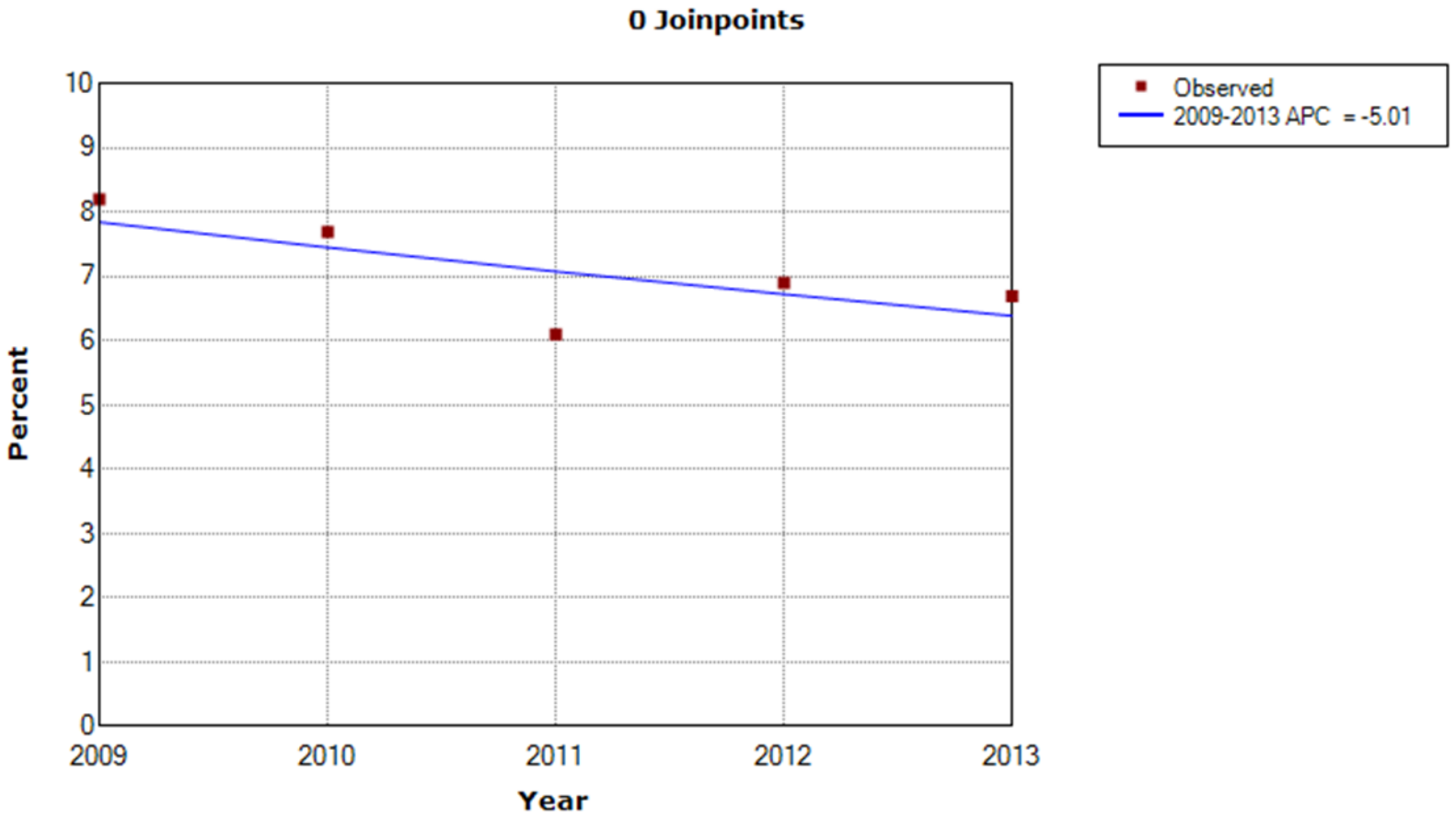
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM16.2: Adolescent motor vehicle mortality rate ages 15 through 19 per 100,000 (3 year rolling average)



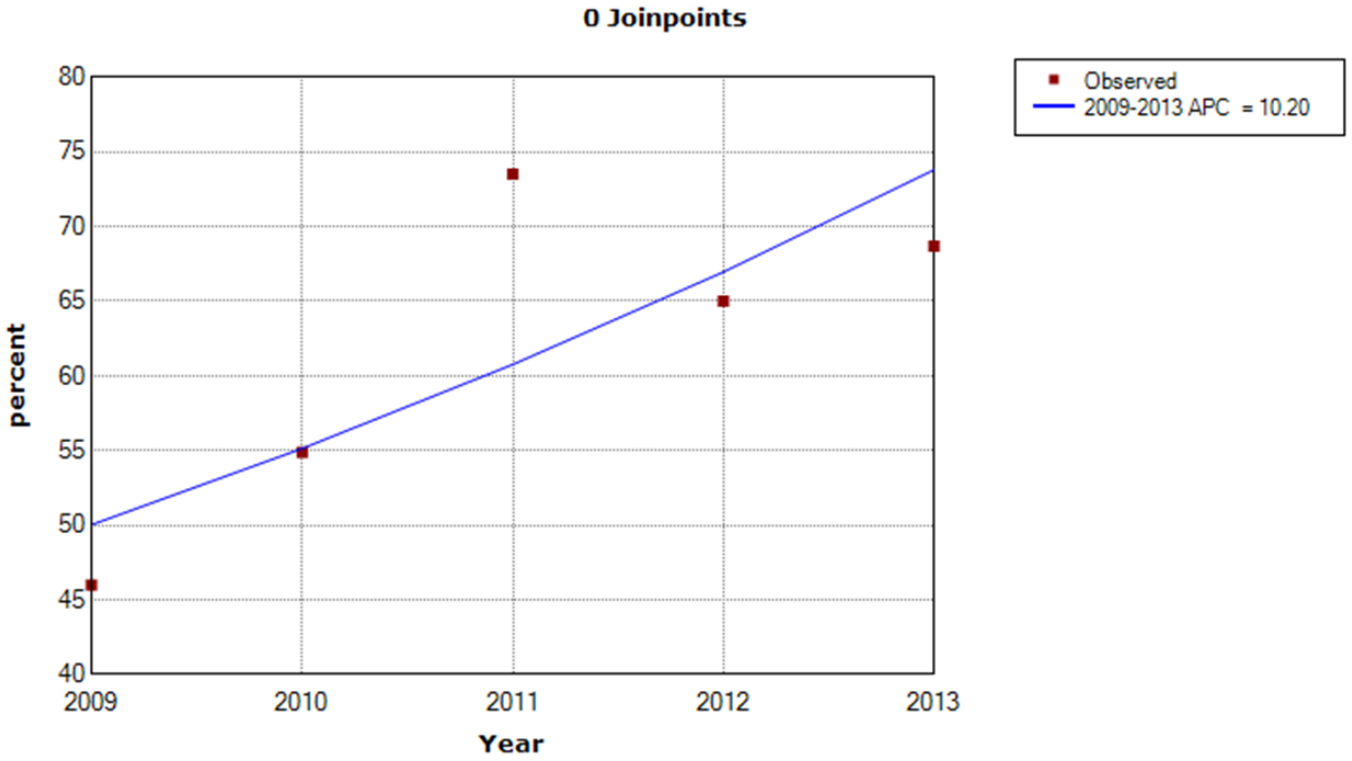
^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM21: The percent of children without health insurance



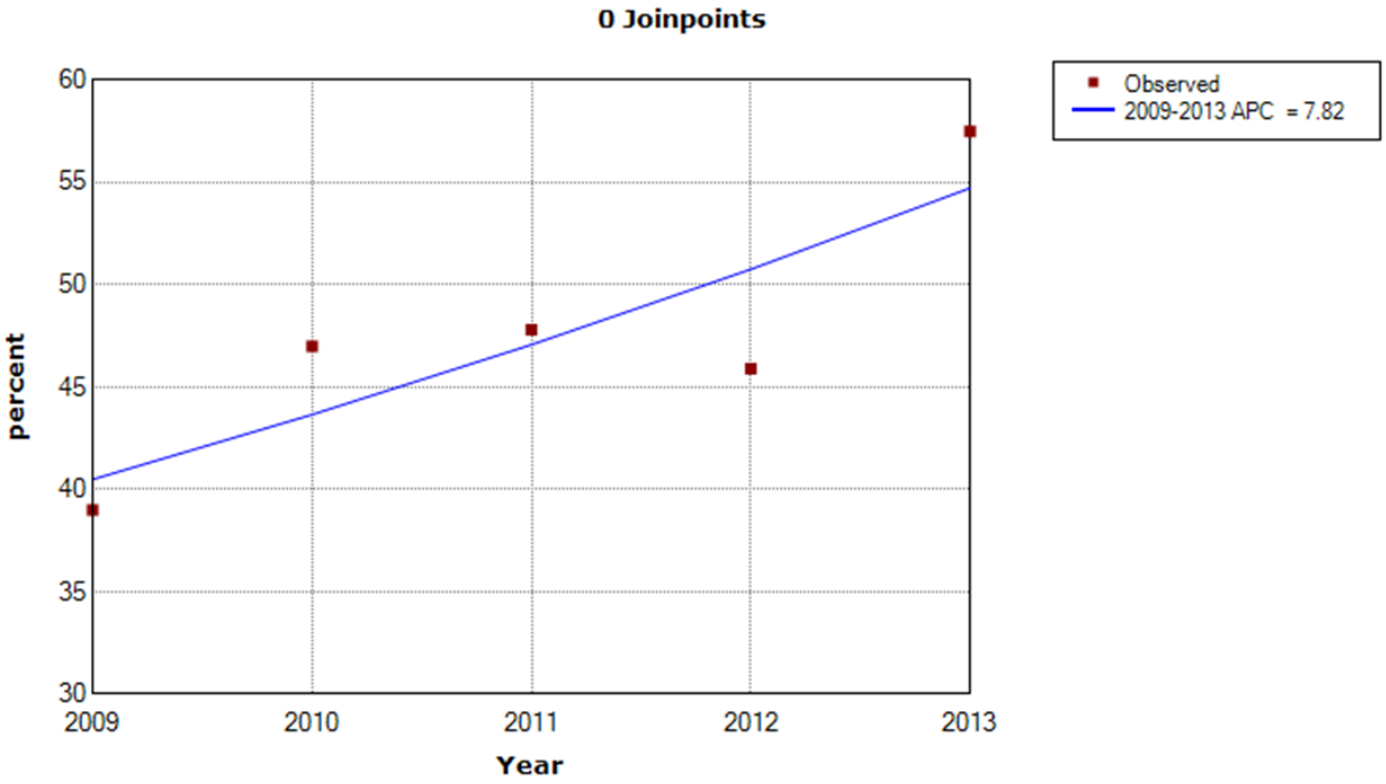
Note: Percents are plotted on a logarithmic scale.
Source: US Census. American Community Survey

NOM22.1: The percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations



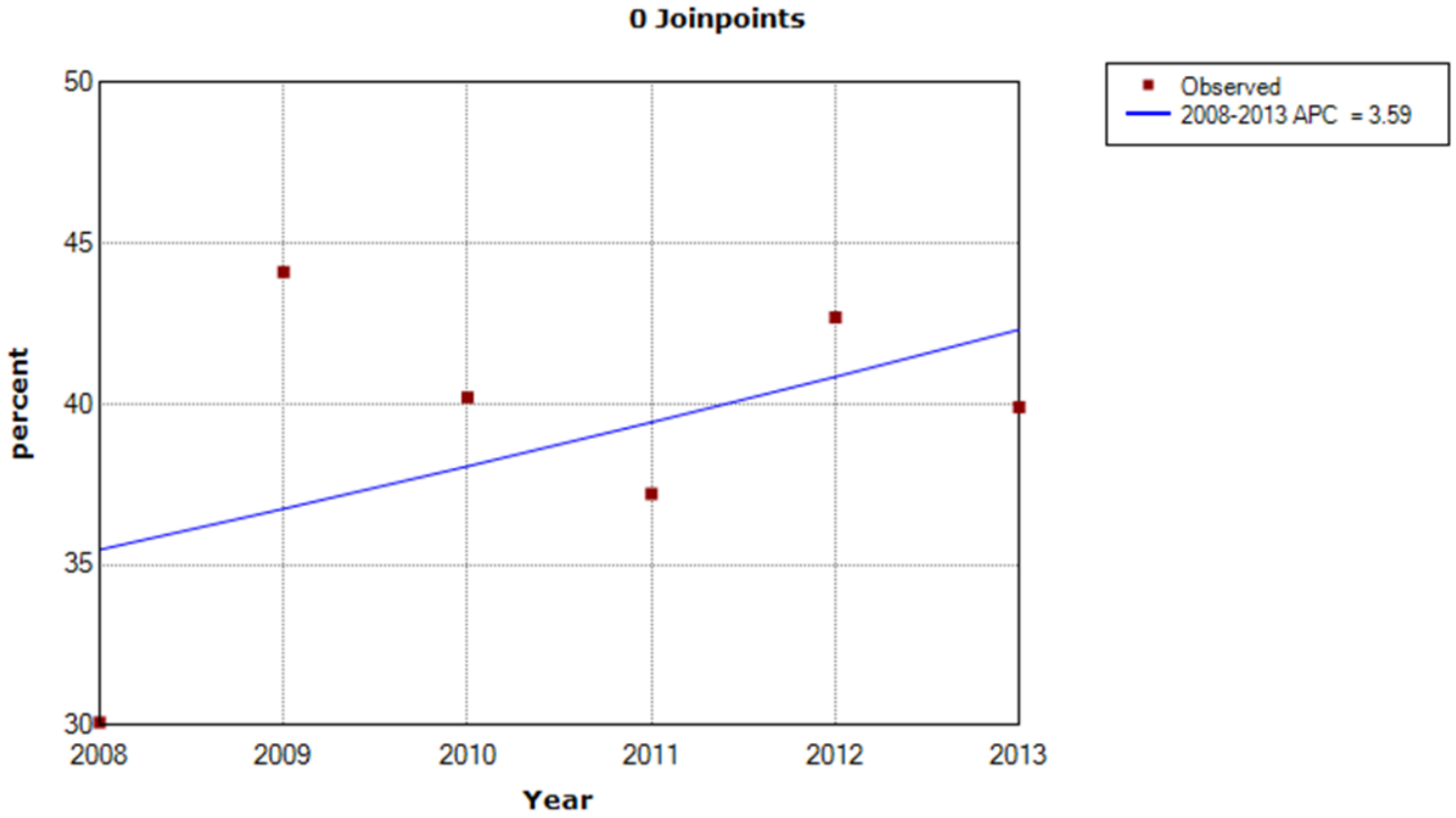
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey

NOM22.2: The percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza



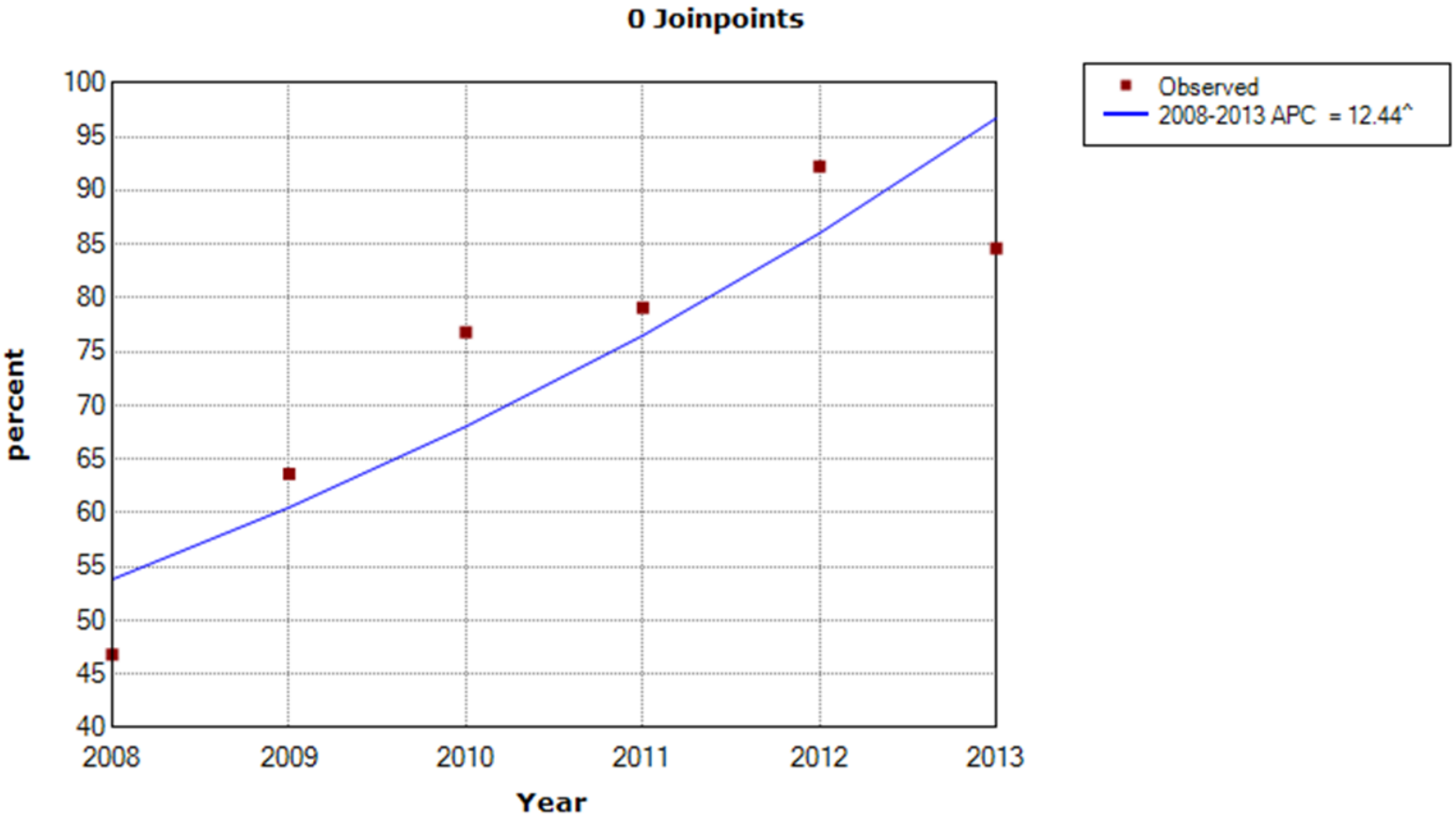
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey

NOM22.3: The percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine



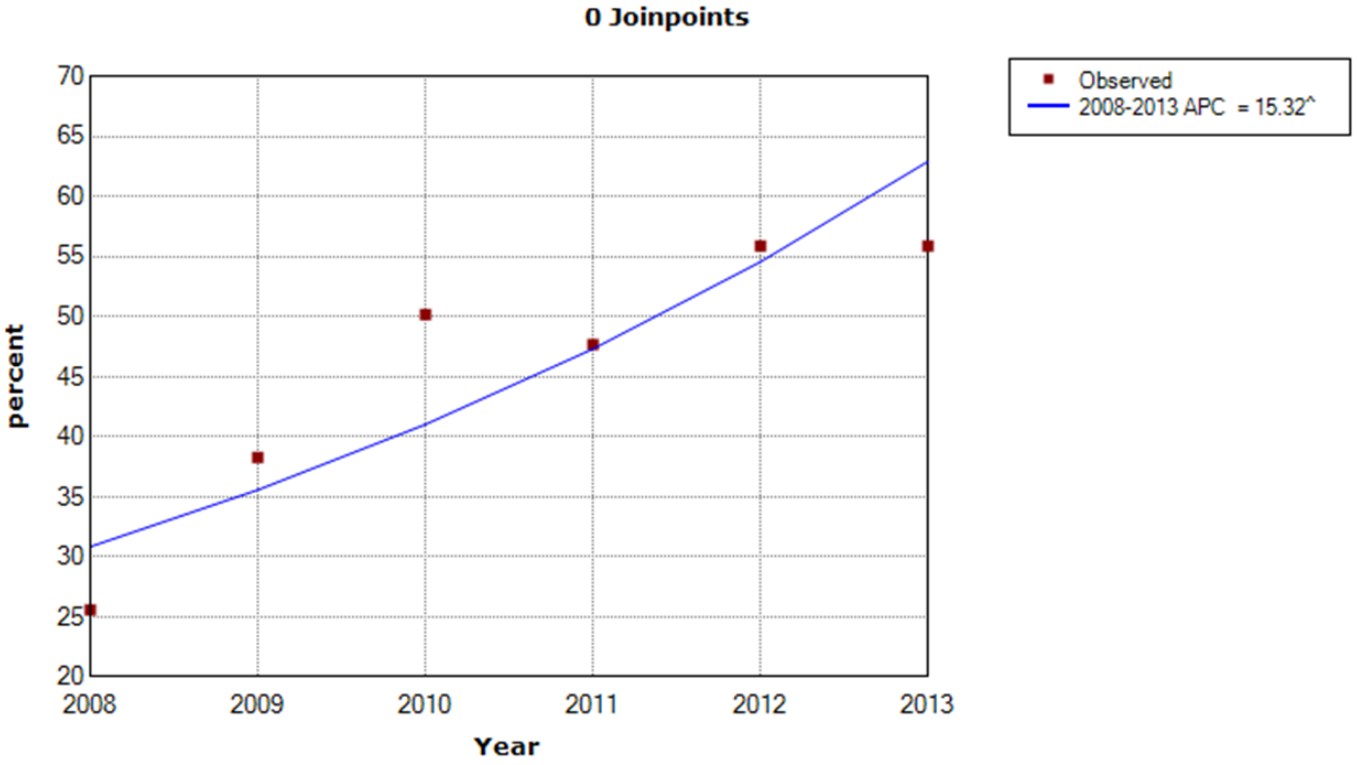
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey

NOM22.4: The percent of adolescents, ages 13 through 17 who have received at least one does of the Tdap vaccine



^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey

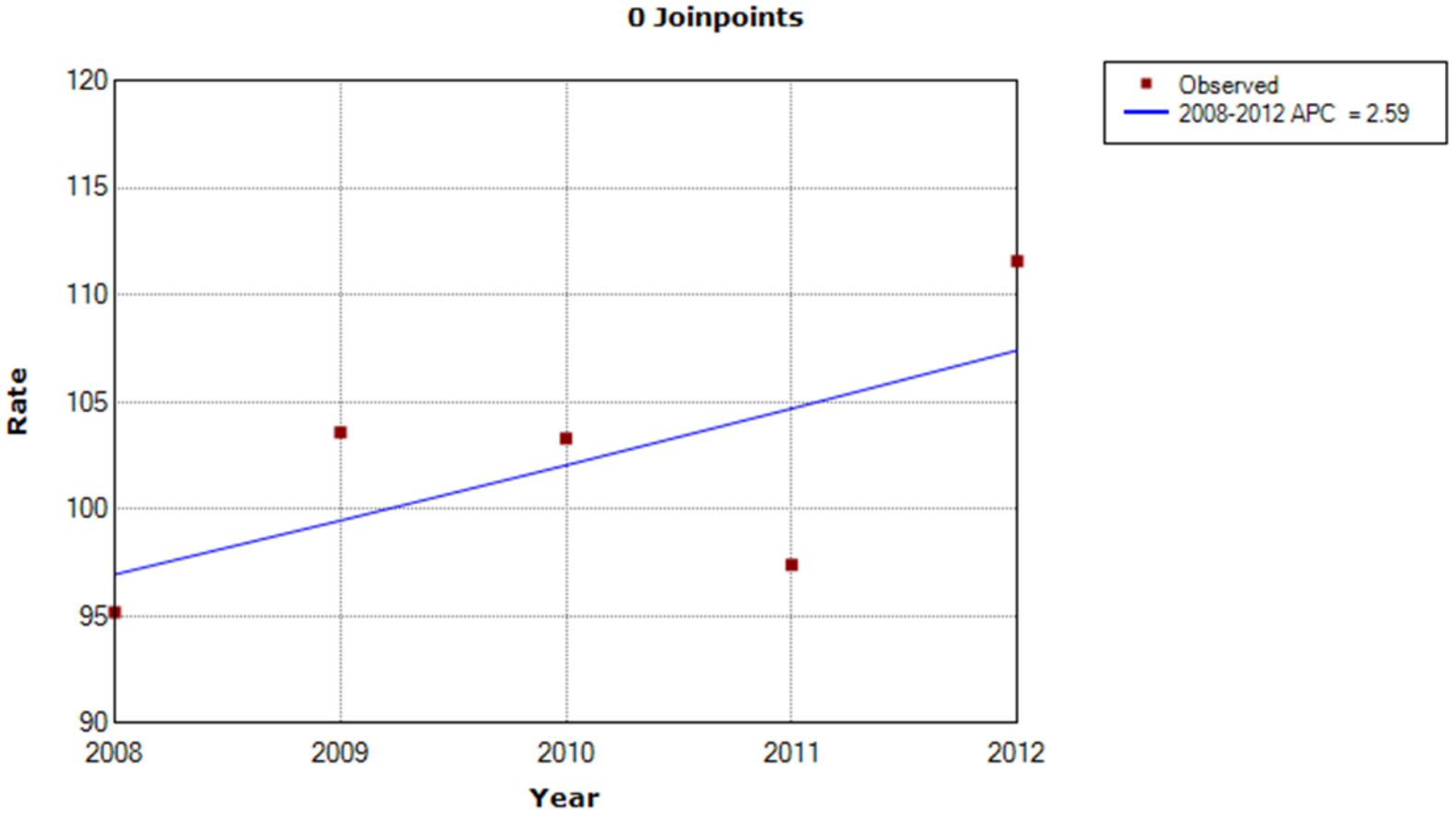
NOM22.5: The percent of adolescents, ages 13 through 17 who have received at least one does of the meningococcal conjugate vaccine



^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: CDC, National Immunization Survey

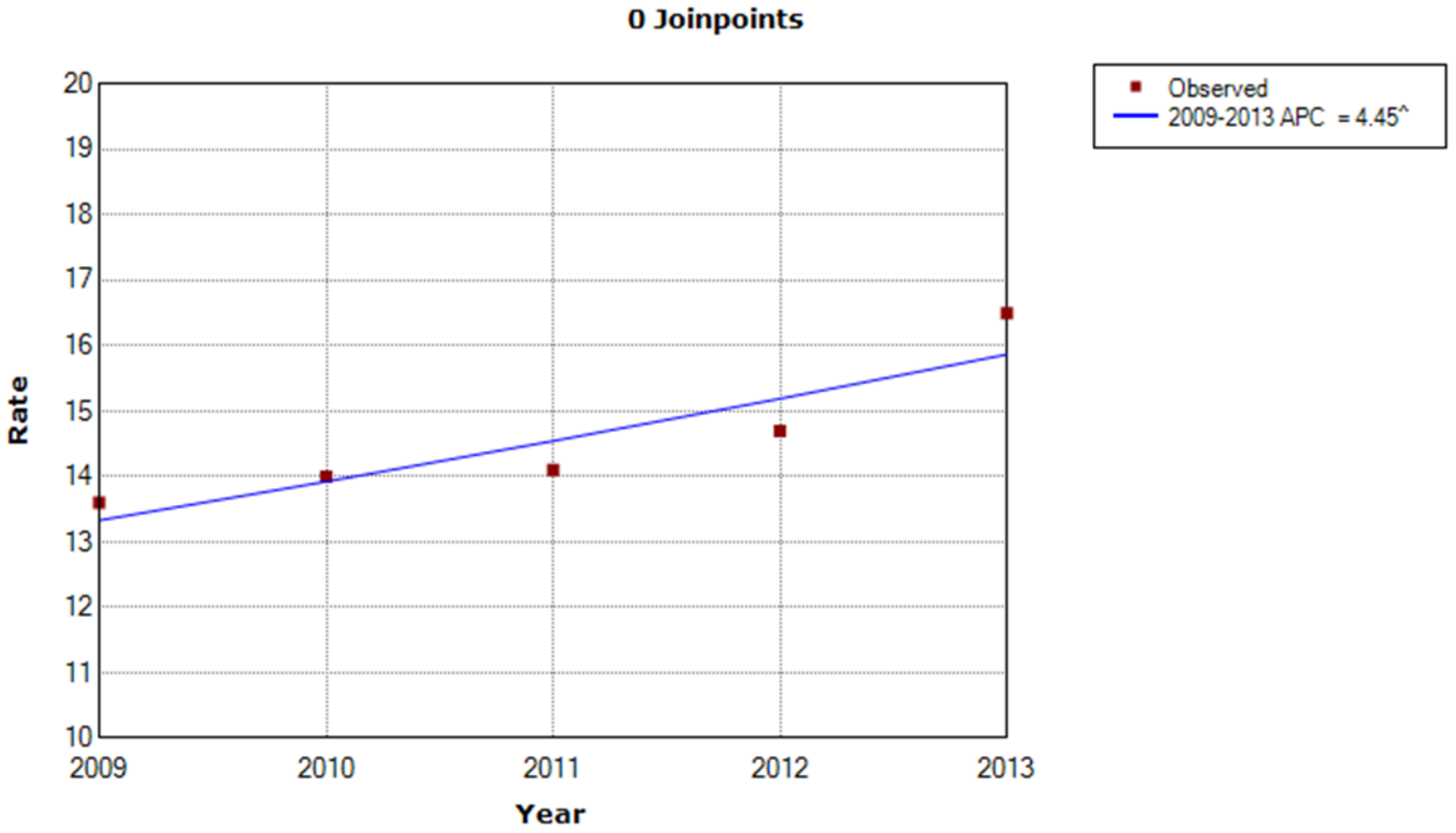
Negative/No Change Trends

NOM2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations



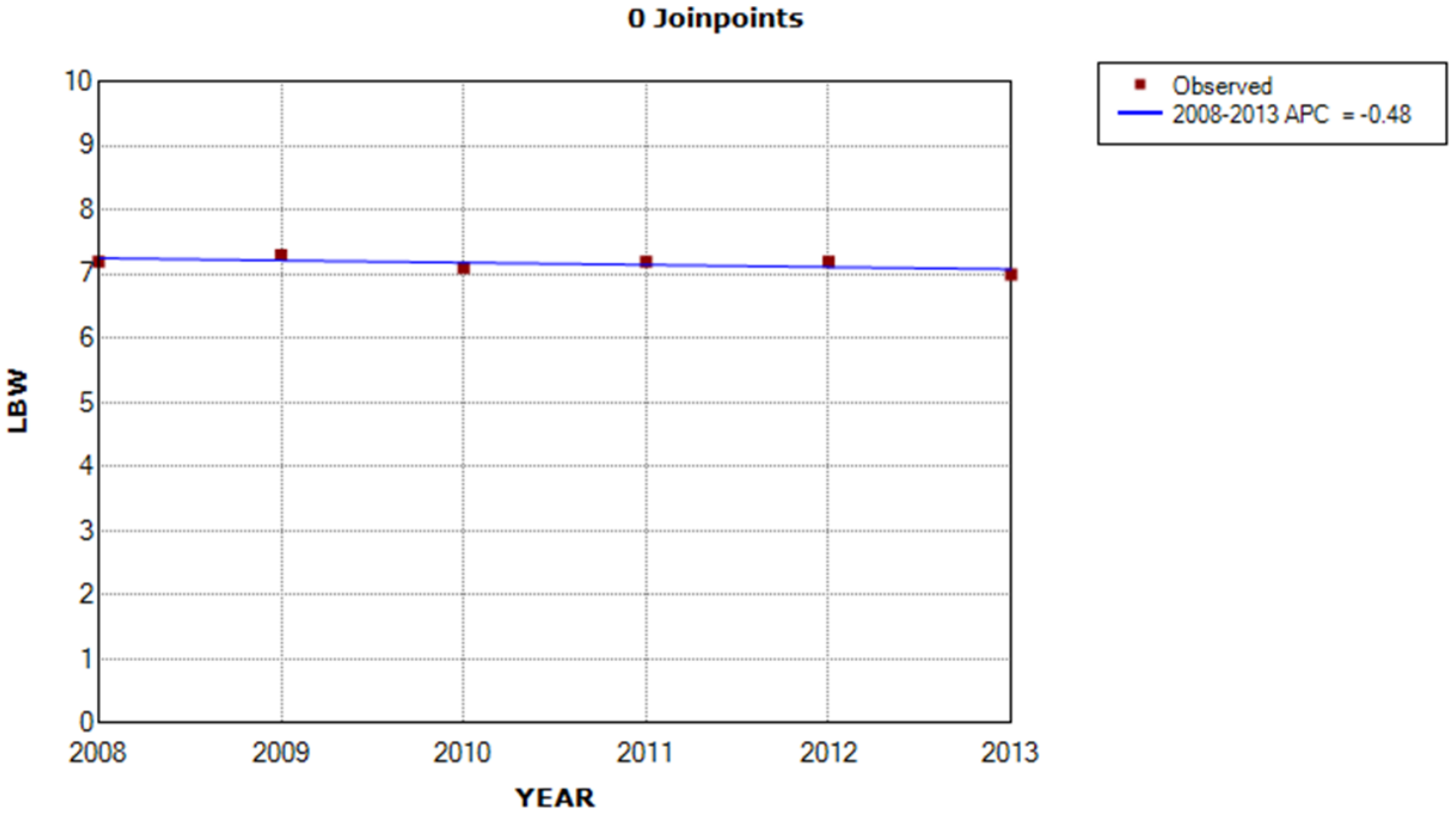
Note: Rates are plotted on a logarithmic scale.
Source: State Inpatient Database (SID)

NOM3: Maternal mortality rate per 100,000 live births (5 year rolling average)



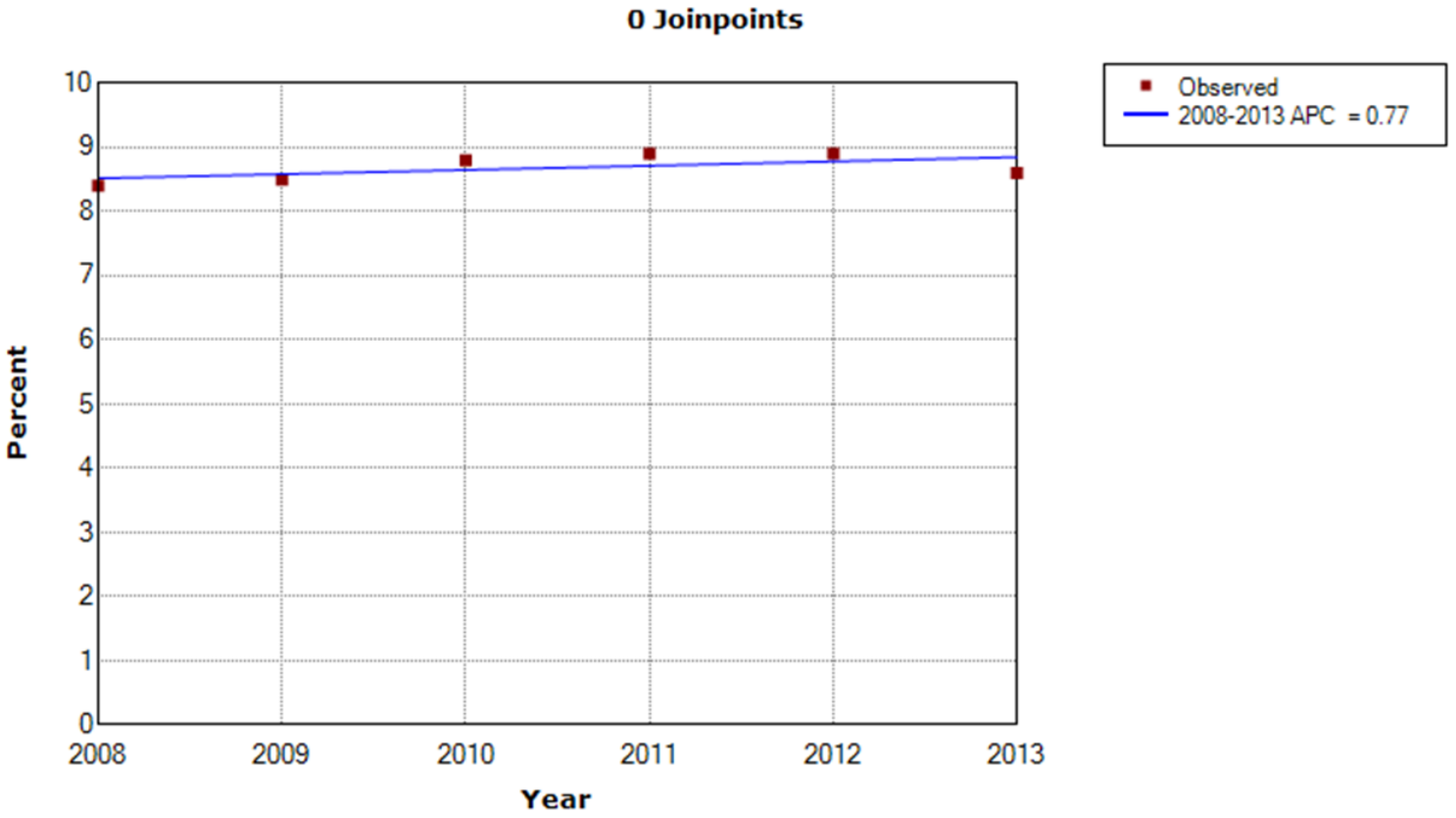
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Rates are plotted on a logarithmic scale.
Source: State Inpatient Database (SID)

NOM4.1: The percent of low birthweight deliveries (<2,500 grams)



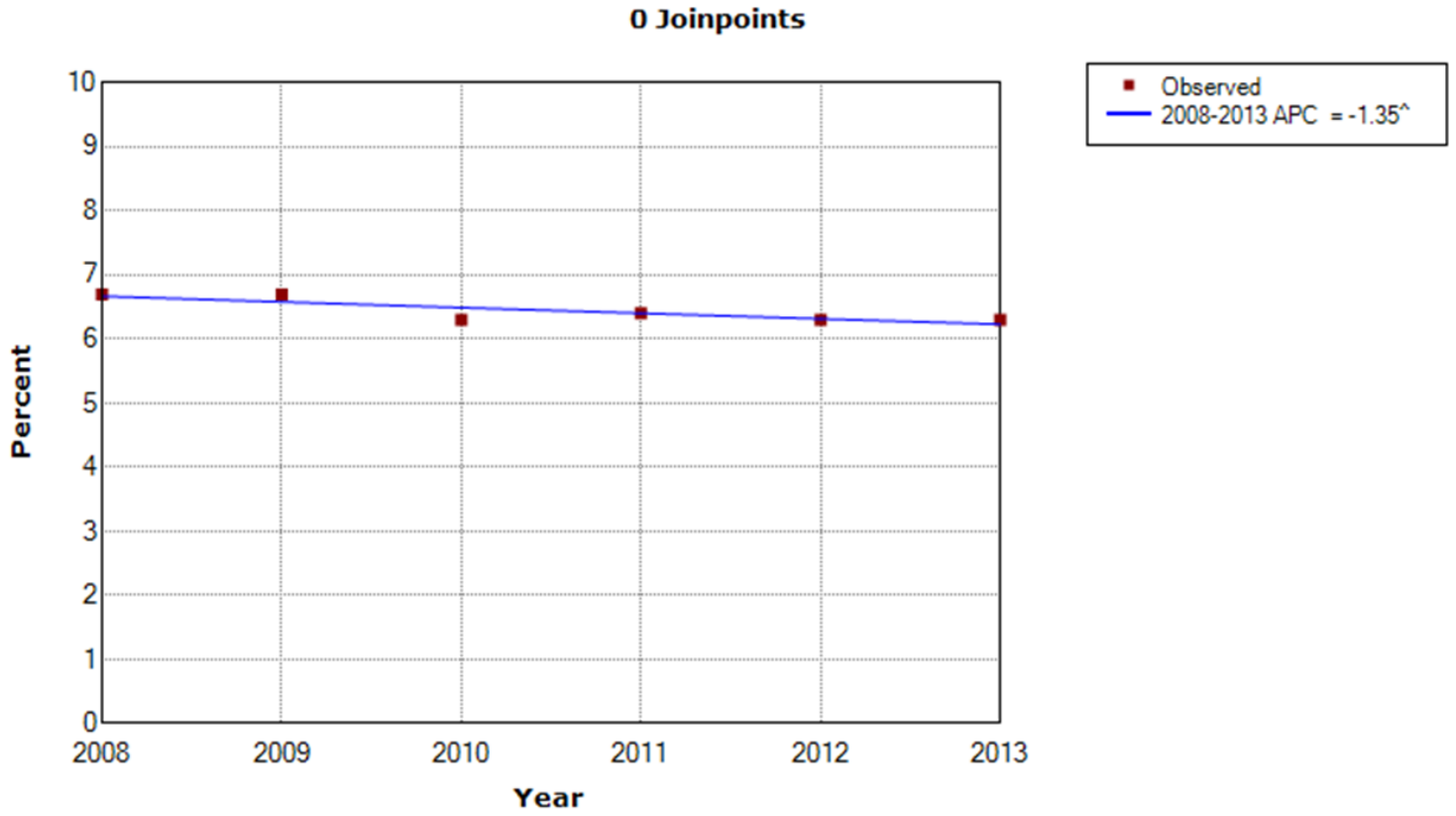
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM4.1: The percent of low birthweight deliveries (<2,500 grams) **Medicaid**



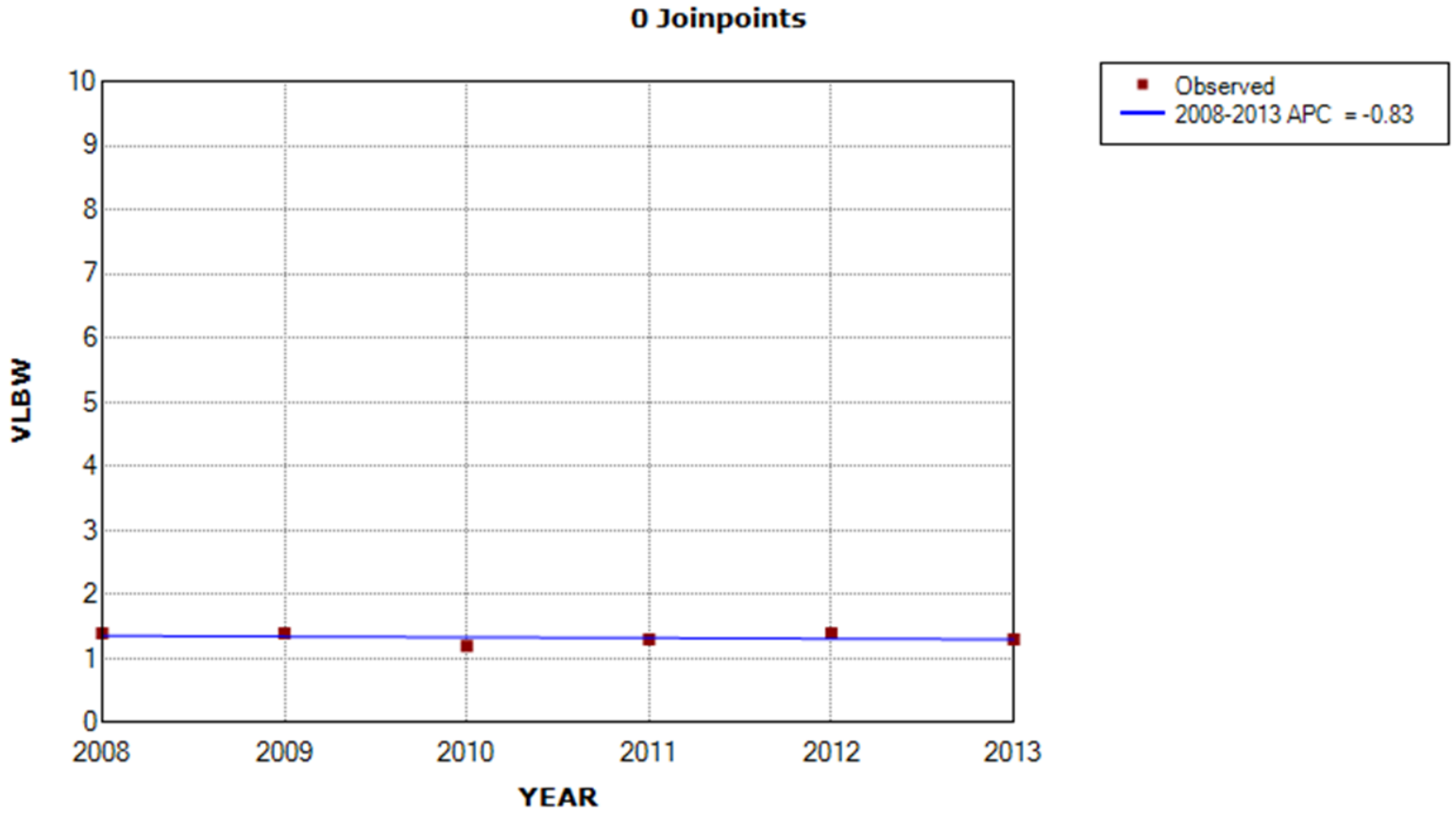
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM4.1: The percent of low birthweight deliveries (<2,500 grams) **Non-Medicaid**



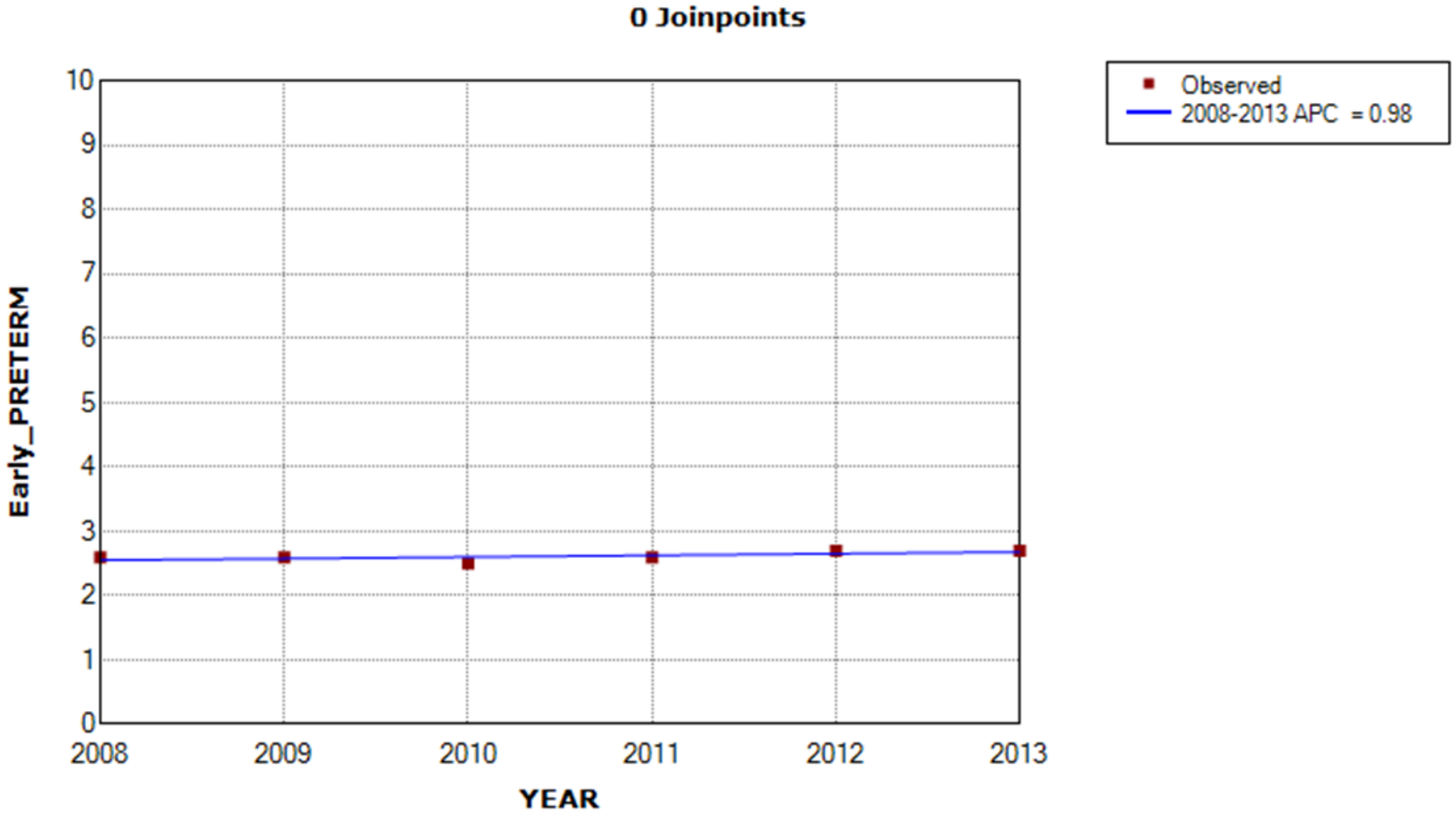
^The Annual Percent Change (APC) is significantly different from zero (p<0.05).
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM4.2: The percent of very low birthweight deliveries (<1,500 grams)



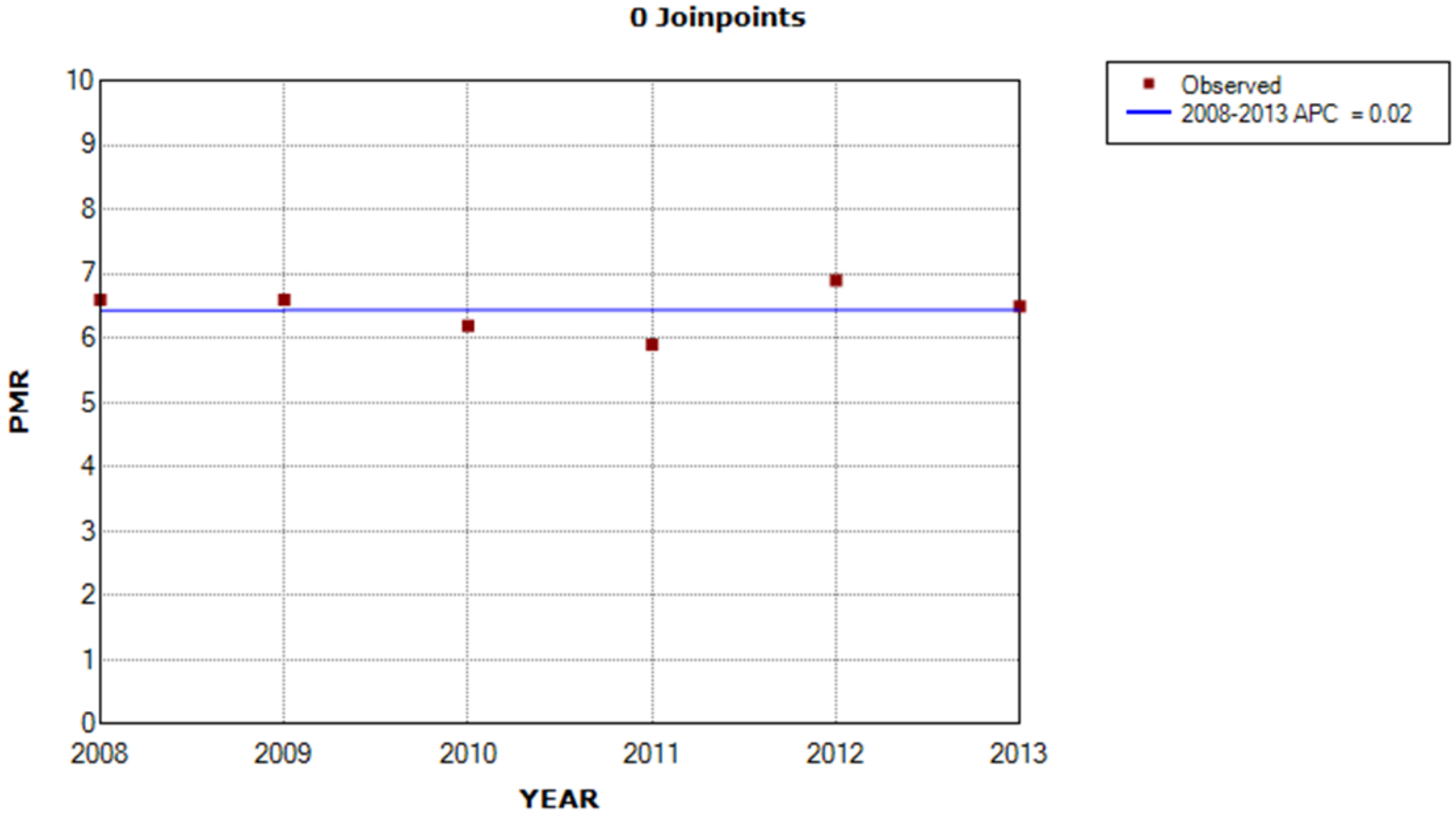
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM5.1: The Percent of **EARLY preterm** births (<34 weeks gestation)



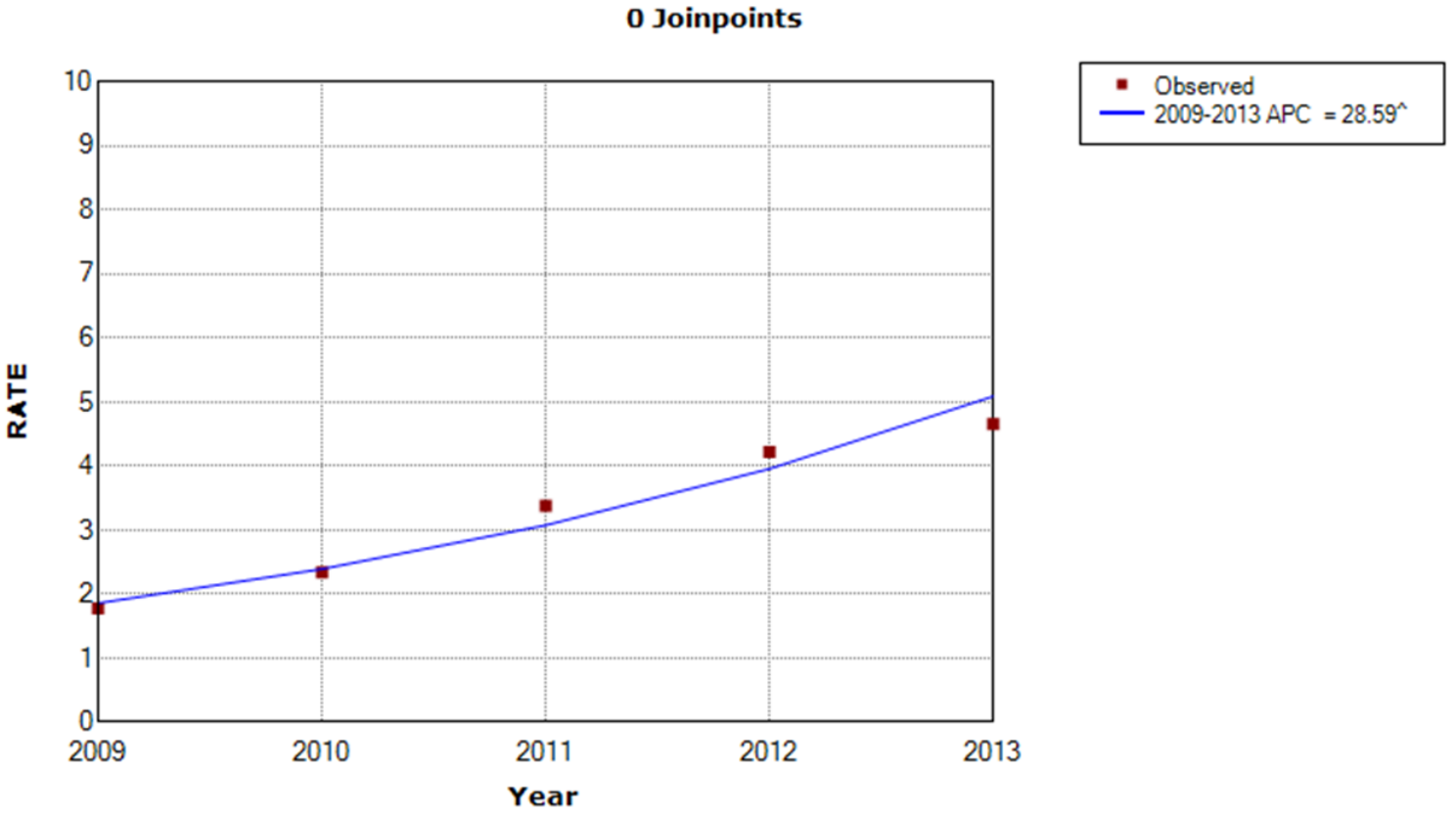
Note: Percents are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM8: Perinatal mortality rate per 1,000 live births plus fetal deaths



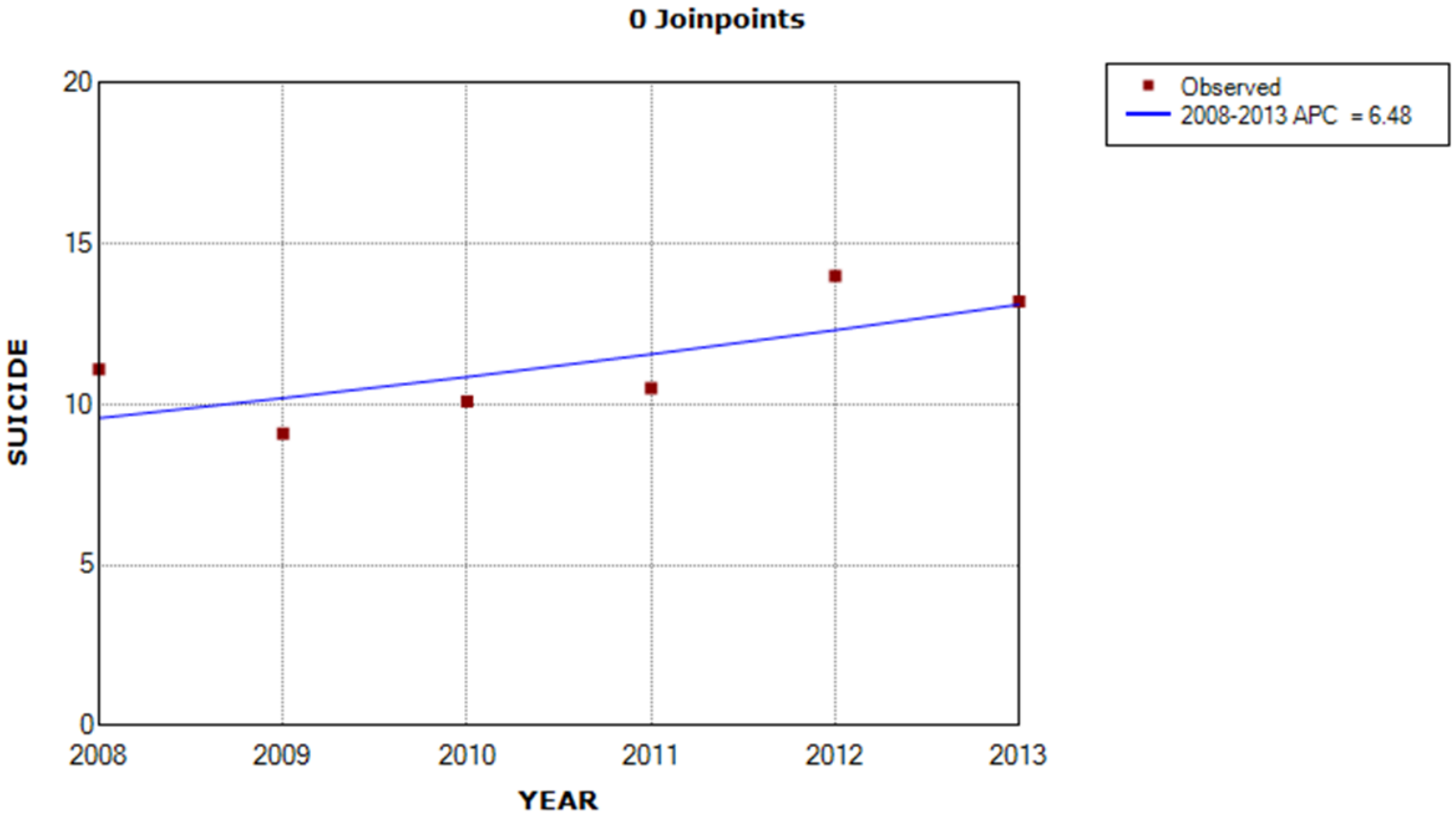
Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

NOM11: The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations



^The Annual Percent Change (APC) is significantly different from zero ($p<0.05$).
Note: Percents are plotted on a logarithmic scale.
Source: Healthcare Cost and Utilization Project (HCUP) – State Inpatient Database (SID)

NOM16.3: Adolescent suicide rate ages 15 through 19 per 100,000 (3 year rolling average)



Note: Rates are plotted on a logarithmic scale.
Source: Bureau of Epidemiology and Public Health Informatics

Discussion – Data/Outcomes

Questions or clarifications on presentation content?

1. When you think about "family engagement", is it to the level defined and encouraged in Title V?
2. Think about the services, programs and initiatives you support, benefit from, or connect with...on a scale of 1 to 10, how effectively do we/they engage families? (Use the definition provided here – connecting at all stages, diversity is critical, "nothing about us, without us", etc.)
3. Related to family engagement for all Kansas MCH partners across the state, what is being done really well? Where are we most in need of improvement?
4. What is one specific action you can take to help improve family engagement in Kansas?

KANSAS MATERNAL & CHILD HEALTH

Lunch / Networking

KANSAS MATERNAL & CHILD HEALTH

Council Structure, Roles, Responsibilities

DENNIS COOLEY, MD, CHAIR

CONNIE SATZLER

Council & Meeting Structure

- Advisory to KDHE regarding Kansas MCH priorities and progress
- Engaged members with commitment and responsibilities
- Mutual benefits for members, state, and MCH populations
- Shared agenda and collective impact
- Integration of the Blue Ribbon Panel on Infant Mortality (perinatal/Infant and women/maternal expertise)
- Quarterly full-day meetings w/facilitator
- Online meeting resources/documents/materials
  - Accessible to members online
  - Archived for easy reference

Meeting Structure cont…

- Quarterly Meetings: Plan for the Day
  - Large group opening, updates, discussion
    Domain (small) group work* (*members select one area*)
    1. Women/Maternal
    2. Perinatal/Infant
    3. Child
    4. Adolescent

       **Special Health Care Needs & Cross-cutting considered across all*
  - Large group debrief, action items, closing
  - Other: presentations (data/program/other), framing messages, strategic planning

Domain/Group Work

- Staff assigned to each group
- State MCH/Domain Action Plan(s)
  - Become familiar with priorities, objectives, strategies, measures
  - Discuss existing efforts, capacity, infrastructure
  - Discuss gaps/needs and potential for expansion
  - Discuss existing and needed partnerships
  - Identify programs, services, interventions
    - Target areas and populations
    - Pilot sites, if necessary
- Report back to the Council
- Develop recommendations for the Council/KDHE
- Request information, expertise, input and data as needed
- Identify areas of alignment and need for communication and coordination across domain groups
- Meet as needed outside of quarterly Council meetings

Council Membership

Document Review & Discussion

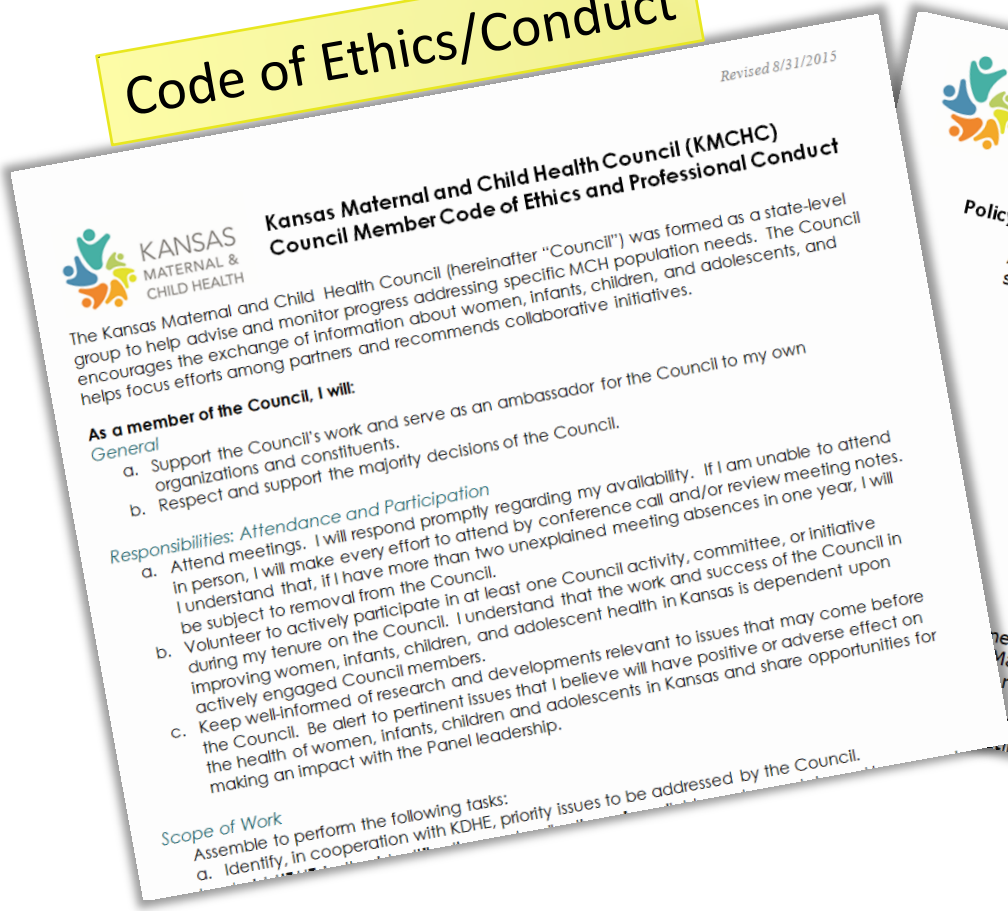
- Code of Ethics & Professional Conduct
  - Responsibilities
  - Conflict of Interest
  - Representation
- Member Reimbursement Policy
  - General
  - Family/consumer
- DRAFT By-laws (finalize)

KMCHC Website

- Meeting resources/documents
- Member profiles
- Public access

Member Documents

Code of Ethics/Conduct



Revised 8/31/2015

Kansas Maternal and Child Health Council (KMCHC)
Council Member Code of Ethics and Professional Conduct

The Kansas Maternal and Child Health Council (hereinafter "Council") was formed as a state-level group to help advise and monitor progress addressing specific MCH population needs. The Council encourages the exchange of information about women, infants, children, and adolescents, and helps focus efforts among partners and recommends collaborative initiatives.

As a member of the Council, I will:

General

a. Support the Council's work and serve as an ambassador for the Council to my own organizations and constituents.
b. Respect and support the majority decisions of the Council.

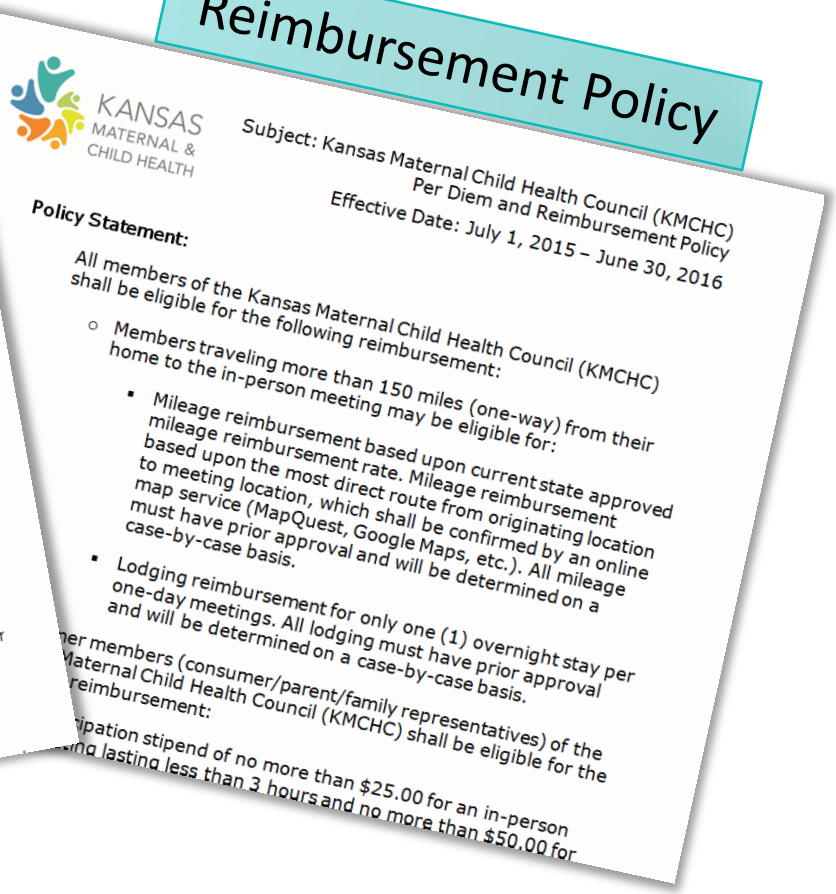
Responsibilities: Attendance and Participation

a. Attend meetings. I will respond promptly regarding my availability. If I am unable to attend in person, I will make every effort to attend by conference call and/or review meeting notes. I understand that, if I have more than two unexplained meeting absences in one year, I will be subject to removal from the Council.
b. Volunteer to actively participate in at least one Council activity, committee, or initiative during my tenure on the Council. I understand that the work and success of the Council in improving women, infants, children, and adolescent health in Kansas is dependent upon actively engaged Council members.
c. Keep well-informed of research and developments relevant to issues that may come before the Council. Be alert to pertinent issues that I believe will have positive or adverse effect on the health of women, infants, children and adolescents in Kansas and share opportunities for making an impact with the Panel leadership.

Scope of Work

Assemble to perform the following tasks:
a. Identify, in cooperation with KDHE, priority issues to be addressed by the Council.

Reimbursement Policy



Subject: Kansas Maternal Child Health Council (KMCHC)
Per Diem and Reimbursement Policy
Effective Date: July 1, 2015 – June 30, 2016

Policy Statement:

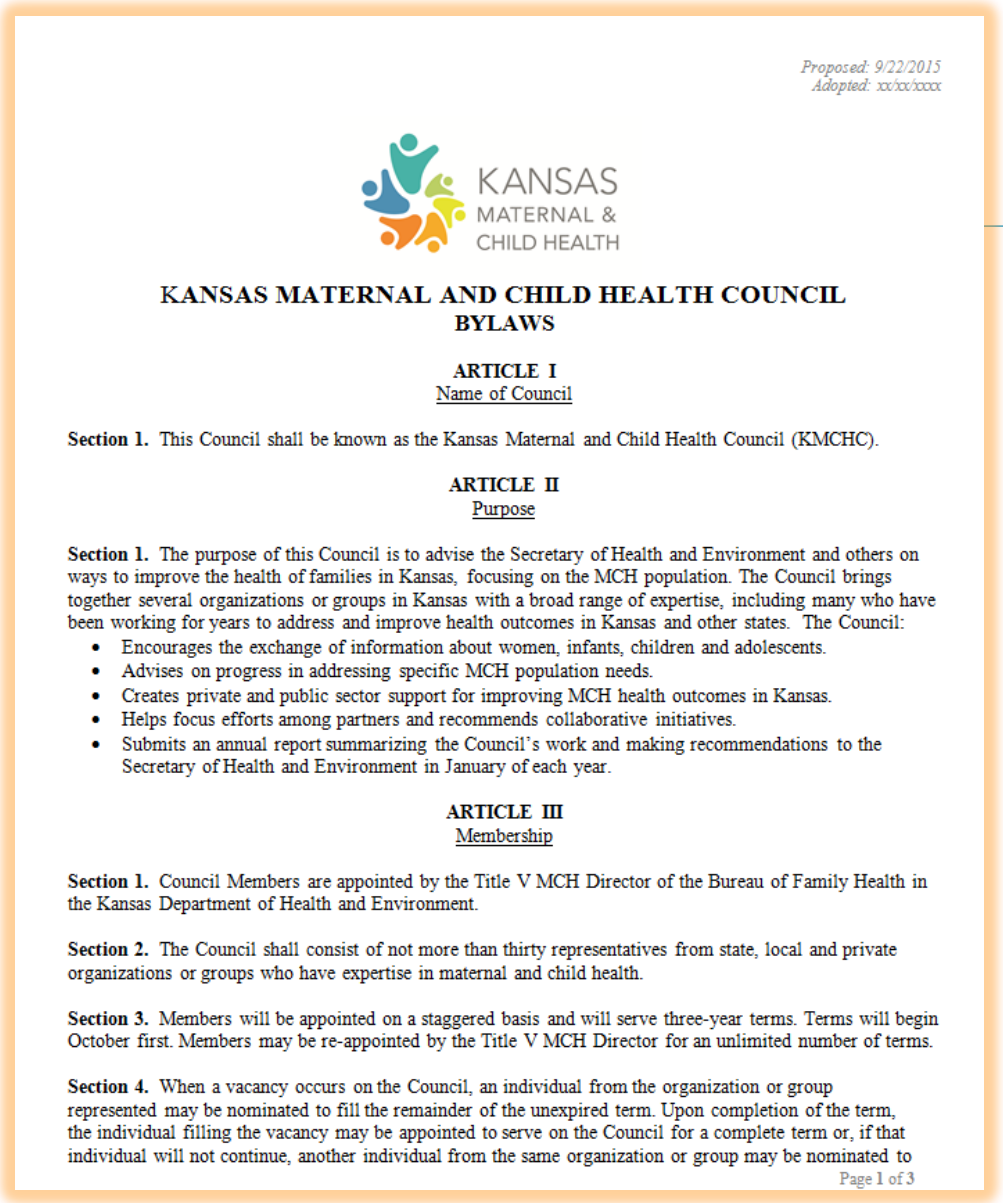
All members of the Kansas Maternal Child Health Council (KMCHC) shall be eligible for the following reimbursement:

- Members traveling more than 150 miles (one-way) from their home to the in-person meeting may be eligible for:
  - Mileage reimbursement based upon current state approved mileage reimbursement rate. Mileage reimbursement based upon the most direct route from originating location to meeting location, which shall be confirmed by an online map service (MapQuest, Google Maps, etc.). All mileage must have prior approval and will be determined on a case-by-case basis.
  - Lodging reimbursement for only one (1) overnight stay per one-day meetings. All lodging must have prior approval and will be determined on a case-by-case basis.

er members (consumer/parent/family representatives) of the Maternal Child Health Council (KMCHC) shall be eligible for the reimbursement:

ipation stipend of no more than $25.00 for an in-person ng lasting less than 3 hours and no more than $50.00 for

KANSAS MATERNAL & CHILD HEALTH



Proposed: 9/22/2015
Adopted: xx/xx/xxxx

KANSAS MATERNAL & CHILD HEALTH

KANSAS MATERNAL AND CHILD HEALTH COUNCIL
BYLAWS

ARTICLE I
Name of Council

Section 1. This Council shall be known as the Kansas Maternal and Child Health Council (KMCHC).

ARTICLE II
Purpose

Section 1. The purpose of this Council is to advise the Secretary of Health and Environment and others on ways to improve the health of families in Kansas, focusing on the MCH population. The Council brings together several organizations or groups in Kansas with a broad range of expertise, including many who have been working for years to address and improve health outcomes in Kansas and other states. The Council:

- Encourages the exchange of information about women, infants, children and adolescents.
- Advises on progress in addressing specific MCH population needs.
- Creates private and public sector support for improving MCH health outcomes in Kansas.
- Helps focus efforts among partners and recommends collaborative initiatives.
- Submits an annual report summarizing the Council's work and making recommendations to the Secretary of Health and Environment in January of each year.

ARTICLE III
Membership

Section 1. Council Members are appointed by the Title V MCH Director of the Bureau of Family Health in the Kansas Department of Health and Environment.

Section 2. The Council shall consist of not more than thirty representatives from state, local and private organizations or groups who have expertise in maternal and child health.

Section 3. Members will be appointed on a staggered basis and will serve three-year terms. Terms will begin October first. Members may be re-appointed by the Title V MCH Director for an unlimited number of terms.

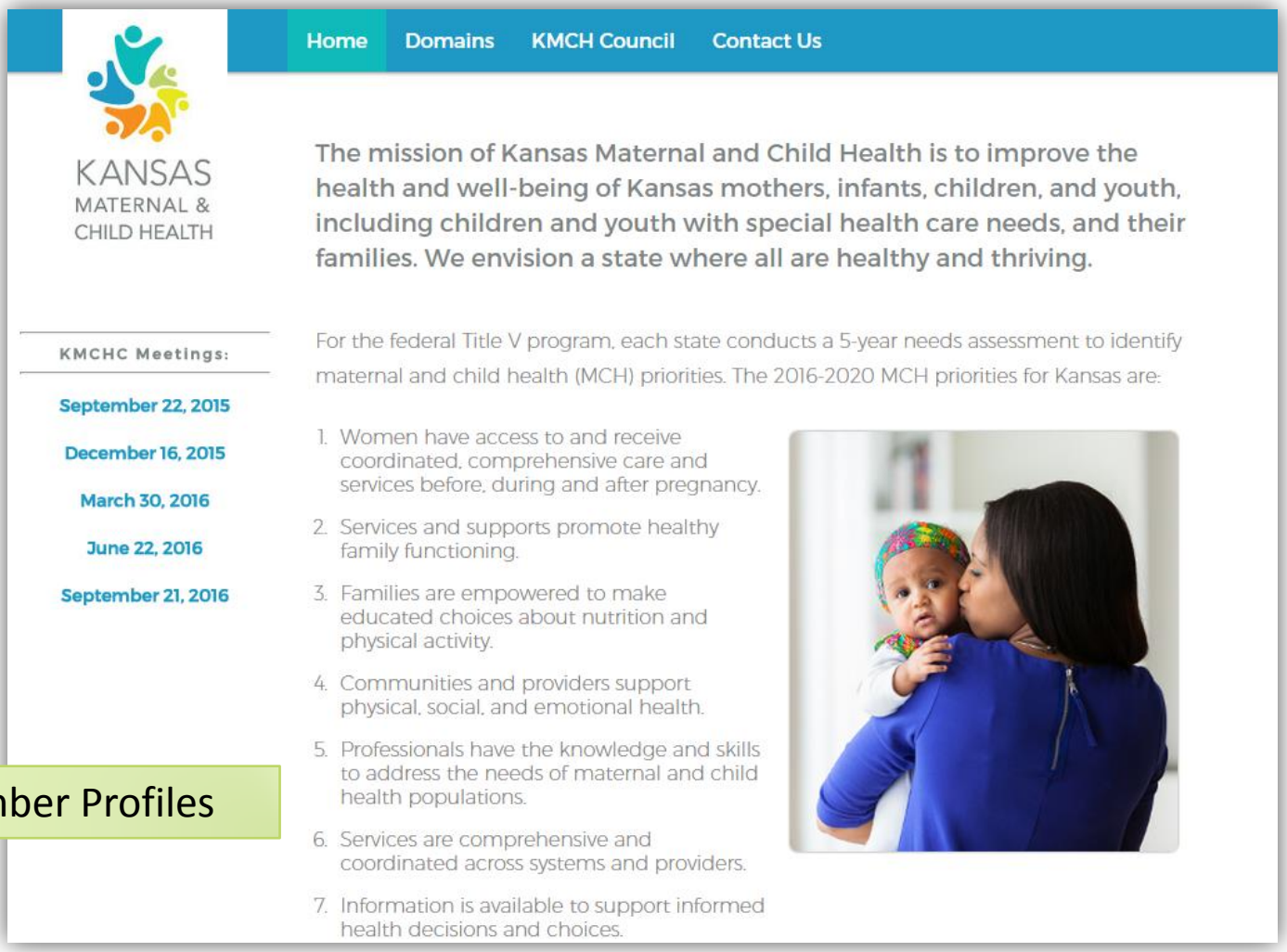
Section 4. When a vacancy occurs on the Council, an individual from the organization or group represented may be nominated to fill the remainder of the unexpired term. Upon completion of the term, the individual filling the vacancy may be appointed to serve on the Council for a complete term or, if that individual will not continue, another individual from the same organization or group may be nominated to

Page 1 of 3

DRAFT By-Laws

- ❑ Review
- ❑ Discuss
- ❑ Edit
- ❑ Finalize

Website: First Look!



Member Profiles

http://www.kansasmch.org

Discussion – MCH Council

Questions or clarifications?

1. What do you think of the council and meeting structure? Does it help maximize collective impact?
2. On a scale of 1 to 10, how personally engaged are you as a member of this council? 1 being "it's not really on my radar"; 10 being "I am IN for whatever is needed from me as a partner!! – resources, time, leadership, etc."
3. Going forward, what is one suggestion for growing and maintaining member engagement to maximize KMCHC collective impact?
4. What specific suggestions do you have for the website? Thoughts on private vs. public access? Would you be willing to provide a short bio and picture for a member profile page "Meet the KS MCH Council"?

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BREAK

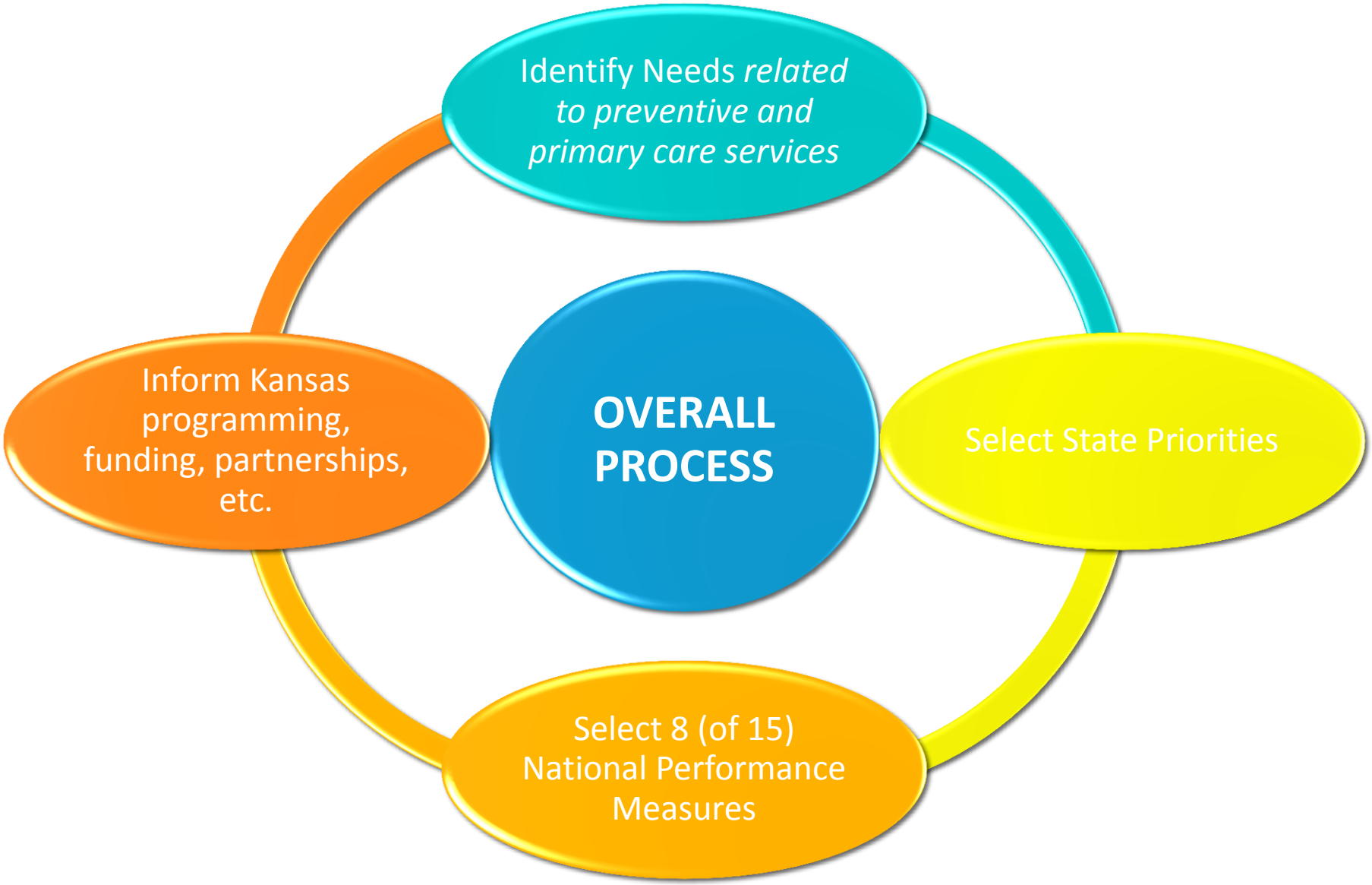
KANSAS MATERNAL & CHILD HEALTH

Title V Action Plan: Priorities & Measures by Domain

RACHEL SISSON

HEATHER SMITH

TRACI REED


Identify Needs *related to preventive and primary care services*
Select State Priorities
Select 8 (of 15) National Performance Measures
Inform Kansas programming, funding, partnerships, etc.
OVERALL PROCESS

Public Input

Advisory Groups

- Kansas MCH & Family Advisory Councils
- Blue Ribbon Panel on Infant Mortality
- Infant Mortality CoIIN Team

Public/Stakeholder Meetings

- Public Health Regional
- Communities for Kids
- Child Care Town Hall
- SHCN Strategic Planning
- Adolescent Health Focus Groups

Surveys

- Ongoing MCH Input
- Block grant feedback
- Community norms survey

Adolescent Health

2015 Kansas State Adolescent Health Report

K-STATE Research and Extension

Executive Summary

Guiding Principles of Positive Youth Development

Adolescence is an important developmental stage filled with health opportunities, as well as health risks. During this stage, health behaviors are established that pave the way for adult health, productivity and longevity. Adolescents who thrive have access to caring adults that foster healthy development, and are offered meaningful opportunities to belong and build their leaders.

Identifying Needs and Issues among Kansas Adolescents

More than 850 respondents* of an online survey, which was open from August to September, 2014, resulted in the following findings:

Top health issues affecting adolescents in their area were:

Top barriers that youth faced to accessing health services were:

(= 854 respondents were 86.4% female; average age of 49; 60% rural and small town; 22.7% upper middle income; 85 counties represented. A Spanish version of survey was offered, but no Spanish version surveys were received.)*

More than 400 Kansans** shared their perspectives through 26 focus groups conducted in Chanute, Dodge City, Great Bend, Hoisington, and Kansas City. Many commonalities exist between youth and adult focus group participants:

*(** = 324 of the 401 participants were high school students; 60% female, 63% white, 17% Latino/Hispanic, 7% African American; 2% mixed race, <1% Asian, American Indian, etc. Focus groups were conducted with high school FCS/advising/study hall classes, local coalitions, Kansas Partnerships for Health conferees, health departments, Young Women on the Move afterschool members, 4-H councils, ESL mothers group, Wyandotte High Health Science III class members.)*

The focus group data resulted in the following findings relating to issues, barriers and challenges expressed by youth and by adults (in order of prominence of youth focus data):

Top health issues included:

- School lunch (portions too small or distasteful f
- Substance abuse
- Sexuality and reproductive health
- Mental health (including depression and self-in
- Obesity
- Overall stress
- Bullying
- Boredom leading to the use of technology
- Wanting real services and information
- Wanting to confide in adults and mentors.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

Top health issues included:

- School lunch (portions too small or distasteful food)
- Substance abuse
- Sexuality and reproductive health
- Mental health (including depression and self-injury)
- Obesity
- Overall stress
- Bullying
- Boredom leading to the use of technology
- Wanting real services and information
- Wanting to confide in adults and mentors.

K-STATE Research and Extension

Selecting Priorities & Measures

- Special Health Care Needs Strategic Planning
  - Identified priorities; drafted objectives and strategies
- Maternal & Child Health Council
  - December 2014 and February 2015
  - Priority and objective setting process
  - Drafted priorities and objectives
- Internal Meeting (March 24)
  - Reviewed final analysis from input/data
  - Identified priorities across the domains
  - Priority and objective setting process
- Partner Meeting (April 20)
  - Draft priorities, objectives, strategies
  - Identify areas for coordination/collaboration/align efforts

2016-2020 Priorities

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered and equipped to make educated choices about nutrition and physical activity.

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2016-2020 Priorities

5. Communities and providers/systems of care support physical, social and emotional health.
6. Professional have the knowledge and skills to address the needs of maternal and child populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support informed health decisions and choices.

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Selected NPMs (8 of 15)

NPM1: Well-woman visit (past year)

NPM4: Breastfeeding (ever; exclusively 6 months)

NPM6: Developmental screening (10-71 months)

NPM7: Child injury (0-9)

NPM9: Bullying (12-17)

NPM10: Adolescent well-visit (12-17)

NPM11: Medical home (SHCN)

NPM14: Smoking (pregnancy & child/household)

**National Performance Measures*

State Action Plan: Priority 1

- Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.

1. Prenatal risk assessments and education
2. Emotional well-being services and supports
3. Community capacity for education, screening, referral and treatment

State Action Plan: Priority 2

- Services and supports promote healthy family functioning.

1. Healthy relationships and life skills
2. Empowered families
3. Alignment of programs and expansion of services

State Action Plan: Priority 3

- Developmentally appropriate care and services are provided across the lifespan.

1. Safe environments
2. Immunizations
3. SIDS/SUID prevention
4. Oral health / preventive care
5. Age-appropriate developmental screening

State Action Plan: Priority 4

- Families are empowered and equipped to make educated choices about nutrition & physical activity.

1. Access to healthy foods
2. Parental education/resources on infant nutrition
3. Increased opportunities for physical activity

State Action Plan: Priority 5

- Communities and providers support physical, social, and emotional health.

1. Annual child/adolescent well-visits, social and emotional health
2. Prevention and intervention programs around bullying
3. Youth supports to prevent suicide

State Action Plan: Priority 6

- Professionals have the knowledge and skills to address the needs of maternal and child health populations.

1. Build MCH workforce
2. Training/education on integrated supports for SHCN
3. Child care provider training on social-emotional development

State Action Plan: Priority 7

- Services are comprehensive and coordinated across systems and providers.

1. Communication and care coordination (providers, individuals, families)
2. Developmentally/age appropriate care integrated with behavioral health
3. System navigation for optimal health – individuals and families

State Action Plan: Priority 8

- Information is available to support informed health decisions and choices.

1. Health literacy—making informed decisions
2. Equipped families and youth for advocacy
3. System navigation supports

Next Steps

- Finalize 5-year action plan* (2016-2020)
  - Refine objectives
  - Develop State Performance Measures
  - Develop Evidence-based Strategy Measures
- Finalize Needs Assessment
  - Comprehensive Document
  - Executive Summary
- Develop website for *MCH 2020*
- Disseminate Document/Action Plan
- Reveal Plan at MCH Summit (2016)

in partnership with the KS MCH Council

Discussion – MCH Priorities

Questions or clarifications?

1. Did everyone here participate in the plan development at some level? Were you aware of all the opportunities?
2. Considering the priorities and objectives in the draft plan, do you notice any significant gaps? Any notable items that should be reconsidered before the plan is finalized?
3. Thinking about the priorities, which priorities or objectives are you personally most passionate about? Where would you most love to see improvement?
4. Some of you represent organizations: which priorities or objectives best align with your organization's goals?

KANSAS MATERNAL & CHILD HEALTH

Domain Selection Survey/Ranking

DENNIS COOLEY, MD, CHAIR

CONNIE SATZLER

KANSAS MATERNAL & CHILD HEALTH

Closing Remarks
Discussion & Questions

DENNIS COOLEY, MD, CHAIR