



## Maternal & Child Health Key Terms & Acronyms Glossary

### Contents

|  |   |
|--|---|
| 5A's of Tobacco Cessation.....   | 4 |
| Adverse Childhood Experiences (ACEs) .....                                   | 4 |
| Affordable Care Act.....   | 4 |
| Ages & Stages Questionnaires (ASQ-3 ; ASQ:SE2) .....                         | 4 |
| Association of Maternal and Child Health Programs.....                       | 4 |
| Baby & Me Tobacco Free Program .....   | 4 |
| Baby Friendly Hospitals.....   | 4 |
| Becoming a Mom (BAM).....  | 5 |
| Breastfeeding Friendly Business .....  | 5 |
| Bureau of Family Health .....  | 5 |
| Bureau of Health Promotion.....  | 6 |
| Business Case for Breastfeeding .....  | 6 |
| Children’s Health Insurance Program (CHIP) .....                             | 6 |
| Children and Youth with Special Health Care Needs .....                      | 6 |
| Chronic Disease Risk Reduction Program (CDRR) .....                          | 6 |
| Communities Supporting Breastfeeding (CSB) .....                             | 6 |
| Consumer Assessment of Healthcare Providers and Systems.....                 | 7 |
| Early, Periodic, Screening, Diagnostic, and Treatment (KAN Be Healthy) ..... | 7 |
| Early Elective Delivery (EED) .....  | 7 |
| Emergency Medical Services for Children .....                                | 7 |
| Empower Initiative.....  | 7 |
| Extension for Community Healthcare Outcomes .....                            | 7 |
| Faces of Change .....  | 8 |
| Family Advisory Council (aka. SHS – FAC) .....                               | 8 |
| Family-Centered Care Assessment (for Families and Providers).....            | 8 |
| Family-to-Family Health Information Center .....                             | 8 |
| Federally Qualified Health Center (FQHC) .....                               | 8 |

|   |    |
|---|----|
| Health Literacy Kansas (HLK).....   | 8  |
| Health Resources and Services Administration .....                          | 9  |
| High 5 for Mom and Baby .....   | 9  |
| Home Health Care.....   | 9  |
| Home Visiting Services.....   | 9  |
| Immunize, Bee Wise .....  | 9  |
| KanCare (Kansas Medicaid).....  | 9  |
| Kansas Association for Infant & Early Childhood Mental Health (KAIMH) ..... | 9  |
| Kansas Breastfeeding Coalition (KBC).....                                   | 10 |
| Kansas Department for Children & Families (DCF) .....                       | 10 |
| Kansas Department for Aging and Disability Services (KDADS).....            | 10 |
| Kansas Department of Health and Environment (KDHE).....                     | 10 |
| Kansas Early Learning Standards (KELS).....                                 | 10 |
| KS Resource Guide .....   | 10 |
| Local Health Department (LHD) .....   | 11 |
| Maternal & Child Health (MCH).....  | 11 |
| Maternal & Child Health Bureau (MCHB) .....                                 | 11 |
| MCO:.....   | 11 |
| Medical Home.....   | 11 |
| MediKan.....  | 11 |
| National Alliance on Mental Illness (NAMI).....                             | 12 |
| National Committee for Quality Assurance (NCQA) .....                       | 12 |
| National Institute for Children’s Health Quality (NICHQ) .....              | 12 |
| Patient-Centered Medical Home .....   | 12 |
| Patient-Centered Specialty Practice Recognition .....                       | 12 |
| Plan It Live It: .....  | 12 |
| Prenatal/Postnatal Risk Screening:.....                                     | 12 |
| Respite Care .....  | 13 |
| Safe Kids Coalitions .....  | 13 |
| Safe Sleep Guidelines Kansas AAP .....                                      | 13 |
| Safe Sleep Toolkit.....   | 13 |
| SCRIPT .....  | 14 |
| SHCN .....  | 14 |

Short Cervix..... 14

The Future is Now THINK BIG – Preparing for Transition Planning Workbooks..... 14

Title V Block Grant Program..... 14

Trauma-informed Care ..... 15

United Methodist Health Ministry Fund (UMHMF)..... 15

Vaccines for Children (VFC) Program..... 15

Walking School Bus ..... 15

WIC..... 15

Youth Advisory Council ..... 16

**5A's of Tobacco Cessation** Successful intervention begins with identifying users and appropriate interventions based upon the patient's willingness to quit. The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange.

<http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Smoking-Cessation-The-5-As>

**Adverse Childhood Experiences (ACEs)** Research study conducted by Kaiser Permanente health maintenance organization and the Centers for Disease Control and Prevention. The study has demonstrated an association of adverse childhood experiences (ACEs) with health and social problems as an adult who may have suffered physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and/or incarcerated household member. <http://www.acestudy.org/>

**Affordable Care Act** The Affordable Care Act put in place comprehensive health insurance reforms that have improved access, affordability, and quality in health care for Americans.

<http://www.hhs.gov/healthcare>

**Ages & Stages Questionnaires (ASQ-3 ; ASQ:SE2)** With the typical ups and downs of young children's emotions and behavior, delays or problems can be easily missed. And today, as more children are increasingly exposed to risk factors such as poverty or toxic stress, the likelihood of depression, anxiety, and anti-social behavior increases. There is tremendous opportunity during the first few years of a child's life to identify and address potential social-emotional concerns. This is at the heart of ASQ: SE-2. It is modeled after the acclaimed ASQ-3™ and is tailored to identify and exclusively screen social and emotional behaviors. ASQ:SE-2 is an easy-to-use tool with all the advantages of ASQ-3—it's cost-effective, parent-completed, photocopiable, and culturally sensitive. With questionnaire results, professionals can quickly recognize young children at risk for social or emotional difficulties, identify behaviors of concern to caregivers, and identify any need for further assessment. <http://agesandstages.com/>

**Association of Maternal and Child Health Programs** The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. [www.amchp.org](http://www.amchp.org)

**Baby & Me Tobacco Free Program** BABY & ME – Tobacco Free Program is a smoking cessation program created to reduce the burden of tobacco use on the pregnant and post-partum population. Women who quit smoking are less likely to have premature and low-birth weight babies. Maintaining smoking cessation after the baby is born extends the positive health outcomes for women and their families by reducing the damaging effects of secondhand smoke. This results in healthier mothers, healthier babies, and an outstanding return on investment (ROI). To expand its program to more communities, BABY & ME is introducing new partnering opportunities to leading corporations and healthcare providers. The program's passionate creator and Executive Director, Laurie Adams, personally oversees the training process as well as each implementation. [www.babyandmetobaccofree.org](http://www.babyandmetobaccofree.org)

**Baby Friendly Hospitals** The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding. Since its launching BFHI has grown, with more than 152 countries around the world implementing the initiative. The initiative has measurable and proven impact, increasing the likelihood of babies being

exclusively breastfed for the first six months. <http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps>

**Becoming a Mom (BAM)** *Background:* In 2010, following the release of the Kansas Blue Ribbon Panel on Infant Mortality recommendations, the March of Dimes Kansas Chapter began development of community collaboratives bringing prenatal education and clinical prenatal care together to create the comprehensive *Becoming A Mom* (BAM) program. The BAM program is targeted to communities with demonstrated birth outcome and infant mortality disparities, both racial/ethnic and socioeconomic. The model is driven by private and public partnerships at both state and local levels, including: Title V Maternal and Child Health (MCH) (public health), Medicaid, private foundations, local health departments, federally qualified health centers, clinical providers, local hospitals, and community and faith-based organizations. The community collaborative model brings permanent MCH infrastructure, leveraged and shared resources, change in the prenatal care delivery system, a vehicle to identify community needs, a standardized evaluation system, and new opportunities for achieving community collective impact and improved birth outcomes. The program is based on the National March of Dimes *Becoming A Mom* curriculum\* (English and Spanish languages) and consists of six, two-hour group prenatal education and support sessions. Coordination and collaboration is essential, as participants are scheduled into the program during prenatal visits. Partnerships at the local level leverage funds and other resources to support sustainability.

*Kansas Programming:* The first program was launched and piloted in Salina (Saline County) in 2010. This innovative model was replicated in Junction City (Geary County) in 2012 with preliminary successes similar to that of the Saline pilot program. In 2014, the Kansas Department of Health and Environment (KDHE) Bureau of Family Health committed to partner with the March of Dimes for further expansion of the model across the state, as well as securing long-term sustainability of the program by integrating the model into MCH services at the local level. Three additional sites launched in 2014 (Crawford, Wyandotte, Riley counties). The continued success and expansion resulted in additional support from one of the three Kansas managed care organizations, Amerigroup (WellPoint). In 2015, five new sites launched (Clay, Dickinson, Lyon, Reno, Sedgwick counties) bringing the total active sites in Kansas to ten. Nearly thirty additional communities have either attended training or indicated interest in launching with assistance from the KDHE MCH program, primarily to convene key partners and build the collaborative. Interest is greatest in the southeast and western regions of the state where disparities persist and fewer resources exist (largely rural and frontier). Communities implementing the BAM program: Saline County, Geary County, Clay County, Crawford County, Lyon County, Pottawatomie County, Reno County, Riley County, Sedgwick County, Wyandotte County,

*Improved Outcomes:* Program birth outcome data reveals improvements, particularly related to preterm delivery, low birth weight, and breastfeeding initiation rates. Most notable is the improvement in Infant Mortality Rate (IMR) from pre-program implementation to post-program implementation in the longest running programs. IMR in these two counties has decreased. [Saline Co. 9.0 to 5.5; Geary Co. 11.9 to 6.6 (deaths/1000 live births)] *Source: Kansas Vital Statistics 2005-2009 and 2010-2014* [http://www.marchofdimes.org/kansas/programs\\_5829.html](http://www.marchofdimes.org/kansas/programs_5829.html)

**Breastfeeding Friendly Business** See Business Case for Breastfeeding.

**Bureau of Family Health** One of seven bureaus within the Division of Public Health at the Kansas Department of Health and Environment. The mission of the Bureau is to “provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.” The BFH has three goals: (1) improve access to comprehensive

health, developmental and nutritional services; (2) improve the health of women and children in the State through prevention/wellness activities; and (3) strengthen Kansas' MCH infrastructure and systems to eliminate barriers to care and to reduce health disparities. The BFH has five sections: Children & Families; Special Health Services; Nutrition and WIC Services; Early Care & Youth Programs; and Administration & Policy. <http://www.kdheks.gov/bfh/index.html>

**Bureau of Health Promotion** Health Promotion is a Division of Public Health Bureau within the Kansas Department of Health and Environment. *Mission: Through partnerships with the people of Kansas, promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.* Programming includes Tobacco Use Prevention, Chronic Disease Prevention, Worksite Wellness, Safe Kids Kansas, Injury Prevention, Nutrition and Physical Activity, School Health, and more. <http://www.kdheks.gov/bhp/index.html>

**Business Case for Breastfeeding** The Business Case for Breastfeeding is a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace. The program highlights how such support contributes to the success of the entire business. The Business Case for Breastfeeding offers tools to help employers provide worksite lactation support and privacy for breastfeeding mothers to express milk. The program also offers guidance to employees on breastfeeding and working. Resources to help lactation specialists and health professionals to educate employers in their communities are also available. <http://kansasbusinesscase.com/>

**Children's Health Insurance Program (CHIP)** The Children's Health Insurance Program (CHIP) CHIP provides health care coverage for low-income children living in families with incomes that exceed Medicaid limits. Kansas provides low-cost health insurance coverage to children who are under the age of 19, do not qualify for Medicaid, have family incomes under 232% of the federal poverty level, and are not eligible for state employee health insurance and are not covered by private health insurance. <http://www.kdheks.gov/hcf/Medicaid/about.html>

**Children and Youth with Special Health Care Needs** A diverse group of children ranging from children with chronic conditions to those with more medically complex health issues to children with behavioral or emotional conditions. Nationally, CYSHCN are defined as children birth to age 21 who have or are at increased 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. <http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf>

**Chronic Disease Risk Reduction Program (CDRR)** The Chronic Disease Risk Reduction Program (CDRR) is an Aid to Local grant program coordinated by the Bureau of Health Promotion at the Kansas Department of Health and Environment. CDRR funds activities that target policy, systems and environmental changes that normalize active lifestyles, support healthy food systems and prevent and control tobacco use. [http://www.kdheks.gov/tobacco/grantee\\_resources.html](http://www.kdheks.gov/tobacco/grantee_resources.html)

**Communities Supporting Breastfeeding (CSB)** The Communities Supporting Breastfeeding is a designation recognizing communities that provide multifaceted breastfeeding support across several sectors: businesses, employers, hospitals, child care providers and peer support. Congratulations to the following communities that have received the "Communities Supporting Breastfeeding" designation: Great Bend, Hays, Lawrence, Liberal, Salina and Winfield. <http://ksbreastfeeding.org/cause/communities-supporting-breastfeeding/>

**Consumer Assessment of Healthcare Providers and Systems** An initiative to support and promote the assessment of consumers' experiences with health care. The two goals of the CAHPS program is to develop standardized patient questionnaires that can be used to compare results across sponsors and over time and generate tools and resources to produce understandable and usable comparative information for both consumers and health care providers. <https://cahps.ahrq.gov/>

**Early, Periodic, Screening, Diagnostic, and Treatment (KAN Be Healthy)** Provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. In Kansas, EPSDT is provided through the KAN Be Healthy (KBH) Medicaid program. <https://www.kmap-state-ks.us/Public/Kan%20Be%20Healthy%20Main.asp>

**Early Elective Delivery (EED)** Patients with elective vaginal deliveries or elective cesarean sections at  $\geq 37$  and  $< 39$  weeks of gestation completed. For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13- 21%) (Clark et al., 2009). According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean deliveries and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean sections before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009). <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Nonmedically-Indicated-Early-Term-Deliveries>

**Emergency Medical Services for Children** A program to prevent or reduce child and youth death and disability resulting from illness and injury and provide initial and ongoing pediatric education to prehospital and hospital health care professionals to ensure that each child and youth injured in Kansas receives the best possible care. <http://www.kdheks.gov/emsc/index.html>

**Empower Initiative** EMPOWER Breastfeeding: Enhancing Maternity Practices (EMPOWER) is a hospital-based quality improvement initiative focusing on maternity practices leading to Baby-Friendly designation based on the Ten Steps to Successful Breastfeeding, as defined by the World Health Organization (WHO) and UNICEF. The initiative is funded by the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) and is implemented in partnership with the Carolina Global Breastfeeding Institute (CGBI) and Population Health Improvement Partners (PHIP). EMPOWER is a quality improvement initiative designed to support hospitals in the achievement of Baby-Friendly USA® designation. EMPOWER Breastfeeding initiative supports hospitals from 23 states selected in a competitive application process in 2015. <http://empowerbreastfeeding.org/>

**Extension for Community Healthcare Outcomes** Project ECHO® breaks down the walls between specialty and primary care, linking specialist teams at an academic 'hub' with primary

care clinicians and other healthcare professionals in local communities - the 'spokes' of the model. [www.kumc.edu/community-engagement/ku-center-for-telemedicine-and-telehealth/project-echo.html](http://www.kumc.edu/community-engagement/ku-center-for-telemedicine-and-telehealth/project-echo.html)

**Faces of Change** This mission for Face of Change Inc. remains to coordinate and administer the staffing and funding of humanitarian efforts, including medical, education and hunger relief programs directed at underserved developing and underdeveloped areas of the world. Face of Change, Inc., will achieve this goal by providing administrative and logistical support for the transport, public fundraising, public education and awareness of several overseas medical relief missions. Future goals include strengthening the volunteer base and funding sources to continue journeys to Africa and other locations to provide prepackaged meals and medical services.

**Family Advisory Council (aka. SHS – FAC)** A cohort of family leaders that provides guidance and feedback to the KS Special Health Services (SHS) programs to provide valuable, quality, and timely services to families and their children in a patient/family-centered manner, with a strong focus on family empowerment, partnership, and collaboration. <http://www.kdheks.gov/shcn/fac.htm>

**Family-Centered Care Assessment (for Families and Providers)** The FCCA is a questionnaire to articulate and measure what constitutes family-centered care. There is a family tool and a provider tool, addressing 24 quality-measurements around topics such as decision-making interactions, family support, community services, and cultural competence. <http://www.fv-ncfpp.org/activities/fcca/>

**Family-to-Family Health Information Center** The goal of the Family-to-Family Health Information Center (F2F HIC) Program is to promote optimal health for children (and youth) with special health care needs (CSHCN) and facilitate their access to an effective health delivery system by meeting the health information and support needs of families and the professionals who serve them. The F2F HIC Program also assists in assuring that families of CSHCN will partner in decision making at all levels (i.e. individual, peer, community, or systems). <http://mchb.hrsa.gov/programs/familytofamily/index.html>

**Federally Qualified Health Center (FQHC)** A Federally Qualified Health Center (FQHC) is a reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. (Qualify for funding under Section 330 of the Public Health Service Act (PHS)). According to the Health Resources and Services Administration (HRSA), FQHCs: Qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits, serve an underserved area or population, offer a sliding fee scale, provide comprehensive services (either on-site or by arrangement with another provider), including preventive health services, dental services, mental health and substance abuse services, transportation services necessary for adequate patient care, hospital and specialty care, have an ongoing quality assurance program, and have a governing board of directors. <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

**Health Literacy Kansas (HLK)** Health Literacy Kansas is working to create a broad health literacy focus in Kansas. Medical non-compliance by patients is often due to lack of ability to understand. The book – What to Do When Your Child Gets Sick? – and training on its use are available through Health Literacy Kansas, and have elicited wonderful results. Several

curriculum tools – CD, DVD, book, training manual are available in Spanish.

<http://www.kafponline.org/KansasPCMH/PCMHToolsResources/Educationrelatedinfo/>

**Health Resources and Services Administration** The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving health and achieving health equity through access to quality services, a skilled health workforce and innovative programs. HRSA's programs provide health care to people who are geographically isolated, economically or medically vulnerable. <http://www.hrsa.gov/about/index.html>

**High 5 for Mom and Baby** The value of breastfeeding is well established and it is undoubtedly the optimal way to feed a newborn. Hospital policies and procedures are pivotal to mothers successfully initiating breastfeeding and continuing to breastfeed after leaving the facility. High 5 for Mom & Baby is designed to help hospitals effectively fulfill this critical role. High 5 is an initiative supported by the United Methodist Health Ministry Fund. <http://www.high5kansas.org/index.html>

**Home Health Care** Health care provided in the home by licensed professionals. Home health care is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF). The goal of home health care is to treat an illness or injury. Home health care helps you get better, regain your independence, and become as self-sufficient as possible.

**Home Visiting Services** Home visiting for families with young children is a longstanding strategy offering information, guidance, risk assessment, and parenting support interventions at home. The typical “home visiting program” is designed to improve some combination of pregnancy outcomes, parenting skills and early childhood health and development, particularly for families at higher social risk. Seventeen programs across 14 states are using widely recognized home visiting program models. These included the: Healthy Families America, HIPPPY, Nurse-Family Partnership, and Parents as Teachers.

**Immunize, Bee Wise** Immunizations protect your child from many diseases and illnesses throughout his or her life. Immunize on time. Those little stings don't hurt for long, and give your child a healthy future. Keep your child's immunization card up to date so it can be used when your child begins school or other activities. The Kansas Immunization Program is committed to keeping Kansans free of vaccine preventable diseases. <http://www.kdheks.gov/immunize/index.html>

**KanCare (Kansas Medicaid)** Medicaid is a federal-state program that provides health and long-term care services to people with low-incomes. In Kansas, the Division of Health Care Finance (DHCF) within the Kansas Department of Health and Environment (KDHE) is directly responsible for the purchase of health care services funded through the Medicaid program, while the Department for Aging and Disability Services (KDADS) is responsible for administering long-term care services and mental health services. <http://www.kdheks.gov/hcf/Medicaid/about.html>

**Kansas Association for Infant & Early Childhood Mental Health (KAIMH)** The Kansas Association for Infant & Early Childhood Mental Health is an association of professionals in Kansas who are concerned with the emotional development of infants. KAIMH has three main goals: To encourage the realization that infancy is a critical period in the psychosocial/emotional

development of individuals; To disseminate knowledge to its members as well as to combat the sense of isolation of those disciplines working in the infancy field; To provide information to the general public, which will enhance awareness and bring to public attention the psychosocial/emotional needs of children in the first years of life. KAIMH is a 501C3 non-profit and is an affiliate of the World Association for Infant Mental Health. <http://www.kaimh.org/>

**Kansas Breastfeeding Coalition (KBC)** Kansas Breastfeeding Coalition's Mission is to improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding; to ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families. <http://ksbreastfeeding.org/>

**Kansas Department for Children & Families (DCF)** Agency Mission: To protect children, promote healthy families and encourage personal responsibility. The Kansas Department for Children and Families is continuously striving to help improve the well-being of children. Several indicators within our Prevention and Protection Services and Economic and Employment Services programs demonstrate child well-being. <http://www.dcf.ks.gov>

**Kansas Department for Aging and Disability Services (KDADS)** The Kansas Department for Aging and Disability Services mission is to foster an environment that promotes security, dignity and independence for all Kansans. The agency administers services to older adults; administers behavioral health, addiction and prevention programs; manages the four state hospitals and institutions; administers the state's home- and community-based services waiver programs under KanCare, the state's Medicaid program; and directs health occupations credentialing. <http://www.kdads.ks.gov/>

**Kansas Department of Health and Environment (KDHE)** The State Public Health agency with the mission to "protect and improve the health and environment of all Kansans." KDHE works to align its program activities with the agency's strategic priorities to achieve the most effective and efficient services for the state. Kansas' public health system – including county health departments, clinics, hospitals, behavioral health centers, emergency management, etc. – is committed to finding areas for continual improvement and working together to achieve success in preventing disease and injury, helping people manage existing health conditions and promoting healthy behaviors. [www.kdheks.gov](http://www.kdheks.gov)

**Kansas Early Learning Standards (KELS)** The early childhood community worked collaboratively and intensively to develop a high quality and useful document that will be helpful to all early childhood care and education professionals, as well as supporting the work of the K-3 teaching community. Kansas early childhood leaders have worked together over many years and on a wide variety of projects. Guidance from multiple state, local and national sources was sought during the process of reviewing and updating the Kansas Early Learning Standards. The current work focuses on updating the standards based upon new knowledge and research and the need to align the Kansas Early Learning Standards with the K-12 College and Career Ready Standards.

<http://ksde.org/Portals/0/Early%20Childhood/Early%20Learning%20Standards/KsEarlyLearningStandards.pdf>

**KS Resource Guide** A collaborative effort to connect consumers and service providers with resources and services for women, infants, children, youth, and people with disabilities in Kansas. Include a toll-free phone line, accessible Monday through Friday, 8 am – 4:30 pm and an online navigational tool for consumers and services providers to find resources on a wide variety of topics. [www.kansasresourceguide.org](http://www.kansasresourceguide.org)

**Local Health Department (LHD)** A local health department is a government agency on the front lines of public health. Local health departments may be entities of local or state government and often report to a mayor, city council, county board of health or county commission. There are approximately 2,800 local health departments across the United States. Local health departments help create and maintain conditions in communities that support healthier choices in areas such as diet, exercise, and tobacco. They lead efforts that prevent and reduce the effects of chronic diseases, such as diabetes and cancer. They detect and stop outbreaks of diseases like measles, tuberculosis, and foodborne illnesses. They protect children and adults from infectious diseases through immunization. Local health departments also conduct programs that are shown to effectively make communities healthier.  
<http://www.kalhd.org>

**Maternal & Child Health (MCH)** A population served through Title V resources. MCH priority populations include pregnant women, mothers, infants, women of reproductive age, children and adolescents, and children and youth with special health care needs. See Title V Block Grant Program.

**Maternal & Child Health Bureau (MCHB)** The Maternal and Child Health Bureau (MCHB) improves the health of all mothers, children and their families. The Bureau's programs reduce infant mortality; ensure access to comprehensive prenatal and postnatal care, improves health care for all children, and provides special programs for children with special health care needs.  
<http://www.hrsa.gov/about/organization/bureaus/mchb/index.html>

**MCO:** The term managed care or managed healthcare is used in the United States to describe a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care ("managed care techniques"), for organizations that use those techniques or provide them as services to other organizations ("managed care organization" or "MCO"), or to describe systems of financing and delivering healthcare to enrollees organized around managed care techniques and concepts ("managed care delivery systems"). One of the most characteristic forms of managed care is the use of a panel or network of healthcare providers to provide care to enrollees. Such integrated delivery systems typically include one or more of the following: A set of designated doctors and healthcare facilities, known as a provider network, which furnish an array of health care services to enrollees; Explicit standards for selecting providers; Formal utilization review and quality improvement programs; An emphasis on preventive care; Financial incentives to encourage enrollees to use care efficiently. In Kansas, the Medicaid program (KanCare) consists of three MCO's: Sunflower Health Plan, Amerigroup, and United Health Care.

**Medical Home** Concept of partnership between the patient, family, and primary care provider in cooperation with specialists and supports from the community. (See also PCMH) A medical home is for all individuals, however began as an effort to provide quality health care to children with special health care needs and their families. The key constructs of a medical home is that services must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.  
[www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/index.html](http://www.hrsa.gov/healthit/toolbox/Childrenstoolbox/BuildingMedicalHome/index.html)

**MediKan** Insurance for certain low income disabled Kansans. The MediKan health program covers adults with disabilities who do not qualify for Medicaid, but are eligible for services under the State's General Assistance program. MediKan provides limited benefits to adults whose applications for federal disability are being reviewed by the Social Security Administration.

Health benefits include the provision of medical care in acute situations and during catastrophic illness. <http://www.kdheks.gov/hcf/Medicaid/about.html>

**National Alliance on Mental Illness (NAMI)** The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We educate. Offered in thousands of communities across America through our NAMI State Organizations and NAMI Affiliates, our education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need. We advocate. NAMI shapes the national public policy landscape for people with mental illness and their families and provides grassroots volunteer leaders with the tools, resources and skills necessary to save mental health in all states. We listen. Our toll-free NAMI Helpline allows us to respond personally to hundreds of thousands of requests each year, providing free referral, information and support—a much-needed lifeline for many. <http://www.nami.org/>; <http://www.namikansas.org/>

**National Committee for Quality Assurance (NCQA)** A private, not-for-profit organization dedicated to improving health care quality. NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. [www.ncqa.org](http://www.ncqa.org)

**National Institute for Children's Health Quality (NICHQ)** An independent, nonprofit organization working to help organizations and professionals make breakthrough improvements so children and families live healthier lives. <http://www.nichq.org/about>

**Patient-Centered Medical Home** The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be." Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care. The NCQA has a PCMH Recognition and Prevalidation Programs used to transform primary care practices into medical homes. See also Medical Home. <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>

**Patient-Centered Specialty Practice Recognition** Specialty practices committed to access, communication and care coordination can earn accolades as the "neighbors" that surround and inform the medical home and colleagues in primary care. Practices that become recognized will demonstrate patient-centered care and clinical quality through: streamlined referral processes and care coordination with referring clinicians, timely patient and caregiver-focused care management and continuous clinical quality improvement. <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredSpecialtyPracticePCSP.aspx>

**Plan It Live It:** "Plan It – Live It" is an online curriculum will support youth to learn how to communicate with peers, parents and health care providers. The program consists of the following six modules: About Me, Taking Charge, Staying Healthy, Empowered Patient, Taking Care of Myself and After High School. The modules are progressive and each one builds on skills and information learned previously. The interactive system is designed to support the youth's growth and for use in future transition planning.

**Prenatal/Postnatal Risk Screening:** Healthy Start Services begin with a screen. Risk factors (based on PPOR – Perinatal Periods of Risk) are identified as a means to determine what may impact birth outcomes (for prenatal patients) and developmental outcomes (for infant patients). The Healthy Start Coalition works with our prenatal providers and hospitals to ensure that

screening is universal and a routine part of healthcare in our maternal and child health care system. Healthy Start services are offered free of charge and are voluntary. Healthy Start communicates regularly with health care providers about their patient's individualized plan of care. As partners in care, we can help moms and babies have the best outcomes possible with caring support and encouragement.

**Respite Care** A service that provides a temporary break between the family caregiver and the care recipient. Respite programs may include a health care facility for extended respite needs, time-limited (a few hours) services in the family's home, through a formal program (i.e., trained staff), or available through informal networks (e.g., parent cooperatives, or cash subsidies from states to purchase respite through relatives and friends). <http://archrespice.org/consumer-information>

**Safe Kids Coalitions** Safe Kids Worldwide is a global organization dedicated to preventing injuries in children, the number one killer of kids in the United States. Around the world, a child dies from an unintentional injury every 30 seconds. And millions of children are injured in ways that can affect them for a lifetime. Our partners work in 25 countries and in 500 coalitions throughout the United States. Coalitions work to create and implement evidence-based programs that help families, caregivers and educators prevent childhood injuries. <http://www.safekidskansas.org/>, [http://www.safekidskansas.org/downloads/Local\\_chapters\\_and\\_coalitions\\_list\\_with\\_email.pdf](http://www.safekidskansas.org/downloads/Local_chapters_and_coalitions_list_with_email.pdf)

**Safe Sleep Guidelines Kansas AAP** Since the American Academy of Pediatrics (AAP) recommended all babies should be placed on their backs to sleep in 1992, deaths from Sudden Infant Death Syndrome have declined dramatically. But sleep-related deaths from other causes, including suffocation, entrapment and asphyxia, have increased. In an updated policy statement and technical report, the AAP is expanding its guidelines on safe sleep for babies, with additional information for parents on creating a safe environment for their babies to sleep. The report also includes the following recommendations: Always place your baby on his or her back for every sleep time. Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep. The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing). Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads. Wedges and positioners should not be used. Pregnant woman should receive regular prenatal care. Don't smoke during pregnancy or after birth. Breastfeeding is recommended. Offer a pacifier at nap time and bedtime. Avoid covering the infant's head or overheating. Do not use home monitors or commercial devices marketed to reduce the risk of SIDS. Infants should receive all recommended vaccinations. Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads). Three important additions to the recommendations include: Breastfeeding is recommended and is associated with a reduced risk of SIDS. Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50 percent. Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment. <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx>

**Safe Sleep Toolkit** Sudden Infant Death Syndrome (SIDS) is the death of a baby which is sudden, unexpected, and without a clear cause. SIDS usually happens during sleep or napping and is the most common cause of death in babies between the ages of one month and one year. The toolkit is interactive, evidence-informed, and incorporates cultural beliefs, practices, and issues specific to First Nations and Aboriginal communities. The toolkit includes a deck of

21 discussion cards and seven illustrated cards that can be used to prompt and guide discussions with families about safe infant sleep, as well as a facilitator's guide with additional information, research, resources, and graphics. <http://www.kidsks.org/MSSC.html>

**SCRIPT** The Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program: SCRIPT is an award-winning, evidence-based program shown to be effective in helping thousands of pregnant women quit smoking. It is designed to be a component of a patient education program for prenatal care providers, and is cited by the Agency for Healthcare Research & Quality's Smoking Cessation Clinical Practice Guidelines. SCRIPT counseling is a reimbursable service under the Patient and Affordable Care Act (ACA). The SCRIPT Program includes the following intervention components: A Pregnant Woman's Guide to Quit Smoking; Commit to Quit DVD (\*Now Available in Spanish); Comprehensive counseling using the 5 A's; and follow up counseling and encouragement to establish a non-smoking home. <http://www.sophe.org/SCRIPT.cfm>

**SHCN** The Kansas Special Health Care Needs (SHCN) Program promotes the functional skills of persons, who have or are at risk for a disability or chronic disease. The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care in Kansas in accordance with state and federal funding and direction. SHCN provides specialized medical services to infants, children and youth up to age 21 who have eligible medical conditions. Additionally, the program provides services to persons of all ages with metabolic or genetic conditions screened through the Newborn Screening. Services may include diagnostic evaluations, treatment services or care coordination and must be prior authorized. Click here for more information [about services](#). <http://www.kdheks.gov/shcn/index.htm>

**Short Cervix** What is a short cervix? One study found that at 24 weeks gestation, the average cervical length is 3.5 cm. When cervical length is less than 2.2 cm, women face a 20 percent probability of preterm delivery. In some women, the cervix opens too early during pregnancy or is shorter than normal. These conditions can cause problems during pregnancy, including premature birth and miscarriage; Treatment can help you have a healthy pregnancy and stay pregnant longer; and your provider may want to check your cervix early in pregnancy if you've had a premature baby in the past or repeat miscarriages.

### **The Future is Now THINK BIG – Preparing for Transition Planning Workbooks**

Decisions about your future can be tough to make but planning ahead will help. The transition planning process can begin when you are as young as 14 years of age. Starting early allows time to create a Transition Plan that will help you face the challenges of becoming an adult and make your dreams come true. Your Future Now was designed as a companion to Transition Planning for Youth with Special Needs: A Community Support Guide (MCFD, 2005), which provides community partners, such as school personnel, social workers, and community members, with useful information and practical tips for supporting successful transition planning for youth with special needs. <http://www.kdheks.gov/shcn/publications.htm>

**Title V Block Grant Program** The Title V Maternal and Child Health Block Grant Program—the Nation's oldest federal-state partnership—aims to improve the health and well-being of women, particularly mothers, and children. The Title V MCH Block Grant plays a key role in the provision of maternal and child health services in Kansas. Funds from this grant are distributed to a number of organizations and programs across the state which target the improvement of the health of all women and infants, children and adolescents, and children with special health

care needs. <http://mchb.hrsa.gov/programs/titlevgrants/index.html>, <http://www.kdheks.gov/c-f/mch.htm>, [http://www.kdheks.gov/c-f/downloads/2016\\_MCHBG\\_Executive\\_Summary.pdf](http://www.kdheks.gov/c-f/downloads/2016_MCHBG_Executive_Summary.pdf)

**Trauma-informed Care** Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. No one is immune to the impact of trauma. Trauma affects the individual, families, and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse. Everyone pays the price when a community produces multi-generations of people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family. <http://www.samhsa.gov/nctic/trauma-interventions>

**United Methodist Health Ministry Fund (UMHMF)** The United Methodist Health Ministry Fund was established in 1986 by the Kansas West Conference of the United Methodist Church to advance health, healing, and wholeness throughout Kansas. Through stewardship of the original \$30 million endowment, grants totaling more than \$60 million have supported many projects and programs over the Health Fund's 25+ years. Since 2003, our directors have chosen to focus grants on a few carefully selected health issues to achieve greater impact with the grant dollars available. Through 2016, the Health Fund's resources have been committed to three areas of health that are vitally important to overall health and well-being. Two of these areas reflect our firm belief in the old adage "an ounce of prevention is worth a pound of cure" and are aimed at healthy lifestyles and social/emotional development of our youngest Kansans - birth through age six. <http://www.healthfund.org/>

**Vaccines for Children (VFC) Program** The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible\* for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). <http://www.kdheks.gov/immunize/index.html>

**Walking School Bus** A walking school bus is a group of children walking to school with one or more adults. If that sounds simple, it is, and that's part of the beauty of the walking school bus. It can be as informal as two families taking turns walking their children to school to as structured as a route with meeting points, a timetable and a regularly rotated schedule of trained volunteers. A variation on the walking school bus is the bicycle train, in which adults supervise children riding their bikes to school. The flexibility of the walking school bus makes it appealing to communities of all sizes with varying needs. Studies show that fewer children are walking and biking to school, and more children are at risk of becoming overweight. Changing behaviors of children and parents require creative solutions that are safe and fun. Implementing a walking school bus can be both.

**WIC** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. WIC is effective in improving the health of pregnant women, new mothers, and their infants. A 1990 study

showed that women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birthweights and lower infant mortality. <http://www.fns.usda.gov/wic/women-infants-and-children-wic>, <http://www.kdheks.gov/nws-wic/>

**Youth Advisory Council** A Youth Advisory Council is a team of servant-leaders recognized for their dedication to youth leadership, service-learning, diversity, and educational achievement for all. A YAC advises on programming and brings valuable youth perspectives to the organization's work.