Welcome
Recognize New Members
Review & Approval of Minutes

DENNIS COOLEY, MD, CHAIR
Title V MCH Block Grant Updates

Comprehensive Needs Assessment Document

DRAFT 2017 Application & 2015 Annual Report

RACHEL SISSON, KDHE
MCH 2020: Kansas Maternal and Child Health Needs Assessment
Priorities and Action Plan, 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course. The Bureau of Family Health's mission is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.

http://www.kdheks.gov/bfh
Draft Action Plan Design
We need your input!

As part of the annual Title V Maternal & Child Health (MCH) Services Block Grant program, Kansas is required to provide a federal report and application available to the public for the purpose of gathering input. The purpose of this survey is to collect information, opinions, and perspectives from consumers and partners across the state who are informed of and concerned about the needs of the MCH population, established services and resources, and existing factors that affect the implementation of policy and programs. Find more information about the program and view the application: [http://www.kdheks.gov/bfh/](http://www.kdheks.gov/bfh/).

Your input is very important to us and will be kept strictly confidential.

[https://www.surveymonkey.com/r/VWNG5HG](https://www.surveymonkey.com/r/VWNG5HG)

The survey will close for public input on June 27, 2016 to assure input can be included in our annual Block Grant Application. Thank you for your comments!
Life Course & Preconception Health Indicators – Reports

KARI TEIGEN, MPH, KDHE MCH EPIDEMIOLOGIST
Objectives

- Life Course
  - Background
  - Data Notes
  - Results
- Preconception Health
  - Background
  - Data Notes
  - Results
- Implications
Life Course
Recall....

Charting the Life Course Presentation (December 16, 2015)

Adverse Childhood Experience (ACEs) Presentation (March 30, 2016)
Old Way of Thinking
Life Course Way of Thinking
Life Course Perspective

Life Course

- Medical Care
- Social
- Environment
- Family
- Psychological
- Biological
Life Course Indicators History

2010: Life Course Concept Paper by the MCH Bureau, HRSA

2011: Kellogg Foundation grant funding to support AMCHP’s Life Course Metric Project

2012: National Expert Panel collaborated with seven state teams to narrow down 413 proposed indicators to 104

July 2013: AMCHP invited public comments on the draft final set of indicators

2011: SSDI grant application requested programs to address life course metric

June 2013: a final set of 59 indicators were selected
Study Question

WHERE DOES KANSAS STAND IN TERMS OF SELECT LIFE COURSE INDICATORS?
Methods

Data Sources

• Behavioral Risk Factor Surveillance System (BRFSS), 2013
• National Survey of Children’s Health, 2011-2012

Statistical Methods

• Pairwise comparisons between Kansas and the United States and subpopulations
Indicators: BRFSS, 2013

- Diabetes
- Hypertension
- Mental Health Status Among Adults
- Overweight/Obesity Among Adults
Indicators: NSCH 2011-2012

- Adverse Childhood Experiences among Children
- Children with Special Health Care Needs
- Exposure to Secondhand Smoke at Home
- Medical Home
- Inability or Delay in Obtaining Necessary Medical Care
- Oral Health Preventive Visits
- Overweight/Obesity among Children
Key Assessment Areas

- What is the most common life course issue in Kansas?

- What life course issues do Kansas do better than the overall United States?

- What life course issue do Kansas do worse the overall United States?

- How do social determinants of health as well as racial and ethnic disparities impact the life course?
KS Common Life Course Issues

<table>
<thead>
<tr>
<th>Population</th>
<th>Issue</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Image1.png" alt="Image" /></td>
<td>Overweight/Obesity</td>
<td>Weight Status Kansas, 2013</td>
</tr>
<tr>
<td><img src="Image2.png" alt="Image" /></td>
<td>Medical Home</td>
<td>Receive Care in Medical Home...</td>
</tr>
</tbody>
</table>

- **Normal**: 35%
- **Overweight/Obese**: 65%
- **Yes**: 60%
- **No**: 40%
Area where Kansas does worse than overall United States

Overweight or Obese BMI Prevalence

- Kansas: 65.3%
- United States: 63.8%
Areas where Kansas does better than overall United States

- Diabetes: 9.6% (Kansas) vs. 10.2% (US)
- Mental Health: 9.7% (Kansas) vs. 11.5% (US)
- Inability or Delay in Medical Care: 4.9% (Kansas) vs. 6.7% (US)
- Medical Home: 59.1% (Kansas) vs. 54.4% (US)
Select Indicators by Race/Ethnicity

- Obesity-Adults: 65% White, NH, 58% Other, NH, 72% Black, NH, 72% Hispanic
- ACE-Children*: 21% White, NH, 34% Other, NH, 41% Black, NH, 25% Hispanic
- Medical Home-Children*: 67% White, NH, 58% Other, NH, 43% Black, NH, 35% Hispanic

*Interpret with caution: NH black race had cell counts less than 50
Select Indicators by Federal Poverty Level

*Interpret with caution: Less than 100% FPL and 100-199% FPL both had cell counts less than 50
Preconception Health
Preconception Health & Life
Course Theory

◦ **Woman A—25 years**
  ◦ Grew up in food desert and unsafe neighborhood
  ◦ Obese
  ◦ Poor education
  ◦ Smoker since high school
  ◦ Lacked insurance
  ◦ Pregnant (Mistimed)

◦ **Woman B—25 years**
  ◦ Healthy diet including prenatal vitamins
  ◦ Grew up in a safe neighborhood
  ◦ Graduated college
  ◦ Non-smoker
  ◦ Access to family planning
  ◦ Pregnant (Planned)
Preconception Health

Taking Action on Health Issues and Risk BEFORE Pregnancy → Healthier Pregnancy and Prevent Poor Health Outcomes
It’s Not Just In the Movies ...
Importance of Preconception Health

<table>
<thead>
<tr>
<th>Week</th>
<th>Developmental Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Central Nervous System</td>
</tr>
<tr>
<td>5</td>
<td>Heart</td>
</tr>
<tr>
<td>6</td>
<td>Arms</td>
</tr>
<tr>
<td>7</td>
<td>Eyes</td>
</tr>
<tr>
<td>8</td>
<td>Legs</td>
</tr>
<tr>
<td>9</td>
<td>Teeth</td>
</tr>
<tr>
<td>10</td>
<td>Palate</td>
</tr>
<tr>
<td>11</td>
<td>External genitalia</td>
</tr>
<tr>
<td>12</td>
<td>Ear</td>
</tr>
</tbody>
</table>

Missed Period: 4
Mean Entry into Prenatal Care: 12
Prenatal Care is Not Enough

Damage may have occurred prior to initiation of prenatal care

Behavioral change requires time

Too late for prevention of abnormal pregnancy based on genetic testing and counseling
Study Question

HOW DO WOMEN IN KANSAS MEASURE UP IN PRECONCEPTION HEALTH?
Methods

Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS), 2013
  - Subset the data to be women of reproductive age (18-44)

Statistical Methods

- Pairwise comparisons to make comparisons between Kansas and the United States and subpopulations
- SUDAAN 11.0.1 was used to perform the analysis
### Indicators: BRFSS, 2013

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Status</td>
<td></td>
</tr>
<tr>
<td>Current Health Care Coverage</td>
<td></td>
</tr>
<tr>
<td>Fruit and Vegetable Consumption</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td></td>
</tr>
<tr>
<td>Education Status</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Frequent Mental Distress</td>
<td></td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td></td>
</tr>
<tr>
<td>Participated in Recommended Level of Activity</td>
<td></td>
</tr>
</tbody>
</table>
What is the most common preconception health issue in Kansas?

What preconception health issues do women in Kansas do better than women in overall United States?

What preconception health issue do women in Kansas do worse than women in overall United States?

How do social determinants of health as well as racial and ethnic disparities impact preconception health?
Most Common Preconception Health Issues, 2013

- Inadequate Fruit and Vegetable Intake: 82.6%
- Inadequate Activity Level: 81.3%
- Overweight/Obesity: 53.8%
Areas where KS does better than overall United States, 2013

- General Health: KS 11.1%, United States 12.9%
- Binge Drinking: KS 14.1%, United States 16.8%
- Hypertension: KS 12.0%, United States 13.9%
Areas where KS is worse than overall United States, 2013

- Smoking: 21.2% (KS) vs. 17.8% (US)
- Inadequate Fruit and Vegetable Intake: 82.6% (KS) vs. 79.2% (US)
- Lack of Health Care Coverage: 25.4% (KS) vs. 22.4% (US)
Select PH Indicators by Race/Ethnicity, 2013

- **Health Insurance**
  - White, NH: 81.2%
  - Black, NH: 62.8%
  - Other, NH: 50.1%
  - Hispanic: 70.1%

- **Current Smoker**
  - White, NH: 22.7%
  - Black, NH: 25.7%
  - Other, NH: 18.1%
  - Hispanic: 14.2%

- **Binge Drink**
  - White, NH: 15.6%
  - Black, NH: 12.2%
  - Other, NH: 11.2%
  - Hispanic: 6.1%

- **Overweight/Obese**
  - White, NH: 68.3%
  - Black, NH: 43.6%
  - Other, NH: 65.2%
Select PH Indicators by Marital Status, 2013

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Married</th>
<th>Divorced</th>
<th>Single</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>80.1%</td>
<td>61.2%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>17.7%</td>
<td>19.9%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Binge Drink</td>
<td>11.3%</td>
<td>16.6%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>55.1%</td>
<td>48.6%</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

Married
Divorced
Single
Select PH Indicators by Education, 2013

- Health Insurance:
  - < High School: 48.6%
  - High School or Higher: 78.4%

- Current Smoker:
  - < High School: 36.8%
  - High School or Higher: 18.9%

- Binge Drink:
  - < High School: 9.7%
  - High School or Higher: 14.8%

- Overweight/Obese:
  - < High School: 64.0%
  - High School or Higher: 52.6%
Conclusions and Implications
Overview

- Race and Ethnicity
- Education Level
- Federal Poverty Level
- Marital Status
Overview

Assessment

Monitoring

Evaluation
Current Initiatives/Programs

- Infant Mortality Collaborative Innovation and Improvement Network (CoIIN)
- Delivering Change (Healthy Start - Federal)
- Home Visiting (MIECHV, Healthy Start)
- Becoming a Mom
- Kansas Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Special Health Care Needs
General Limitations

- Lack of Pregnancy Risk Assessment Monitoring System (PRAMS) Data
- Self-reported Data (BRFSS, NSCH)
- Data timeliness (BRFSS 2013; NSCH 2011-2012)
Acknowledgements

- Jamie Kim, MPH
- Farah Ahmed, MPH, PHD
- Rachel Sisson, MS
- Sharon Homan, PhD
- Don Hayes, MD
- Witold Migala, PhD
- Graduate Student in Epidemiology Program
Questions
Action Plan: Prioritization Results from March 30 Group Work

CONNIE SATZLER
Reminders...

- The State Title V team’s ongoing and evolving work IS the state action plan (in partnership with local agencies, communities, and families)

- Existing Title V programs and affiliated projects are underway, aligned with and targeted to the current priorities and measures
  - Maternal & Child Health & Home Visiting
    - Becoming a Mom
    - Baby & Me Tobacco Free
    - Safe Sleep Expansion Project & Community Baby Showers
  - Special Health Care Needs
    - Care Coordination
    - Caregiver Health
    - Family & Consumer Engagement

- Needs of MCH populations will change and emerging issues will arise

- The State Title V team relies on guidance and input from the Council to ensure the plan is reflective of current systems, practices, and protocols

- Cross-cutting objectives and strategies will be addressed ongoing
Results by Domain

### Workgroup: Adolescent Health

Highest scoring objectives are highlighted:

**Priority 5: Communities and providers support physical, social and emotional health (Domain: Adolescent Health)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Urgency (U) 2-5</th>
<th>Impact (I) 1-3</th>
<th>Realistic (R) 1-3</th>
<th>Total U+I+R</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1: Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020. — Title bothers. “Decreasing risk factors” is difficult because some are not modifiable.</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>If high impact, there has to be some information that supports does this intervention impact the bullying? Broad, hard to define problem. Suicide rate is increasing.</td>
</tr>
<tr>
<td>5.2: Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020. 5.2.5: “…benefits of abstinence and/or safe-sex practices…”</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>10</td>
<td>Measuring will be hard, but we can.</td>
</tr>
<tr>
<td>5.3: Increase the number of providers serving adolescents that assess for and intervene with adolescents at risk for suicide.</td>
<td>5</td>
<td>3* (if screening happens)</td>
<td>1</td>
<td>9</td>
<td>If providers know how to screen, this is good. If don’t do it well, will mess it up. Concerned about mentioning screening without providing follow-up services. Screening itself doesn’t do any good. If all tied to suicide prevention, then needs to be immediately available. If treatment place happens, and happens well, then this would be very good. Not enough providers, no funding. Great goals, but don’t think it will happen.</td>
</tr>
</tbody>
</table>
# Overall Action Plan Results

## Domain Group Prioritization Results

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objective</th>
<th>Score of 10 or higher/High Priority Score</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5.1: Increase opportunities to empower families and build strong MCH advocates by 2020.</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>A</td>
<td>5.2: Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020.</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>A</td>
<td>5.3: Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020.</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>A</td>
<td>5.4: Develop a cross-system partnership and protocols to increase adolescents’ receipt of annual preventive services by 2020.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>5.5: Increase the number of adolescents receiving immunizations according to the recommended schedule (AFP) by 2020.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>6.4: Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020. <em>Also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups.</em></td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>A</td>
<td>6.5: Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs (SHCN) population into adulthood. <em>Also reviewed by Child Health Workgroups.</em></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>7.1: Increase family satisfaction with the communication among their child’s doctors and other health providers by 75% by 2020. <em>Also reviewed by Child Health Workgroups.</em></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>A</td>
<td>7.2: By 2020, increase the proportion of families who received care coordination supports through cross-system collaborations by 25%.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>8.1: Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>A</td>
<td>8.2: Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020. <em>Also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups.</em></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>C</td>
<td>3.1: Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent completed developmental screening tool annually.</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>C</td>
<td>3.2: Provide annual training to child care providers that increase knowledge and promote screening to support healthy social-emotional development of children.</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>C</td>
<td>3.3: Increase 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>C</td>
<td>3.4: Increase the proportion of families receiving education and risk assessment regarding home safety and injury prevention by 2020.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>3.5: Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>3.6: Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>6.2: Implement collaborative oral health initiatives, identify baseline measures, and expand oral health screening, education, and referral by 2020.</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>6.3: Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020. <em>Also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups.</em></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>6.4: Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs (SHCN) population into adulthood. <em>Also reviewed by Adolescent Health Workgroups.</em></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>7.1: Increase family satisfaction with the communication among their child’s doctors and other health providers to 75% by 2020. <em>Also reviewed by Adolescent Health Workgroups.</em></td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>C</td>
<td>7.2: Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>8.3: By 2020, create and disseminate a toolkit for preschool through school-aged providers with a curriculum and activities designed to teach children and adolescents about healthy habits and choices.</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>C</td>
<td>8.5: Incorporate information regarding changes to the health care system into existing trainings and technical assistance. <em>Also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups.</em></td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>F</td>
<td>2.2: Increase the number of providers with capacity to provide trauma-informed care by 2020. (Train training offered to providers)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>F</td>
<td>3.5: Increase the number of families receiving home visiting services through coordination and referral services by 5% annually.</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>F</td>
<td>4.1: Increase the number of communities in Kansas that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020.</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>F</td>
<td>4.2: Increase the number of Baby-friendly Hospitals in Kansas by 2020.</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
Special Health Care Needs: Program Highlights & Population Considerations

HEATHER SMITH & KAYZY BIGLER, KDHE KS SPECIAL HEALTH CARE NEEDS PROGRAM
MCH Population Domains: Special Presentations

TOPIC: PRIORITY OBJECTIVE BY DOMAIN
Thank you to our experts!

**Women & Maternal Health**
- **Stephanie Wolf**, KDHE MCH Program  
  *Depression Screening*

**Pernatal & Infant Health**
- **Martha Hagen**, KDHE WIC Program  
  *Maternal Nutrition/Breastfeeding*

**Child Health**
- **Dr. Debbie Richardson**, KDHE Home Visiting Program  
  *Developmental Screening,*

**Adolescent Health**
- **Dr. Kari Harris**, Wesley Medical Center  
  *Immunizations/Well Visit,*
Lunch / Networking
MCH Population Domains: Small Group Activity

DISCUSSION: PRIORITY OBJECTIVES & STRATEGIES
Small Group Activity

**Purpose:** Review the highest priority objective(s) as determined by your domain group’s prioritization activity in March

**Goal:** Discuss each strategy and provide input and guidance to the State Title V team. The information will support the MCH & SHCN programs to:

- effectively plan for implementation
- appropriately engage key partners
- timely identify strengths/assets as well as gaps/needs

---

**KDHE Staff Support by Domain Group**

**Women/Maternal:** Stephanie Wolf & Phyllis Marmon  
**Perinatal/Infant:** Carrie Akin & Kay White  
**Child:** Kayzy Bigler & Debbie Richardson  
**Adolescent:** Traci Reed
Small Group Activity cont...

- Walk through your materials with the staff (prioritization results, discussion tool, action plan)
- Using the discussion tool and state action plan as reference, review the priority objective(s) and related strategies.
- Engage in deeper discussion for each of the areas on the discussion tool.
  - Key Partners, Existing Efforts, Challenges, Key Activities
- Document/note any questions, comments, needed data, etc.
- Consider the following as you are discussing current activities and gaps/needs.
  - Workforce Capacity/Professional Development
  - Individuals with Special Health Care Needs
  - Sustainability (if any thoughts at this point)
- Make notes on tool and prepare for report out. The staff recorder will turn in the official tool for your group.
Small Group Report Out

SUMMARY RESULTS & KEY INSIGHTS
PRAMS Grant – Update

GREG CRAWFORD, KDHE VITAL STATISTICS
Safe Kids – Announcement

CHERIE SAGE, SAFE KIDS KANSAS
Closing Remarks
Announcements

DENNIS COOLEY, MD, CHAIR