

Domain Group Prioritization Results

Key

Score of 10 or higher/High Priority Score

Domain	Objective	Total Score
A	2.1: Increase opportunities to empower families and build strong MCH advocates by 2020.	7
A	5.1: Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020.	7
A	5.2: Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020.	10
A	5.3: Increase the number of providers serving adolescents that assess for and intervene with adolescents at risk for suicide.	9
A	5.4: Develop a cross-system partnership and protocols to increase adolescents' receipt of annual preventive services by 2020.	10
A	5.5: Increase the number of adolescents receiving immunizations according to the recommended schedule (ACIP) by 2020.	11
A	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. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	9
A	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. <i>*also reviewed by Child Health Workgroups</i>	9
A	7.1: Increase family satisfaction with the communication among their child's doctors and other health providers to 75% by 2020. <i>*also reviewed by Child Health Workgroups</i>	10
A	7.2: By 2020, increase the proportion of families who received care coordination supports through cross-system collaboration by 25%.	9
A	8.4: Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.	9
A	8.5: Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	10
C	3.1: Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent completed developmental screening tool annually.	11
C	3.2: Provide annual training to child care providers that increase knowledge and promote screening to support healthy social-emotional development of children.	10
C	3.3: Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.	10
C	3.4: Increase the proportion of families receiving education and risk assessment regarding home safety and injury prevention by 2020.	9
C	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.	6
C	3.6: Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.	8
C	6.3: Implement collaborative oral health initiatives, identify baseline measures, and expand oral health screening, education, and referral by 2020.	9
C	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. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	9
C	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. <i>*also reviewed by Adolescent Health Workgroups</i>	8
C	7.1: Increase family satisfaction with the communication among their child's doctors and other health providers to 75% by 2020. <i>*also reviewed by Adolescent Health Workgroups</i>	7
C	7.3: 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.	8
C	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.	7
C	8.5: Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	9
PI	2.2: Increase the number of providers with capacity to provide trauma-informed care by 2020. (Track training offered to providers)	7
PI	2.3: Increase the number of families receiving home visiting services through coordination and referral services by 5% annually.	10
PI	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.	8
PI	4.2: Increase the number of Baby Friendly Hospitals in Kansas by 2020.	5
PI	4.3: Increase the proportion of women and pregnant women receiving education related to the impact of prenatal and postpartum nutrition and exercise on optimal infant feeding by 2020.	10
PI	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. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	9
PI	6.6: Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotion model by 2018.	10
PI	8.5: Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020. <i>*also reviewed by Child, Women/Maternal and Adolescent Health Workgroups</i>	10
WM	1.1: Increase the proportion of women receiving a well-woman visit annually.	8
WM	1.2: Increase the number of completed referrals for services in response to screening at every visit by 2020.	9
WM	1.3: Increase the number of established perinatal community collaboratives [e.g., Becoming a Mom (BAM) program] by at least 5 annually by 2020.	8
WM	1.4: Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2017 and increase annually thereafter.	7
WM	1.5: Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5% by 2020.	10
WM	6.1: Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020.	Subset priority order: (1) 6.4 (2) 6.1 (3) 6.2
WM	6.2: Increase abstinence from cigarette smoking among pregnant women to 90% by 2020.	Subset priority order: (1) 6.4 (2) 6.1 (3) 6.2
WM	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. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Workgroups</i>	Subset priority order: (1) 6.4 (2) 6.1 (3) 6.2
WM	8.1: Increase the proportion of MCH grantee providers who provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.	Subset priority order: (1) 8.5 (2) 8.1 (3) 8.2
WM	8.2: Partner with Health Literacy Kansas (HLK) to provide training to improve the knowledge of parents and teens as to the importance of making informed health decisions by 2020.	Subset priority order: (1) 8.5 (2) 8.1 (3) 8.2
WM	8.5: Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020. <i>*also reviewed by Child, Perinatal/Infant and Adolescent Health Workgroups</i>	Subset priority order: (1) 8.5 (2) 8.1 (3) 8.2