KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

JULY 31, 2019 MEETING

KANSAS MATERNAL & CHILD HEALTH

Recognize Outgoing & Incoming Council Chair

Mel Hudelson, KS Chapter American Academy of Pediatrics
(MCH Council Convener)

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Welcome
Recognize Guests
New Members

KARI HARRIS, MD, MCH COUNCIL CHAIR

KANSAS MATERNAL & CHILD HEALTH

Title V MCH Block Grant Application Updates

KELLI MARK & HEATHER SMITH, KDHE

FFY2020 Title V MCH Block Grant

- Release/Writing: April-May
- Public input period: June
- 2020 Application/2018 Annual Report Submitted: July 15
- Draft Plan & Annual Report Released: July 16
- **Federal Title V Block Grant Review: August 7**
- Application & Annual Report Re-submit: September 2019
- Final publications and resources published: October 2019
- Access: www.kdheks.gov/bfh or www.kansasmch.org

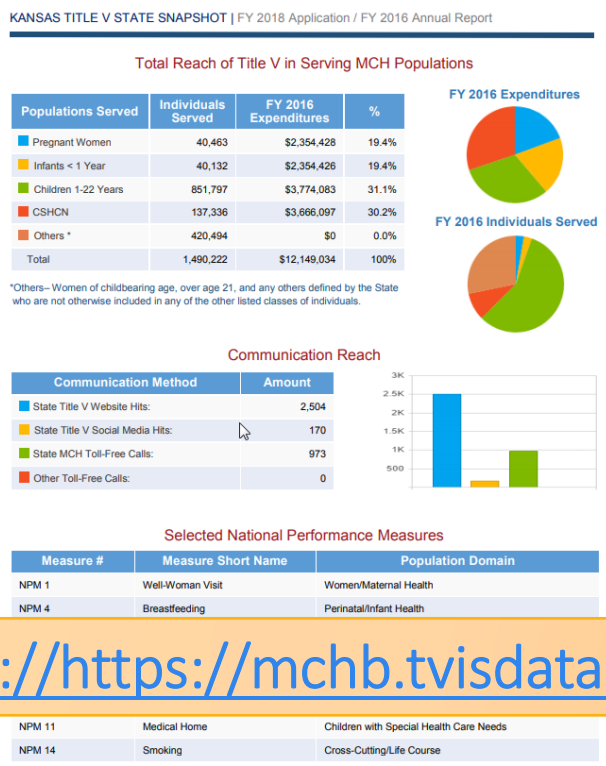
**No revisions were made to the state action plan; we are in a comprehensive needs assessment year, so a revised plan will be presented in 2020

Published Links/Documents

Published Links/Documents

http://www.kansasmch.org

KS Title V MCH Snapshot



http://https://mchb.tvisdata.hrsa.gov/

**FY2020 will not be available until late 2019 or early 2020 after HRSA publishes the updated versions based on the FY2020 Applications and FY2018 Annual Report submissions.

Kansas MCH Facebook Page

http://www.facebook.com/kansasmch

KANSAS MATERNAL & CHILD HEALTH

Title V MCH Measurement Framework

SELECTED MEASURES – HIGHLIGHTS & TRENDS

JAMIE KIM & LJ PANAS, KDHE MCH EPIDEMIOLOGISTS

How is Kansas Doing?

NOMs, NPMs & SPMs

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2020 Application/2018 Annual Report

NOM#	National Outcome Measures	Medicaid Measures	2013	2014	2015	2016	2017	Trend	HP2020	Sources
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	CMS								1
	All		79.4%	80.0%	81.7%	80.8%	81.2%	●	**77.9%**	
	Medicaid		68.6%	70.5%	72.7%	70.2%	72.1%	▲		
	Non-Medicaid		84.7%	84.8%	86.2%	85.8%	85.5%	●		
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations (2011, 2012, 2013, 2014, 2015Q1-Q3)		76.4	92.7	75.8	93.8	96.5†	▲	-	2
3	Maternal mortality rate per 100,000 live births (5 year rolling average)		16.5	15.1	14.2	16.4	18.8	▲	**11.4**	1,3
4	Percent of low birth weight deliveries (<2,500 grams)	CMS								1
	All		7.0%	7.1%	6.9%	7.0%	7.4%	▲	**7.8%**	
	Medicaid		8.6%	8.5%	8.7%	8.8%	9.5%	▲		
	Non-Medicaid		6.3%	6.3%	6.0%	6.1%	6.4%	●		
5	Percent of preterm births (<37 weeks gestation)	P4P								1
	All		8.9%	8.7%	8.8%	9.1%	9.6%	▲	**9.4%**	
	Medicaid		10.4%	10.0%	10.3%	10.8%	11.3%	▲		
	Non-Medicaid		8.2%	8.1%	8.0%	8.3%	8.8%	▲		
6	Percent of early term births (37,38 weeks gestation)									1
	All		23.0%	24.3%	24.1%	24.4%	25.6%	▲•	-	
	Medicaid		25.0%	26.1%	26.1%	26.7%	28.3%	▲•		
	Non-Medicaid		22.1%	23.4%	23.2%	23.3%	24.4%	▲		
7	Percent of non-medically indicated early elective deliveries		8.0%	5.0%	2.0%	1.0%	1.0%	▼*	-	4

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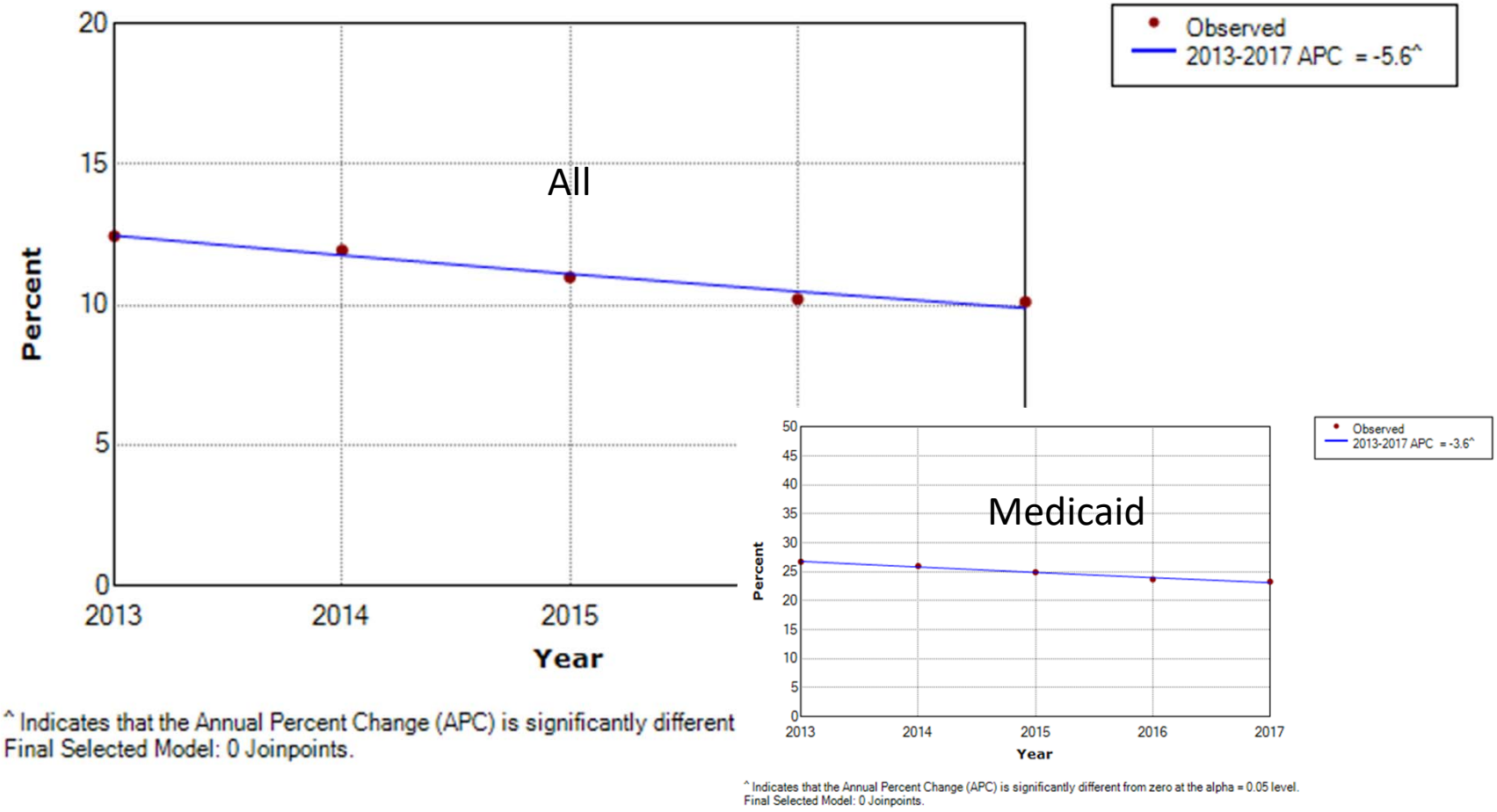
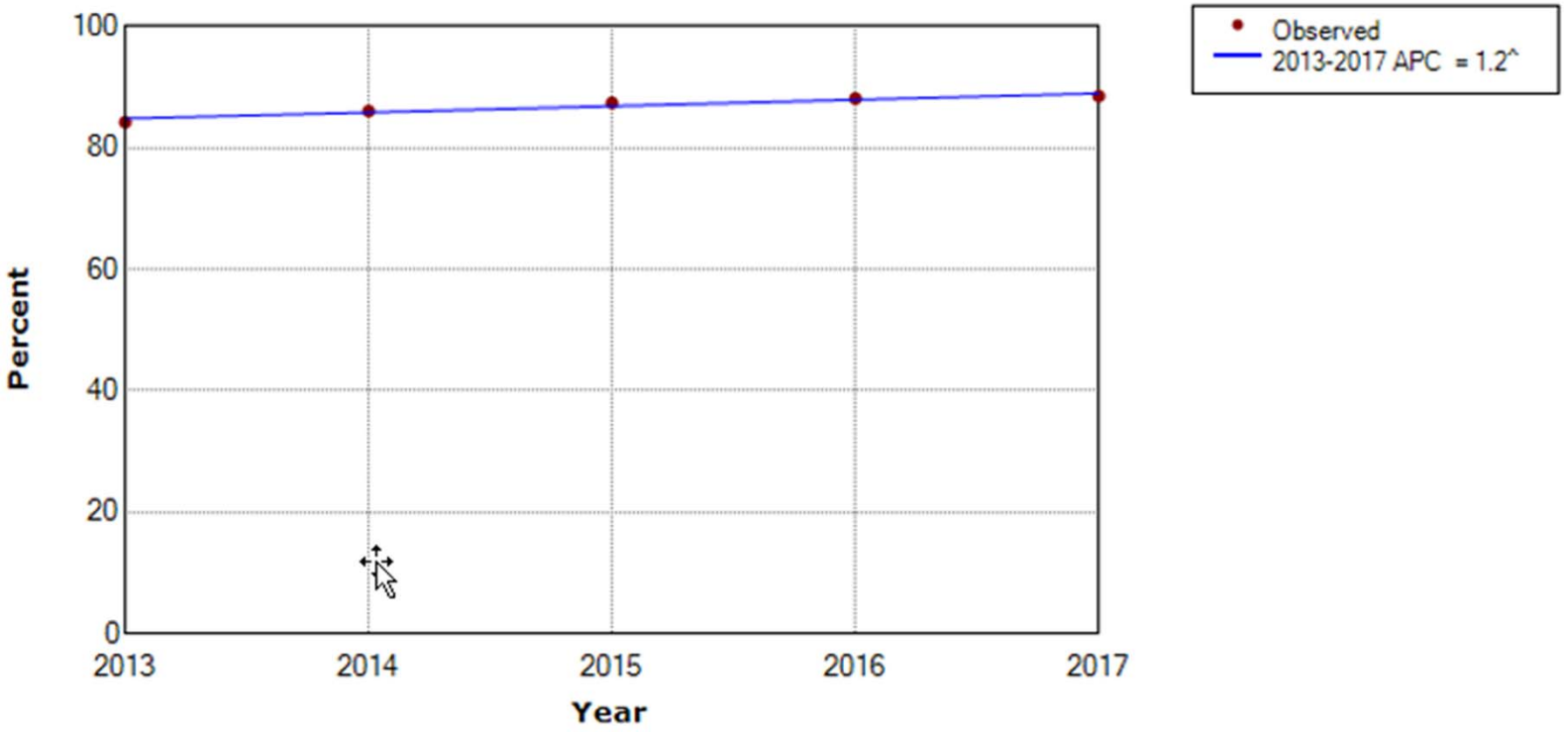
Positive Trends

NPM 14.1: Percent of women who smoke during pregnancy



Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

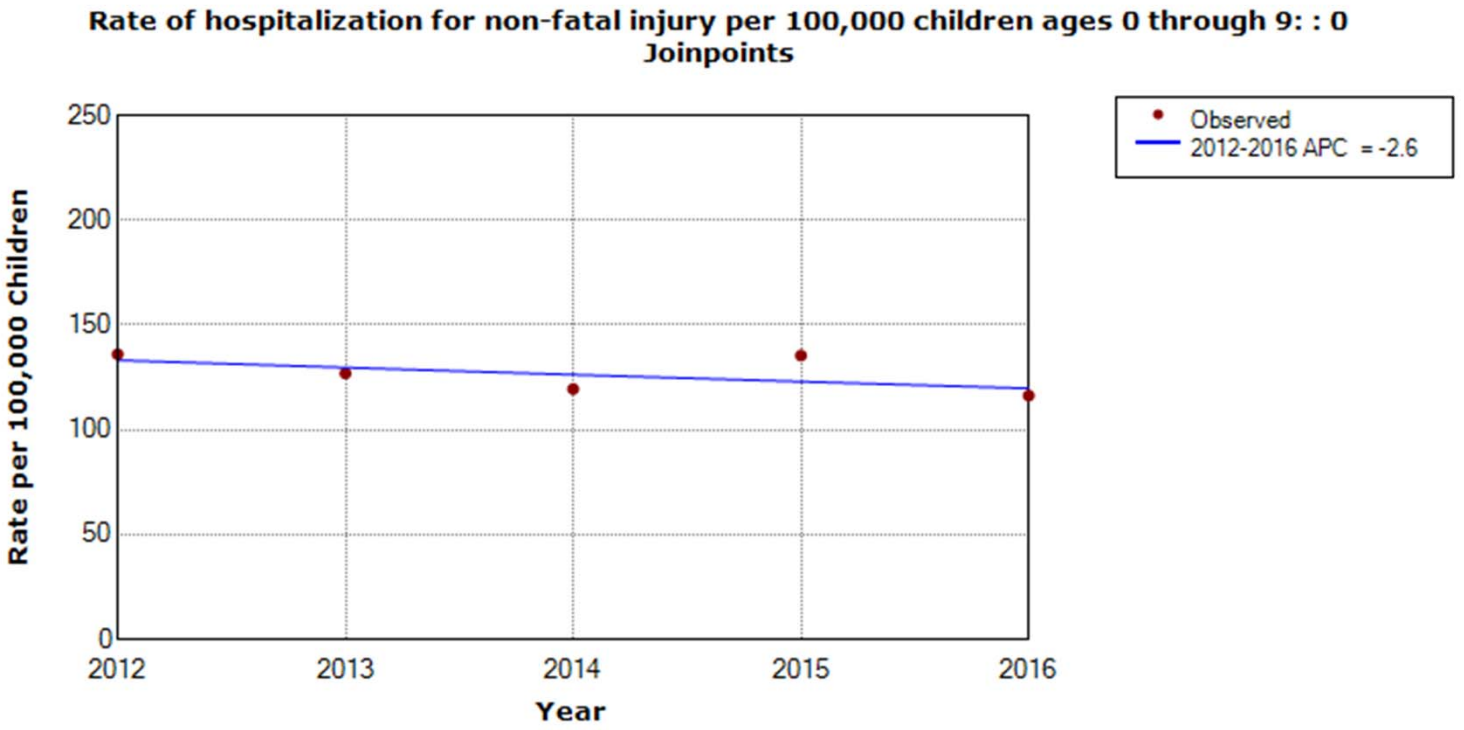
NPM 4: Breastfeeding: A) Percent of infants who are ever breasted



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9



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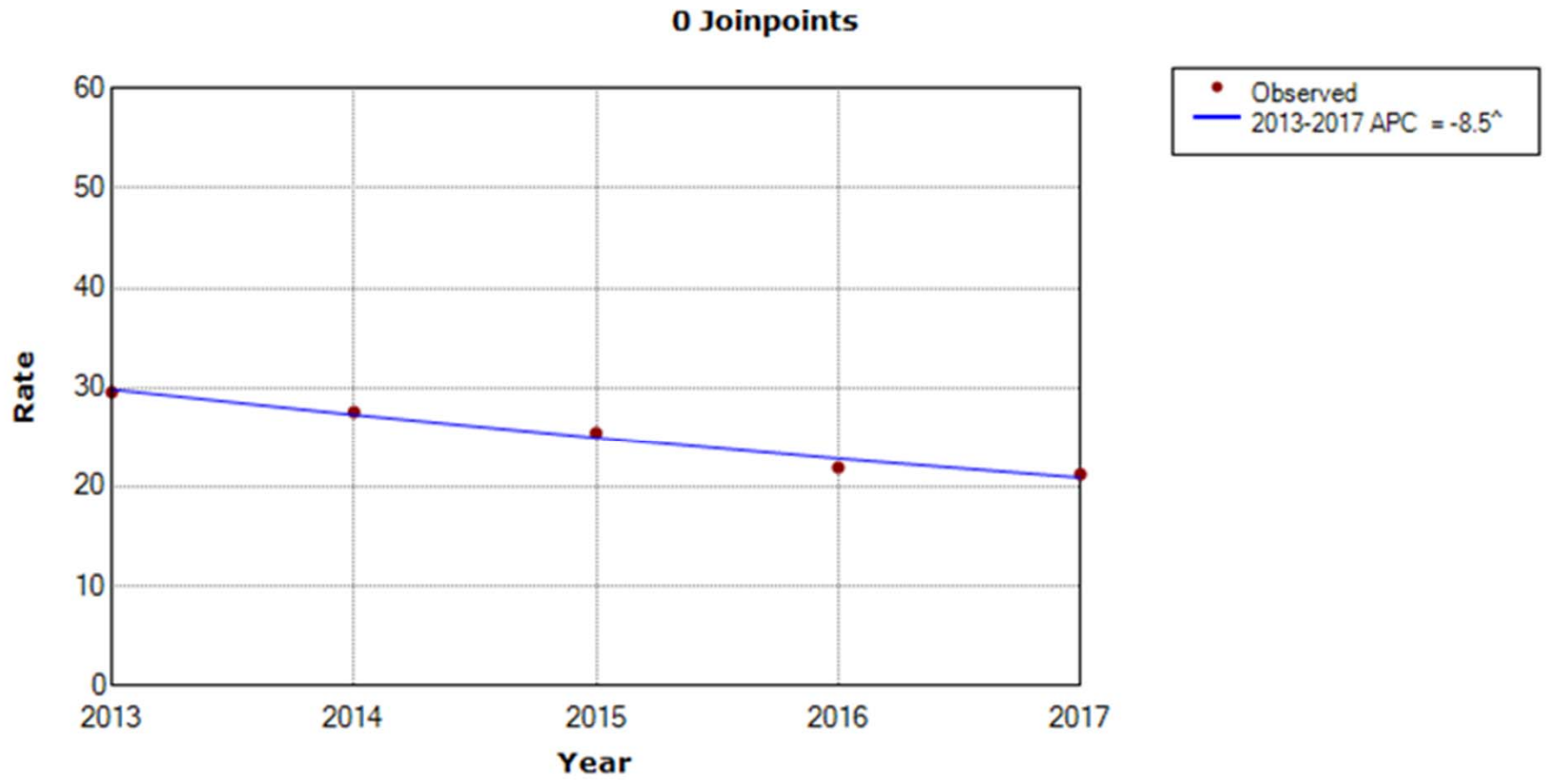
Final Selected Model: 0 Joinpoints.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization project (HCUP) – State Inpatient Database (SID); U.S. Census Bureau, Population Estimate, Bridged-Race Vintage data set.

NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females



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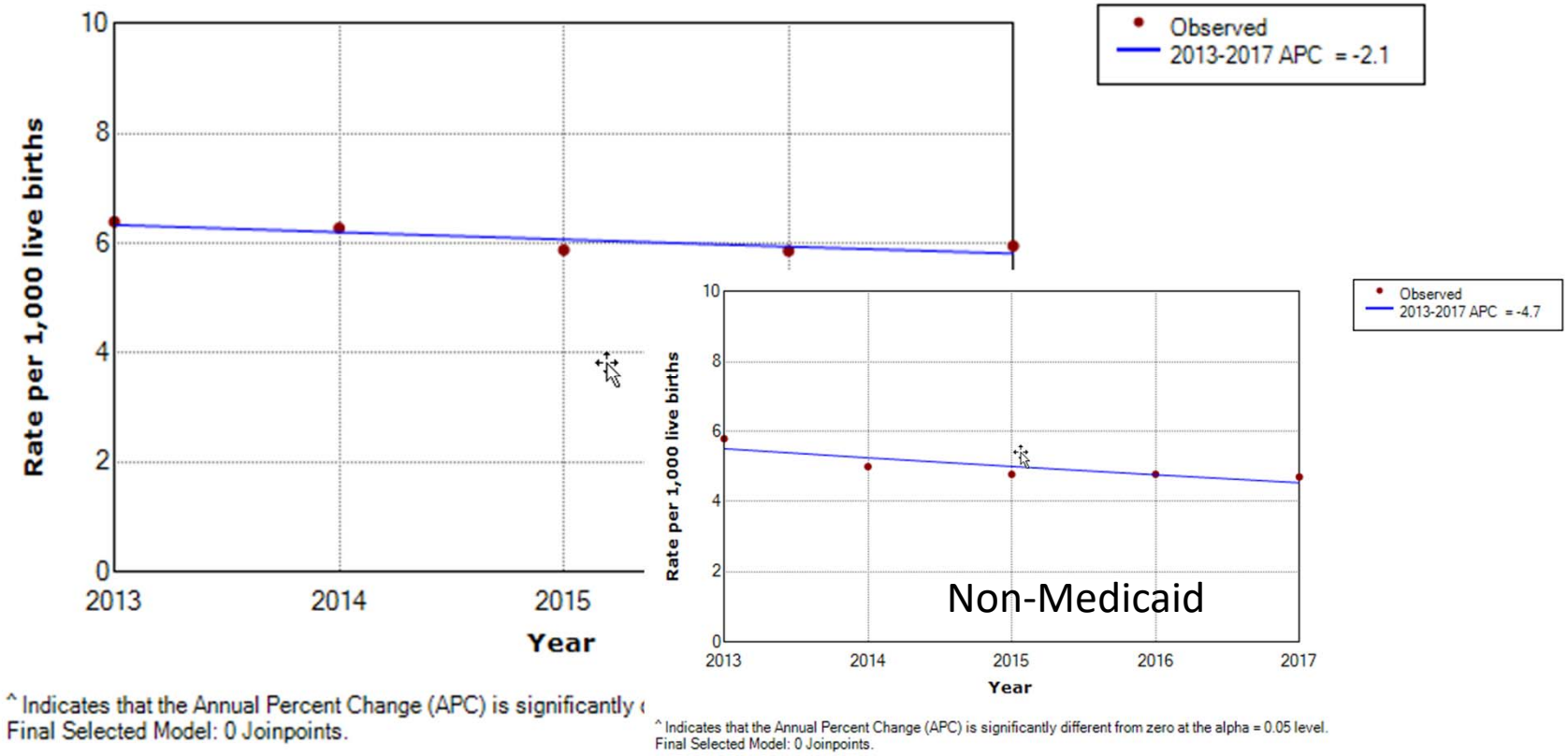
Final Selected Model: 0 Joinpoints.

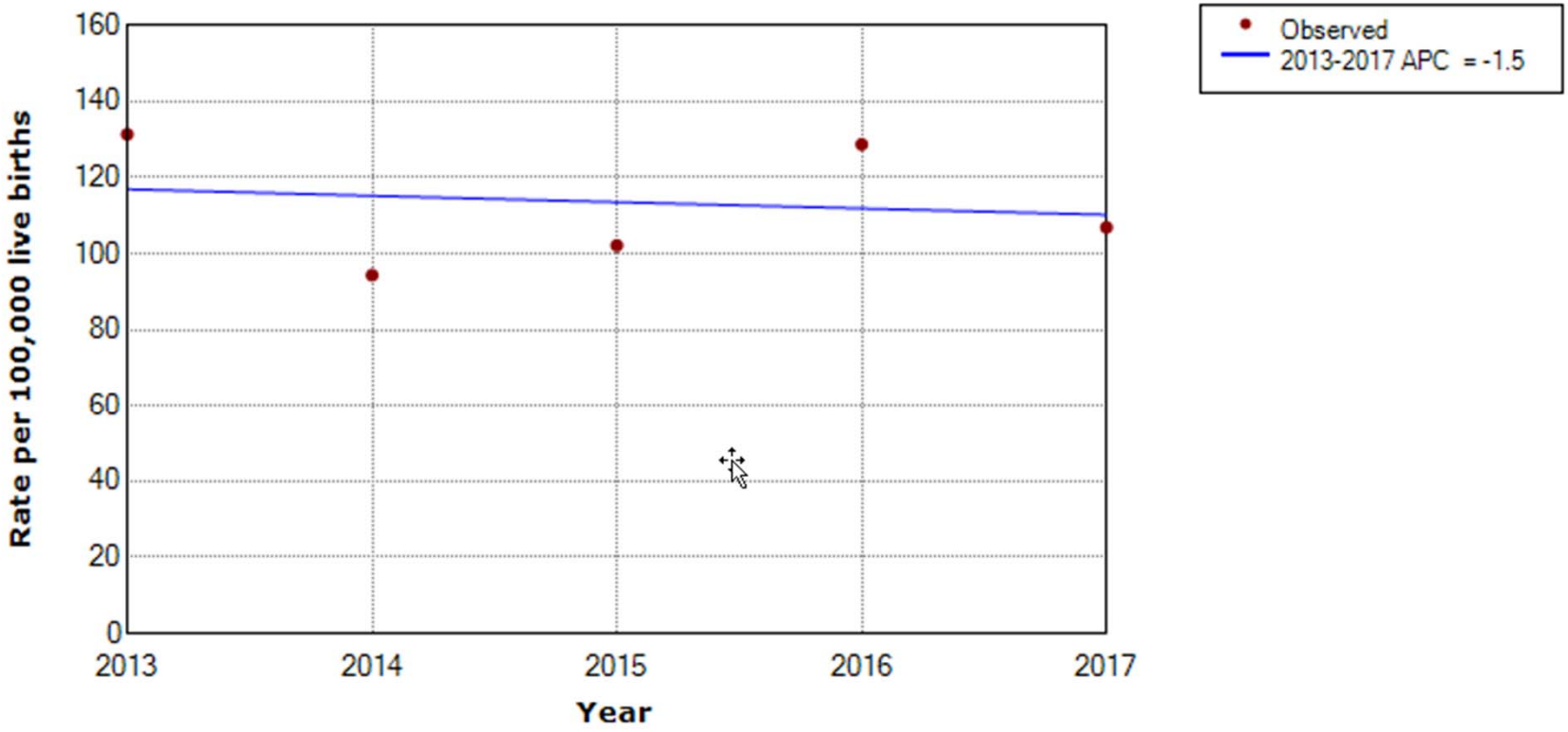
Sources: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident); U.S. Census Bureau, Population estimate, bridged- Race Vintage data set

NOM 9.1: Infant mortality rate per 1,000 live births All



Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

SPM3/NOM 9.5: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (R95, R99, W75)



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

SPM3/NPM5: Safe Sleep

A) Percent of infants placed to sleep on their backs

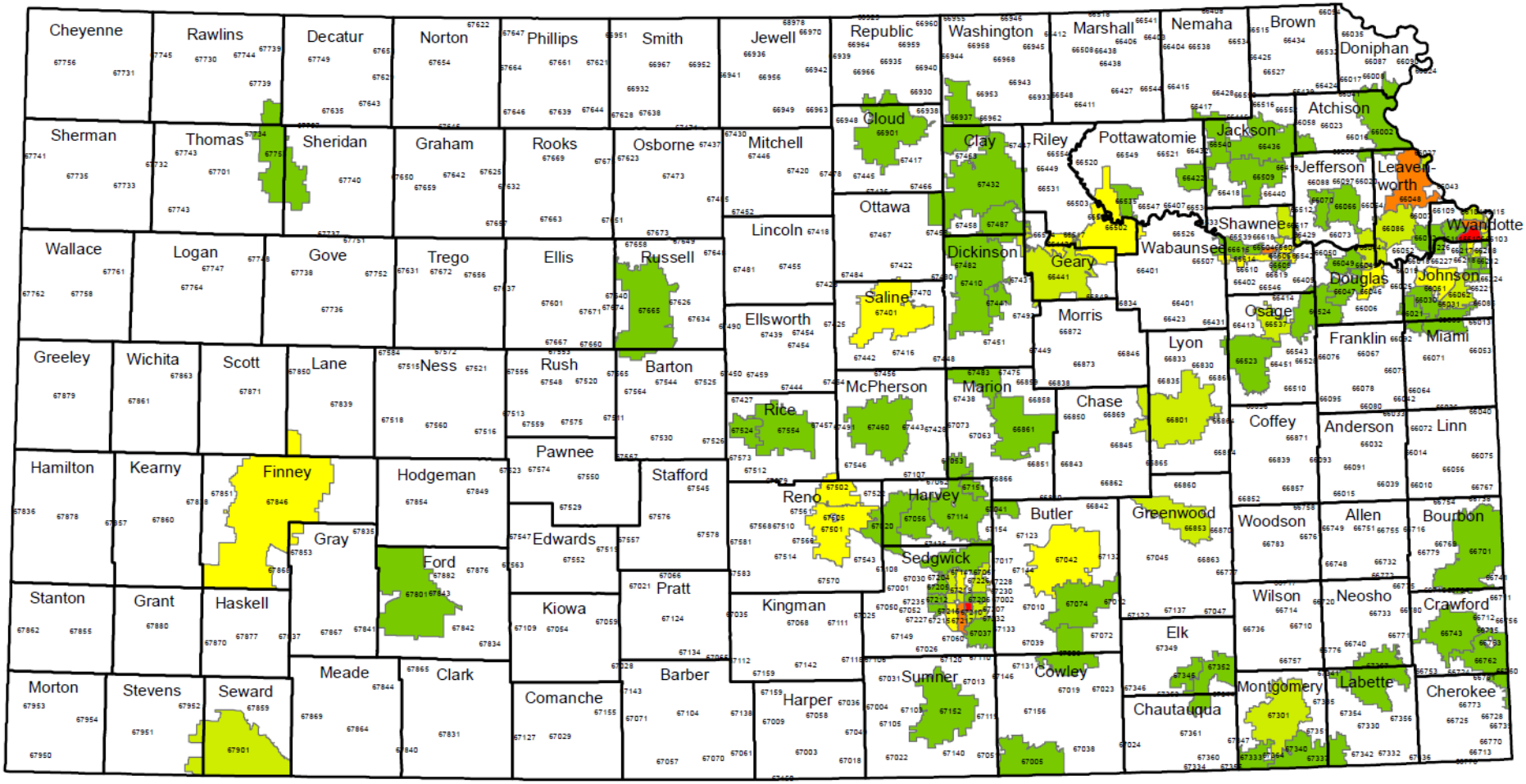
B) Percent of infants placed to sleep on a separate approved sleep surface

C) Percent of infants placed to sleep without soft objects or loose bedding

	2017	HP2020
A) On backs	80.2%	75.9%
B) Separate approved sleep surface	37.3%	-
C) Without soft objects or loose bedding	44.3%	-

Source: Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017

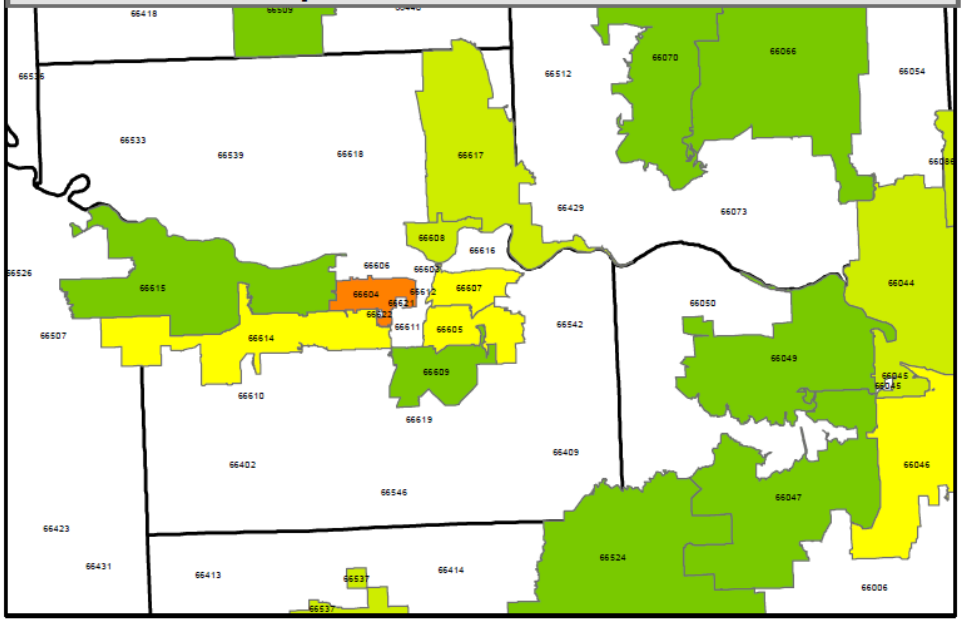
Kansas Sleep-Related Sudden Unexpected Infant Deaths* by ZIP code, 2013-2017



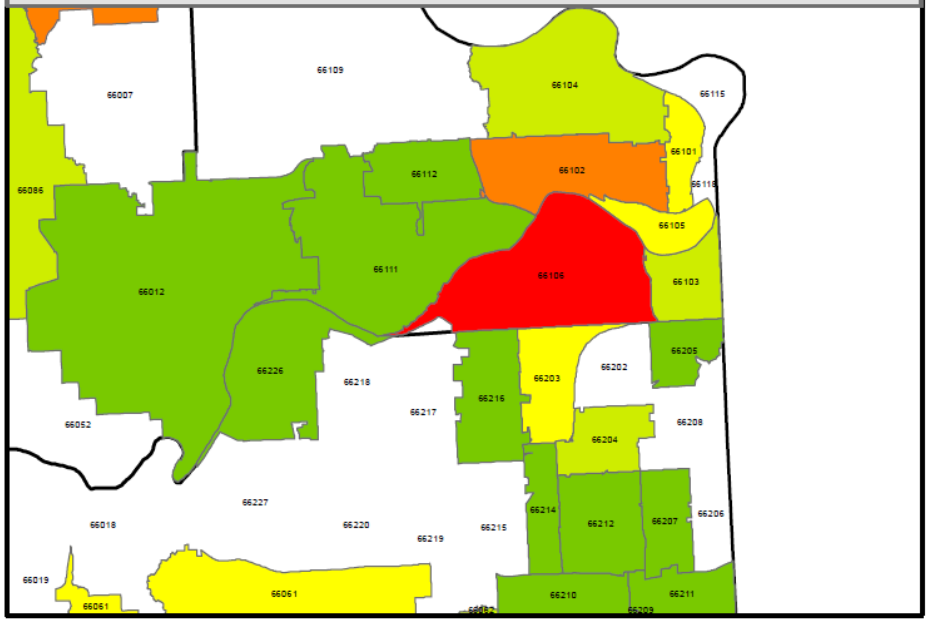
Source: Bureau of Epidemiology and Public Health Informatics. Kansas death data (resident), 2008-2012.

*Sudden Unexpected Infant Deaths (SUID) include sudden infant death syndrome (SIDS; ICD-10 code of R95), unknown cause (R99), and accidental suffocation or strangulation in bed (W75).

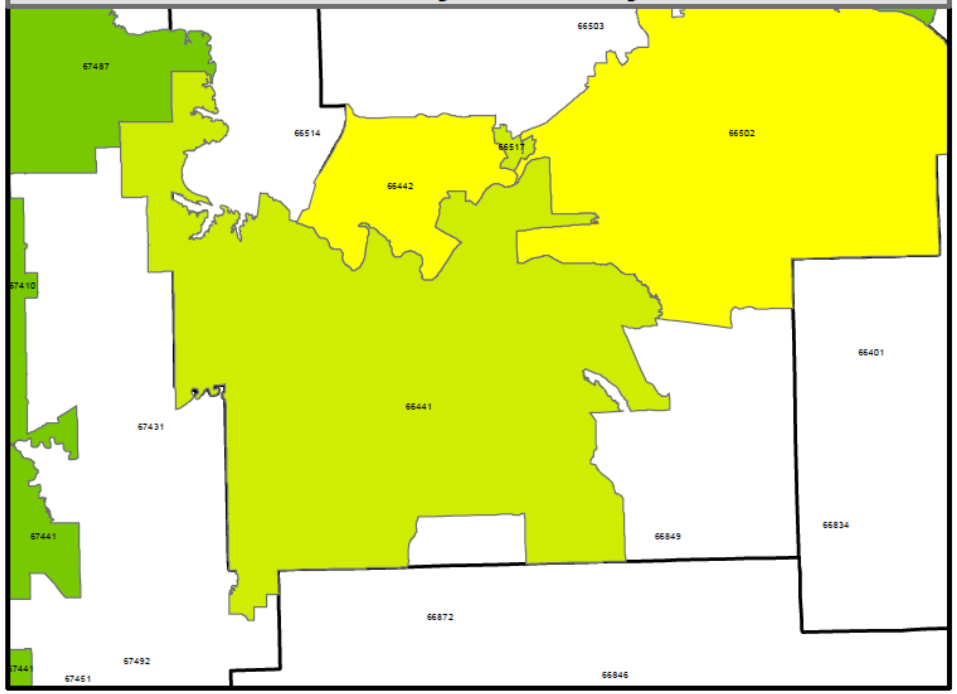
Topeka & Lawrence Area



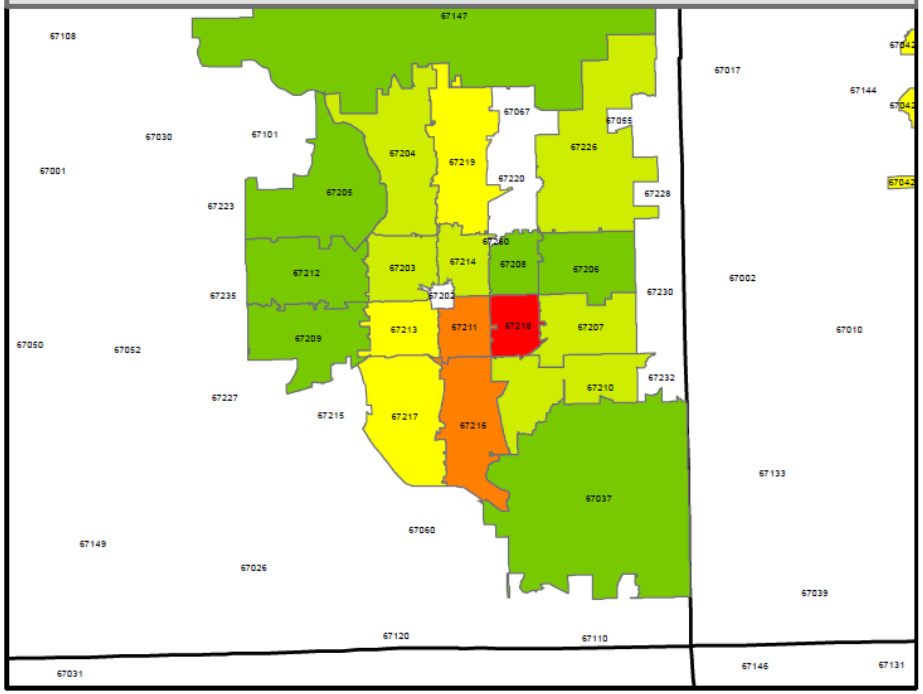
Kansas City Area



Junction City & Ft Riley Area



Wichita Area



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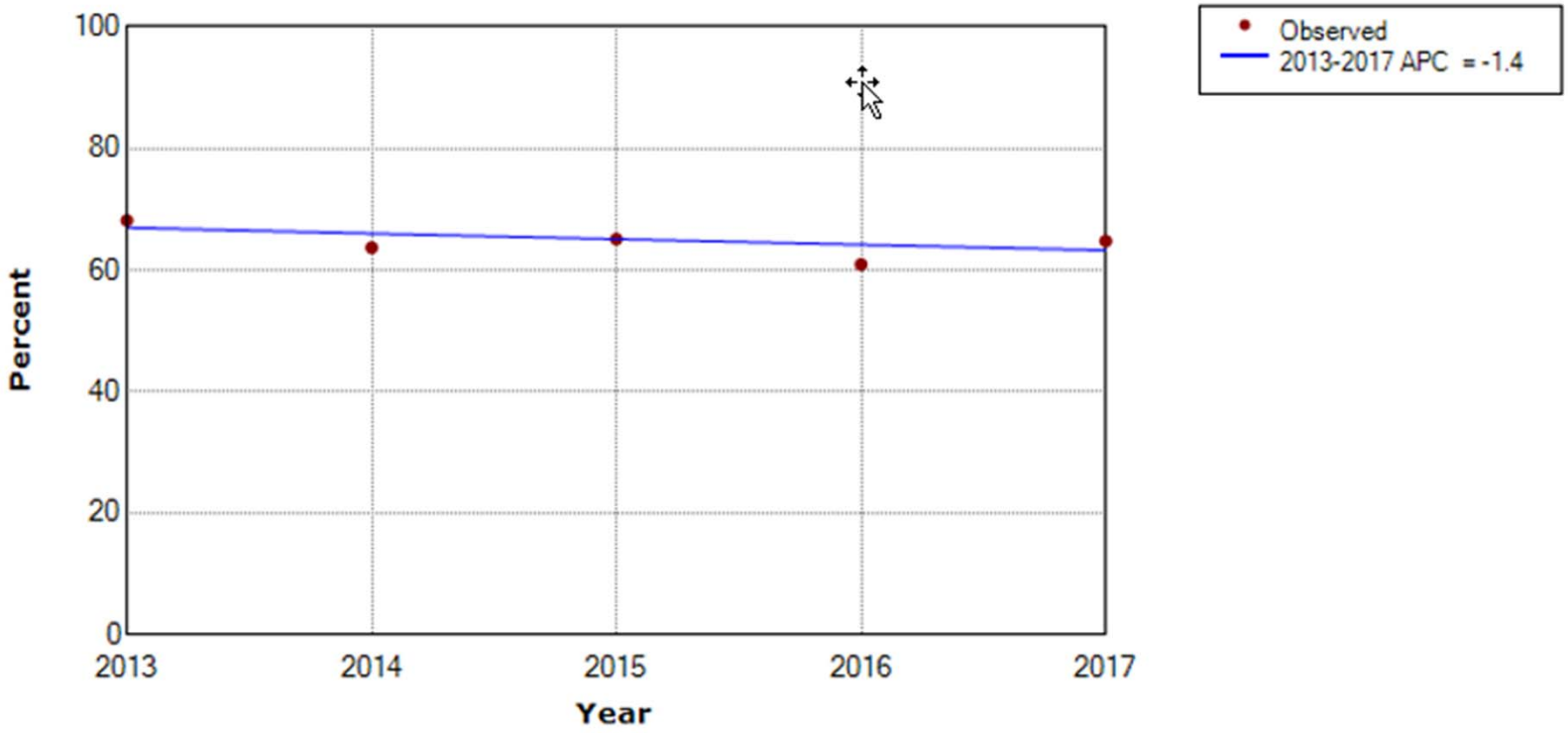
Negative Trends

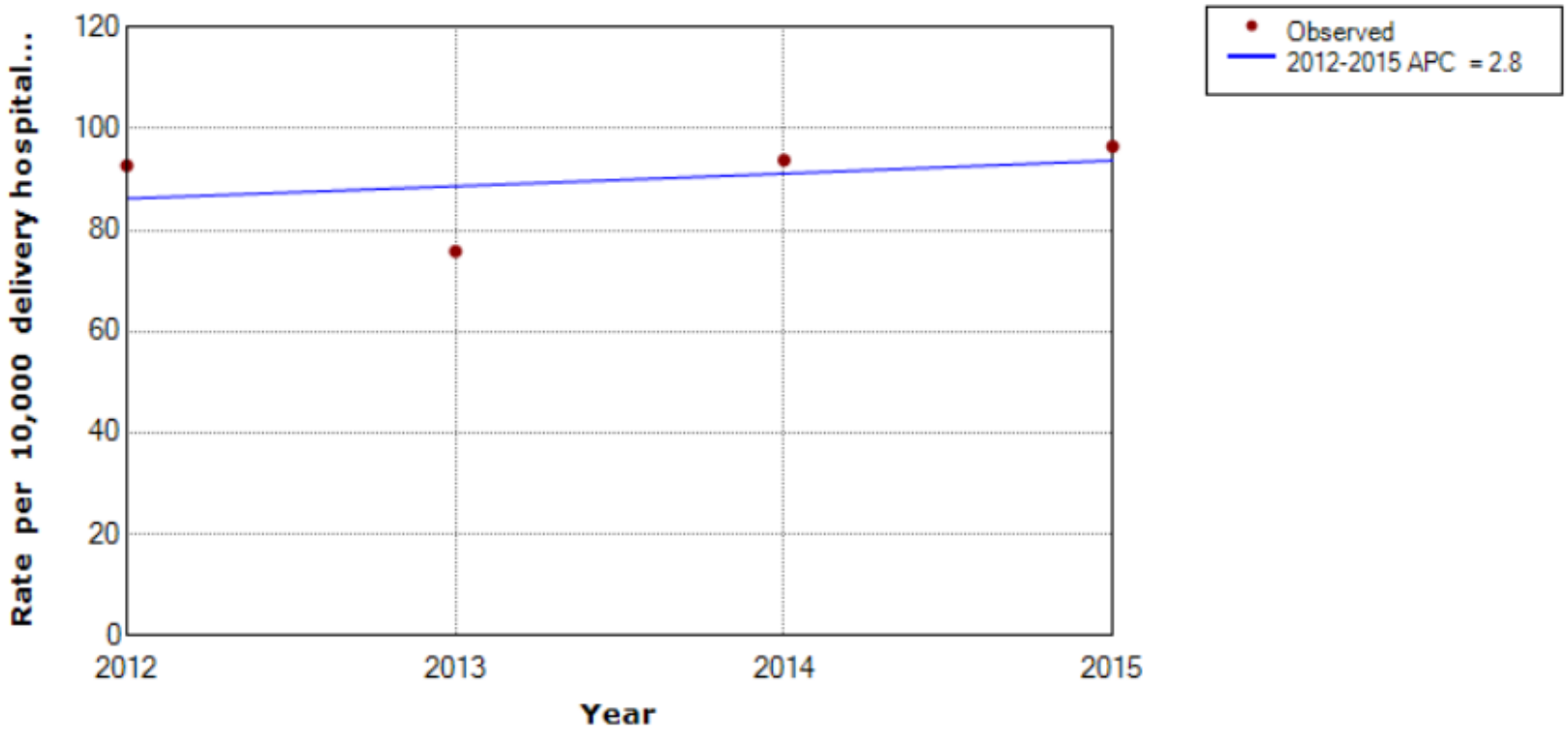
NPM1: Well-Women Visit - The percent of women with a past year preventive medical visit



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Source: Kansas Behavioral Risk Factor Surveillance System (BRFSS)

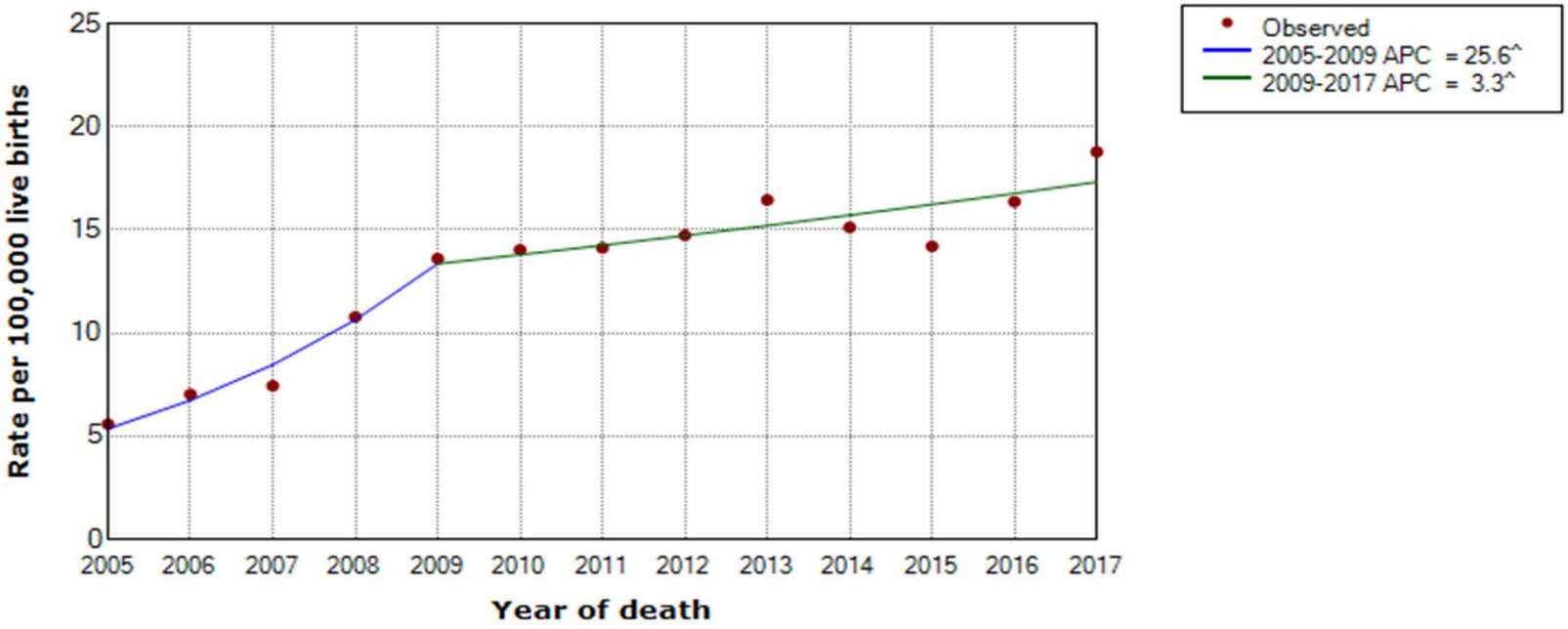
NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP) – State Inpatient Database (SID)

NOM 3: Maternal mortality rate per 100,000 live births (5-year rolling average)

Figure 2. Trends in maternal mortality rates: Kansas, 2001-2017 (5-year rolling average): : 1 Joinpoint



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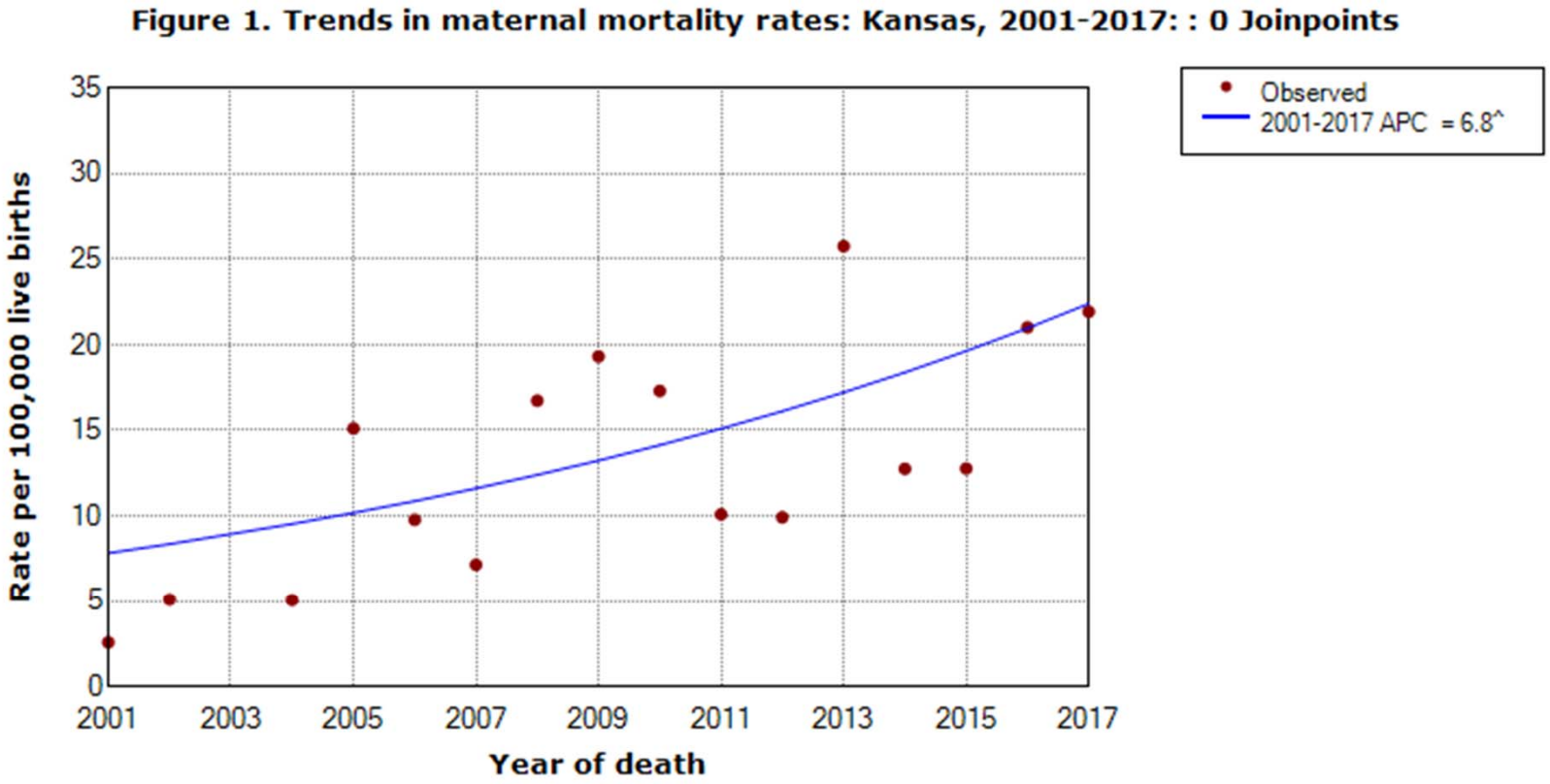
Final Selected Model: 1 Joinpoint.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

NOM 3: Maternal mortality rate per 100,000 live births



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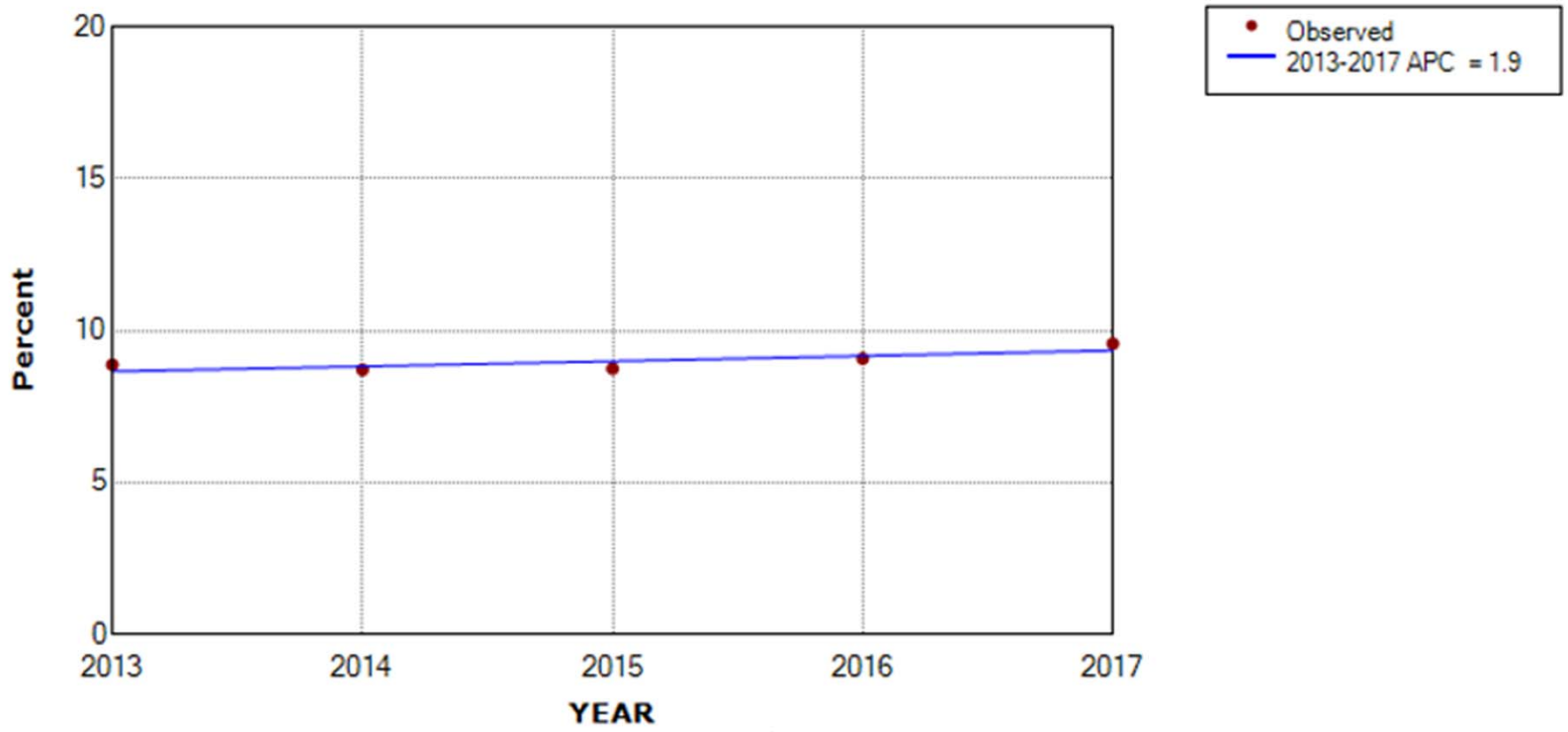
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

SPM 1/NOM5: Percent of preterm births (<37 weeks gestation) -- All



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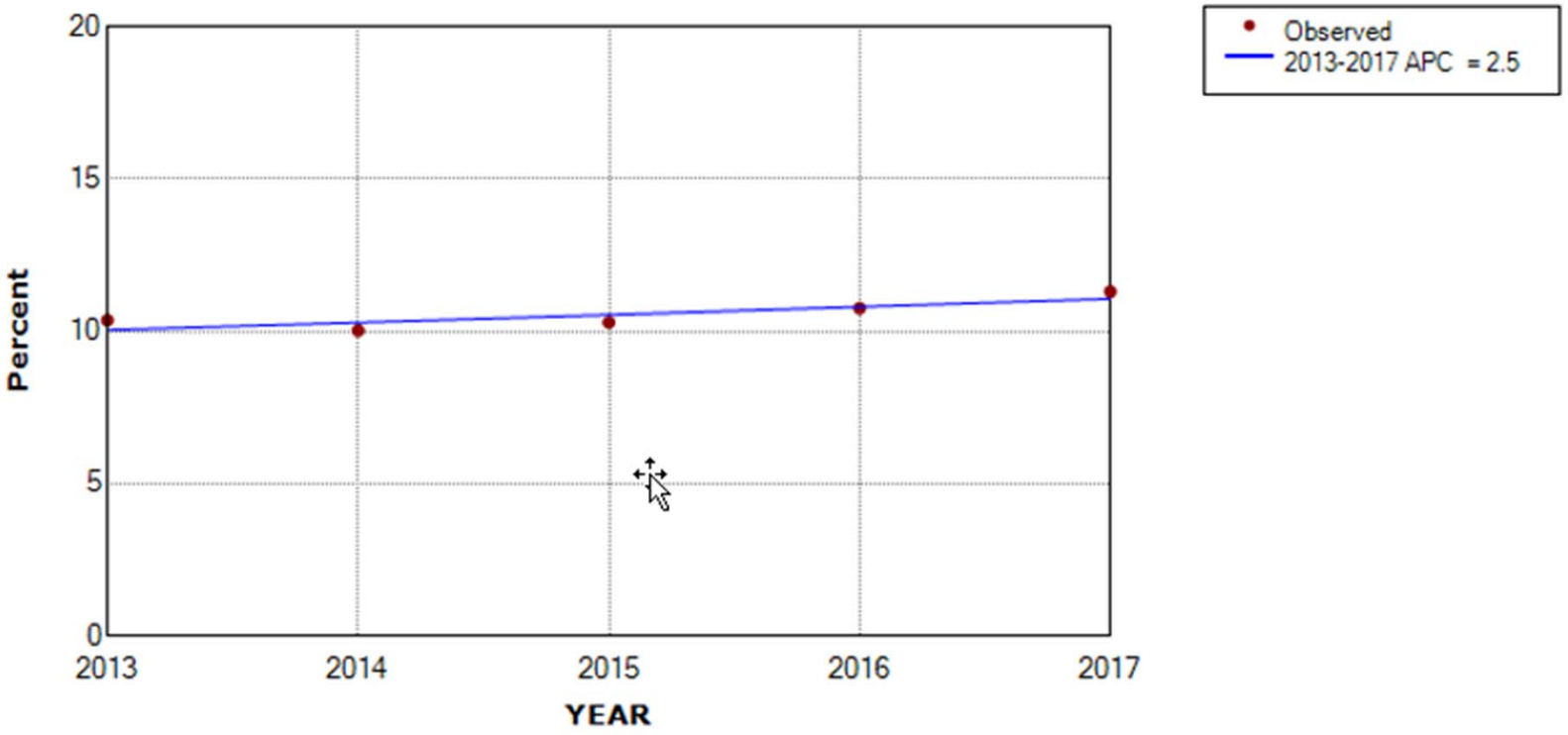
Final Selected Model: 0 Joinpoints.

Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

SPM 1/NOM5: Percent of preterm births (<37 weeks gestation) -- Medicaid



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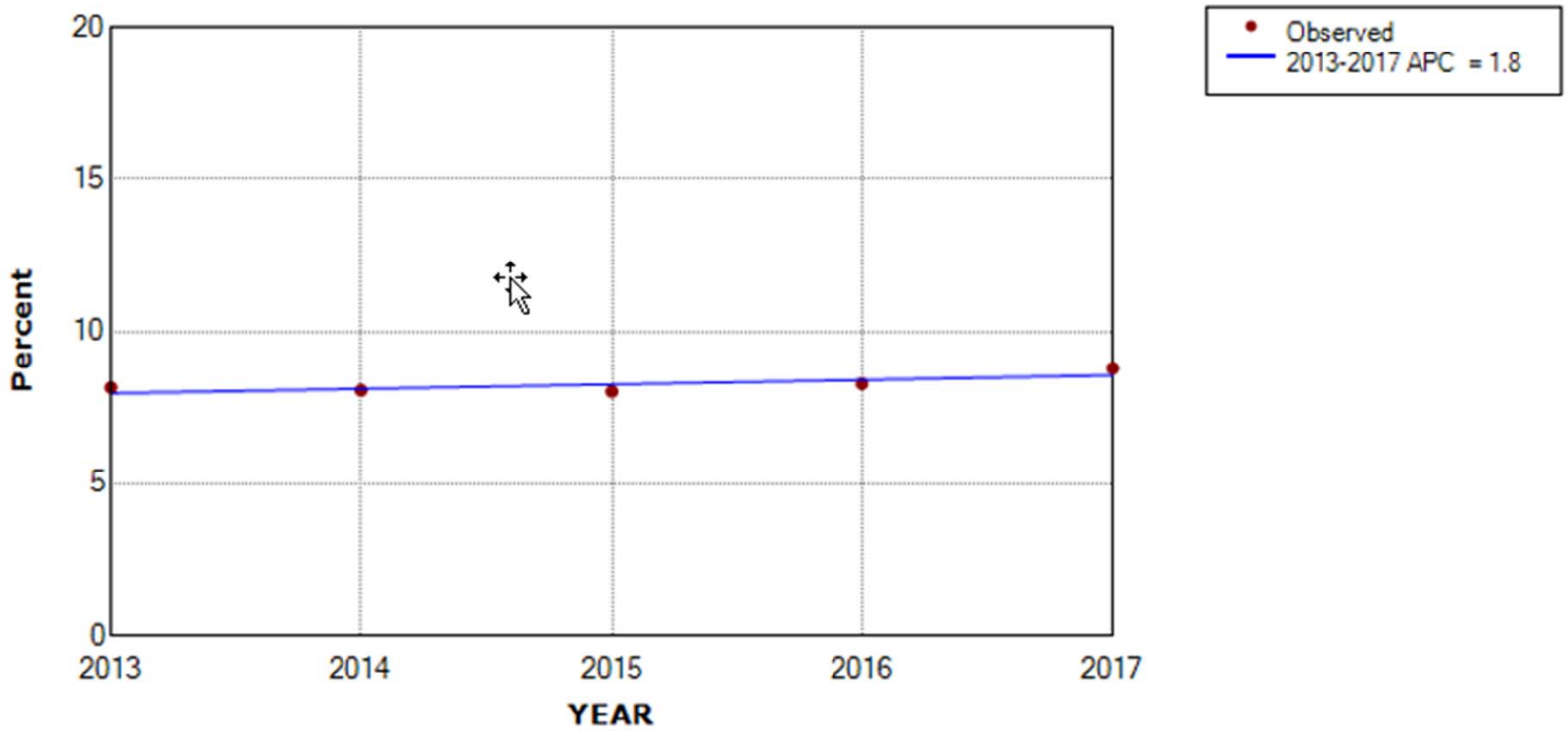
Final Selected Model: 0 Joinpoints.

Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

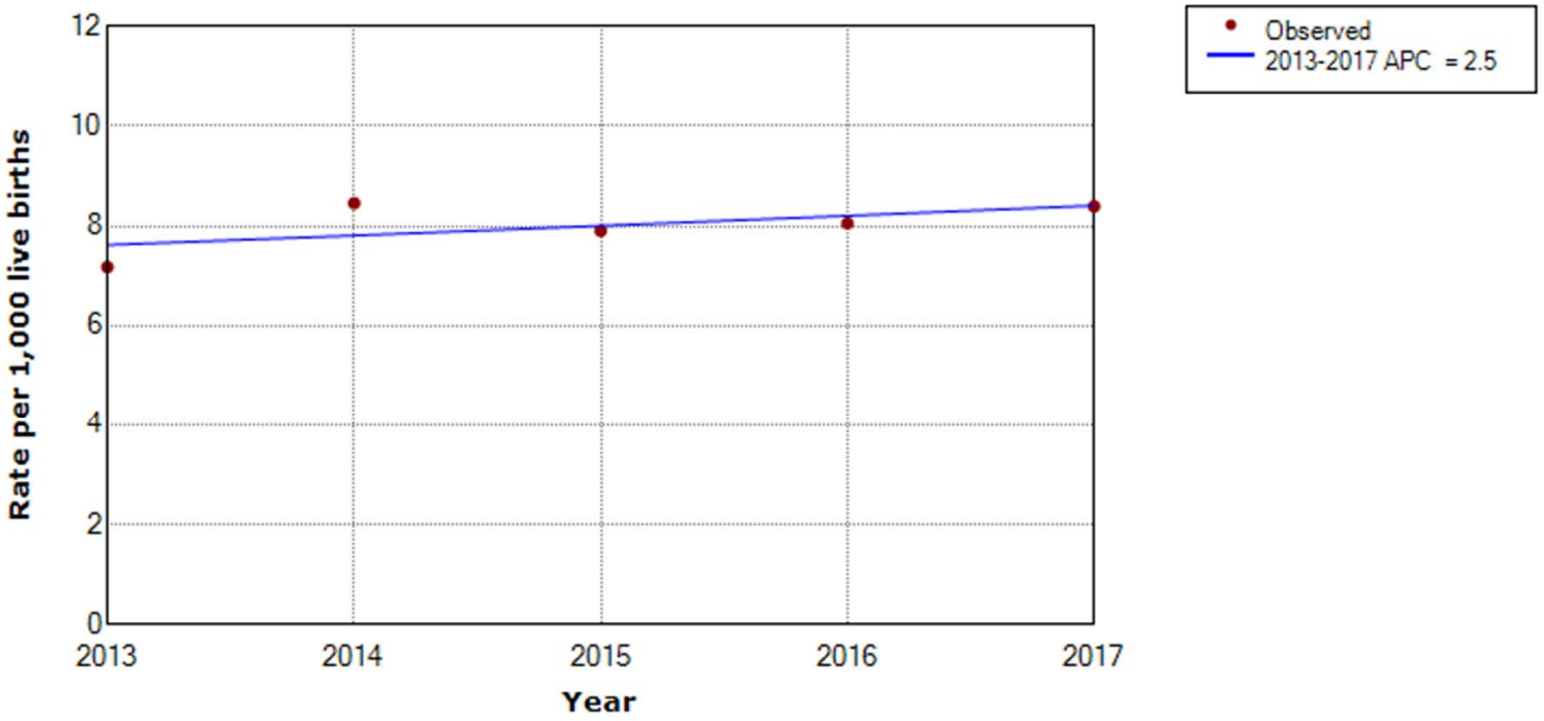
SPM 1/NOM5: Percent of preterm births (<37 weeks gestation) -- Non-Medicaid



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 0 Joinpoints.

Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

NOM 9.1: Infant mortality rate per 1,000 live births
Medicaid



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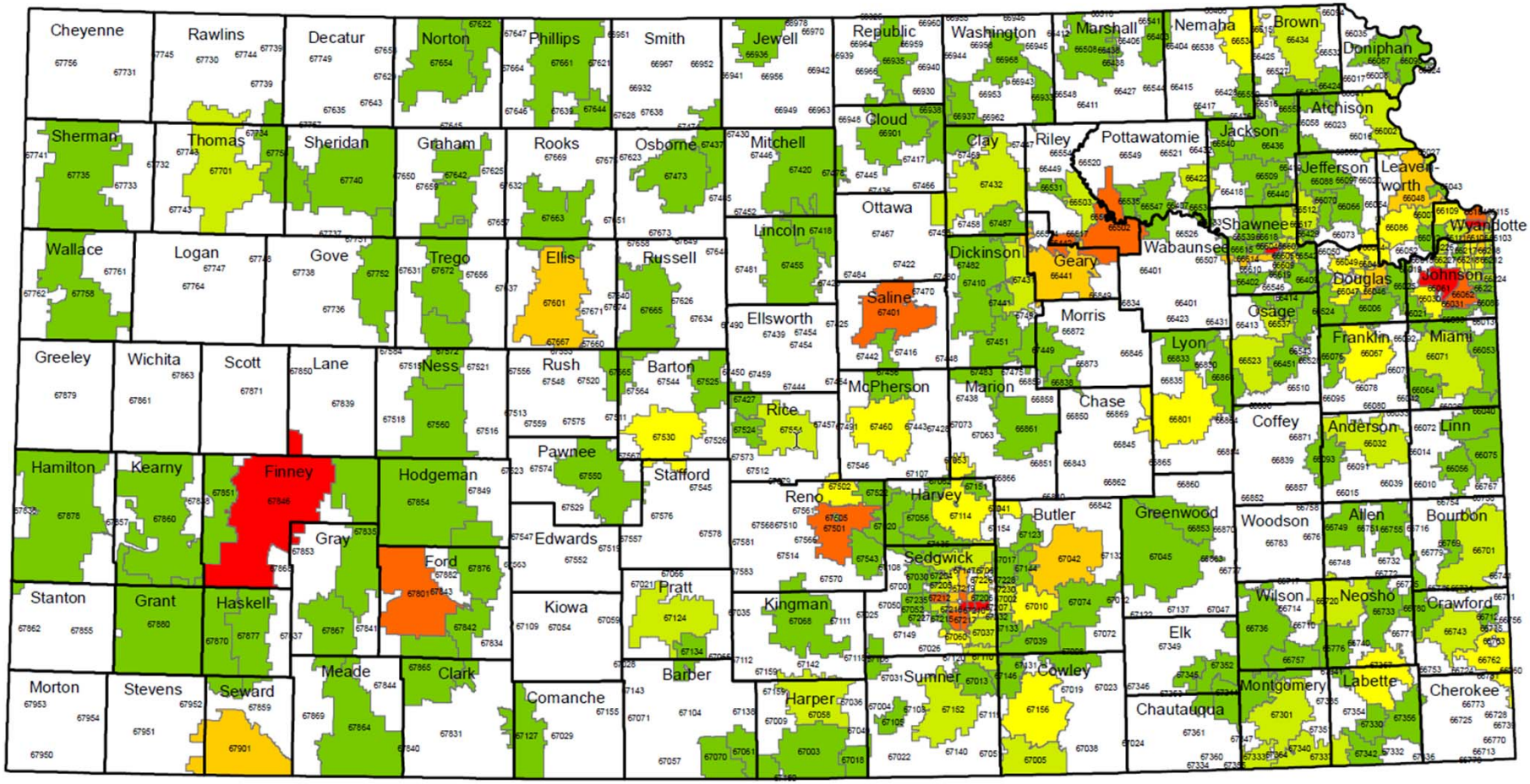
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

Kansas Infant Mortality by ZIP code, 2013-2017

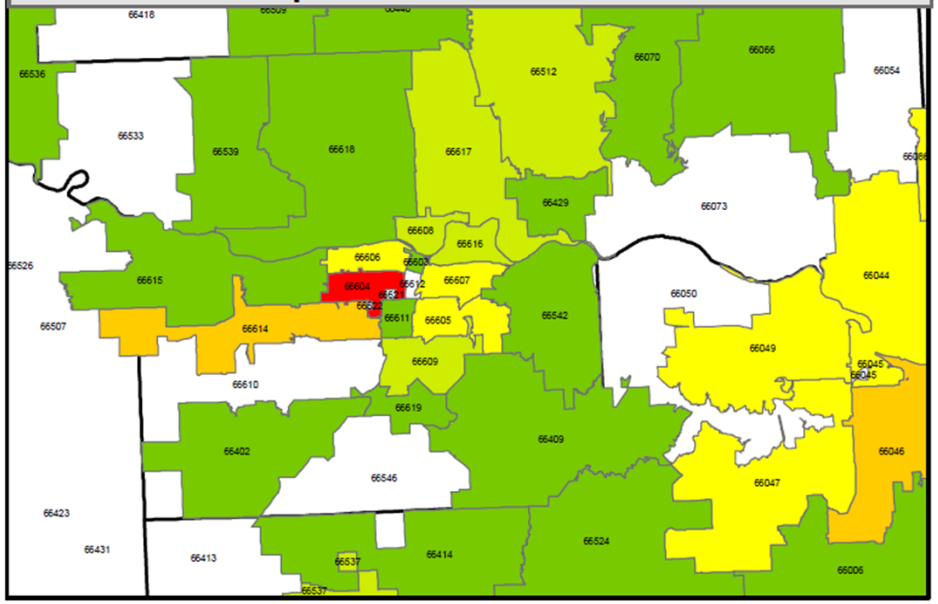
KANSAS MATERNAL & CHILD HEALTH



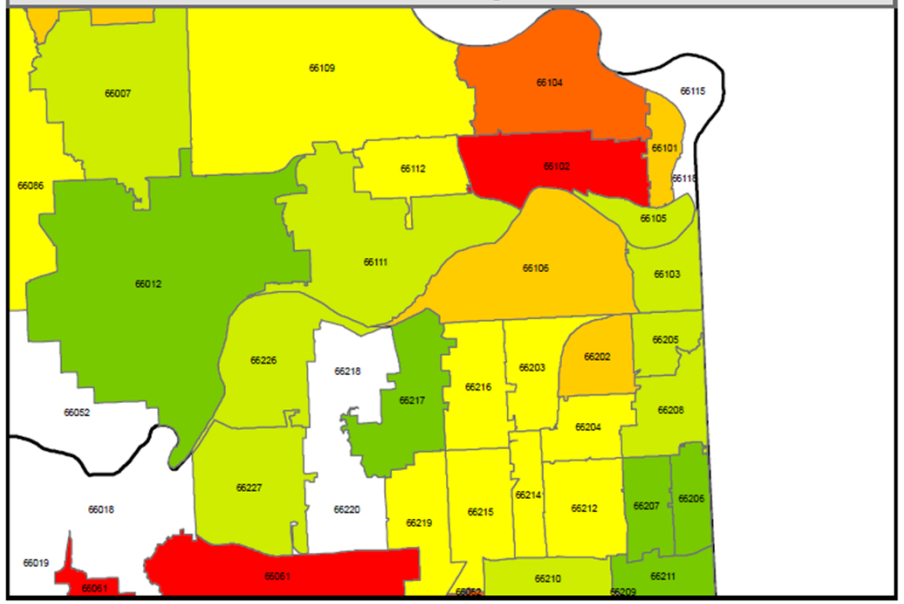
Total mortality number 1 - 2 | 3 - 5 | 6 - 10 | 11 - 15 | 16 - 20 | 21+

Source: Bureau of Epidemiology and Public Health Informatics. Kansas death data (resident), 2013-2017.

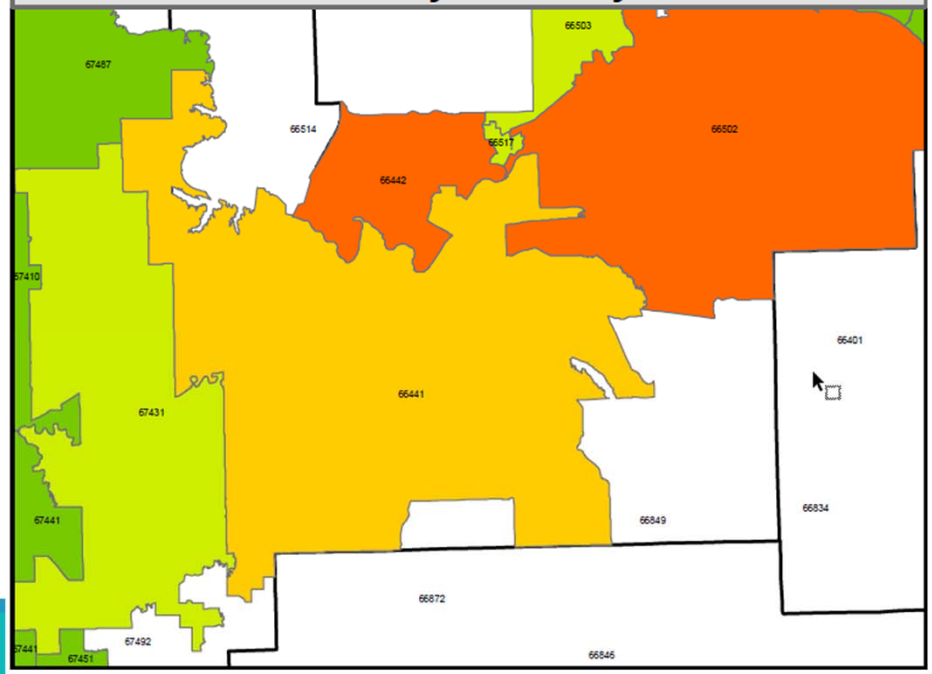
Topeka & Lawrence Area



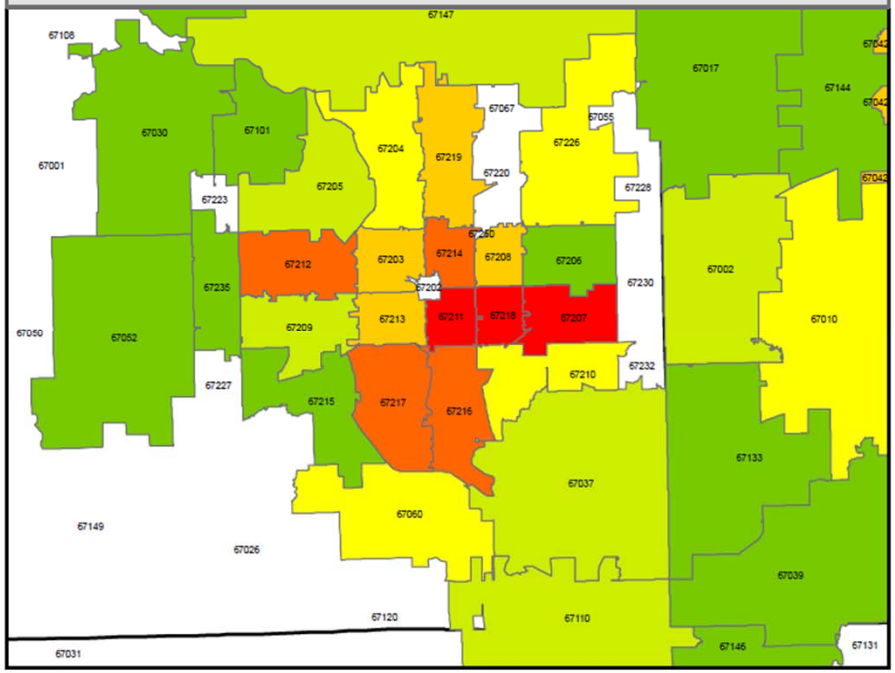
Kansas City Area



Junction City & Ft Riley Area



Wichita Area



Perinatal Periods of Risk (PPOR)

PPOR is a comprehensive approach to help communities use data to reduce infant mortality.

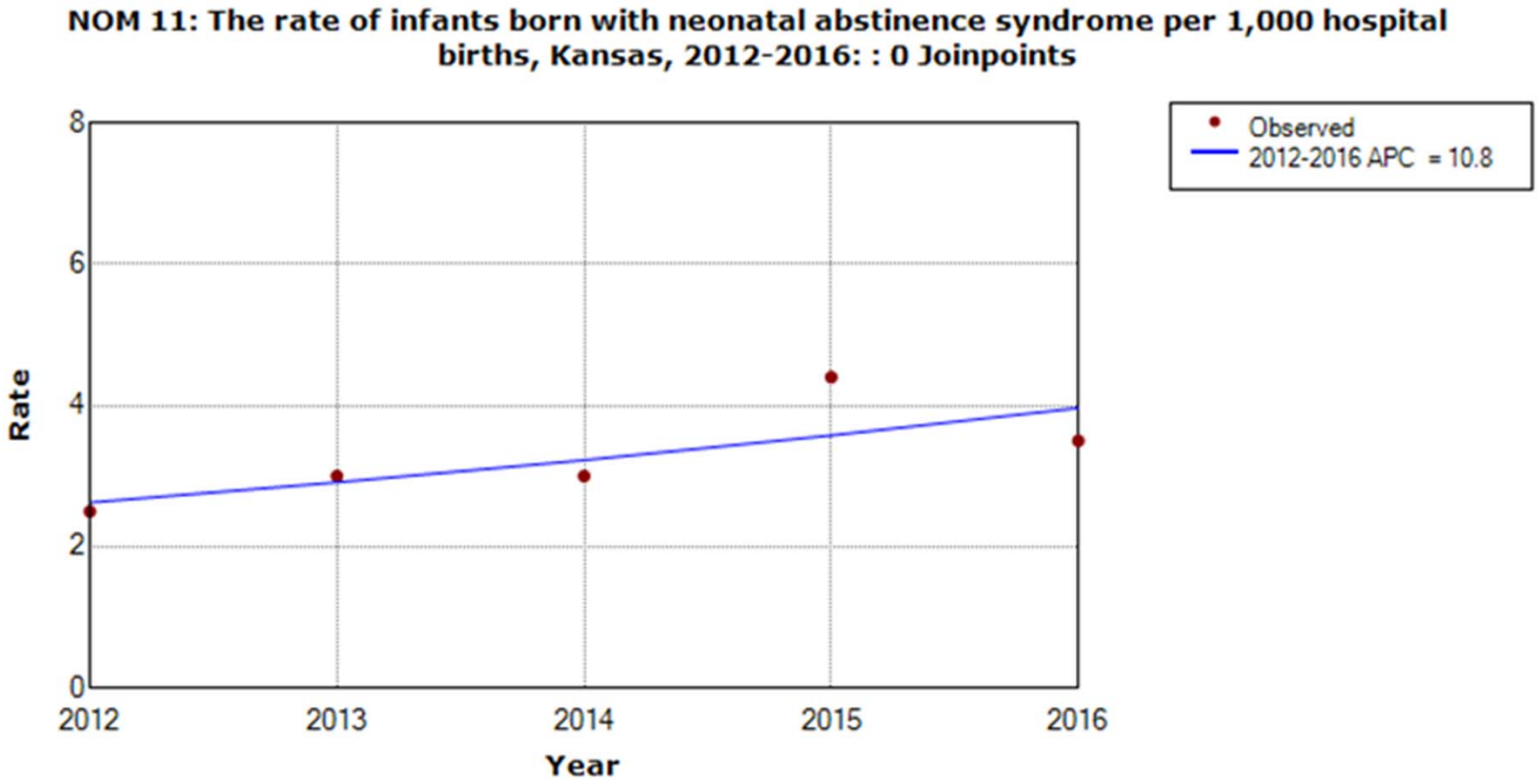
Based on the PPOR Approach Phase I Analysis (2013-2017), fetal-infant mortality rates were:

- Kansas = 7.9 deaths per 1,000 live births
- Medicaid = 10.6
- Private = 6.0

Q: What would happen to the Kansas fetal infant mortality rate (FIMR) if Medicaid FIMR decreased to Private Insurance FIMR?

A: 17.7% reduction in fetal-infant mortality, statistically significant reduction! **7.9 to 6.5**

NOM 11: The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births



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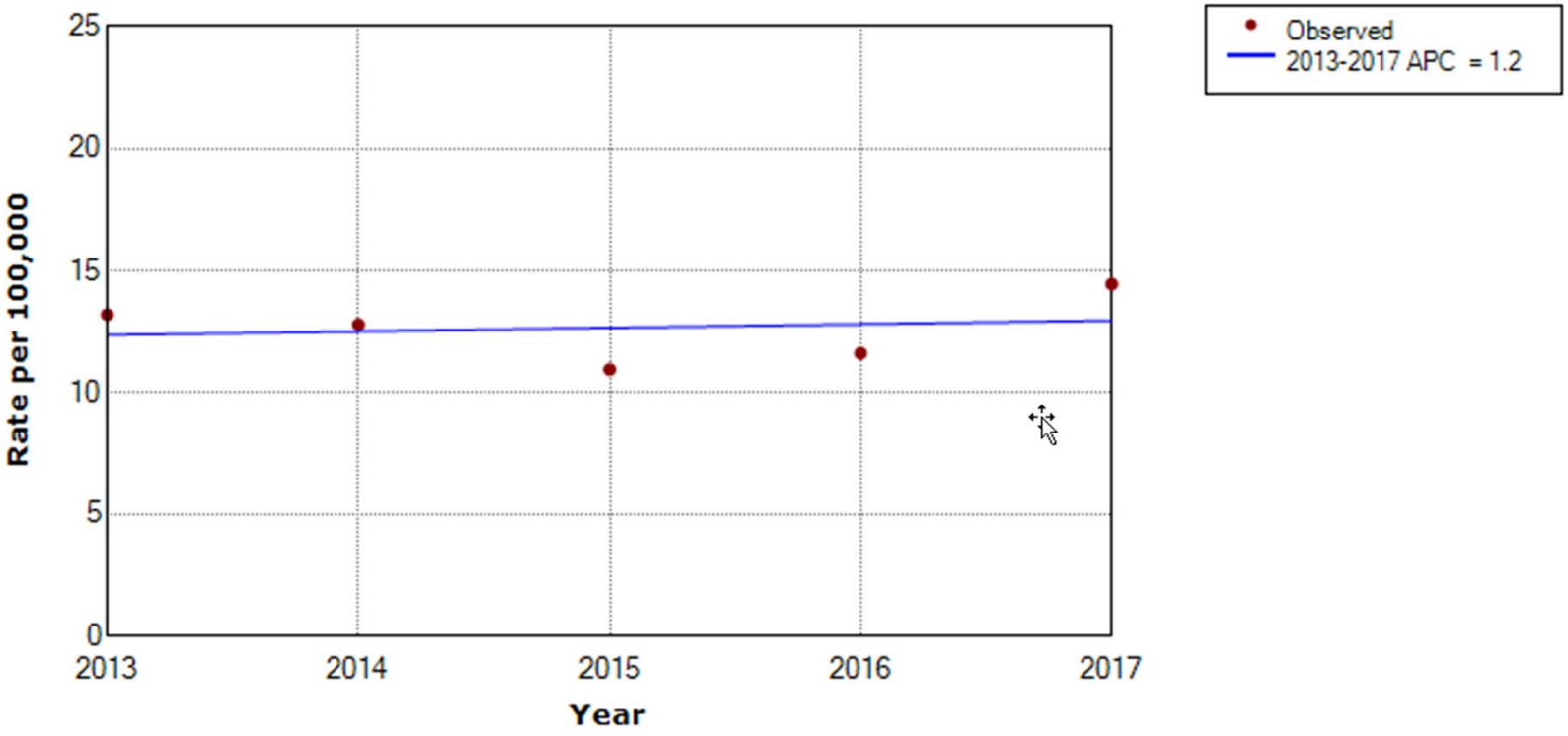
Final Selected Model: 0 Joinpoints.

NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000 (3 year rolling average)



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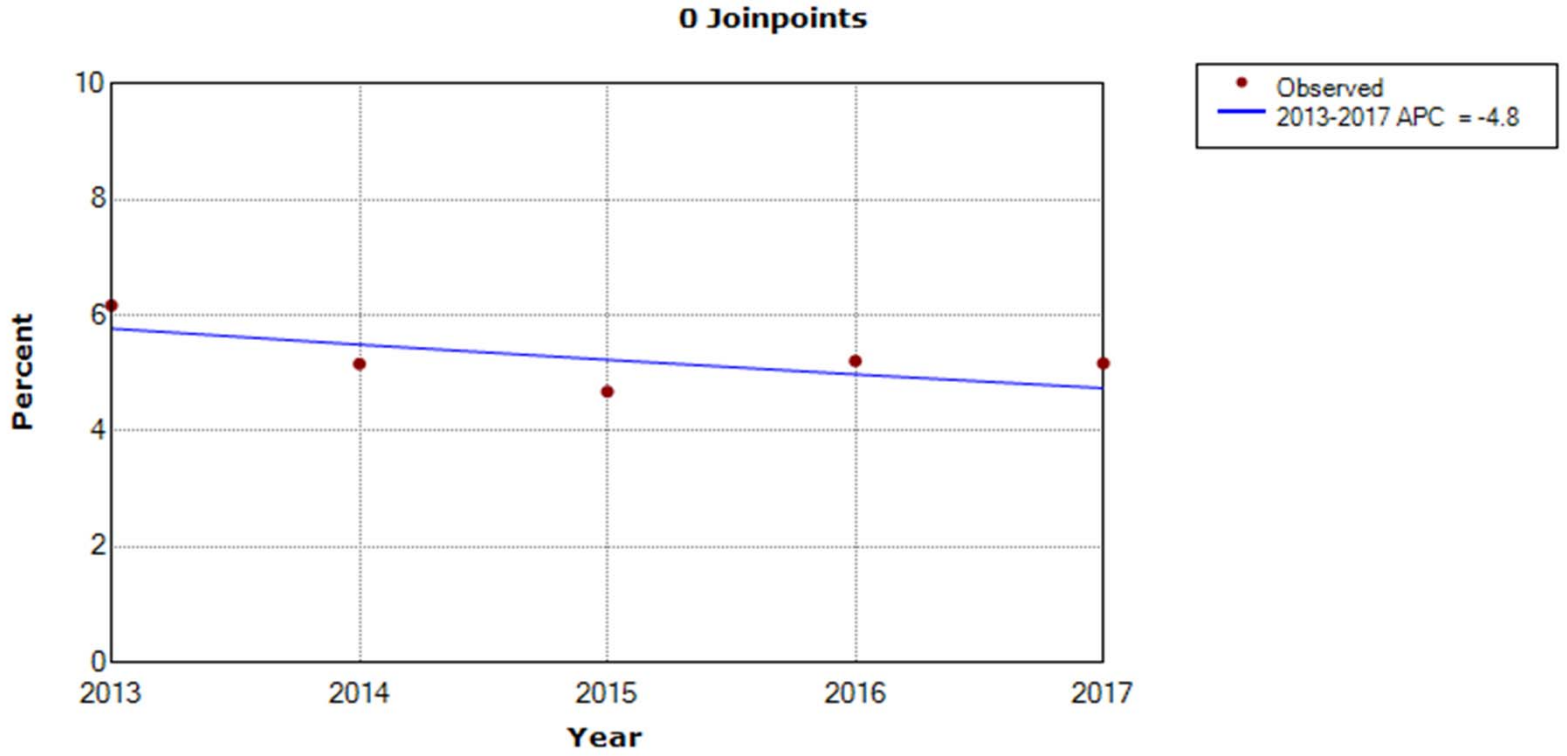
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death data (resident); U.S. Census Bureau, Population estimate, bridged- Race Vintage data set

NOM 21: Percent of children, ages 0 through 17, without health insurance



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Final Selected Model: 0 Joinpoints.

Source: U.S. Census Bureau, American Community Survey (ACS)

KANSAS MATERNAL & CHILD HEALTH

KMMRC & KPQC Status & Future Plans

SARAH FISCHER & JENNIFER MILLER, KDHE

KMMRC

- 35 active KS MMR Committee members
- Facilitation and support provided by KDHE BFH
- Awaiting word on CDC Maternal Mortality grant opportunity; KDHE submitted a proposal in May—critical funding to support the ongoing work and action/response
- Future meetings: August, September, and October 2019
- As of May 2019, a total of 14 pregnancy-associated deaths had been reviewed by the KMMRC. According to KMMRC documentation:
  - *4 deaths were pregnancy-related*
  - 4 deaths were pregnancy-associated but not related
  - 2 deaths were unable to determine the pregnancy-relatedness,
  - 4 deaths were not pregnancy-related or associated (false positives)

Kansas Maternal Mortality Review Committee

Maternal Mortality Website

Maternal Mortality

The Kansas Department of Health & Environment (KDHE) Bureau of Family Health is respo
for administering the Title V Maternal & Child Health (MCH) Block Grant Program which in
monitoring, researching, and evaluating health status and conducting activities to identify
address community health problems. Within the population of women of reproductive ag
maternal mortality is an indicator that is monitored by KDHE pursuant to K.S.A. 65-177. Mat
mortality is considered a sentinel (patient safety) event that warrants close scrutiny.

Kansas Maternal Mortality Review

An increasing national and state trend in maternal and pregnancy-associated deaths indic
need to conduct maternal mortality review in order to gain insight into the medical and so
factors leading to these events and to prevent future occurrences. In 2018 KDHE establishe
Kansas Maternal Mortality Review Committee (MMRC). The committee consists of 25-35
geographically diverse members representing various specialties, facilities, and systems tha
interact and impact maternal health.

Kansas Resources

- Kansas Law Authorizing Maternal Mortality Review (KSA 65-177)
- Kansas Maternal Mortality Review Committee Membership
- Kansas Maternal Mortality Review Purpose & Goals
- Kansas Maternal Mortality Review Committee Guidance Document

History

- Maternal Mortality Review Legislative Testimony (2018)
- Media Release (9-18-18)

National Resources

REVIEW to ACTION

- Maternal Mortality Review Committee Logic Model
- MMRC Critical Role Report

Kansas Maternal Mortality Review Committee
Guidance Document

July 2019

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http://www.kansasmch.org/mmr.asp

KPQC

Vision: Kansas is the best place to be born and to be a mother

Mission: To improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.

Goals:

1. Establish and provide oversight for multiple state-wide quality improvement initiatives to improve birth outcomes

2. Promote system changes by gathering data resources and increasing use of evidence-based practices for perinatal health

3. Bring personalized support to Kansas communities by providing education and resources for perinatal health

*32 participating hospitals, representing ~84% of Kansas births

KPQC AIMS

Neonatal Abstinence Syndrome Kansas State Initiative SMART AIMS	
AIM 1	By October 2020, 85% of all Kansas birth centers enrolled in VON NAS Universal Training Program will have achieved "Center of Excellence" designation
AIM 2	By October 2020, less than 50% of infants at risk for NAS will be directly admitted to the NICU
AIM 3	By October 2020, the number of infants at risk for NAS who require pharmacological treatment will decrease by 25%
AIM 4	By October 2020, the LOS of Kansas infants with NAS treated pharmacologically will decrease by 2 days

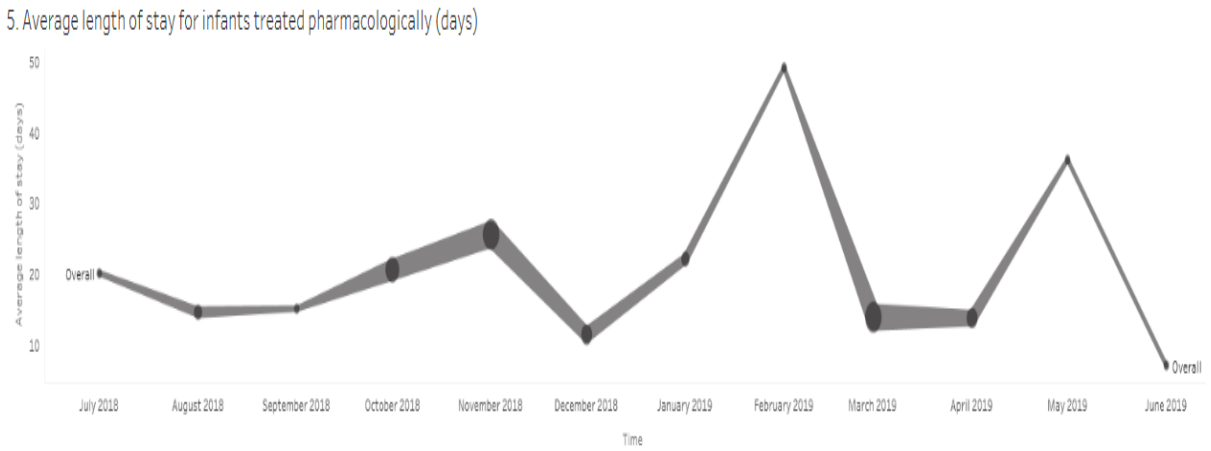
Impact/Progress

By October 2020, less than 50% of infants at risk for NAS will be directly admitted to the NICU

Peak Direct NICU Admission rate 20% in December, since December rate has been 13% or less.

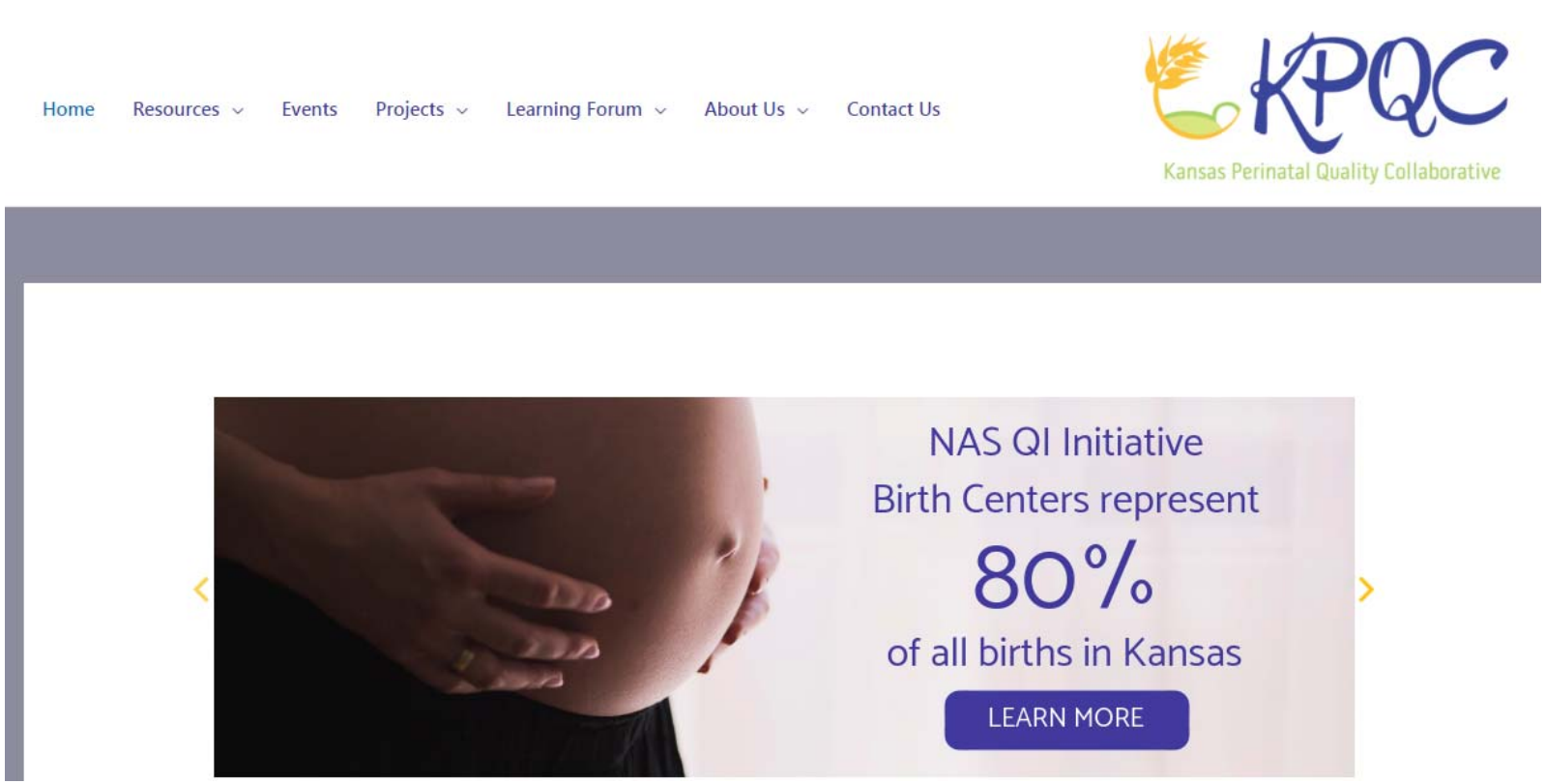
Impact/Progress

By October 2020, the LOS of Kansas infants with NAS treated pharmacologically will decreased by 2 days



May LOS 36 days, had been stable at 13.7 and 13.8 in previous 2 months

KPQC Website



https://kansaspqc.org/

State PQCs and MMRCs*

PQCs and MMRCs function to improve maternal and perinatal health (investing in the mother's health leads to a healthier birth/pregnancy outcome)

Roles & Functions

- **PQCs:** Focus on efforts during the maternal and perinatal periods intended to improve birth outcomes and strengthen perinatal systems of care for mothers and infants
- **MMRCs:** Focus on reviewing maternal and pregnancy-associated deaths (pregnancy through 1 year after delivery) to identify gaps in health services and make actionable recommendations to prevent future deaths, improving maternal and perinatal health

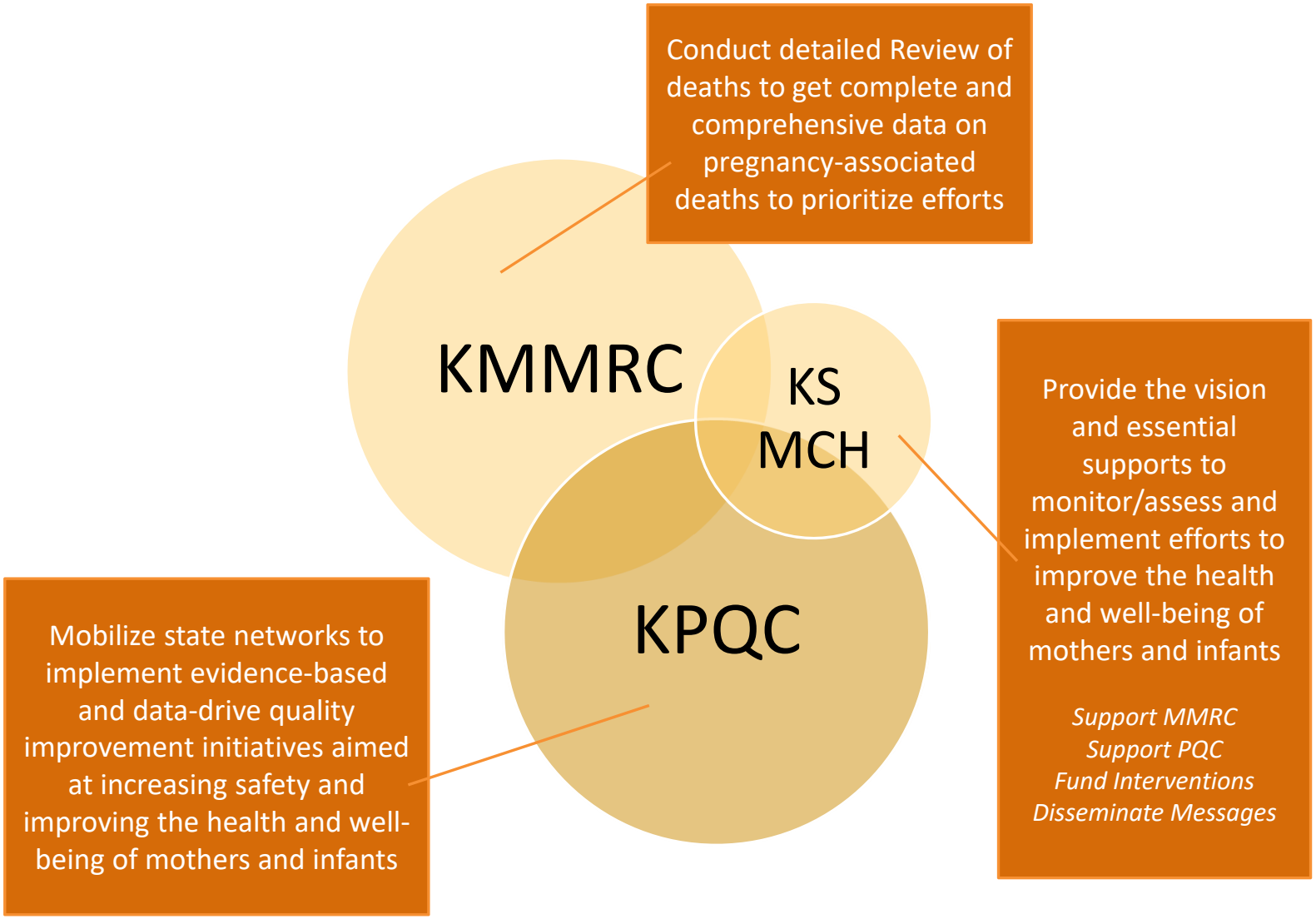
PQC: Perinatal Quality Collaborative; MMRC: Maternal Mortality Review Committee

System & Health Improvements

Lessons learned over time have resulted in the national recommendation (CDC) for states to intentionally and strategically align the review efforts (MMRC) with the action/QI efforts (PQC), creating a **"culture of safety"**

Creating the Kansas "Culture of Safety"

- **KPQC:** Established February 2018; 1st QI initiative focused on increased quality and improved standard of care and diagnosis for Neonatal Abstinence Syndrome (NAS)
- **MMRC:** Established June 2018; amended KS Law to increase authority and protections effective July 1, 2018 (K.S.A. 65-177); 1st official review meeting held November 2018 (started with review of 2016 deaths)


Conduct detailed Review of deaths to get complete and comprehensive data on pregnancy-associated deaths to prioritize efforts
KMMRC
KS MCH
KPQC
Provide the vision and essential supports to monitor/assess and implement efforts to improve the health and well-being of mothers and infants
Support MMRC
Support PQC
Fund Interventions
Disseminate Messages
Mobilize state networks to implement evidence-based and data-drive quality improvement initiatives aimed at increasing safety and improving the health and well-being of mothers and infants

Next Steps: AIM Initiative

Kansas will enroll in the **Alliance for Innovation on Maternal Health (AIM)** initiative and implement a safety bundle in partnership with the KPQC and KMMRC (tent. July 2020)

- AIM is a national, data-driven maternal safety and QI initiative for states and hospitals and partners (focus on consistent practices)
- Based on proven implementation approaches to improving maternal safety and outcomes in the U.S.
- AIM works through state teams and health systems to align national, state, and hospital level QI efforts to improve outcomes

Any state can join AIM as part of a state-level PQC QI efforts

- Access to 12 “safety bundles”, Patient Safety Tools, and the entire active AIM “Community of States”

AIM Patient Safety Bundles

(+Aim = National Support/TA Available)

KANSAS MATERNAL & CHILD HEALTH

Early Childhood Systems Building & Our Tomorrows

MEGHAN CIZEK, UNIVERSITY OF KANSAS CENTER FOR PUBLIC PARTNERSHIPS & RESEARCH

Strengthening Early Childhood in Kansas in 2019

Kansas Maternal & Child Health Council

July 31, 2019

Kansas Early Childhood Systems-Building

- Conduct needs assessment.
- Develop strategic plan.
- Maximize parental choice and knowledge.
- Share best practices among early childhood providers.
- Improve the overall quality of early childhood care and education programs in the state.

Statewide Needs Assessment

- Collect and analyze existing needs assessments.
- Community engagement sessions in communities across Kansas.
- Story collection and Community Sensemaking.
- Environmental scan & professional development survey.
- Synthesize findings.

Statewide Needs Assessment

- NA Synthesis – Seeks to Answer Questions Such as …
  - Current availability and quality of EC programs and services in Kansas? How are vulnerable populations supported?
  - What is the experience of those who navigate and interact with the various programs and services? What is the experience of those who don't?
  - Barriers to smooth transitions amongst early childhood programs and between early child programs and K-12?
  - Opportunities for maximizing efficient use of resources? Opportunities to identify and promote best practices and ongoing quality improvements?

Statewide Needs Assessment

- Examples of Existing Assessments Include:
  - Childcare supply and demand
  - Workforce professional development
  - Head Start
  - MIECHV/Kansas Home Visiting
  - Title V Kansas Maternal and Child Health
  - Part C Services
  - Early Childhood Block Grant
  - WIC and Nutrition Services
- Also Collected Regional Reports and Local Assessments
- Rubric for Existing Needs Assessments:
  - Child and Family Populations, Programs/Models, and Policy/Infrastructure

Statewide Needs Assessment

- Community engagement sessions.
- 46 sessions across 31 communities in Kansas.

our tomorrows

@cppr_media

kucppr.org/OurTomorrows

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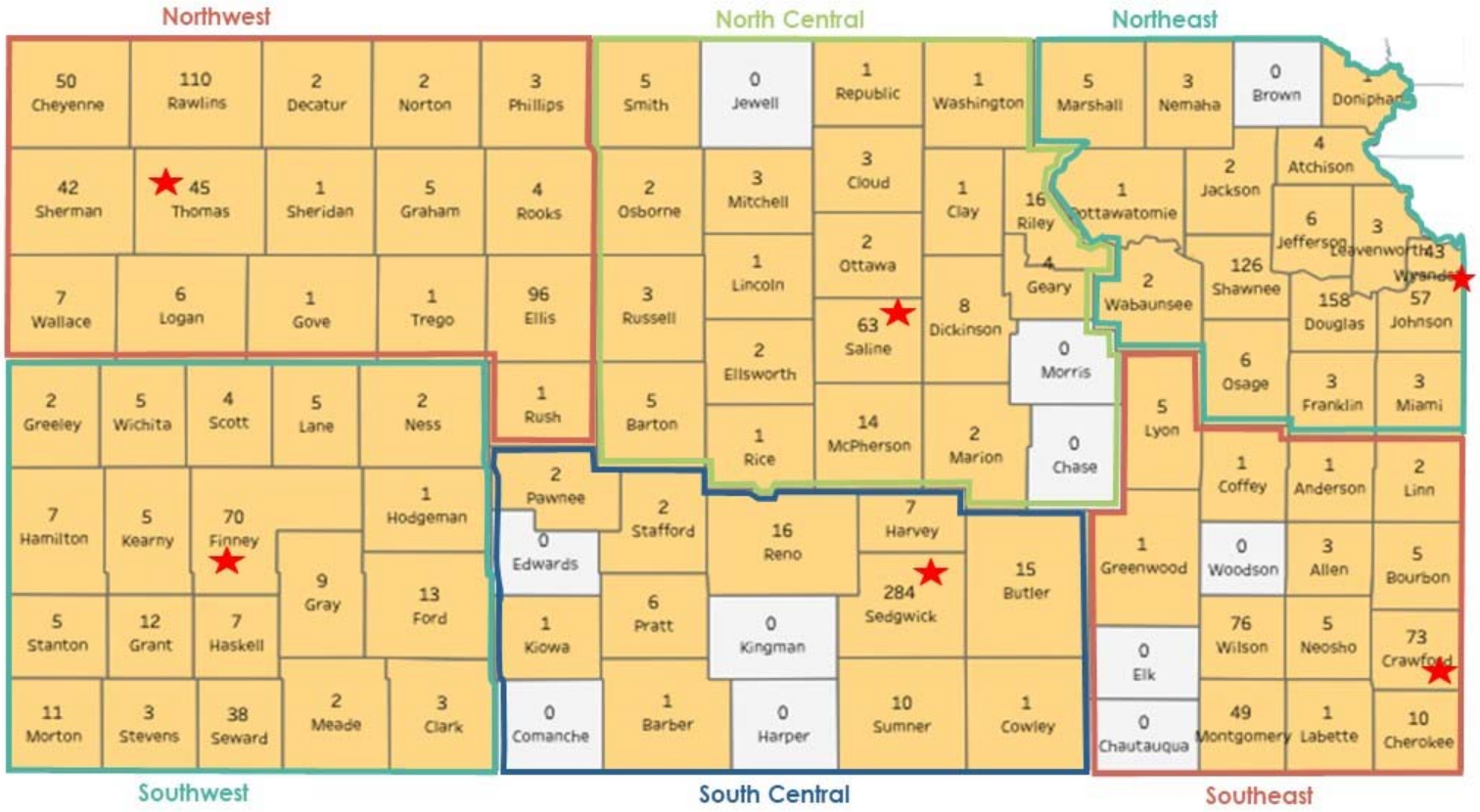
The University of Kansas

1717 STORIES SHARED BY KANSANS*



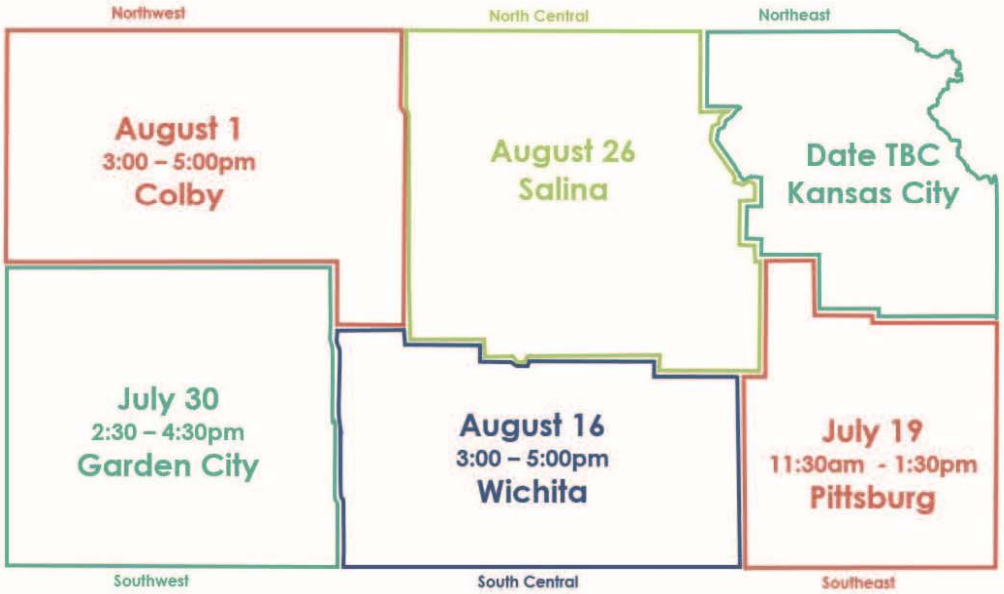
Community Action Lab Region Legend

★ Regional Community Sensemaking Workshop Location

***2035 Total Stories Shared**

Sensemaking WORKSHOPS

6 regional Sensemaking Workshops will set the stage for Community Action Labs, made up of small, local "Actionables." Launching in Fall 2019, Actionables are low-cost community changes that will be based on learnings from the Workshops.



I'm a parent, can I attend?

If invited by a partner, yes! We also encourage you to attend Community Engagement Sessions. Learn more by visiting: **kschildrenscabinet.org**

I don't see my community on the map, will there be workshops in my area?

Email us your location and we will let you know what other events are scheduled.

For details and to RSVP for your region's Workshop, visit:
http://ourtomorrows.kucppr.org

Help us make sure there are enough refreshments and supplies- RSVP today!

After the WORKSHOP: *Community Action Labs*

Further explore stories and priority themes from your community with the Our Tomorrows data dashboard.

Learn about the Community Action Lab application process.

Propose an Actionable to make a change.

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The University of Kansas

RSVP TODAY

ourtomorrows.kucppr.org

Every day, we hear stories of resilient families that have bounced back from great challenges.

Stories of hope...and stories of struggle. Through these stories we are gathering nuggets of wisdom about the ways in which things could, and should, be going better...to make **OUR TOMORROWS *brighter.***

WELCOME TO OUR TOMORROWS

Explore all of the ways you can participate.

SHARE a Story

COLLECT Stories

ENGAGE in Community Sensemaking

Join us for a Community Sensemaking Workshop

From March through August 2019, *Our Tomorrows* is hosting 10 – 15 Community Sensemaking Workshops across the state of Kansas to make sense of *Our Tomorrows* data and inform Community Action Labs. During the workshops, we will discuss assumptions, make sense of patterns, and uncover themes and opportunities for change.

First Name*

Last Name*

Email*

Organization*

If you will represent your organization, enter it here. If not, please write 'Community Member.'

Which Sensemaking session will you attend?*

-None-

What best describes your role?*

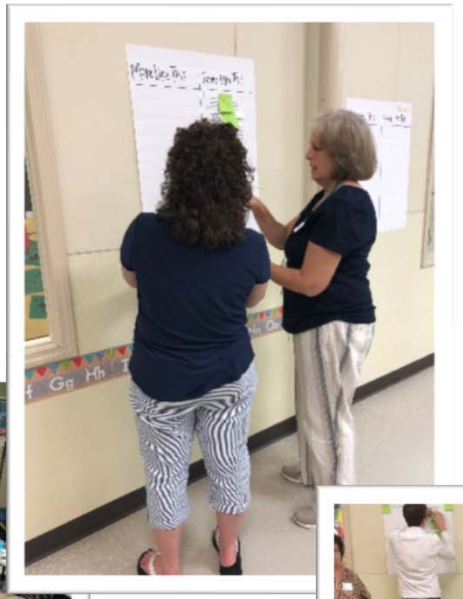
-None-

Please list any dietary restrictions or allergies

Submit Reset

Entering your information here will also enroll you for updates about the project and opportunities to get further involved. You may opt out of emails in the future.

SENSEMAKING IN PITTSBURG



tomorrow's OUR

SENSEMAKING IN PITTSBURG

- “Really got a feel for the true struggles the families are having in Southeast Kansas”
- “I was pleasantly surprised to see that families are so resilient in our community”
- “Gave me insight into where families are currently and what our kiddos are dealing with at home”

COMMUNITY ACTION LABS

- Finalizing the application process and materials
- Application window will be open early September
- Will update partners and Workshop participants via email

Statewide Needs Assessment

Workforce and Environment & Facilities Assessments

- Professional Development Survey
  - Conducted by Child Care Aware of Kansas & Kansas Child Care Training Opportunities. (Closed July 26).
- Environmental and Facilities Scan/Assessment
  - Conducted by Child Care Aware of Kansas from April - June

Maximize Parent Choice & Knowledge

- Linking best practices to Kansas Family & Partnership Engagement Standards.
- Expand Help Me Grow & IRIS into new communities.
- Support parent leadership:
  - Parent Grassroots Advocacy Sessions.
  - Parent Café events hosted by Kansas Children's Service League
  - Parent Leadership Conference November 15-16

Best Practices & Improve Quality

- LETRS for early childhood facilitator training.
- Enhance child care recognition and improvement pilot (Links to Quality).
- Community Action Labs

Kansas Early Childhood Journey

- Explore the timeline of moments and follow it to see where this journey began.
- Find the Kansas Early Childhood Journey on the Systems-Building page of the Children's Cabinet website: **kschildrenscabinet.org/journey**

Initial Key Findings

- Access to quality, affordable child care
  - Non-traditional shifts, rural care, infant/toddler
- Workforce challenges
- Access to high-quality mental health and primary care
- Funding and resource needs

Strategic Plan

- Governor's Symposium on Early Childhood
  Monday, October 7 in Wichita
  - Sharing back of full needs assessment findings
  - Strategic Plan Themes
  - Workshop and Develop Action Plans
  - Feedback, Q/A

What's Next?

- Needs Assessment Efforts Continue
- Needs Assessment Synthesis and Report
  - August 7th Webinar (Zoom – sign up on KCCTF website)
  - August 21st Webinar (Zoom – sign up on KCCTF website)
  - August 23rd Advisory Team Meeting (Topeka and Zoom)
- Strategic Plan

Stay Engaged

- Our Tomorrows Story Collection – **Help us get to Zero Zeros!**

- Visit the Kansas Early Childhood Systems-Building webpage for updates, link to sign up for our bi-weekly webinars and view page webinars, link to the Kansas Journey page, and upcoming event information:
  - https://kschildrenscabinet.org/early-childhood

Strengthening Early Childhood in Kansas in 2019

Thank you!!

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Lunch & Networking

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Domain Group Work

TASK 1: DISCUSS DOMAIN ISSUE/RECORD

TASK 2: COMPLETE ACTION ALERT TEMPLATE

Domain Group Assignments

STAFF SUPPORT BY DOMAIN GROUP

Women/Maternal: Kelli Mark & Jennifer Miller

Perinatal/Infant: Carrie Akin & Tamara Jones

Child: Elisa Nehrbass & Brooke Sisson

Adolescent: Kelsee Torrez & Sarah Fischer

Children & Youth w/Special Health Care Needs: Kayzy Bigler & Connie Satzler

Domain Group Work

Tasks: 1) Review worksheet and discuss issue; **2)** Draft Action Alert

- Handouts: Worksheet, Action Alert Template
- References/Supplement Docs (vary by group)

Focus Area/Measure by Domain:

- **Women & Maternal**: Preventive Medical Care/Well Visit (18-44 years) (preconception and postpartum)
- **Perinatal & Infant:** Sudden Unexplained Infant Death (SUID)/SIDS
- **Child:** Physical Activity (6-11 years)
- **Adolescent:** Mental Health & Well-Being/Suicide Prevention
- **Children and Youth w/Special Health Care Needs:** Family-Centered Medical Home

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Domain Group: Adolescent

Expert Guest(s): Dr. Kari Harris, Judi Rodman, Lisa Chaney, Julia Connellis

Lead Staff: Kelsee Torrez **Recorder:** Sarah Fischer

Focus Area: *Provide brief responses to the following questions related to the focus area/issue.*

Discussion Questions	Comments
What is the problem/focus issue?	This will be an action alert calling on everyone to get involved and take action around impactful efforts, solutions and improvements around su... what each person/role/sector can do right now—small b... strategies (parents, youth, schools, government, provide... NOTE: Review the CDC Technical Package* strategies for ... align with something and draw from what to do? What o... recommendations can we draw from? FYI: There is a highly collaborative group of state agencie... partners that has been convening for months. They are c... awareness initiative with joint messaging and "call to act... media. * https://www.cdc.gov/violenceprevention/pdf/suicideT...
Who is the target audience for the message(s)?	Audience is all (youth, parents, caregivers, families, physi... communities, etc.)
What type of document/product related to outreach/messaging are you preparing (what is the purpose) and why? (action alert, infographic, bulletin, etc.)	Action Alert/Call to Action (Use data, strategies, tips, and reminders to send the me... intent is to mobilize and activate/create and drive action... part of the solution and can do something now.)
What MCH performance measure does this aim to address/support?	NOM 16.1 - Adolescent mortality rate, ages 10 through 1... *Numerator: Number of deaths among adolescents ages 10 through 19 ... adolescents ages 10 through 19 years* NOM 16.3: Adolescent suicide rate, ages 15 through 19, ... *Numerator: Number of deaths attributed to suicide among adolescents ... Denominator: Number of adolescents ages 15 through 19 years* Related: NPM 9: Bullying; NPM 10: Adolescent well visit
Outline the case for need: - Data/negative trends - Behaviors to target for change that are contributing to the issue - System and/or policy issues and barriers contributing to the problem - Other contributing factors	Data: State and local agencies rely on data to drive progr... decisions, and capacity building initiatives. These data so... • Vital Statistics (2013-2017) o Suicide is the second leading cause of d... and 25-44; it's the third leading cause f... o There is an increasing trend over the la... o 5.7% of all suicides are individuals less t... • Youth Behavioral Risk Survey (YBRS) (2017, male... o 15.6% seriously considered suicide o 11.8% made a plan to attempt suicide o 7.1% attempted suicide

KMCHC July 31, 2019

Call to Action/Action Alert Template

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Use this space to provide a visual of how you want images, data, messages, etc. organized for the action alert. Use shapes and label them by content so it's clear to the designer how you want to utilize the space proportionately. A proof of the design will be shared back with the group.

Call to Action/Action Alert Template

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1. **Who** are you mobilizing to "take action" (e.g. health providers, school nurses, teachers, child care centers, etc.)? Carry forward and further specify the target audience(s) from Q2 of the worksheet. Identify 1 but no more than 3 segments to mobilize.

2. **What is the evidence-based "ask", action, or change that** the people identified in question one will be asked to do? Consider **key message(s)** or resources to be communicated or promoted to the target audience, and behaviors to target. (Carry forward and refine from Q 6 and 7 of worksheet.)
Key ask/action/change:

Now, **refine by audience or segment**, if needed. Include key **data, resources, or visuals** (infographic, chart, photo, etc.), if appropriate to improve messaging-effectiveness for each audience.

Who (from Q1)	**Audience-specific Message**	**Data Points/Statistics**	**Visual(s)** (types of photos/images)

3. **How** could you **get the word out** about this action alert to the people identified in question one? **Who** should disseminate? Think of at least 2 communication channels and/or network partnerships that could help disseminate the alert.

1. 2.

4. **When** should this action alert be activated? When should this action alert be archived? Consider the timeline for this action alert.

Start Date: End Date:

Ground Rules

1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.

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Small Group Reports

W/M, P/I, C, A, CYSHCN

Small Group Reports

Share Key Action Alert Template Results:

1. Who are you mobilizing to take action?

2. What is the key message or call to action for each audience or segment?

3. How will you get the word out?

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Announcements October Agenda 2020-2021 Meetings

KDHE & KMCHC MEMBERS

KANSAS MATERNAL & CHILD HEALTH

Next Meeting Date

OCTOBER 9, 2019

KANSAS MATERNAL & CHILD HEALTH

Closing Remarks

KARI HARRIS, MD, CHAIR