KANSAS MATERNAL & CHILD HEALTH

Kansas Maternal & Child Health Council

JULY 22, 2020 MEETING

KANSAS MATERNAL & CHILD HEALTH

Welcome

Recognize New Members & Guests

KARI HARRIS, MD, MCH COUNCIL CHAIR

KANSAS MATERNAL & CHILD HEALTH

Title V MCH Block Grant Application & Action Plan Updates

HEATHER SMITH

Title V 2021-2025 Priorities

Women/Maternal Health

Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.

Child Health

Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.

Children with Special Health Care Needs

Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Perinatal/Infant Health

All infants and families have support from strong community systems to optimize infant health and well-being.

Adolescent Health

Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

Cross-Cutting #: MCH Workforce

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

Cross-Cutting #2: Families

Strengths-based supports and services are available to promote healthy families and relationships.

National & State Performance Measures

KANSAS MATERNAL & CHILD HEALTH

National Performance Measures (NPMs)

- **NPM 1**: Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)
- **NPM 5**: Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B)on separate sleep surface; and (C) without soft objects and loose bedding)
- **NPM 6**: Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)
- **NPM 10**: Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)
- **NPM 12**: Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care

State Performance Measures (SPMs)

- **SPM 1**: Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth)
- **SPM 2**: Breastfeeding (Percent of infants breastfed exclusively through 6 months)
- **SPM 3**: Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event
- **SPM 4**: Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems

Kansas Maternal & Child Health Partner

We need your feedback!

As part of the Title V Maternal & Child Health (MCH) Services Block Grant Federal-State partnership, Kansas is required to make our annual application and report available to the public for the purpose of gathering input. We have created an online survey to collect information, opinions and perspectives from consumers and partners across the state. As a key partner informed of and concerned about the needs of MCH populations, services and resources we invite you to share your input. Find more information online at:

www.kdheks.gov/bfh or ww.kansasmch.org

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

Take the survey here:

https://www.surveymonkey.com/r/62Z65VZ

The survey will open for public input on July 20 and close on August 14, 2020.

FFY2021 Title V MCH Block Grant

- Release/Writing: April
- Public input period: July 20 – August 14
- 2021 Application/2019 Annual Report Due: September 15

(KS goal is to submit by September 1st)

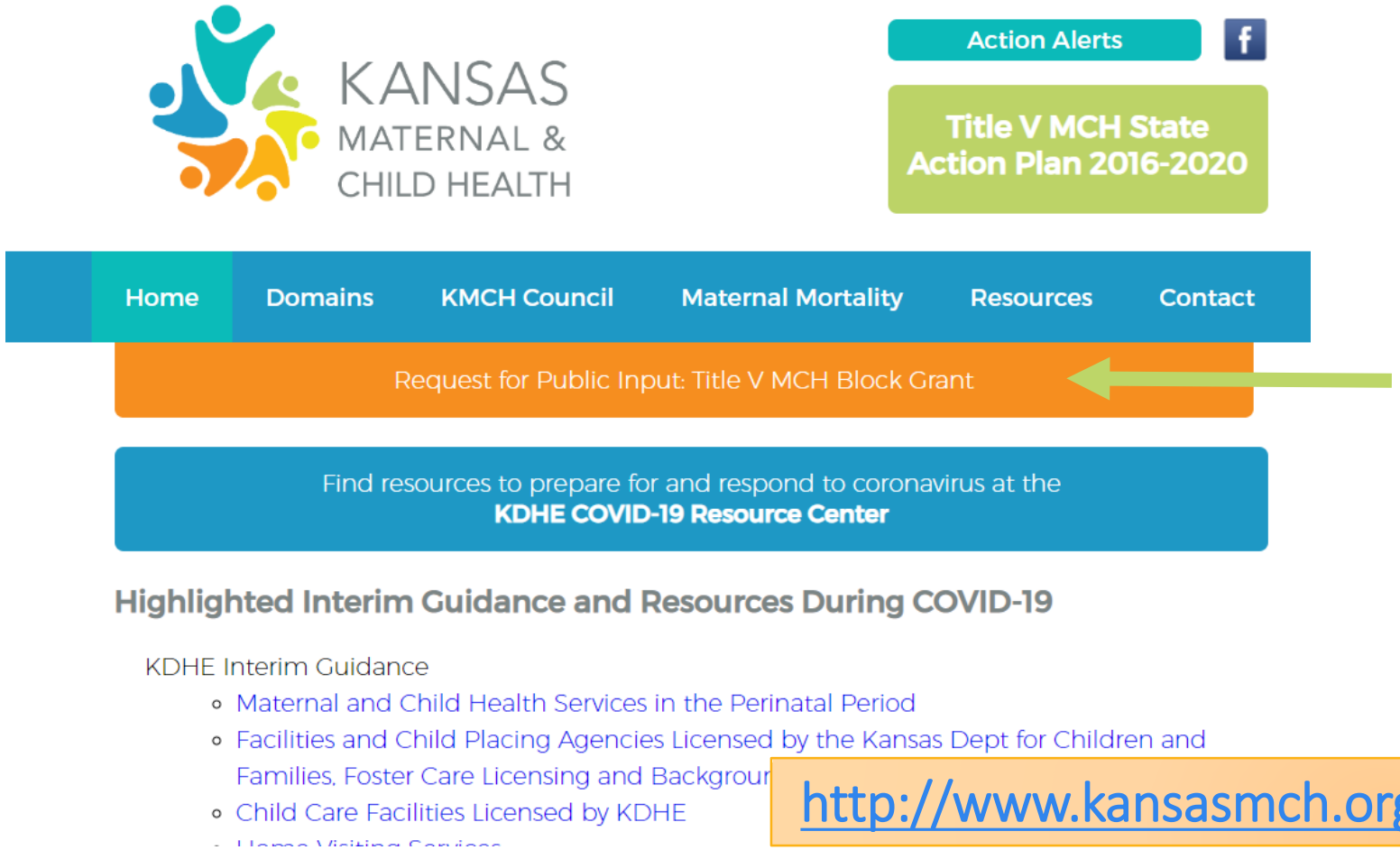
- FINAL Plan & Annual Report Released: upon submission
- **Federal Title V Block Grant Review: November 18**
- Application & Annual Report Re-submit: No re-submission in 2020
- Final publications and resources published: October 2020
- Access: www.kdheks.gov/bfh or www.kansasmch.org

***This year, we are officially launching the new 2021-2025 State Action Plan, upon completion of the 5-Year Needs Assessment.*

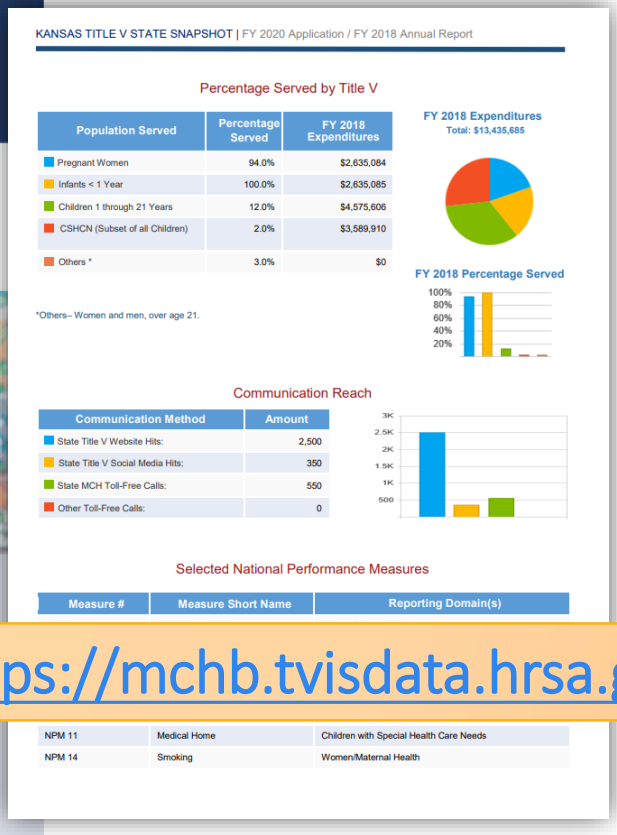
Published Links/Documents

://www.kdheks.gov/bfh

Published Links/Documents



KS Title V MCH Snapshot



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

**FY2021 will not be available until late 2020 or early 2021 after HRSA publishes the updated versions based on the FY2021 Applications and FY2019 Annual Report submissions.

Kansas MCH Facebook Page

http://www.facebook.com/kansasmch

KANSAS MATERNAL & CHILD HEALTH

MCH Measurement Framework: Highlight on Trends

LJ PANAS

How is Kansas Doing?

NOMs, NPMs & SPMs

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Kansas Department of Health and Environment

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant

2021 Application/2019 Annual Report

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NOM#	National Outcome Measures	Medicaid Measures	2014	2015	2016	2017	2018	Trend	HP2020	Sources
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	CMS								1
	All		80.0%	81.7%	80.8%	81.2%	81.0%	●	**84.8%**	
	Medicaid		70.5%	72.7%	70.2%	72.1%	71.7%	●		
	Non-Medicaid		84.8%	86.2%	85.8%	85.5%	85.3%	●		
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations (2016, 2017, 2018, 2019)		-	54.6	54.9	60.2	61.9	▲	-	2
3	Maternal mortality rate per 100,000 live births (5 year average, 2014-2018)		-	-	-	-	14.8	●	**11.4**	3
4	Percent of low birth weight deliveries (<2,500 grams)	CMS								1
	All		7.1%	6.9%	7.0%	7.4%	7.4%	▲	**7.8%**	
	Medicaid		8.5%	8.7%	8.8%	9.5%	9.9%	▲*		
	Non-Medicaid		6.3%	6.0%	6.1%	6.4%	6.4%	▲		
5	Percent of preterm births (<37 weeks gestation)	P4P								1
	All		8.7%	8.8%	9.1%	9.6%	9.5%	▲*	**9.4%**	
	Medicaid		10.0%	10.3%	10.8%	11.3%	11.4%	▲*		
	Non-Medicaid		8.1%	8.0%	8.3%	8.8%	8.6%	▲*		
6	Percent of early term births (37,38 weeks gestation)									1
	All		24.3%	24.1%	24.4%	25.6%	26.3%	▲*	-	
	Medicaid		26.1%	26.1%	26.7%	28.3%	28.4%	▲*		
	Non-Medicaid		23.4%	23.2%	23.3%	24.4%	25.3%	▲		
7	Percent of non-medically indicated early elective deliveries		5.0%	2.0%	1.0%	1.0%	1.0%	▼*	-	4

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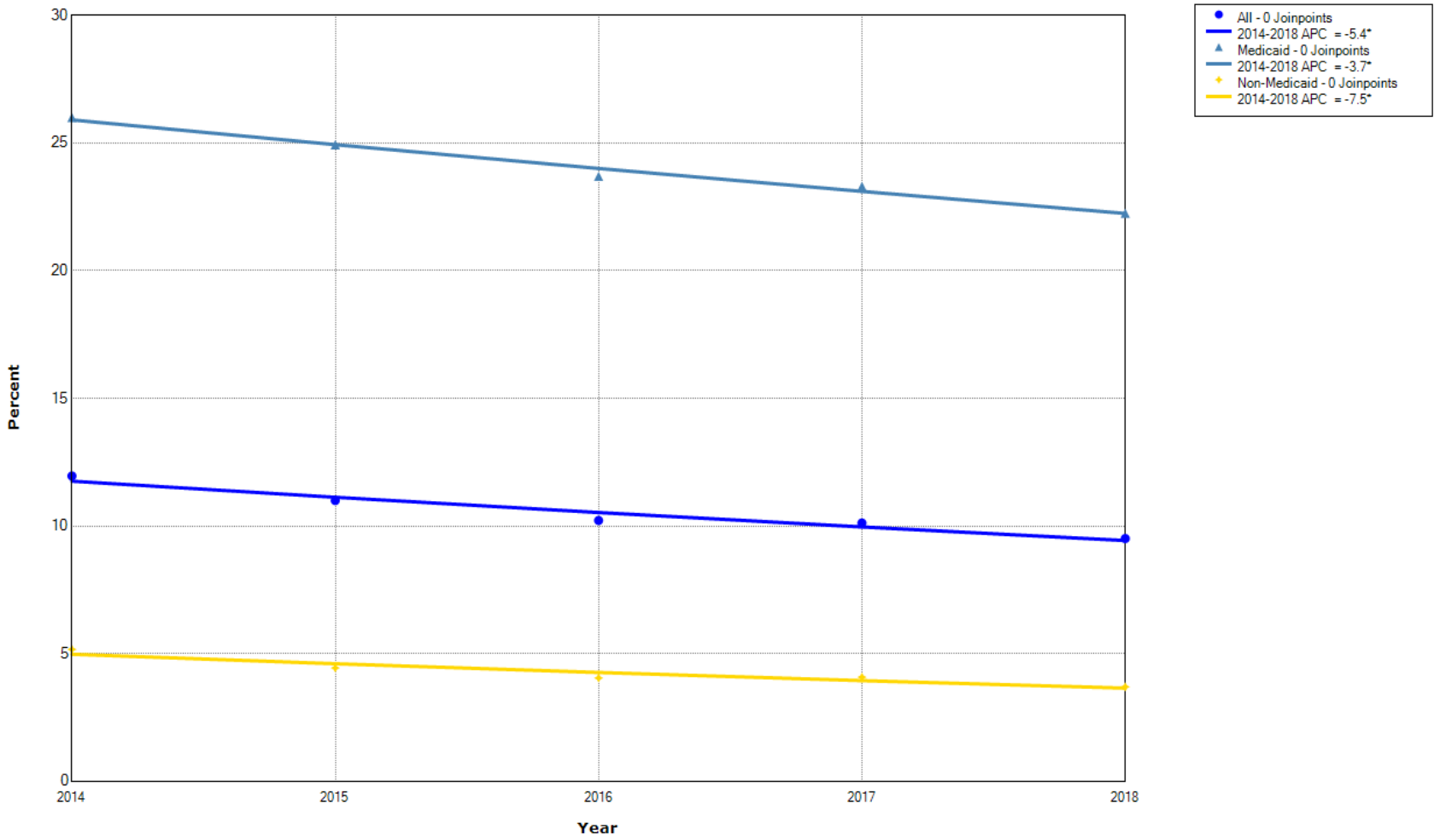
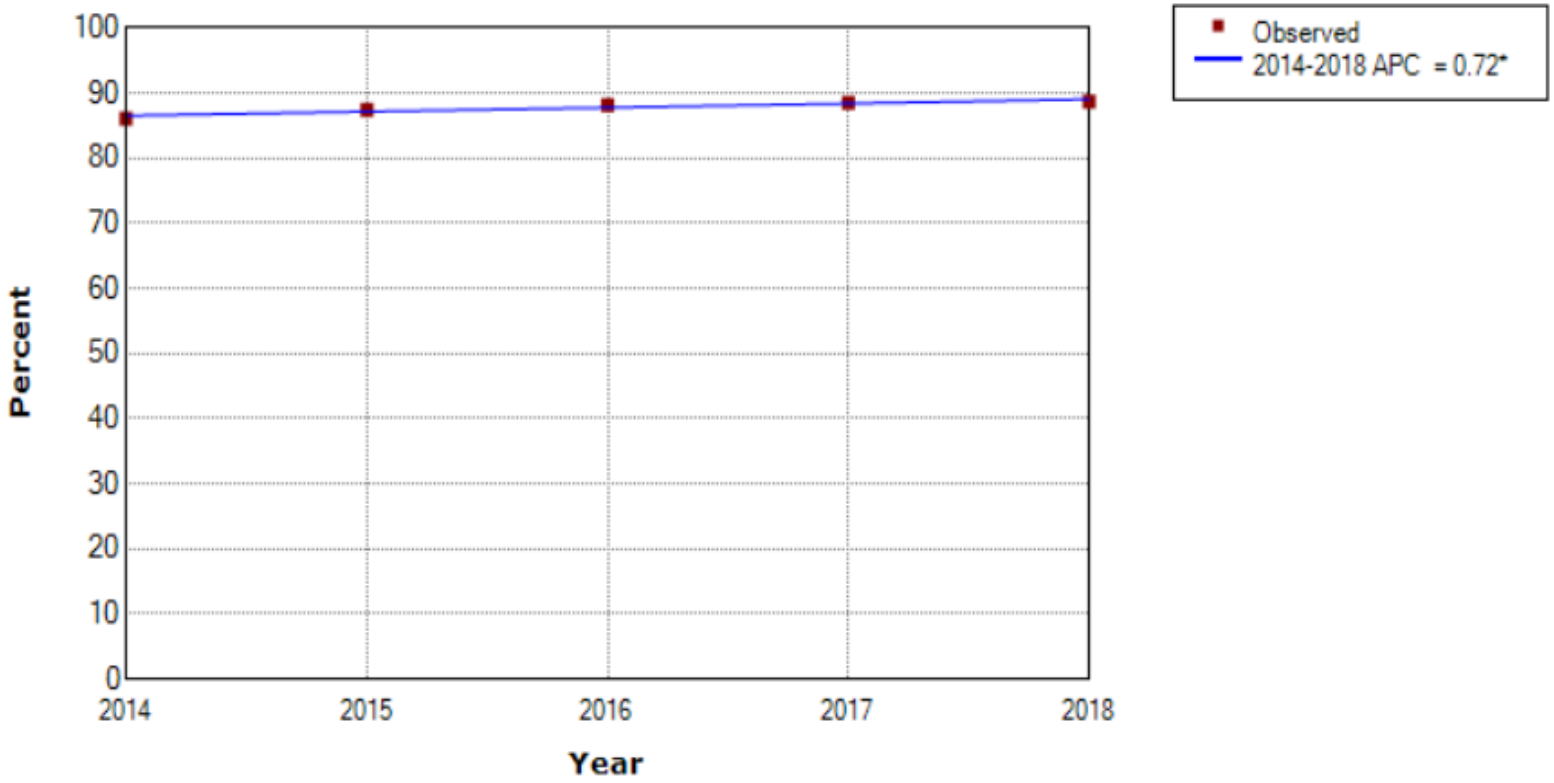
Positive Trends

NPM 14.1: Percent of women who smoke during pregnancy



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

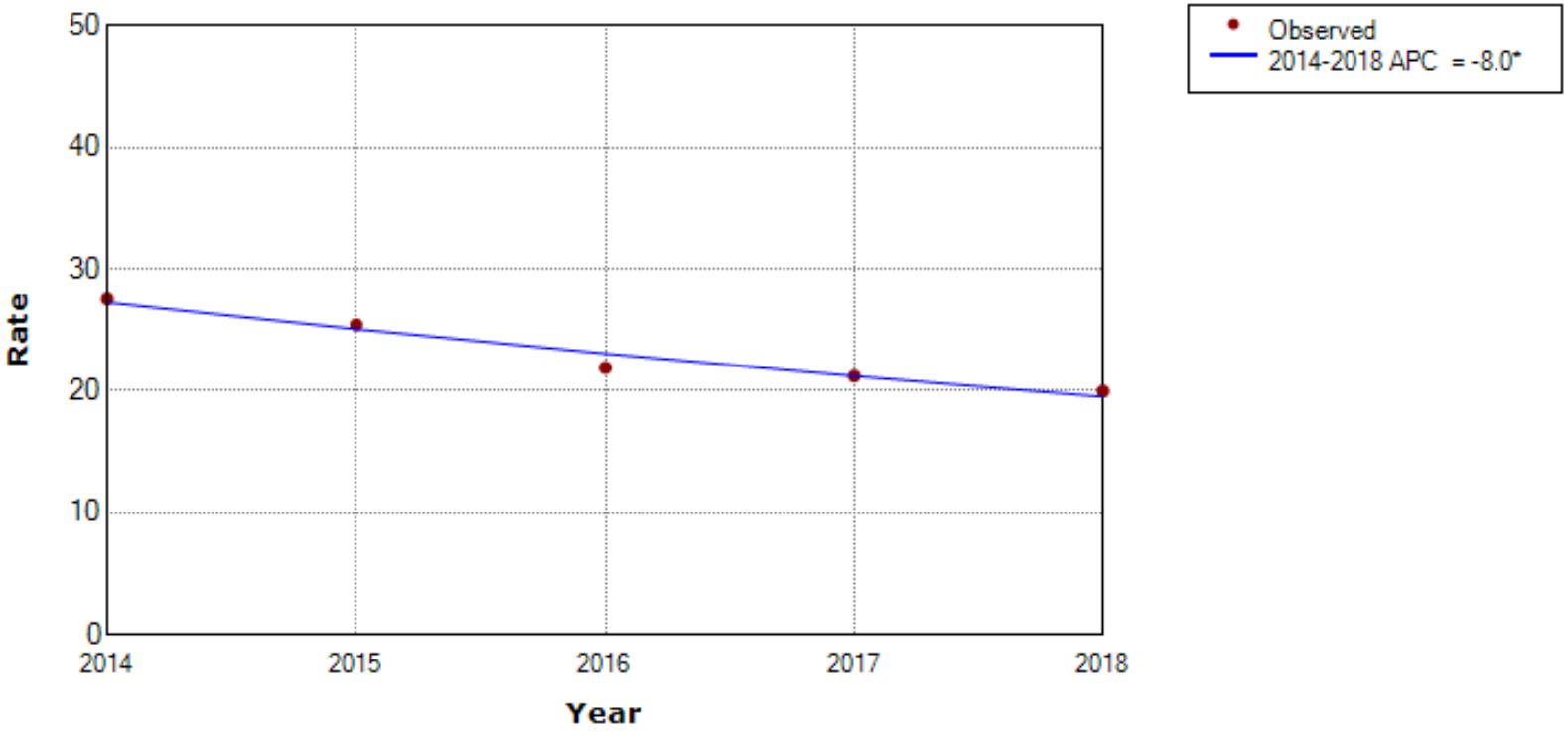
NPM 4: Breastfeeding: A) Percent of infants who are ever breasted



* 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)

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



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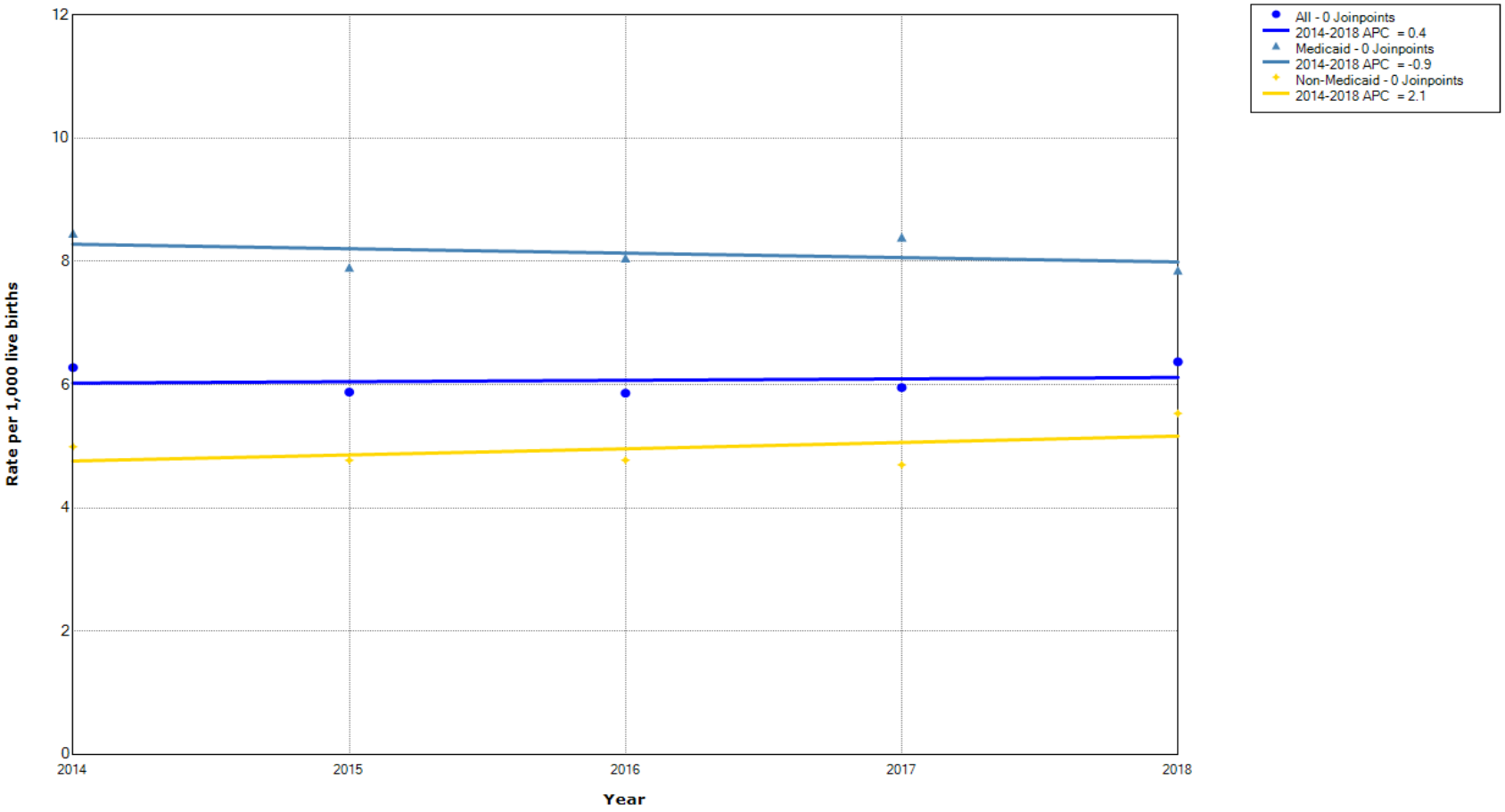
Final Selected Model: 0 Joinpoints.

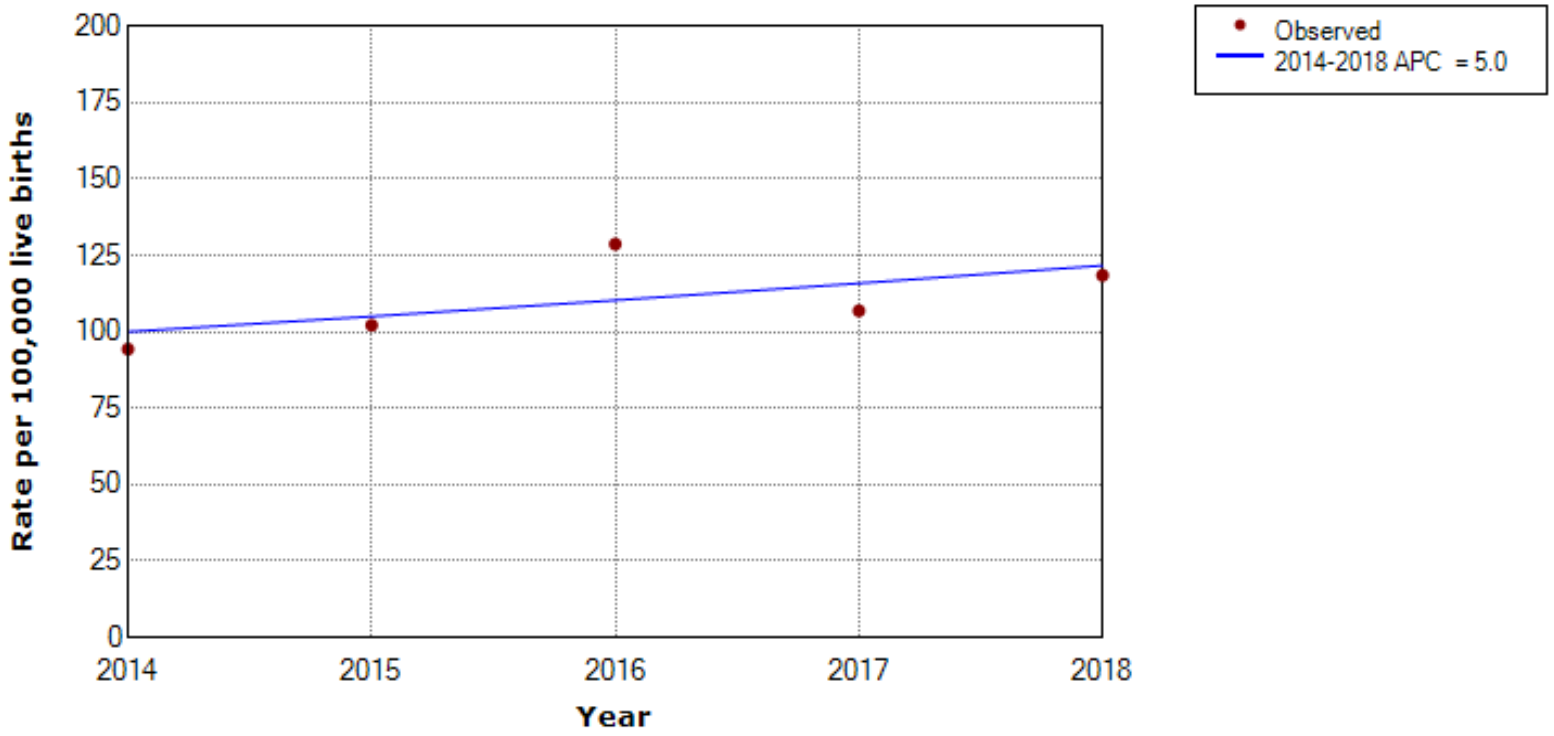
Sources: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident); U.S. Census Bureau, Population estimate, bridged- Race Vintage data set

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



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)



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Final Selected Model: 0 Joinpoints.

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

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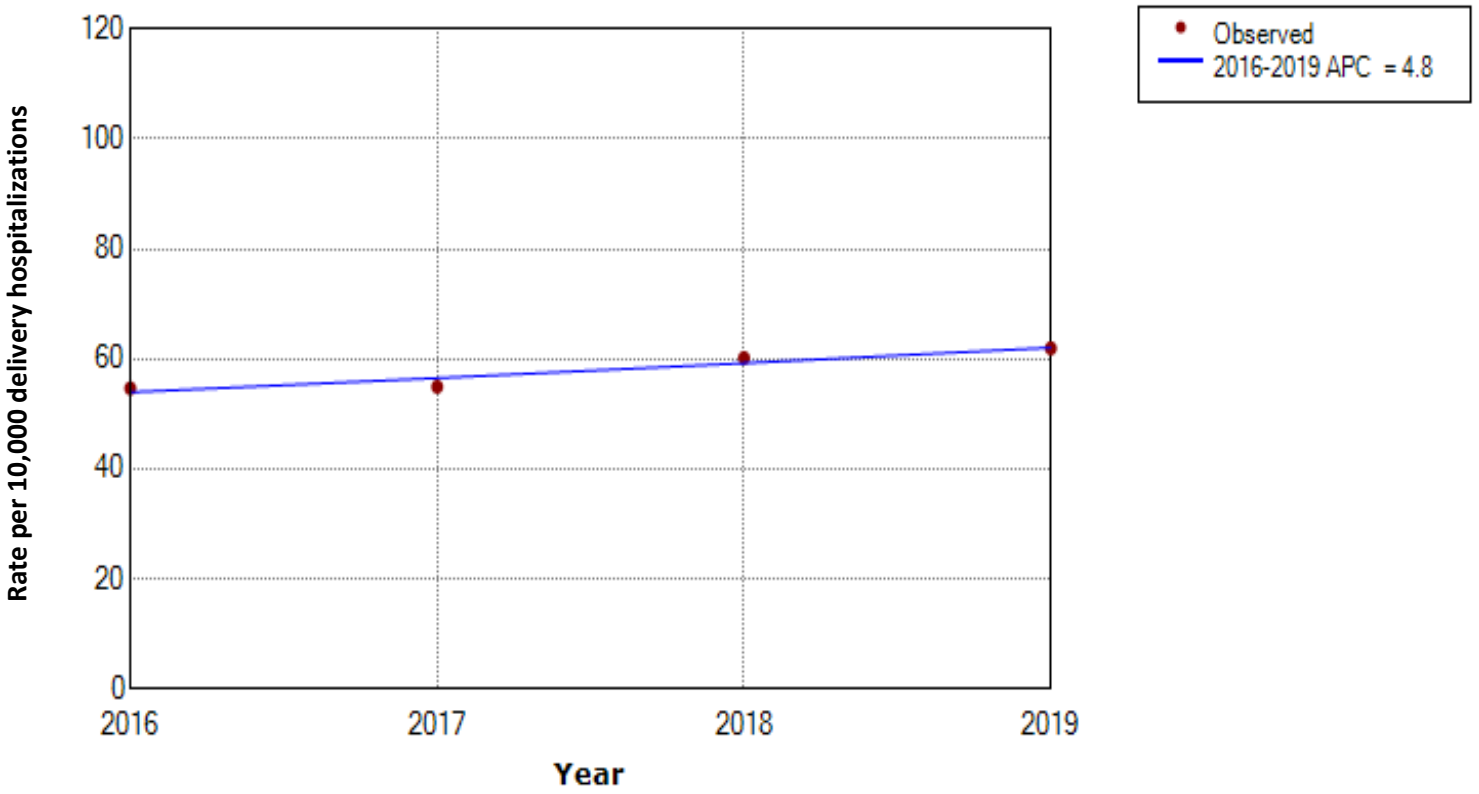
Negative Trends

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



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Source: Kansas Hospital Discharge Data (Resident)

NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations by maternal race/ethnicity, Kansas, 2016-2019

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The SMM rate for non-Hispanic blacks were significantly higher than any other race and ethnicity.

Year	Non-Hispanic Black	Non-Hispanic White	Asian Pacific Islanders*	Hispanic
2016	115.9	52.1	*	45.7
2017	100.9	52.1	*	60.5
2018	86.6	53.1	*	80.4
2019	98.2	57.2	*	69.5
Total	100.4	53.6	58.3	63.7

Note: *Counts less than 10 , therefore the corresponding rates are suppressed due to statistical reliability.
Source: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Kansas Hospital Discharge Data (Resident))

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

- Based on the new "2018" method, a total of **28 maternal deaths** (deaths during pregnancy or within 42 days after the end of pregnancy) were identified in Kansas in 2014-2018. The official Kansas maternal mortality rate reported by National Center for Health Statistics (NCHS) for 2014-2018 was **14.8 deaths per 100,000 live births.**

- Five-year estimate is provided to improve precision and reportability.

- Data notes: Maternal mortality data have not been included in final mortality report as official statistics since 2007, due to staggered implementation over time of the 2003 revised death certificate by states, which includes the use of a new checkbox to better identify maternal deaths. Growing evidence suggests the pregnancy status question may increase false reporting of recent pregnancy, especially with increasing age. As of 2018, implementation of the revised certificate, including its pregnancy checkbox, is complete for all 50 states (noting that California implemented a different checkbox than that on the U.S. Standard Certificate Death), allowing NCHS to resume the routine publication of maternal mortality statistics. NCHS has adopted a new method (to be called the 2018 method) for coding maternal deaths to mitigate these probable errors. **The 2018 method involves restricting use of the pregnancy checkbox to decedents aged 10-44.**

CDC Pregnancy Mortality Surveillance System (PMSS): Trends in pregnancy-related mortality ratios, Kansas 2006-2016 (5-year rolling average)*

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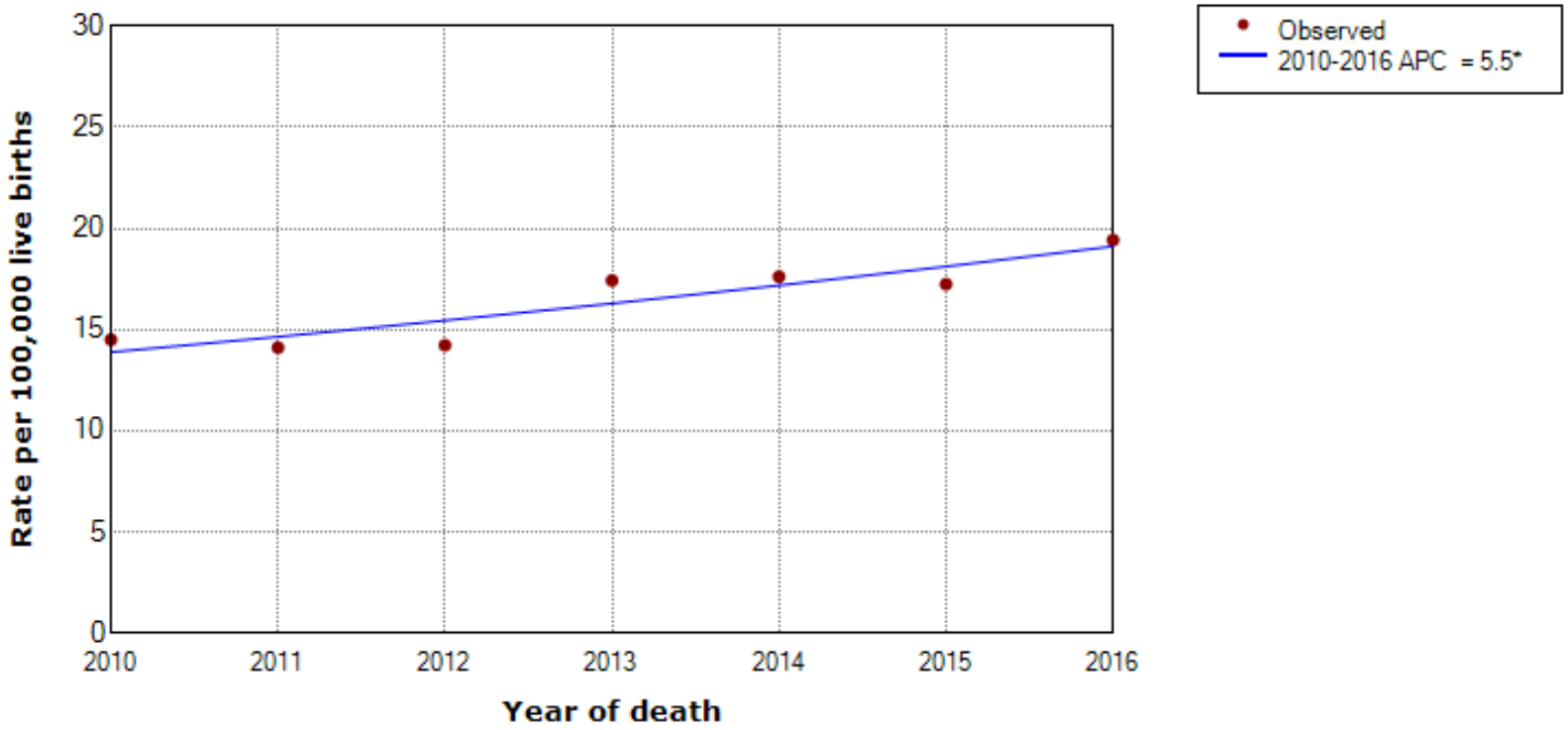
*Preliminary data – subject to change



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

Note: Five-year rolling average estimate is provided to improve precision and reportability; Year of death represents 5-year rolling average (i.e., 2010 represents 2006-2010, 2011 represents 2007-2011, etc.)

Source: Center for Disease Control and Prevention, Pregnancy Mortality Surveillance System. Kansas occurrence data

Kansas Maternal Mortality Review Committee (KMMRC)*

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*Preliminary data – subject to change

- Of the 54 identified deaths in 2016-2017, the KMMRC determined:
  - 40 (74%) deaths were pregnancy-associated
  - 14 (26%) were not pregnancy-related or -associated (false positives)
- Based on the KMMRC reviews and decisions on the 40 pregnancy-associated deaths:
  - 10 deaths (25%) were pregnancy-related
  - 21 (53%) deaths were pregnancy-associated but not related
  - 9 (22%) deaths were unable to determine the pregnancy-relatedness

Kansas Maternal Mortality Review Committee (KMMRC)*

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*Preliminary data – subject to change

- 40 Pregnancy-associated deaths, 2016-2017
  - Pregnancy-associated mortality ratio (PAMR) = **51.8 deaths per 100,000 live births in Kansas**
- 10 Pregnancy-related deaths, 2016-2017
  - Pregnancy-related mortality ratio (PRMR) = **12.9 per 100,000 live births in Kansas**

Note: Kansas currently reviews deaths based on occurrence in Kansas regardless of residency.

Pregnancy-related deaths, Kansas 2016-2017*

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*Preliminary data – subject to change

10 deaths were pregnancy-related deaths in 2016-2017.

- 5 (50%) of deaths occurred within 42 days of the end of pregnancy, 3 (30%) occurred during pregnancy, and 2 (20%) occurred 43 days to one year after the end of pregnancy
- Primary underlying causes of death were: 3 (30%) preeclampsia and eclampsia, 2 (20%) cardiovascular and coronary conditions, 2 (20%) embolism, 1 (10%) cardiomyopathy, 1 (10%) cerebrovascular accidents, 1 (10%) mental health conditions
- 9 (90%) of the 10 deaths could have been prevented with 6 (67%) good chance and 3 (33%) some chance
- Committee determinations on circumstances surrounding death were: 5 (50%) contributed to obesity, 3 (30%) to substance use disorder, 1 (10%) to mental health conditions, 1 (10%) to probably suicide

Pregnancy-related deaths, Kansas 2016-2017*

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*Preliminary data – subject to change

- Racial and ethnic make-up was disproportionate with 6 (60%) women being racial and ethnic minorities and 4 (40%) non-Hispanic whites
- Two-thirds (60%) of deaths occurred between the ages of 25 and 34 years
- 6 (60%) in 10 women had attained a high school diploma or less education
- Less than half (40%) had private insurance while others were covered by Medicaid or unknown insurance status
- Majority (80%) were employed
- 9 (90%) had some level of prenatal care with 4 (44%) entering care in the first trimester

Pregnancy-associated but not related, Kansas 2016-2017*

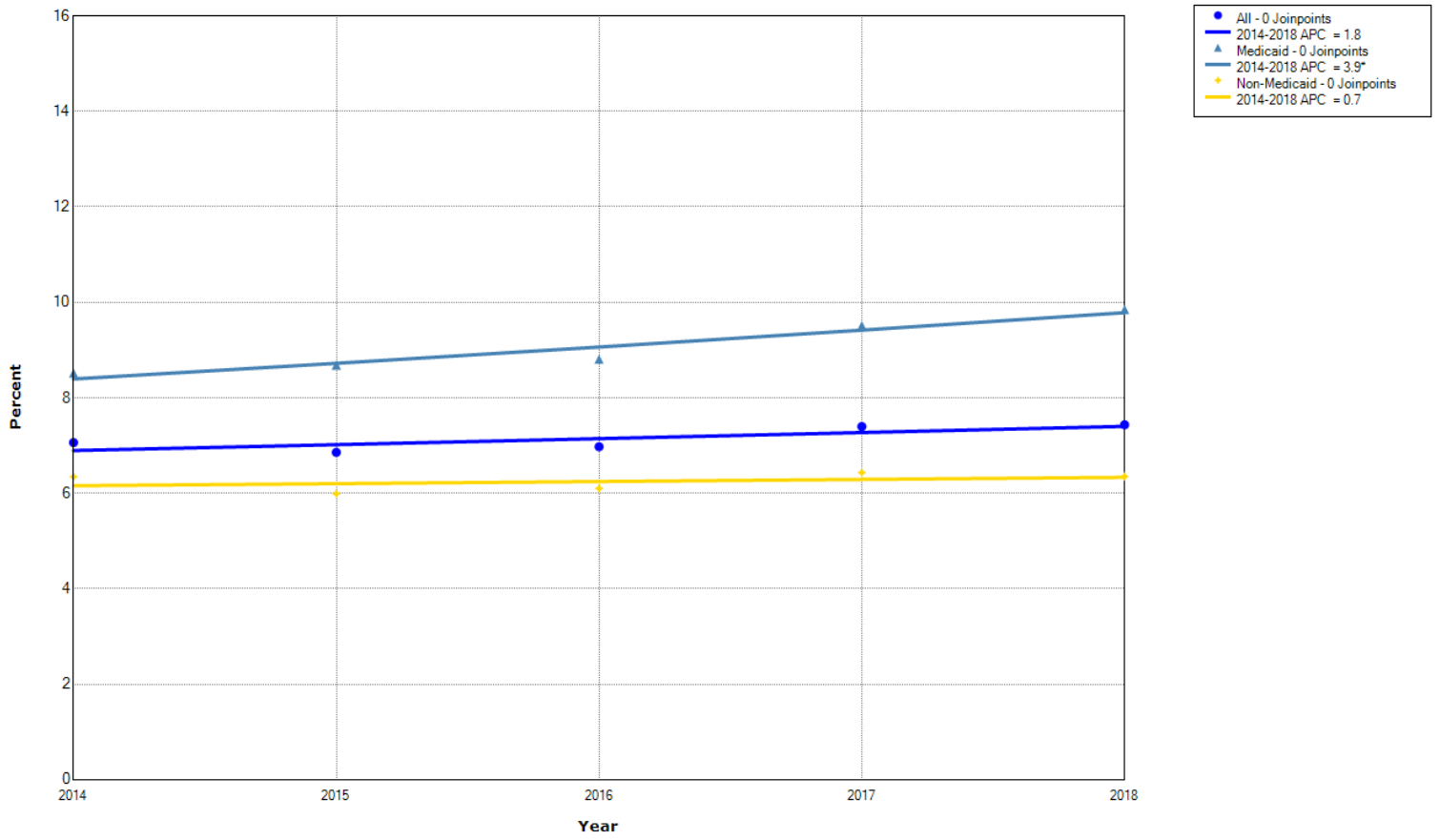
Preliminary data – subject to change

21 deaths were pregnancy-associated but not related, 2016-2017:

- 5 (24%) were the result of a motor vehicle accident. Frequently, the women were not wearing seat belts and were ejected from the vehicle. Deaths occurred during pregnancy and the postpartum period.

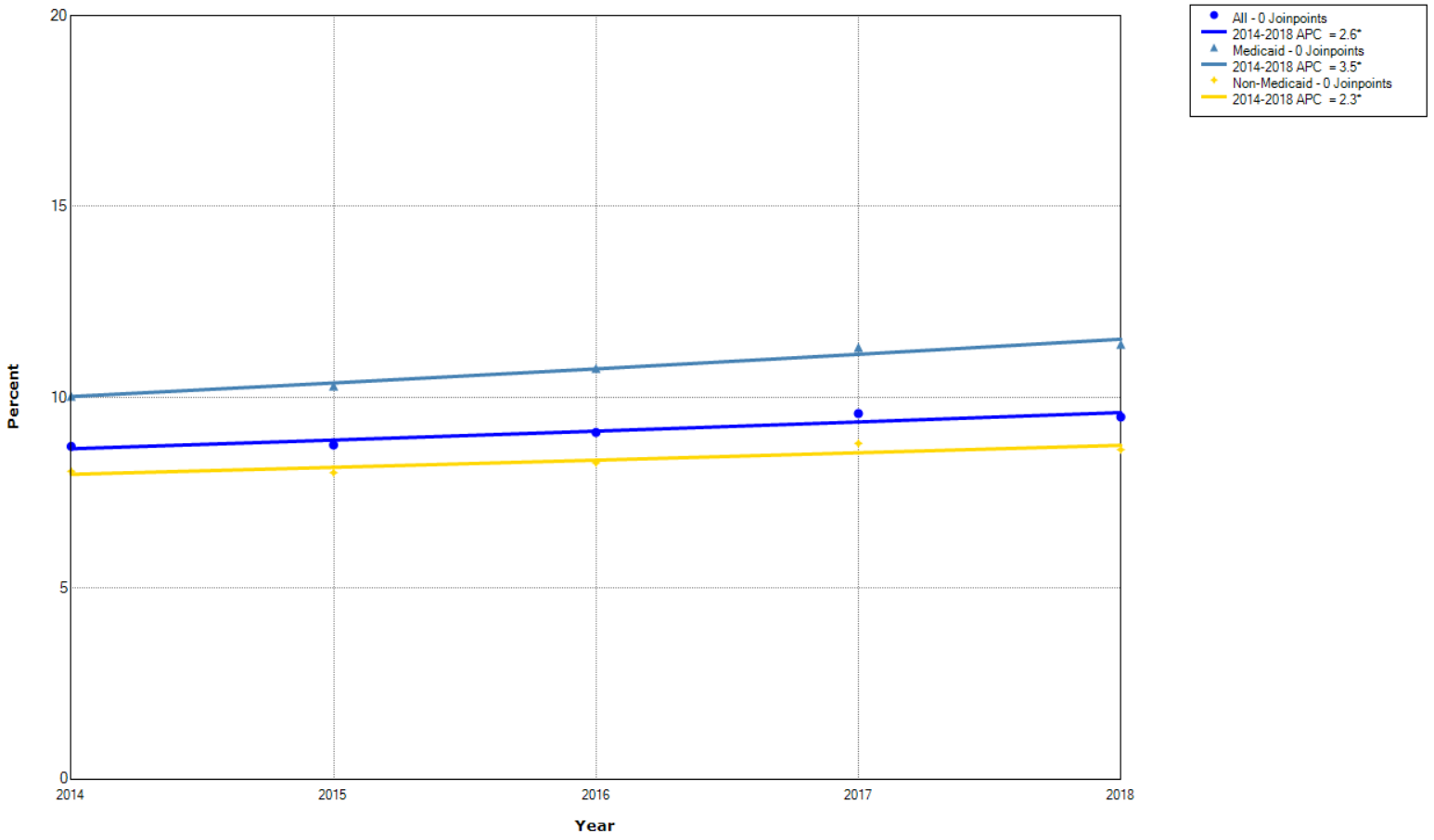
As of October 2019, a total of 37 pregnancy-associated deaths had been reviewed by the KMMRC. Approximately 36% (10 cases) of pregnancy-associated, but not related deaths (28 cases) were the result of a motor vehicle accident. **Action alert was created/issued.** The action alert can be found at: https://kmmrc.org/action-alerts/ or https://kmmrc.org/wp-content/uploads/2020/02/Final-MMR-Action-Alert-Seat-Belts-12-2019.pdf

NOM4: Percent of low birth weight deliveries (<2,500 grams)



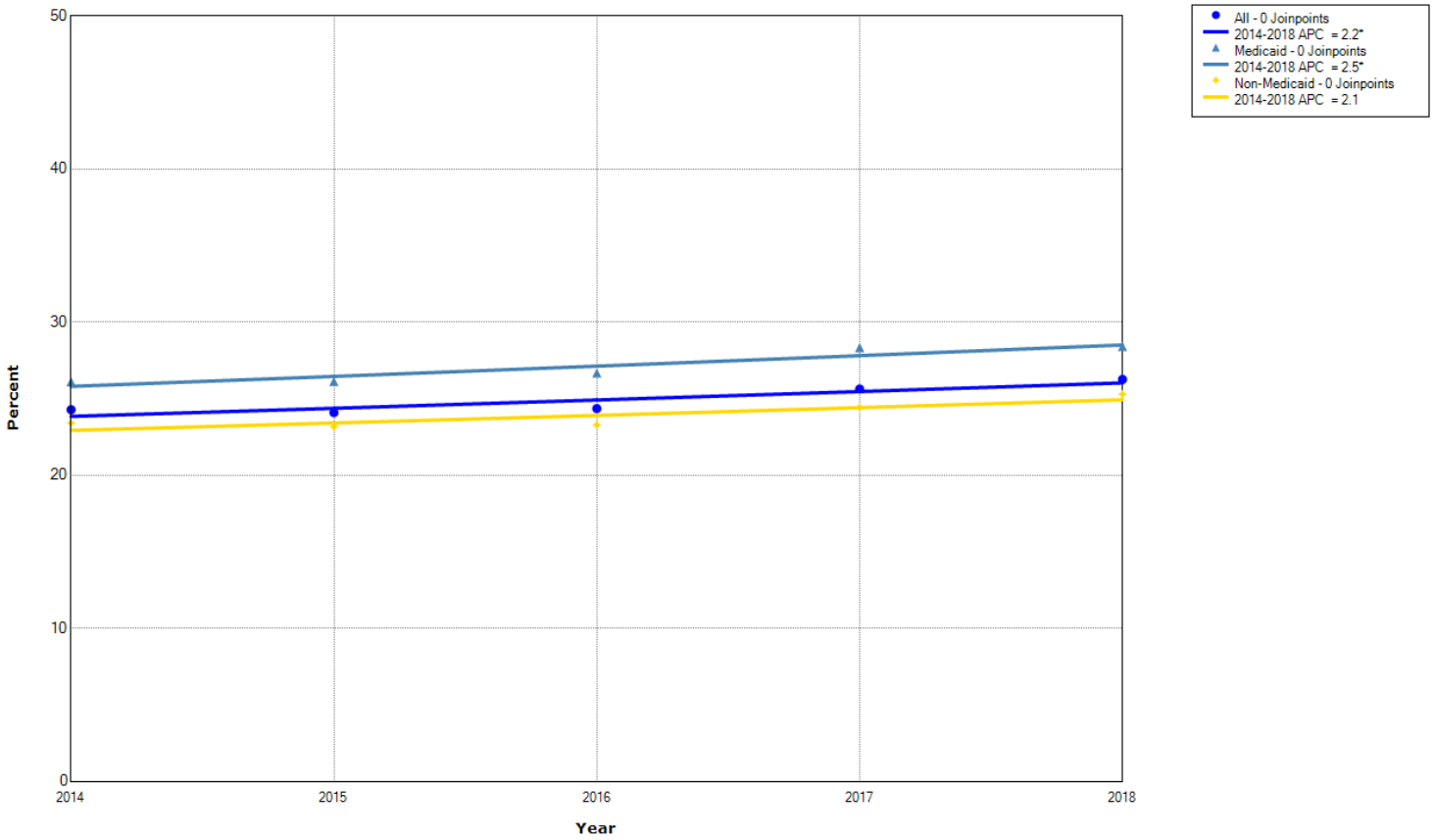
Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

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



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

NOM6: Percent of early term births (37,38 weeks gestation)



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

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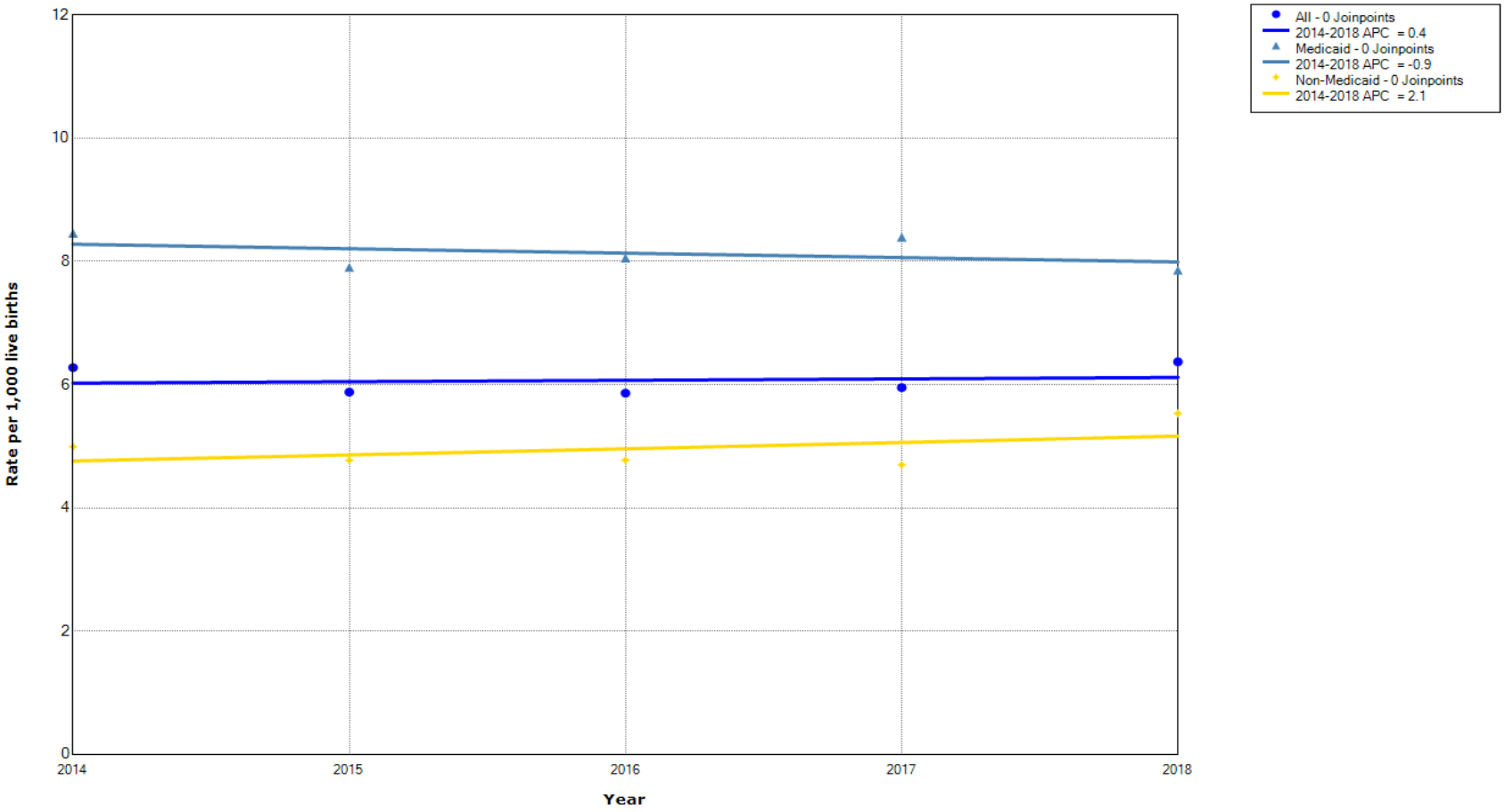
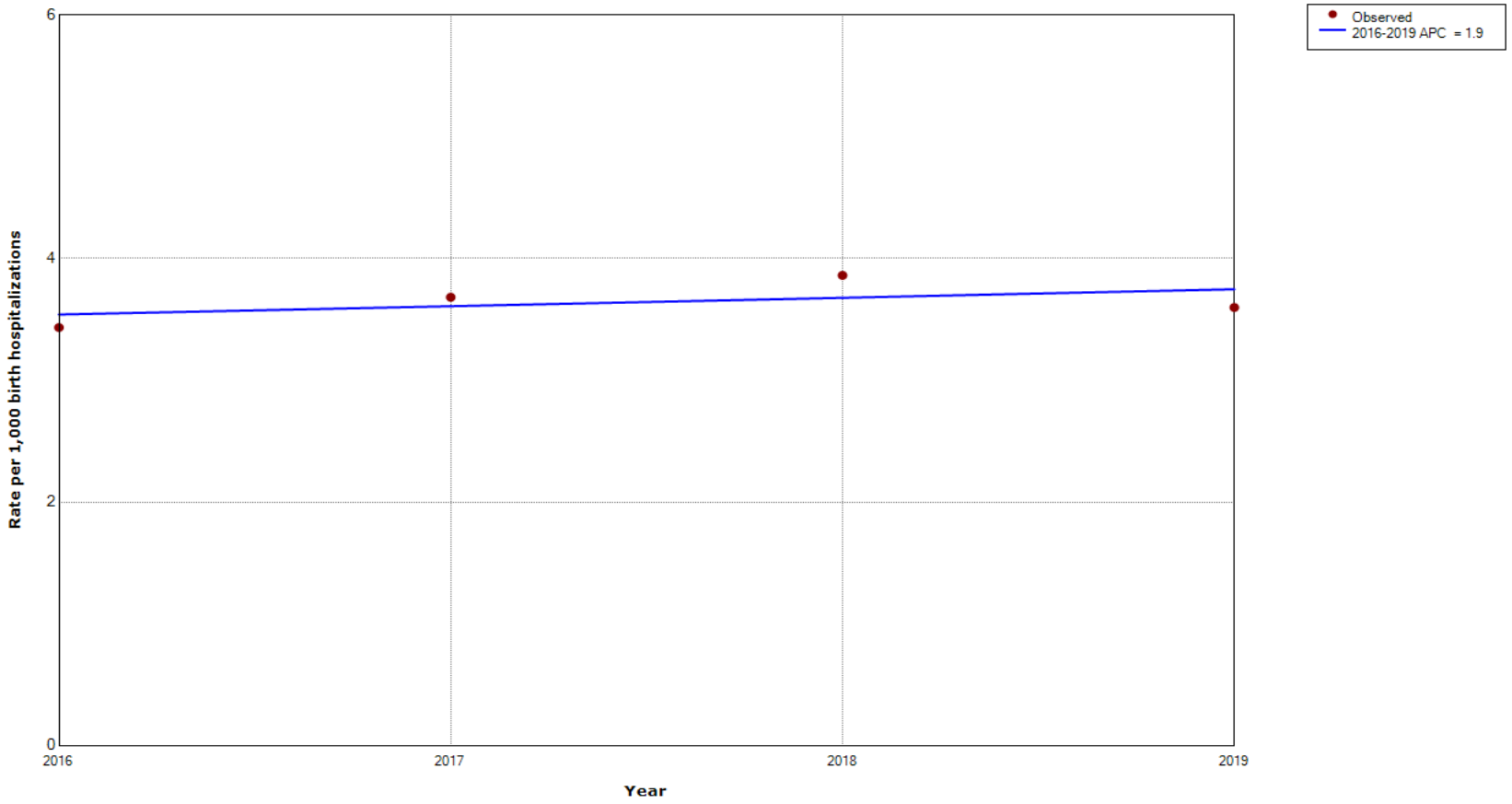


Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

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



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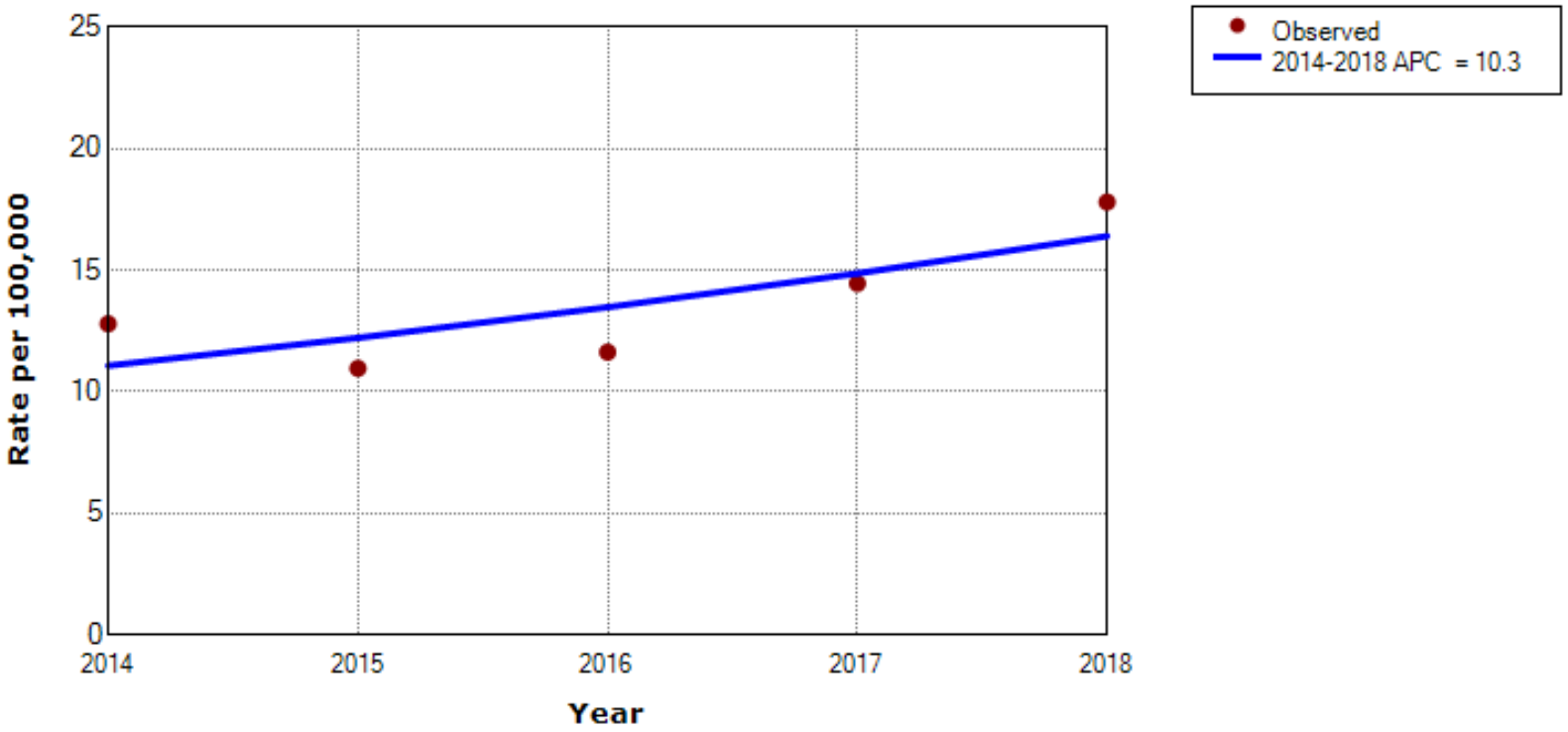
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas hospital discharge data (resident)

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



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

KANSAS MATERNAL & CHILD HEALTH

Domain Group Work

Domain Group Assignments

Facilitators and Recorders

Women/Maternal: Jennifer Marsh & Angela Oldson

Perinatal/Infant: Stephanie Wolf & Carrie Akin

Child: Kayzy Bigler & Brooke Sisson

Adolescent: Elisa Nehrbass & Geno Fernandez

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.

Small Group Work

- Are the objectives and strategies in the new State Action Plan for your domain reflective of how Title V efforts and resources should be focused over the next five years? Is anything missing?
- What programs or initiatives already exist that KDHE should know about that align with the objectives in this domain? What strategies and activities are already underway that advance these objectives?
- Looking at the objectives for this domain, where should we focus first, and what can we accomplish in the next year to move these forward?
- Action Item: What is my commitment as a council member and the organization I represent to advance this plan?

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Small Group Breakouts

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Announcements & Closing Remarks

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Next Meeting Date

OCTOBER 7, 2020

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Optional Session: COVID-19 & MCH Population Needs

SITUATION UPDATE & LISTENING SESSION