

Women and Maternal Health: Well-Woman Visit Initiatives

Objective 1.1: Increase the proportion of women program participants receiving a high-quality, comprehensive preventive medical visit.

Activities During Federal Fiscal Year 2023

Well-Woman Visit Integration Toolkits: Published in December of 2020, the KDHE Well-Woman Visit Integration Toolkits for Healthcare Professionals and Communities intends for these resources to help ensure every woman in Kansas has access to, and receives, comprehensive, integrated care every year. Research indicates most women view their OB/GYN as their primary care provider. However, primary care physicians were found to be 2.5x more likely to address multiple co-occurring conditions during preventative wellness visits, such as mental health concerns, metabolic conditions, circulatory, respiratory, digestive and skin diseases¹.

Following guidance from The Women’s Preventative Service Institute (WPSI) there are three main areas covered in each toolkit: recommended components of a well woman visit; barriers faced by women that prevent them from receiving annual preventive care and recommendations to address these barriers; and resources for communities and healthcare professionals. Supplemental training and technical assistance opportunities, including collaborative approach to connection to local partners and experts were an ongoing theme for the domain.

- Comprehensive screening:

Substance Use	Tobacco Use	Mental Health	Pregnancy Intention	Social Determinants of Health	Intimate Partner Violence
Substance Use, Alcohol, Smoking and Substance Use Involvement Screening Test (ASSIST)	ASSIST	PHQ-9 GAD-7 EPDS	Client Centered Reproductive Counseling and PATH Tool from the Reproductive Health National Training Center (RHNTC)	AAFP Social Determinants of Health Screener	CUES: Evidence-Based Intervention

Updates to the Well-Woman Toolkit and associated programmatic work are currently in progress to reflect the ongoing needs of local communities. Despite ongoing website changes and barriers to data collection available, MCH Toolkits had a known 1,018 webpage views between October 2022 – September 2023.

- Violence prevention: Futures Without Violence subject matter expert, Rebecca Levinson provided multiple recorded trainings on violence prevention and healthy relationships for community-based professionals and birth-setting based

¹ Cohen, D., & Coco, A. (2014, January 1). Do physicians address other medical problems during preventive gynecologic visits?. American Board of Family Medicine. <https://www.jabfm.org/content/27/1/13.long>.

professionals. These trainings are available on an on-going bases through MAVIS funding. Assistance to all state healthcare professionals who see perinatal populations, including pre-conception, are eligible for free training and technical assistance on CUES through the Kansas Perinatal Psychiatric Access Line.

- Partnerships: The toolkit relies on continued collaboration and partnership between programs. To better support women throughout the state, collaboration between MCH and Title X Family Planning provided training and guidance on RHNTC's Client-Centered Reproductive Counseling and PATH Tool. These collaborative efforts resulted in quality engagement with locals through learning webinars and national recognition from the RHNTC as a [Grantee Spotlight](#).

MCH-led promotional efforts around awareness months and weeks incorporate messaging related to the importance of the well-woman visit. Promotional materials and social media kits developed were shared with all Title V and Title X partners as well as other key partners such as the Kansas Maternal and Child Health and Family Advisory Councils.

Universal Screening Practices: Screening guidance for the Women/Maternal Domain emphasizes holistic and preventative evidence-based practices. Throughout FY23, the Women/Maternal Health Consultant continued to promote the [Well-Woman Toolkit](#). Title V continued to promote [the Women's Preventive Services Initiative Recommendations for Well-Woman Visits](#) including all recommended screenings.

Behavioral Health Integration: In support of best practice recommendations, Title V strives to assure women are screened for anxiety, depression, and substance use annually, along with the well-woman visit. Title V incorporates behavioral health screening forms to our shared data management system, DAISEY, to increase availability of evidence-based screenings to local MCH agencies.

Guidance on screenings is available to local programs. The guidance includes a 1-page overview of each of the screening tools and scripts for introducing the tool to a client, administering the screening, and details on scoring the screen, determining risk-level and appropriate interventions. Additionally, a Plan of Action form will be populated in DAISEY for moderate or high-risk screening results. This form allows for local MCH staff to document that a brief intervention was conducted, the type of brief intervention provided, indicate referral(s) made, and summarize any emergency or support services initiated for a client experiencing a crisis.

Through funding and support of the [MAVIS initiative](#) and collaboration with Kansas Connecting Communities, a series of videos have been developed to help providers and clinics implement screening and brief interventions. These role play videos were created with the guidance of KCC's clinical consultant team to offer guidance and shared language, specifically for behavioral health concerns with perinatal patients. Videos can be used individually to build skills or integrated into organizational policy for ongoing

training of staff. Additional information on implementing perinatal behavioral health screenings can also be found in the toolkits or by reaching out to the [Provider Consultation Line](#).

Utilizing DAISEY Data: The Family Planning Program Manager and MCH Program Manager presented to about 50 attendees on how to get the most use out of DAISEY data at the Governor's Public Health Conference in March 2023. DAISEY report tables were shared and discussed regarding what the data tells us, why it is telling us that, and what actions to take as a result. Well-visit services were used as an example.

In April, the Family Planning Program Manager, MCH Program Manager, and PMI/TPTCM Program Manager followed up with a webinar specific to current Aid-to-Local grantees titled Using DAISEY to Monitor Reproductive Health/Well Woman Goals.

Plans for Federal Fiscal Year 2025

Well-Woman Visit Integration Toolkits: The KDHE Well-Woman Visit Integration Toolkits for [Providers](#) and [Communities](#) will continue to be developed to meet the needs of women and communities. Yearly reviews and updates to materials will be guided by MCH data on maternal morbidity and mortality as well as by feedback from community partners. The Woman/Maternal will work to develop an Action Alert for local grantees which will pull information from the Toolkit and develop a 3-page resource for how to promote the value and importance of well woman visits.

Well-Woman Promotion Efforts: MCH-led promotional efforts around awareness months and weeks (e.g., National Women's Health Week, Minority Health Month, Black Maternal Health Week) will incorporate messaging related to the importance of the well-woman visit. [Promotional materials and social media kits](#) developed will be shared with all Title V and Title X partners as well as other key partners such as the Kansas Maternal and Child Health and Bureau of Family Health Family Advisory Council. The Woman/Maternal Health Consultant will develop Well-Woman promotion cards to be shared with partners across the state. Additionally, the Woman/Maternal Consultant will work with the Perinatal Community Health Worker and Doula organizations to provide promotional materials and education.

Universal Screening Practices: Screening tools are a core component of our well-woman education and training for MCH providers. Providing support to MCH programs for screening implementation and resource and referrals for mental health and substance use disorders will remain a priority. MCH guidance directs local programs to the Kansas specific Perinatal Psychiatric Access line, where any provider seeing Kansas residents will have access to a resource and referral specialist, Perinatal psychiatric specialist, and training/TA for universal screening practices. More information about the Universal Screening Practices can be found in the Cross-Cutting narratives.

Medicaid Policy Improvements: During FY25, the Title V MCH Director will participate in a workgroup with other Bureau of Family Health leaders and leaders from Kansas Medicaid. The intent of this group is to develop a strategic plan for future investments that both public health/Title V and Medicaid should be making to advance maternal and infant health in Kansas. Members of the Title V team will be asked for ideas and suggestions on how to advance maternal and infant health in the state based on their areas of expertise and knowledge of community needs.

Local MCH Agencies: The following are examples are local MCH grantee agencies plans toward Objective 1.1 during the plan period.

- City-Cowley County Health Department plans to include annual well-woman care and education in the pre-birth curriculum for all home-visiting recipients and pregnancy education visits. During the initial visit, home-visiting prenatal recipients will be asked about their last well-woman exam date. To reinforce education, we will also promote resources within KDHE's "Well-Woman Visit Toolkit: For Providers" document and the Reproductive Health National Training Center (RHNTC) website. Prenatal care and well-woman exams will be referred to local primary care providers (PCP). After the birth, referrals for well-woman care will be made to the Family Planning Program or the individual's PCP, if applicable.
- Jefferson County Health Department MCH home visiting nurse will continue to screen all of our MCH clients for a recent well woman visit at every MCH visit. The MCH home visiting nurse will also continue screening all of our MCH clients for adequate health insurance and for a primary care provider. Lack of adequate health insurance and/or lack of a primary care provider can be barriers for our clients in receiving annual well-woman services and other preventive services. The KDHE MCH flyer "Schedule Your Well Woman Exam Today" with information regarding the importance of regular exams and screenings will be reviewed at every MCH visit and a copy of the flyer will be sent home with every client.
- Northeast Kansas Multi-County Health Department will educate clients on the importance of annual well woman exams regardless of need for a pap. We will implement a reminder system to notify clients of their annual exams to encourage them to schedule an appointment. Our staff will receive training from our clinic NP/MD on services and education to provide clients based on age, risk factors, and previous health history.