

Improving Maternal and Infant Health: A Comprehensive Approach



Addressing the health needs of Kansas communities through partnerships, targeted efforts and interventions.



Prenatal care is necessary but not sufficient to achieve significant improvements in women's and infant health. Comprehensive public health and social equity interventions are needed to address disparities and reduce

prematurity and infant mortality. This effort will assess the current initiatives in the South Central public health region, reveal the service gaps, and result in recommendations to address needs. National experts will facilitate a discussion to identify program options and actionable strategies focused on aligning efforts, mapping assets, and developing a comprehensive action plan, which will serve as a model process for future action planning across Kansas.

For more information call:

Bureau of Family Health

785.291.3368

Please join us and contribute to this very important effort in your community!

Here's how:

- Complete the [online inventory](#) of programs and services by **September 19**.
- Attend the South Central Kansas partner meeting.

October 21, 2014

9:30 a.m.—4:00 p.m.

American Red Cross

1900 E. Douglas

Wichita, KS 67214



January 16, 2015

Dear Community Partner:

I am pleased to invite you to participate in a very important local-state initiative aimed at improving the health of Kansas families, with special emphasis on mothers and infants, in the Northeast public health region. This effort is not exclusively about health care, rather focused on forging partnerships to collectively address issues families face in the context of their communities. The areas of focus for this project include access to quality care and services, social determinants of health, enhanced education and training, sustainability and accountability, and vulnerable populations.

National, state, and local initiatives are currently focused on promoting effective models to address infant mortality, poor birth outcomes, and persistent disparities. In an effort to address the health needs of Kansas communities through partnerships and targeted interventions, the Kansas Department of Health and Environment is collaborating with the March of Dimes Greater Kansas Chapter. Please join us!

Your active participation, support, and input are critical to making a difference in your community. You will be engaged to complete the following tasks in collaboration with other Northeast Kansas partners:

- Assess the current supports, services, and programs in your region.
- Determine the current gaps and identify recommendations to address those areas.
- Review the recommendations and identify action steps that align with your population needs.
- Review the [Health Impact Pyramid](#) and apply concepts to your own assessment and planning of comprehensive initiatives to improve health outcomes.
- Select multiple strategic policy and program options in order to build a comprehensive approach.
- Learn how to bring multiple approaches together in order to form a comprehensive community action plan.

Participation in this statewide effort requires two simple actions on your part:

1. Complete this online inventory of programs and services your organization offers/delivers: <https://www.surveymonkey.com/s/NortheastKansas>. **Please submit a response by February 9 to ensure your input is represented.** Survey responses from all partners will be compiled and shared at the meeting.
2. Attend the Northeast Region partner meeting scheduled for 9:30-4:00 on February 25, 2015, at the Kansas Medical Society (KaMMCO building) 623 SW 10th Avenue, Topeka. Please RSVP within the above survey. **[Note: *Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality*, a compendium published by the Association of Maternal and Child Health Programs, will serve as a key resource. It is highly recommended that you review this prior to the meeting.]**

Please do not hesitate to contact me in the meantime either by telephone 785.296.1310 or email rsisson@kdheks.gov. Thank you for your time and commitment to Kansas children and families. We look forward to working with you!

Sincerely,



Rachel Sisson
Director, Bureau of Family Health
Kansas Title V MCH Director

ADDRESSING THE HEALTH NEEDS OF KANSAS COMMUNITIES THROUGH PARTNERSHIPS, TARGETED EFFORTS AND INTERVENTIONS

Date: Wednesday, February 25, 2015

Time: 9:30 a.m. – 4:00 p.m.

Location: Kansas Medical Society (KaMMCO Building)
623 SW 10th Avenue, Topeka

Meeting Goals:

1. Expand the partner base and network for referral across counties to increase and improve maternal and child health services in the Northeast Public Health Region.
2. Collectively commit to transforming the model of service delivery in the Northeast Public Health Region* by aligning services and programs and identifying existing and potential partnerships to improve birth outcomes in the region.
3. Demonstrate a process for assessing and mapping activities within a Public Health region to build our statewide capacity to address and improve community health priorities: sustainable collaborative partnerships, targeted interventions, and services.

Meeting Objectives:

1. Assess the mother/infant/family supports, services and programs in the Northeast public health region to reveal collective strengths as well as potential service gaps.
2. Identify opportunities for engaging new partners and approaching our work differently as a result of this process.
3. Recommend actions to transform region-wide collaborations based on aligning activities with the Health Impact Pyramid to address individual and population health needs.
4. Obtain stakeholder input to inform the Kansas Title V Maternal & Child Health (MCH) priorities for the period 2016-2020.

Learning Objectives: *Participants will leave this meeting with...*

1. A clear understanding of the purpose of the efforts of the Kansas Department of Health and Environment to assess activities to improve birth outcomes as well as the role each sector plays in forging a statewide initiative.
2. A clear understanding of the MCH programs and services in the Northeast Public health Region, the Health Impact Pyramid, the domains of the AMCHP Birth Outcomes Compendium, and the Title V Needs Assessment.
3. A clear understanding of the March of Dimes *Healthy Babies are Worth the Wait* model/*Becoming A Mom* program and implementation in communities across Kansas.
4. At least one new potential partner relationship established to support achieving the mission of their programs.
5. Ability to identify how their activities and role contribute to a comprehensive shared agenda to improve birth outcomes in Kansas.

Pre-work for Participants:

- Review the [AMCHP Birth Outcomes Compendium](#), including the [Health Impact Pyramid](#) within, and come prepared to discuss recommendations/actions to be considered for your community.
- Review the [Stanford Social Innovation Review on Collective Impact](#).
- Review the Kansas [MCH Block Grant Website](#).
- *Optional:* Utilize [Kansas Health Matters](#) to review local level data and/or identify gaps in service, health disparities, or other priority issues.

*Atchison, Brown, Chase, Doniphan, Douglas, Franklin, Geary, Jackson, Jefferson, Johnson, Leavenworth, Linn, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, Wyandotte

AGENDA

- 9:00 – 9:30 Arrival and Registration
- 9:30 – 9:45 Welcome, Introductions, Icebreaker
- 9:45 – 10:15 Setting the Stage and Context
- Describe the motivation to assess statewide initiatives to reveal collective strengths as well as potential service gaps related to improving maternal and infant health outcomes. Orient Participants to the [AMCHP Birth Outcomes Compendium](#).*
- 10:15 – 10:45 Northeast Public Health Region Programs and Services (Ex. 1)
- Summarize and interpret basic findings from the inventory of the Public Health Region, while aligning individual programs and services on a larger scale within the region.*
- 10:45 – 11:00 BREAK
- 11:00 – 12:00 Collective Impact and Critical Partnerships (Ex. 2)
- Presenter:** *Rebecca Gillam, LMSW, PhD*, Assistant Director, University of Kansas Center for Public Partnerships & Research
- 12:00 – 12:45 WORKING LUNCH – SPECIAL PRESENTATION
Healthy Babies are Worth the Wait: Perinatal Community Collaborative Model
- Presenter:** *Diane Daldrup*, State Director, Programs & Government Affairs, March of Dimes, Greater Kansas Chapter
- 12:45 – 1:00 BREAK / TRANSITION
- 1:00 – 1:45 Leveraging Programs/Services in the Northeast Region (Ex. 3)
- Align inventory findings with domains from the AMCHP Compendium and Health Impact Pyramid. How do programs and services in the Region align with the level of impact we want to achieve?*
- 1:45 – 2:30 Northeast Region Reflection, Roles, and Partnerships
- Organize around findings from the inventory—interpretation and application. Bring roles and relationships together.*
- 2:30 – 2:45 BREAK
- 2:45 – 3:45 Community Action: Reflections, Opportunities, and Strategies (Ex. 4)
- 3:45 – 4:00 Group Commitment and Concluding Remarks

Group Exercise 1

10:15 – 10:45 am

Purpose: The purpose of this exercise is to summarize and interpret basic findings from the inventory of the Public Health Region, while aligning individual programs and services with the bigger picture in the region.

Instructions: Your group for the exercise is your assigned table. You have a facilitator assigned to your group. Please do the following:

1. Assign a note taker. This person will be responsible for reporting out your responses to the questions to the larger group.
2. Find the pages of the handout your group is responsible for summarizing:

Table 1: Pages 3-4	Table 5: Pages 7-9
Table 2: Pages 3-4	Table 6: Pages 7-9
Table 3: Pages 5-6	Table 7: Pages 10-11
Table 4: Pages 5-6	Table 8: Pages 10-11
3. REVIEW (briefly) all of the graphs and charts within this handout. This will help you to acquaint yourself to the information and context for your assigned pages.
4. DISCUSS the questions for your assigned pages/charts. Your facilitator will keep time; you will have approximately 15 minutes. Note that ALL tables should consider the following questions, in addition to the assigned questions.
 - Does the information accurately reflect the services you're familiar with/aware of?
 - What are the key take-aways?
 - What surprises you?
 - Where is the need?
 - Are there priorities in the region that services aren't supporting?
5. SUMMARIZE your discussion for a 1-2 minute presentation to the group.

Group Discussion: Use this space to record answers to the questions

Table	Questions	Responses
All	<p>Does the information accurately reflect the services you're familiar with/aware of?</p> <p>What are the key take-aways? What surprises you?</p> <p>Where is the need? Are there priorities in the region that services aren't supporting?</p>	
1 & 2	<p>Who is investing in improving birth outcomes?</p> <p>Is this about right? Are we all working together to identify shared strategies, align services, and leverage what's in place? If no, why?</p> <p>Is there duplication?</p>	
3 & 4	<p>Who do we serve? Who aren't we reaching?</p> <p>How do we address that?</p> <p>Uninsured/Undocumented/Refugees: How are you linking essential services with high-need populations? What's working? Barriers?</p>	
5 & 6	<p>How do the services represented as well as your own align with the state priorities and Title V MCH performance measures?</p> <p>What might the distribution of activities across the Healthy Kansans measures say about our priorities?</p>	
7 & 8	<p>If data is not utilized, why?</p> <p>What data sources do you use that others might not?</p> <p>What data sources do you want to learn more about?</p> <p>How and why are Community Health Assessments important to work at the community, county, and regional levels?</p>	

SUMMARY NORTHEAST INVENTORY FINDINGS

46 Programs Responded (detailed list on page 12)

Main Locations by County: Shawnee, Wyandotte, Riley, Geary, Jackson, Johnson, Douglas, Jefferson, Nemaha, Pottawatomie, Wabaunsee, Brown, Doniphan, Leavenworth, Osage

Primary Funding Source

Inventory Question #11. *Select primary funding sources for the specific program identified at the beginning of the survey.*

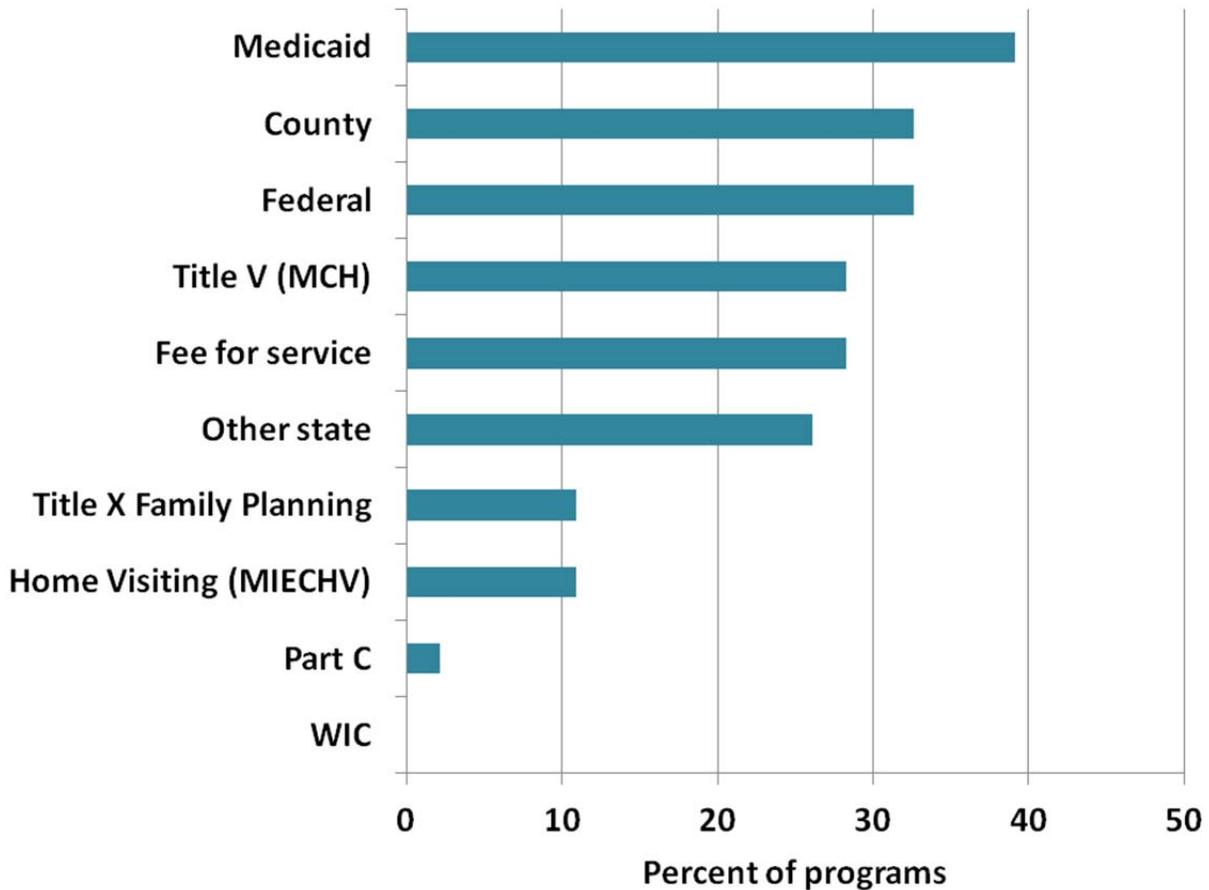
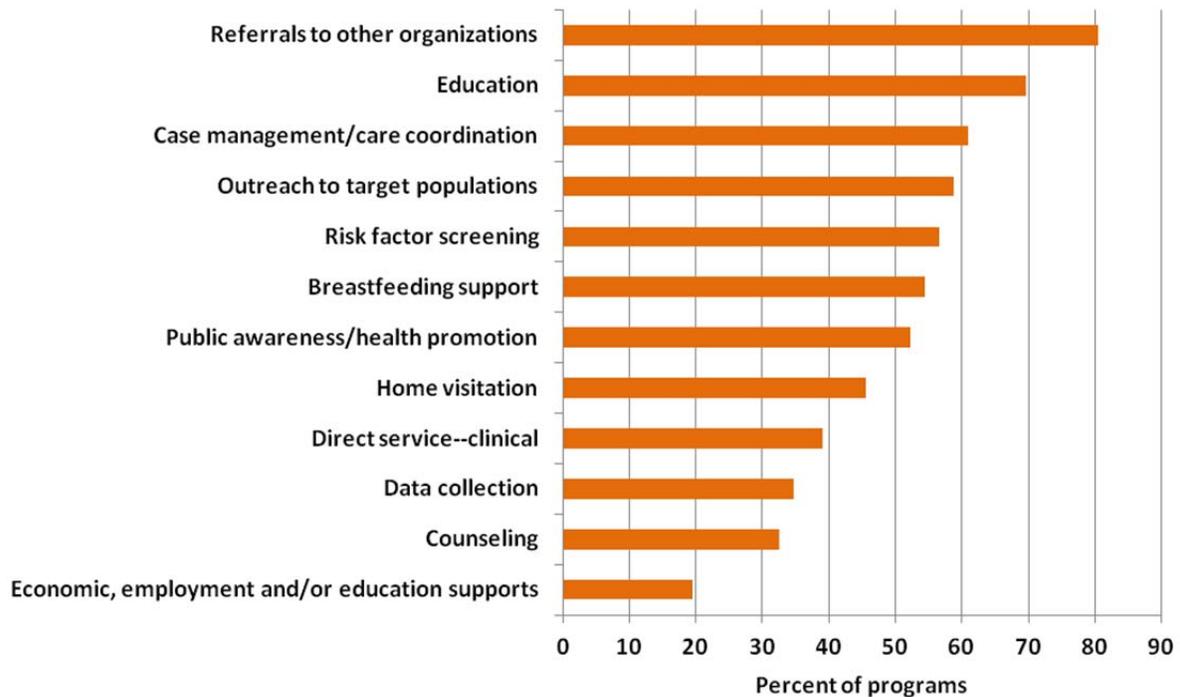


Table 1 & 2 (pp. 3-4):

*Who is investing in improving birth outcomes?
Is this about right? Are we all working together to identify shared strategies, align services, and leverage what's in place? If no, why?
Is there duplication?*

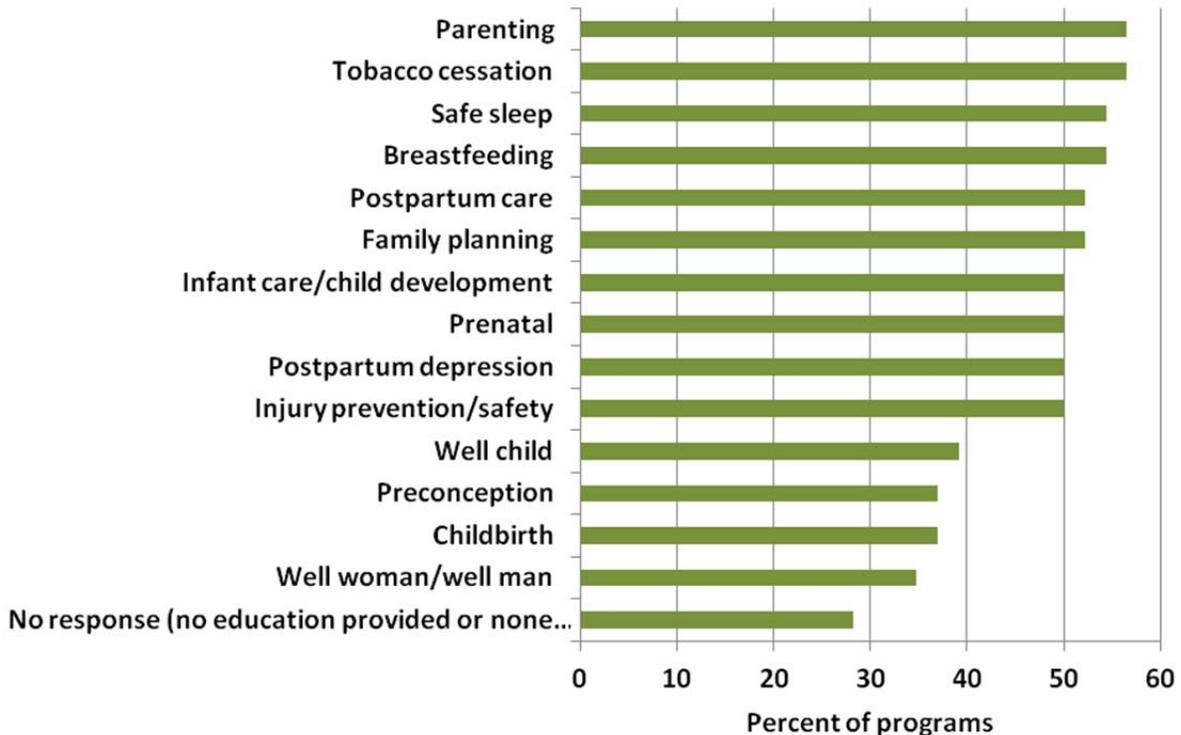
Main Services Provided

Inventory Question #12. *Select the main services provided through the program.*



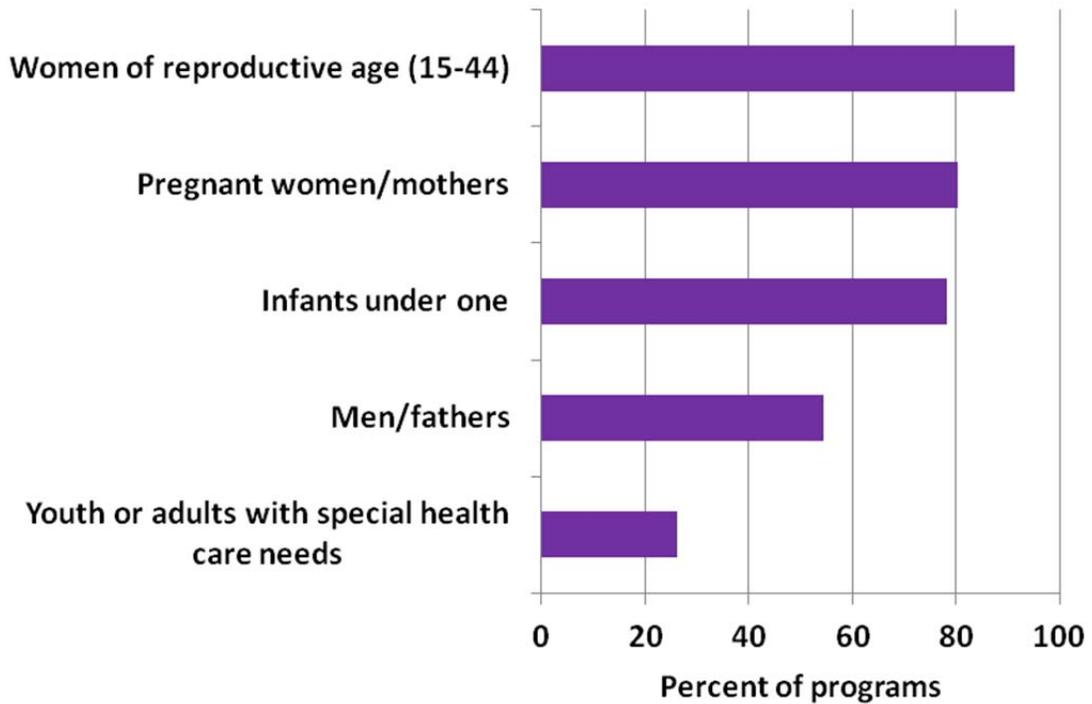
Type of Education Provided (if selected as a main service reflected above)

Inventory Question #13. *If you provide education as part of this program, specify types.*



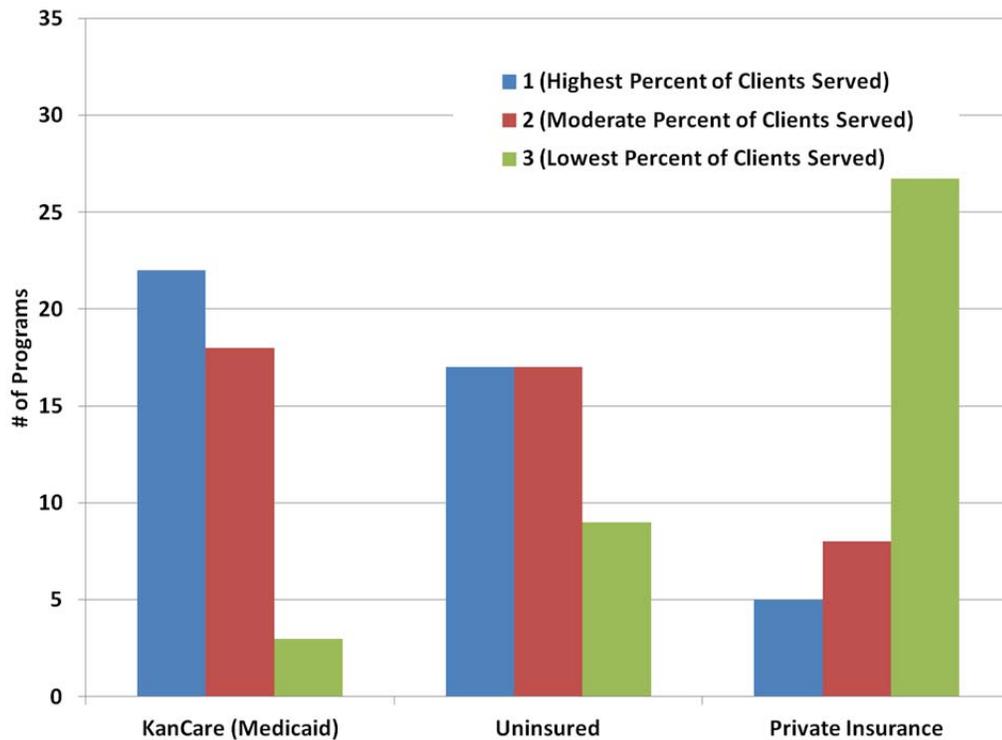
Populations Served

Inventory Question #15. Which populations do you serve?



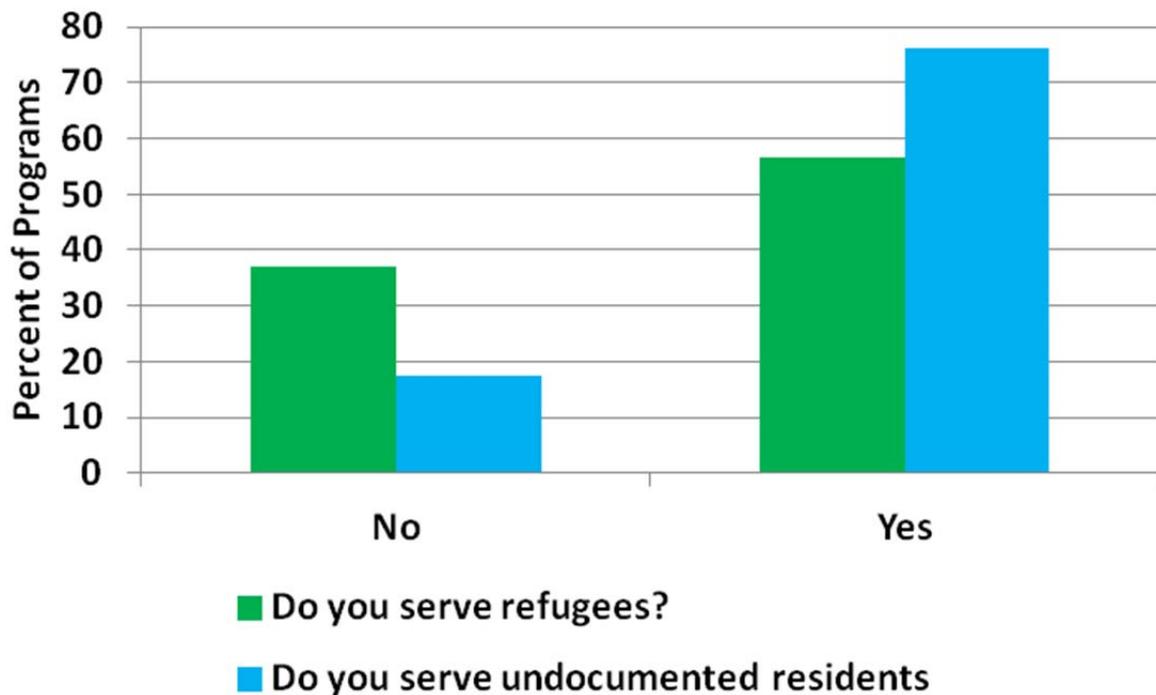
Insurance Status

Inventory Question #16. Rank the insurance status of the populations you serve.



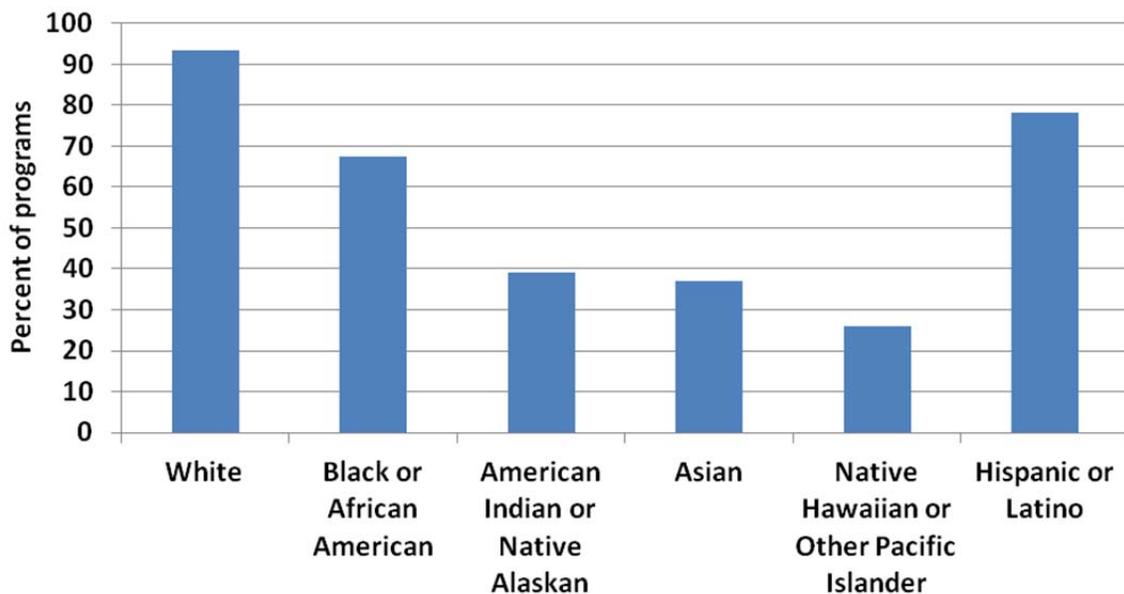
Refugees and Undocumented Residents

Inventory Questions #17-18. *Do you serve refugees? Do you serve undocumented residents?*



Race/Ethnicity of Clients:

Inventory Question #19. *Select the primary races/ethnicities of those you serve.*



Tables 3 & 4 (pp. 5-6):

Who do we serve? Who aren't we reaching?

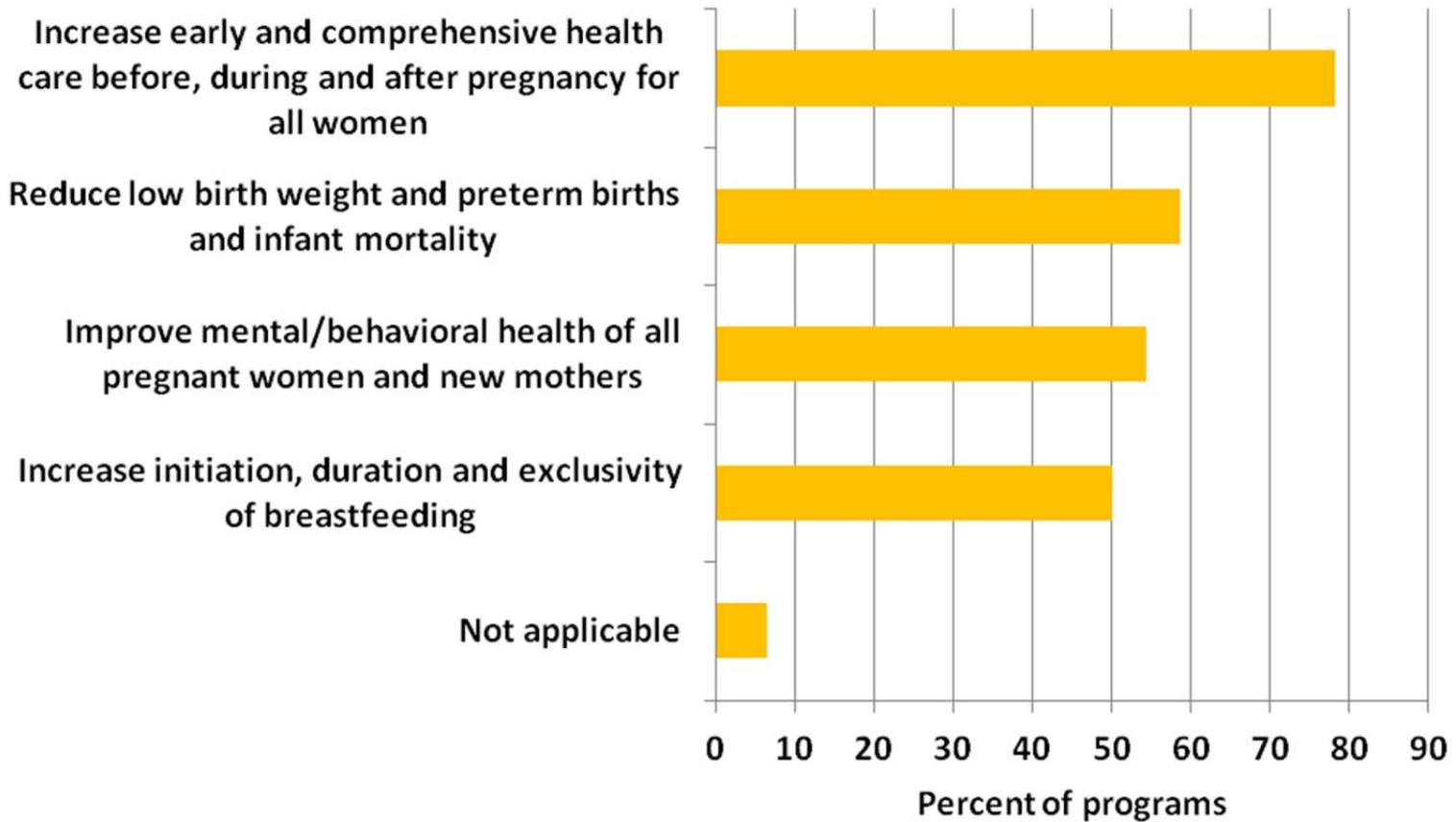
How do we address that?

Uninsured/Undocumented/Refugees: How are you linking essential services with high-need populations? What's working? Barriers?



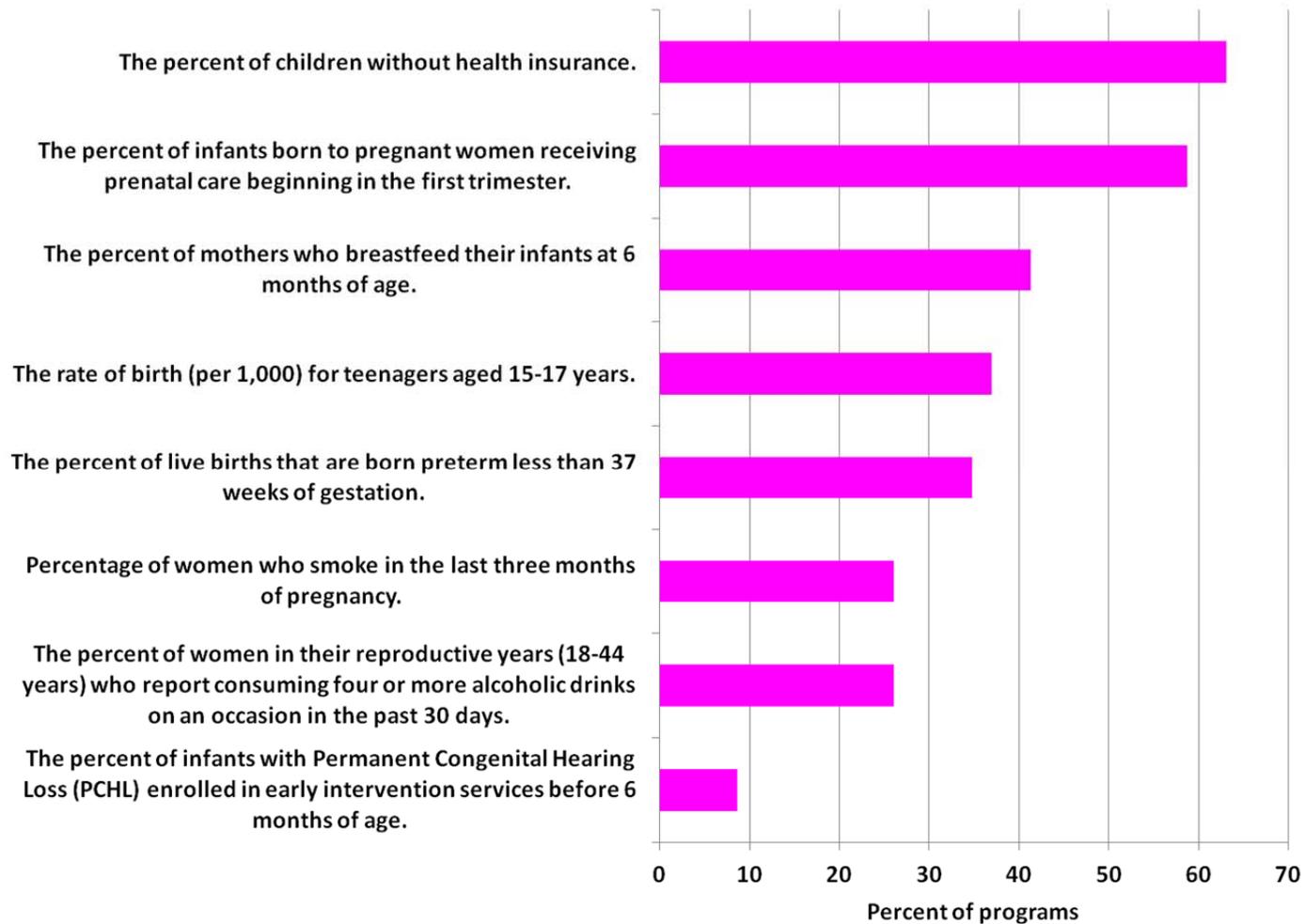
MCH State Priority Needs

Inventory Question #20. *Select the MCH State Priority need(s) with which your program most directly aligns.*



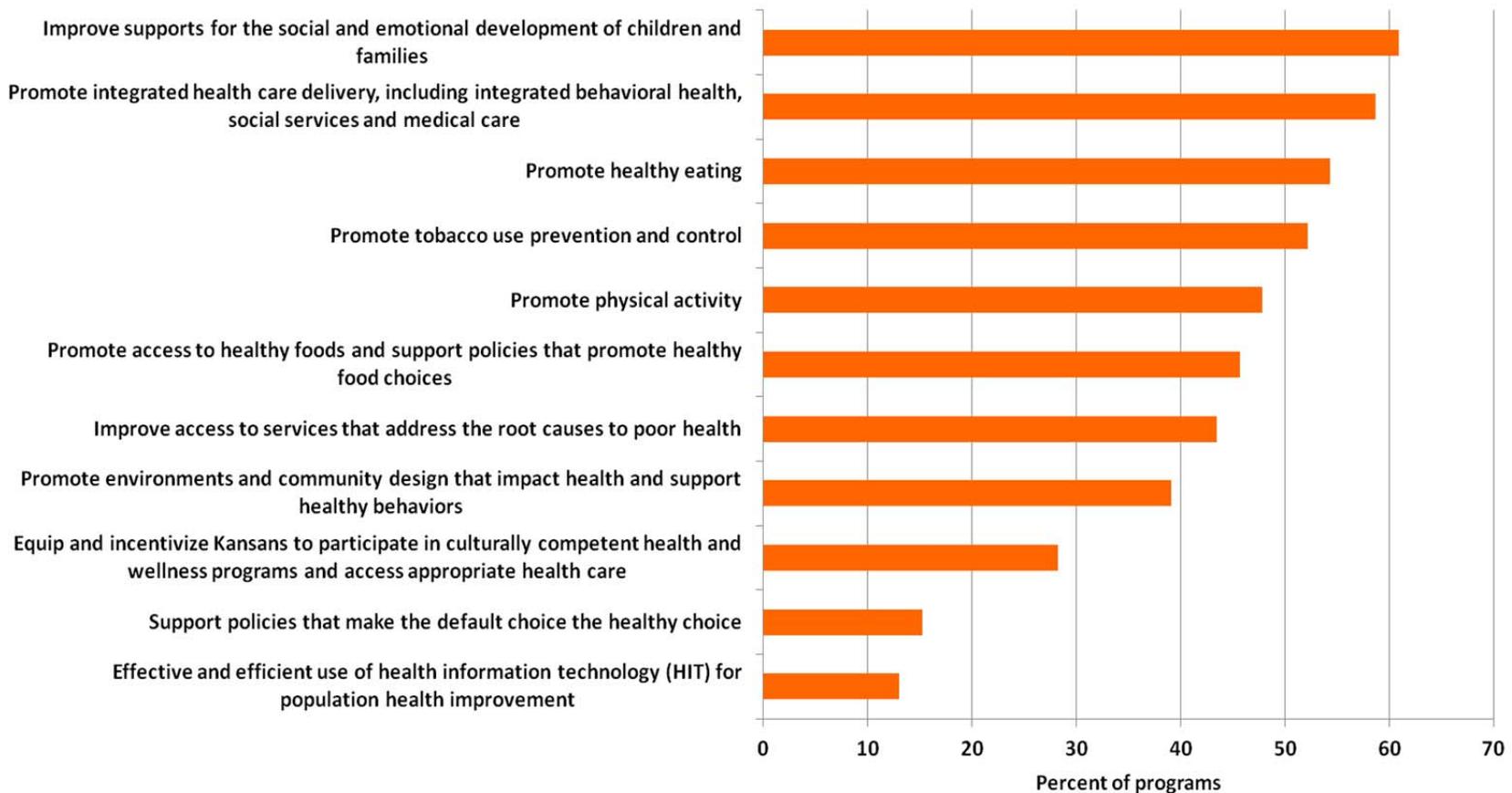
Title V Performance Measures

Inventory Question #21. *Indicate which Title V MCH measures related to your program goals/work.*



Healthy Kansans 2020

Inventory Question #22. Indicate which Healthy Kansans 2020 priorities your program is working to improve.



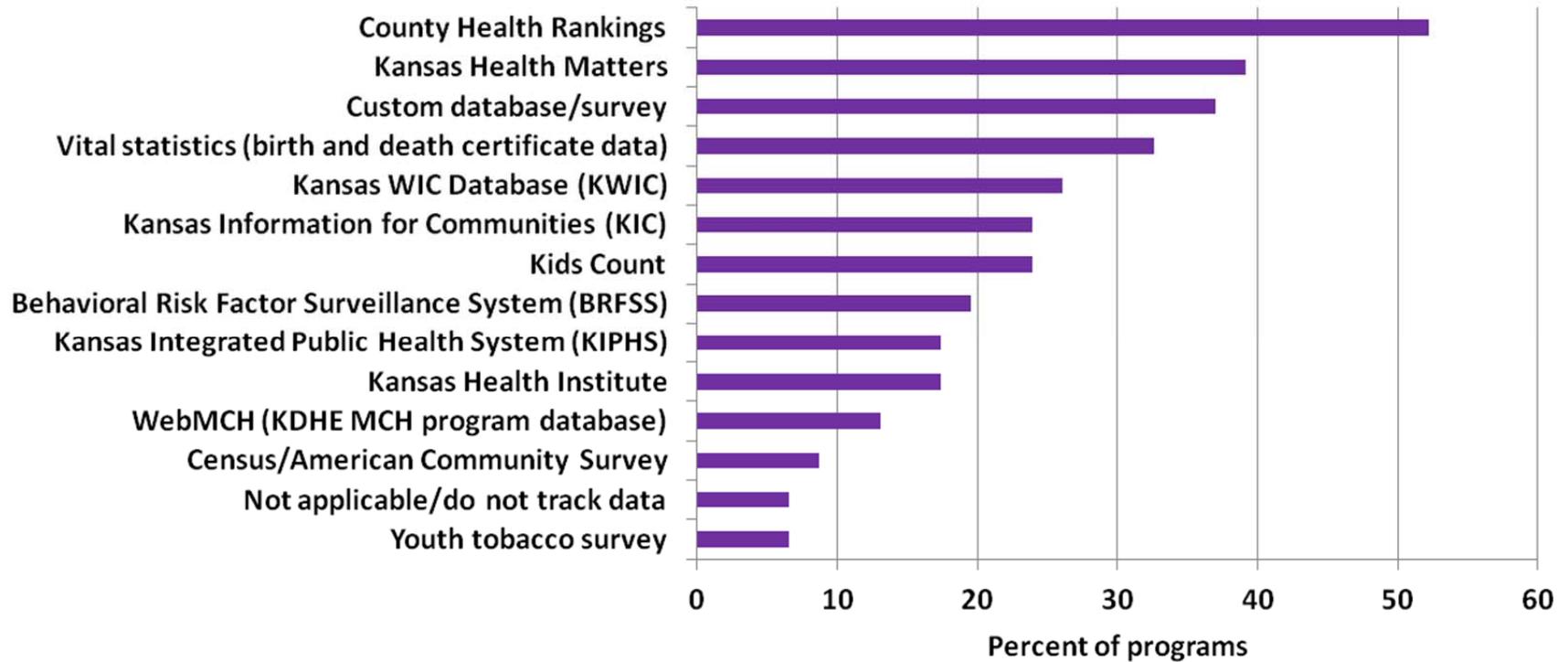
Tables 5 & 6 (pp. 7-9)

How do the services represented as well as your own align with the state priorities and Title V MCH performance measures?

What might the distribution of activities across the Healthy Kansans measures say about our priorities?

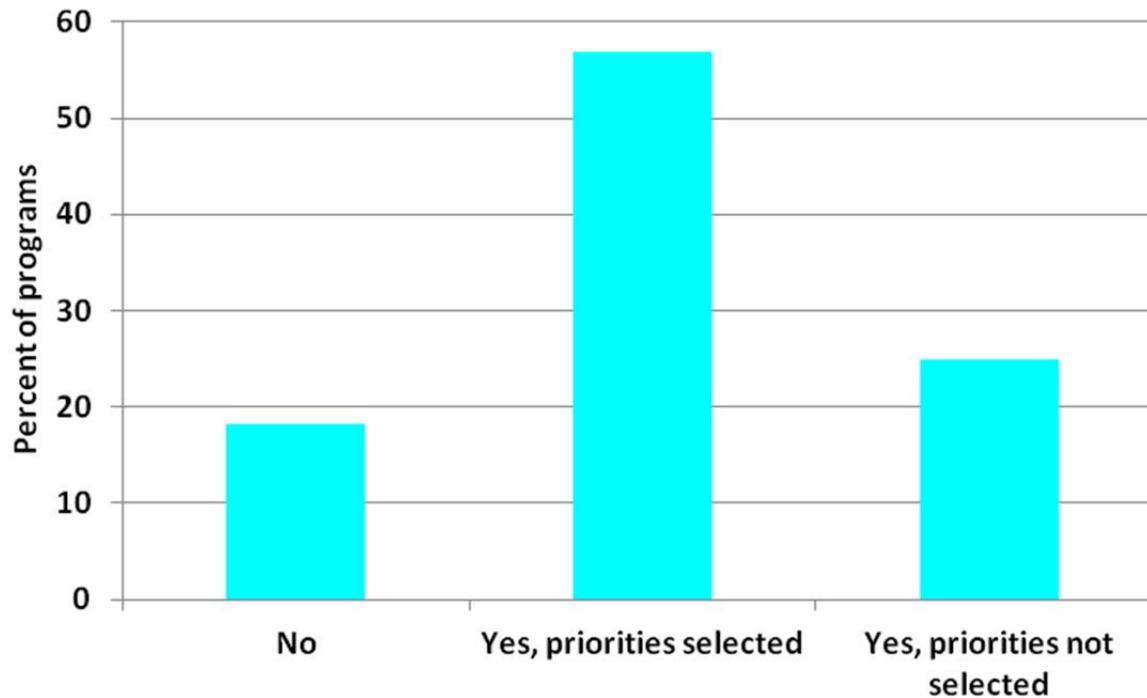
Primary Data Sources

Inventory Question #23. *Select primary data sources for the indicators used to assess, measure performance and evaluate your program/service.*



Participation in a Community Health Assessment

Inventory Question #26. *Has your organization participated in a community health assessment?*



Tables 7 & 8 (pp. 10-11)

Discuss the importance of data and how you're using it. If data is not utilized/important, why not?

What data sources do you use that others might not?

What data sources do you want to learn more about?

How and why are Community Health Assessments important to work at the community, county, and regional levels?



Program Name	Organization/Provider	County
Maternal and Child Health	Brown County (NEK)	Brown
Healthy Start Home Visitor	Doniphan Co. Health Dept./Home Health	Doniphan
Healthy Families Douglas County	Lawrence-Douglas County Health Dept.	Douglas
Success By 6 Coalition of Douglas County	Success By 6 Coalition of Do.	Douglas
Maternal and Child Health	Geary County Health Department	Geary
Family Planning	Geary County Health Department	Geary
Delivering Change: Healthy Moms-Healthy Babies	Geary County Perinatal Coalition	Geary
Children's Mercy West - The Cordell Meeks Jr. Clinic	Children's Mercy Hospitals and Clinics	Jackson
KanCare/Medicaid	KDHE Division of Health Care Finance	Jackson
Prairie Band Potawatomi Nation Children & Family Services	Prairie Band Potawatomi Nation Social Services	Jackson
Maternal and Child Health	Jefferson County Health Department	Jefferson
Maternal/Child Health Program (MCH)	Johnson County Department of Health and Environment	Johnson
Empowering Futures	Johnson County Department of Health and Environment	Johnson
Kansas Parents as Teachers Association (KPATA)	Kansas Parents as Teachers Association (KPATA)	Johnson
Maternal and Child Health	Leavenworth County Health Department	Leavenworth
Maternal and Child Health	Nemaha County Community Health Services	Nemaha
Maternal and Child Health	Osage county health department	Osage
Community Health Ministry Dental/counseling	Community Health Ministry	Pottawatomie
Maternal and Infant Program	Pottawatomie County Health Department	Pottawatomie
Pregnancy Initiative Maintenance Program	Catholic Charities of Northern Kansas	Riley
KanCare/Medicaid	KDHE Division of Health Care Finance	Riley
Mercy Regional Health Center-Birth & Women's Center	Mercy Regional Health Center	Riley
Family Planning	Riley County Health Departmen	Riley
Family Connections	Riley County Health Department	Riley
Drug Endangered Child Case Management	Kansas Children's Service League	Shawnee
Shawnee County Health Agency-Community Health Center	Maternal & Infant Program	Shawnee
KanCare/Medicaid	KDHE Division of Health Care Finance	Shawnee
WIC Program	Shawnee County Health Agency	Shawnee
Bright Beginnings Healthy Futures-Nurse Family Partnership	Shawnee County Health Agency	Shawnee
Maternal and Child Health	Shawnee County Health Agency	Shawnee
Substance Abuse Prevention and Intervention Programs	Shawnee Regional Prevention and Recovery Sevices	Shawnee
Successful Connections	United Way of Greater Topeka	Shawnee
Family Planning	Wabaunsee County Health Department	Wabaunsee
Healthy Start Home Visitor	Wabaunsee County Health Department	Wabaunsee
Children's Mercy of Kansas City	Children's Mercy	Wyandotte
Project Eagle	Project Eagle	Wyandotte
Silver City Health Center	Silver City Health Center	Wyandotte
Title X Family Planning	Wyandotte County Health Department	Wyandotte
Maternal and Child Health	Wyandotte County Health Department	Wyandotte
Healthy Families	Wyandotte County Health Department	Wyandotte
W.O.W. (Women of Worth)	Wyandotte Pregnancy Clinic	Wyandotte

Group Exercise 2
11:00 am - 11:30 pm

Purpose: The purpose of this exercise is to consider existing partnerships and collaborations that are essential to completing our work. This is the first of many times we will discuss partnerships throughout the day.

Instructions: Your group for the exercise is your assigned table. You have a facilitator assigned to your group. Please do the following:

1. Assign a note taker (different from the individual who served in this role for Exercise 1). This person will be responsible for reporting out your responses to the questions to the larger group.
2. All groups will be responding to the same questions.
3. DISCUSS the following questions after reviewing pages 3-4. Your facilitator will keep time; you will have approximately 15 minutes.
 - Do the critical partners indicated align with your own?
 - When you identify a partner as “critical”, what does that working relationship involve?
 - What roles do critical partners have, beyond referral?
 - Does this represent the comprehensive/collective impact approach? Why/Why Not?
 - Does any organization or partner listed surprise you? Why/Why not?
 - Who is missing based on the need? Why might that be?
 - What is the role of the missing organization or partner?
 - What action should we take around partnerships to establish new/needed and increase collaboration with existing?
4. SUMMARIZE your discussion for a 1-2 minute presentation to the group.

Group Discussion: Use this space to record answers to the questions

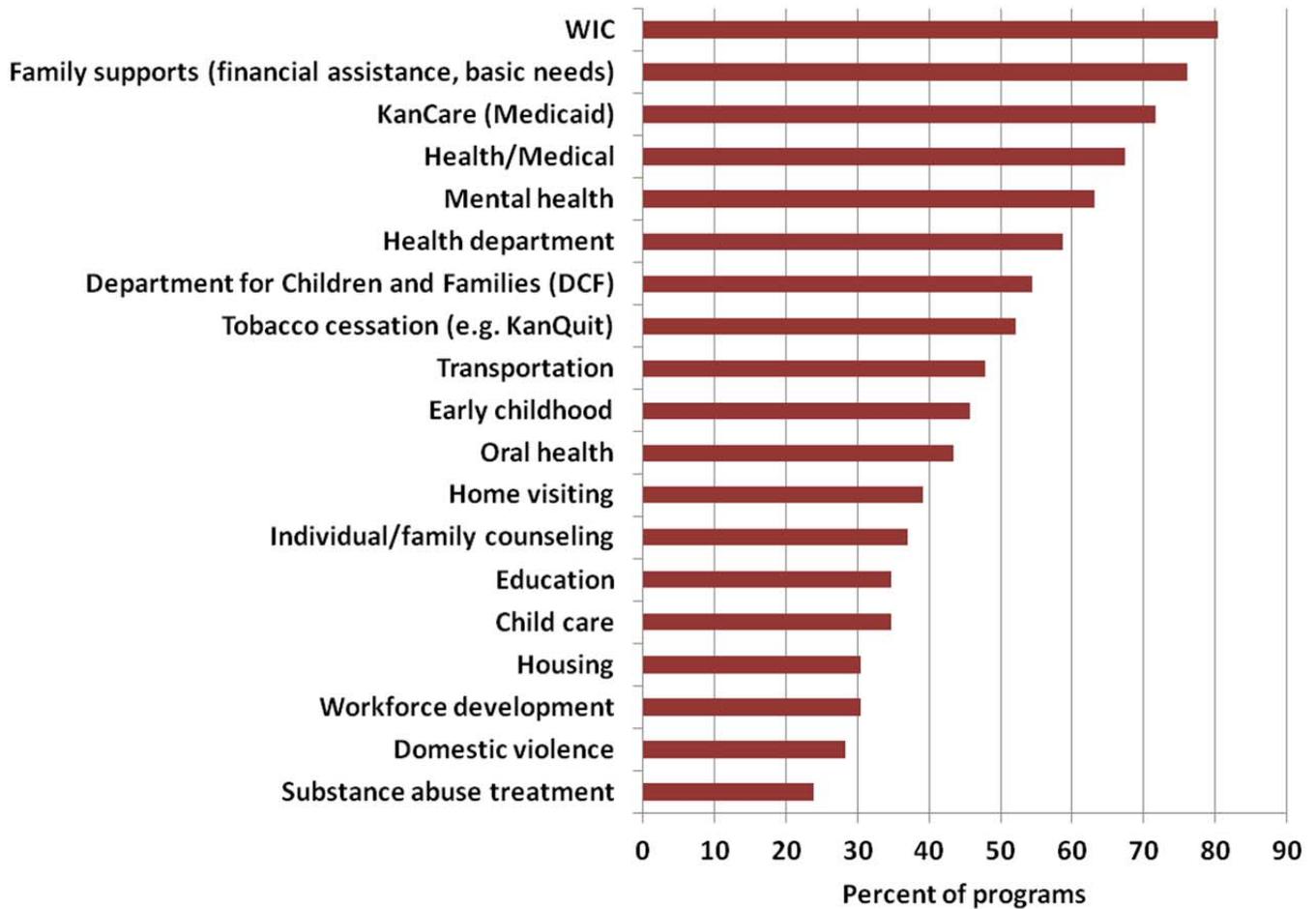
Questions	Responses
<p><i>After review of the partners identified, consider:</i></p> <p>Do the critical partners indicated align with your own?</p> <p>When you identify a partner as “critical”, what does that working relationship involve?</p> <p>What role do critical partners have, beyond referral? Why are those roles important?</p>	
<p>Does this partner list represent the comprehensive/collective impact approach? Why/Why not?</p>	
<p>Does any organization or partner listed surprise you? Why/Why not?</p> <p>Who is missing/underutilized based on the need? Why might that be?</p> <p>What is the role of the missing organization or partner?</p>	
<p>What action should we take around partnerships to establish new/needed and increase collaboration with existing?</p>	

Referral Organizations

Inventory Question #14. *If you refer to other organizations, to which types do you most commonly refer?*

46 Programs Responded

Main Locations by County: Shawnee, Wyandotte, Riley, Geary, Jackson, Johnson, Douglas, Jefferson, Nemaha, Pottawatomie, Wabaunsee, Brown, Doniphan, Leavenworth, Osage



Critical Partners – By Type/Frequency

Partner/Organization	% Selected	Count
Local health department	62.2%	28
WIC	51.1%	23
Hospital(s)	37.8%	17
School district(s)	33.3%	15
Home visiting programs	31.1%	14
Private practice physicians	31.1%	14
Community mental health center(s)	24.4%	11
Department for Children and Families (DCF)	24.4%	11
Primary care clinics	24.4%	11
Local non-profit organization(s)	22.2%	10
Local elected officials	20.0%	9
Local government	20.0%	9
Local foundation(s)	11.1%	5
College/university	8.9%	4
Domestic violence program	6.7%	3
Faith based organizations	6.7%	3
Managed care organizations	6.7%	3
Substance abuse prevention	6.7%	3
Substance abuse treatment	6.7%	3
Faith communities	2.2%	1
Private business(es)	2.2%	1
Law enforcement	0.0%	0
Media	0.0%	0
Workforce development organization	0.0%	0

Other: Free resources in Shawnee County Lawrence, Memorial Hospital (LMH) breastfeeding & post-partum support group, LMH care seat education, LMH labor/delivery classes, Immigration Wyandotte County Infant and toddler services, Affordable Health Care Act, Home Visitor program

Group Exercise 3

1:00 - 1:45 pm

Purpose: The purpose of this exercise is to align the findings of the inventory (and our discussions thus far) with the domains of the Compendium and the Health Impact Pyramid. We are 'zooming out' and considering the complete picture of how the programs and services in the Public Health Region align with the level of impact we want to achieve.

Instructions: Your group for the exercise is your assigned table. You have a facilitator assigned to your group. Please do the following:

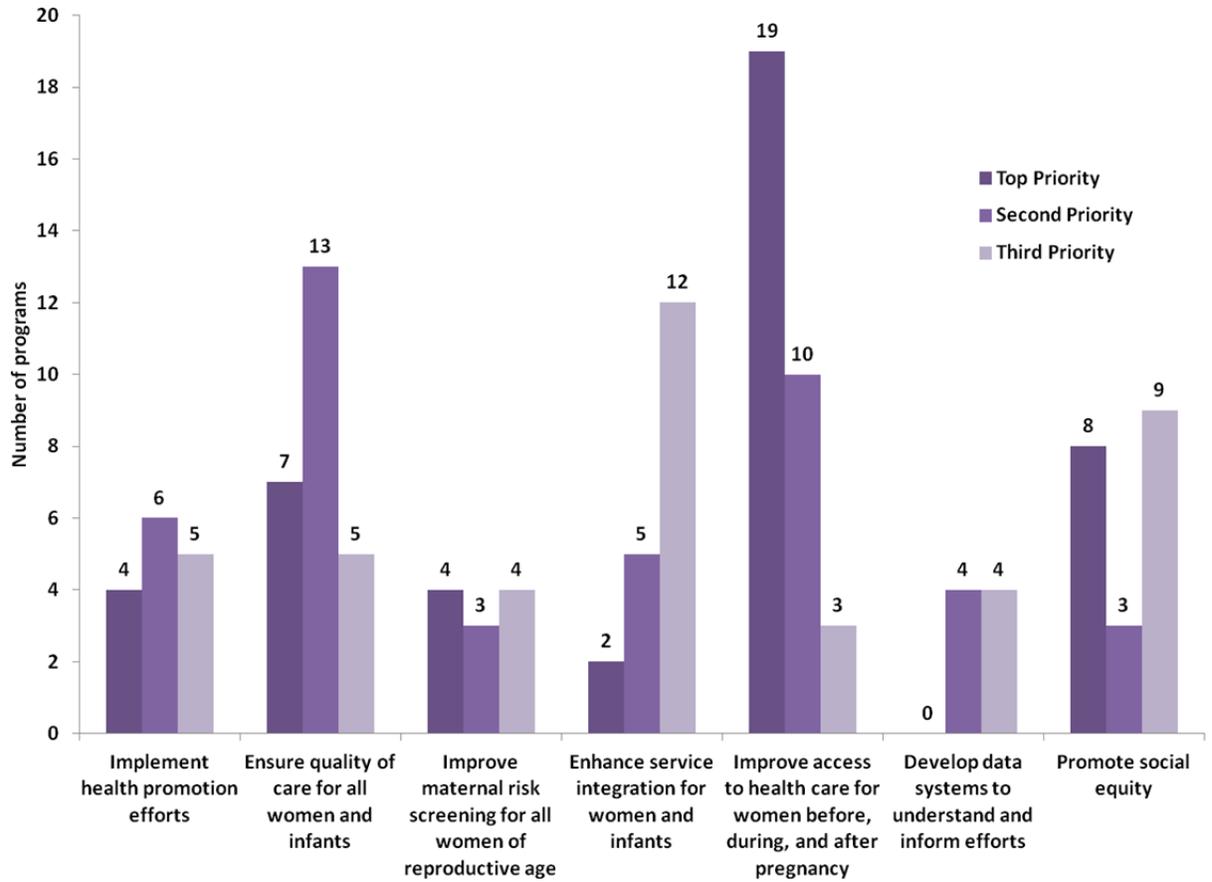
1. Assign a note taker (different from the individual who served in this role for Exercises 1 & 2). This person will be responsible for reporting out your responses to the questions to the larger group. All groups will be responding to the same questions.
2. DISCUSS the following questions after reviewing pages 3-6. Your facilitator will keep time; you will have approximately 30 minutes.
 - What domains for improving birth outcomes are of highest priority?
 - How does activity within domains differ by funding?
 - How are the domains distributed across the services provided?
 - How are programs in the Region distributed across the levels of the Health Impact Pyramid and the domains for improving birth outcomes?
3. SUMMARIZE your discussion for a 3-4 minute presentation to the larger group. For your presentation, you may wish to focus on the responses to questions that elicited the most interest or discussion among your group (you don't need to report out on all of them).

Group Discussion: Use this space to record answers to the questions

Questions	Responses
<p>What domains for improving birth outcomes are of highest priority?</p> <ul style="list-style-type: none"> • What programs are 'strong' in each domain? • Within each domain, what activities are happening? • Are you a part of this work? If not, do you need to get connected? 	
<p>How does activity within domains differ by funding?</p> <ul style="list-style-type: none"> • What could that mean? • What other existing funding/resources can be leveraged to support and/or expand needed services? 	
<p>How are the domains distributed across the services provided?</p>	
<p>How are programs distributed across the levels of the Health Impact Pyramid and the domains for improving birth outcomes?</p> <ul style="list-style-type: none"> • How true or real does the image on page 6 feel? • What does it mean for the region to leverage some domains more than others, and the particular domains being leveraged? • What are you doing to contribute to this work? 	

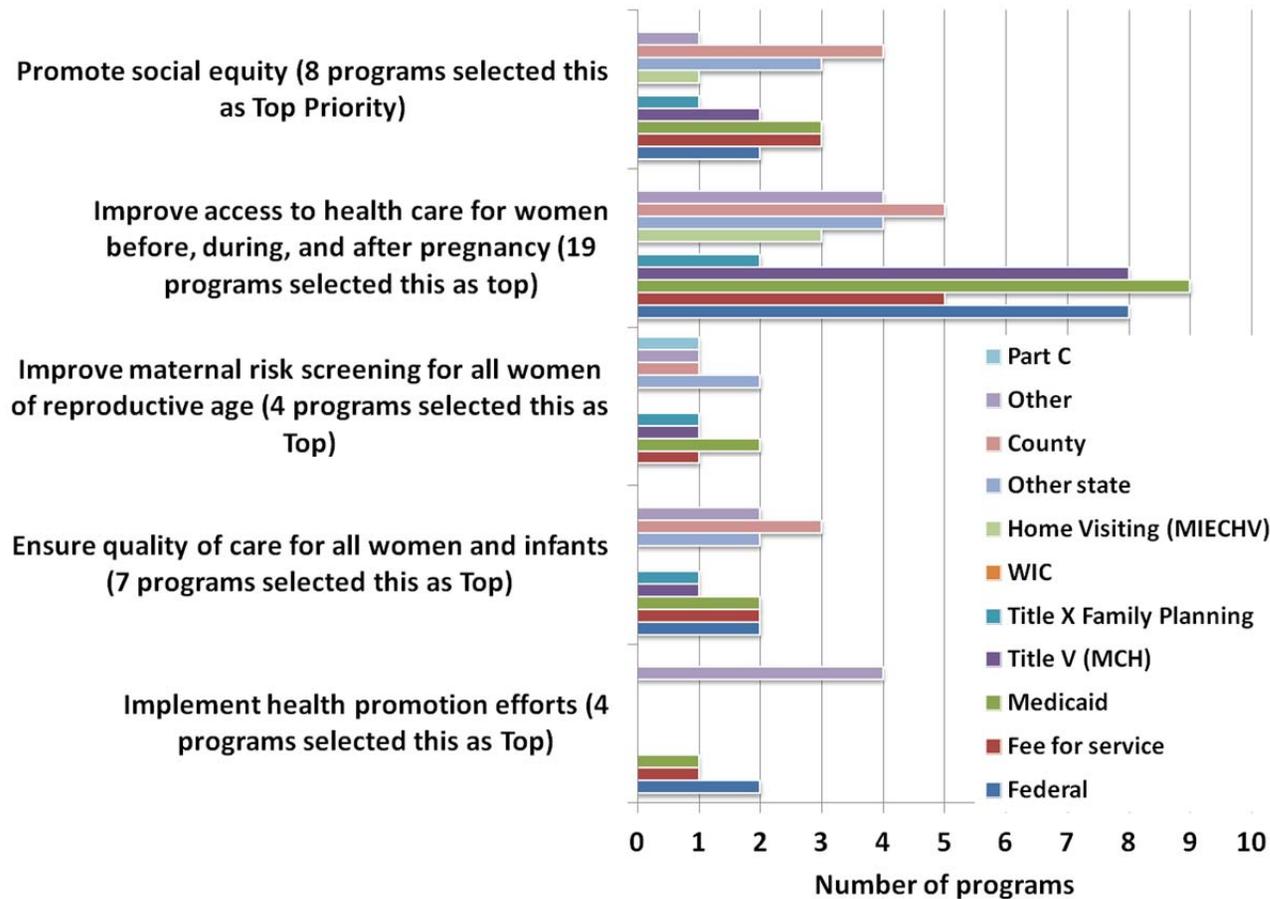
Priorities by Compendium Recommendation

Inventory Question #24. *Identify the top 3 most important areas of focus to improve birth outcomes in your region*



*What domains for improving birth outcomes are of highest priority?
What programs are 'strong' in each domain?
Within each domain, what activities are happening?
Are you a part of this work? If not, do you need to get connected?*

Top areas of focus to improve birth outcomes in your region, by primary funding

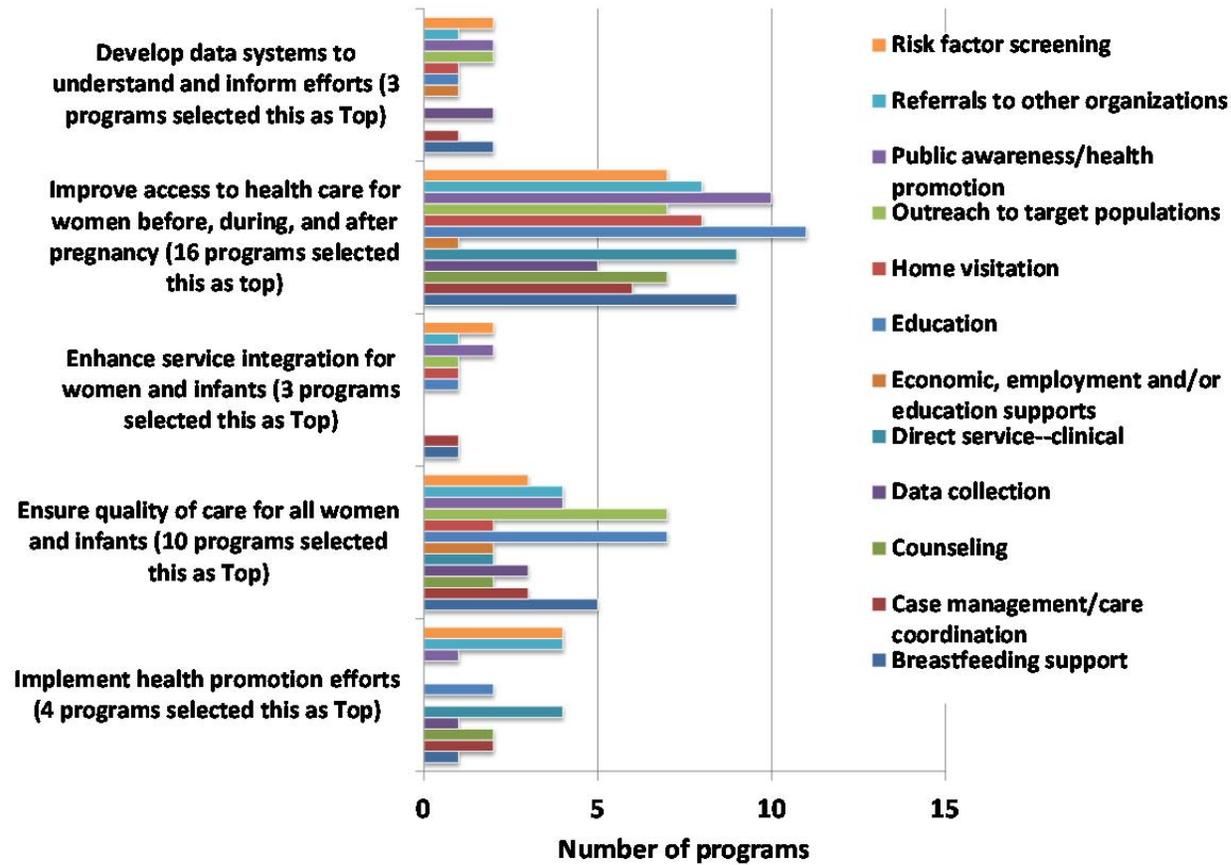


How does activity within domains differ by funding?

What could that mean?

What other existing funding/resources can be leveraged to support and/or expand needed services?

Top areas of focus to improve birth outcomes in your region, by service



How are the domains distributed across the services provided?

<i>Health Impact Pyramid</i>	<i>Recommendations for Improving Birth Outcomes</i>	NE Region Programs
Tier 5: Education and Counseling <i>Individual or public educational messages and support.</i>	1. Implement Health Promotion Efforts	4
Tier 4: Ongoing Clinical Interventions <i>Evidence-based practices within clinical settings.</i>	2. Ensure Quality of Care for All Women and Infants	7
Tier 3: Protective, Long-lasting <i>Offer long-lasting protection to individuals.</i>	3. Implement Maternal Risk Screening for All Women of Reproductive Age	4
Tier 2: Changing the Context <i>Change the environmental context to making the healthy choice becomes the easy choice.</i>	4. Enhance Service Integration for All Women and Infants 5. Improve Access to Health Care for Women Before, During and After Pregnancy 6. Develop Data Systems to Understand and Inform Efforts (i.e. infrastructure development)	21
Tier 1: Addressing Socioeconomic Factors <i>Address fundamental social conditions.</i>	7. Promote Social Equity	8



*How are programs distributed across the levels of the Health Impact Pyramid and the domains for improving birth outcomes?
 How true or real does the image feel?
 What does it mean for the region to leverage some domains more than others, and the particular domains being leveraged?
 What are you doing to contribute to this work?*

Reflection, Roles, and Partnerships (Discussion) 1:45 – 2:30 pm

Red/Blue/Yellow Groups

Optional: Collapse the tables into three groups (red, blue, yellow), based on the color noted on the participant's name tag. This allows for expanded networking.

Each table/group needs:

- Flip chart/markers
- Recorder
- Reporter

The questions will be displayed on the main screen. The group facilitators assigned will assist the group by getting them started on the first question.

Spend 10-15 minutes as a group discussing the questions.

Record highlights of the discussion on the flip chart – no need to cover every bulleted question...just document main ideas and thoughts that would be helpful for the larger group discussion.

Be prepared to report out to the larger group. The large group facilitator will request a summary from each group.

- What has stood out for you thus far today? Major takeaways?
- What excites you? What confuses you? What makes you feel anxious?
- What opportunities are we seeing?
- What are the anticipated challenges of seizing these opportunities?
- Are there organizations, partners, or stakeholders that might help us to seize these opportunities? What strengths do they bring to the table?
- Who has unique access to these partners or the resources we need?
- What are your own strengths that you can offer?
- In what ways will you approach/conduct your work differently?
- How do we feel about the distribution of the domains across the Region? Do you concur? What are we missing?
- How useful is the compendium and aligning our strengths/programs?
- How might you use the compendium in your work? Will you share it?

Group Exercise #4

2:45 - 3:45 pm

Purpose: The purpose of the large group discussion is for members representing different organizations/programs and counties to determine where areas of improved/increased coordination and communication could greatly impact health outcomes in the region.

Instructions: Please do the following; prepare to share in 30 minutes. Spend at least 10 minutes to silently reflect as individuals/document actions. Share within the team for about 10 minutes and then identify a few examples to share with the larger group.

1. REFLECT on information provided throughout the day related to state programming, services, and inventory findings for the Public Health Region. Review the action steps documented throughout the day.
 - *What do I have to offer?*
 - *How can I continue working with new/existing partners on shared goals?*
2. CONSIDER your work in relation to programs/services and identify the “strongest” connections and/or greatest potential for impact (think within your city/county as well as across the region).
3. IDENTIFY 3 actions (more if time allows) you will commit to as they relate to new partnerships, increasing coordination and/or collaboration with local programs/partners. DOCUMENT your 3 coordination actions/commitments.
 - *How might we do our work differently as a result of this process?*
 - *How will you reach out to new partners or change your relationships with existing partners?*
 - *What will you do more of to build upon the strengths/bright spots?*
4. SHARE what you liked as well as what you would change about the process/meeting.
 - *Is there anything you would change for the inventory?*
 - *How will the region collectively move this work forward?*
 - *What do you see as the State’s role in supporting efforts?*
 - *What questions do you have?*
5. CONSIDER how the work today can move forward (individual and group) and be prepared to share an example or two from your team with the larger group.
 - *Who can be the champion to initiate the next step(s)?*
 - *How will the strategies/actions come together as a community action plan for collective impact?*

COMMITMENT TO COMMUNITY ACTION

WHAT:

WHO:

WHEN:

WHAT:

WHO:

WHEN:

WHAT:

WHO:

WHEN:



Addressing the Health Needs of Kansas Communities Through Partnerships, Targeted Efforts and Interventions

Northeast Public Health Region – February 25, 2015





...

Pre-Assessment

Staff & Facilitators

Kansas Department of Health & Environment

- Rachel Sisson, *Family Health*
- Heather Smith, *Family Health*
- Kayzy Bigler, *Family Health*
- Traci Reed, *Family Health*
- Debbie Richardson, *Family Health*
- Cristi Cain, *Community Health Systems*

KU Center for Public Partnerships & Research

- Rebecca Gillam
- Tracy VanVlack

March of Dimes Greater Kansas Chapter

- Diane Daldrup





WELCOME!

Housekeeping
Who's in the Room
Participant Folders

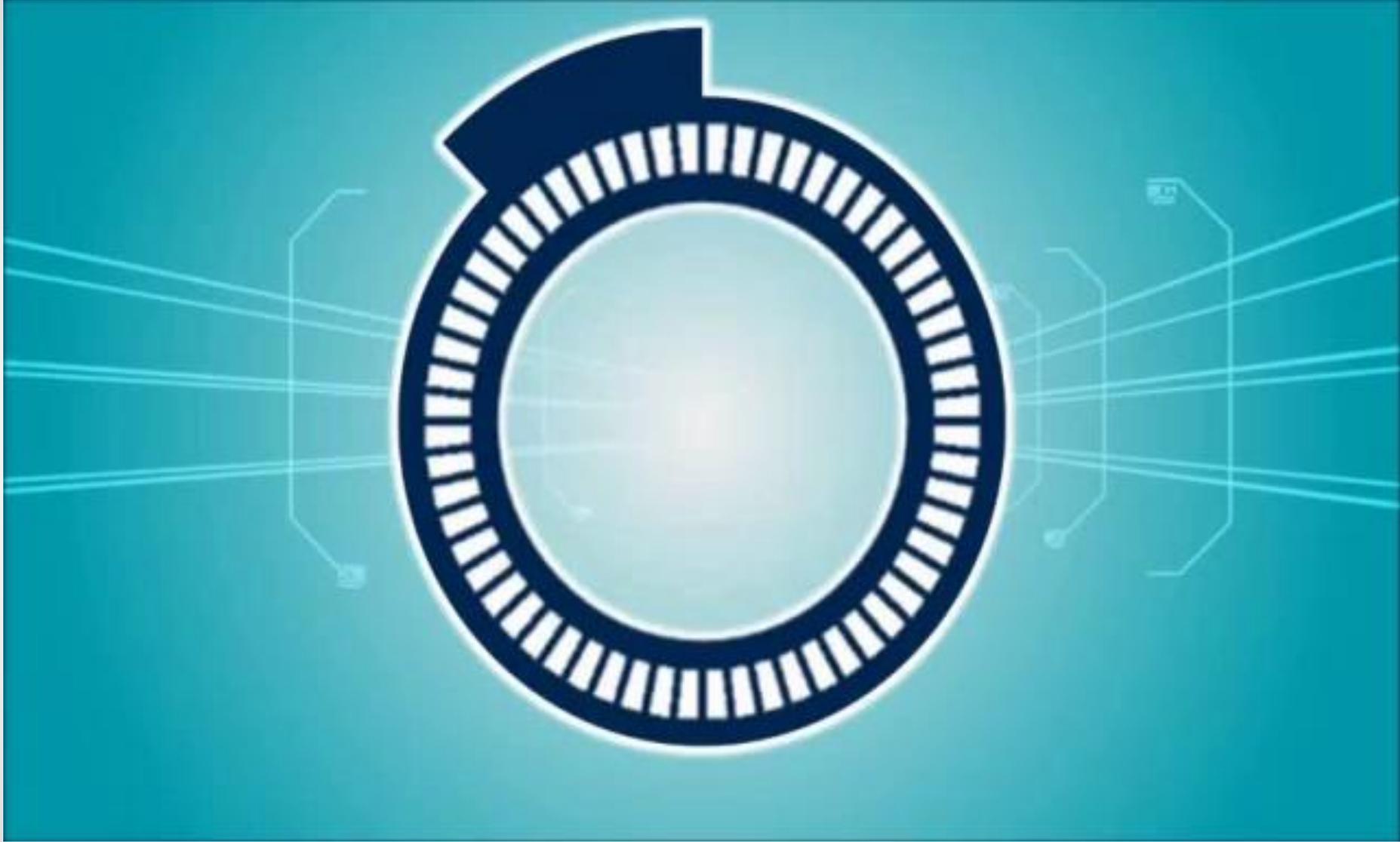
Team Names – GO!

...



MINUTE TO WIN IT





Meeting Goals

Increase and improve maternal and child health services in the Northeast Public Health Region by...

1. Expanding the partner base and network for referral across counties
2. Collectively committing to transforming the model of service delivery by aligning initiatives and identifying existing/potential partnerships
3. Demonstrating a process for assessing and mapping activities to build sustainable partnerships, targeted interventions, and needed services

Meeting Objectives

1. Assess the current initiatives to reveal collective strengths as well as potential service gaps to improve maternal and infant health outcomes.
2. Increase the number of communities planning for and/or implementing HBWW/Becoming a Mom.
3. Recommend actions to transform region-wide collaborations based on aligning activities with the Health Impact Pyramid to address individual and population health needs.
4. Obtain stakeholder input to inform the Kansas Title V Maternal & Child Health (MCH) priorities for the period 2016-2020.
5. Identify opportunities for engaging new partners and approaching work differently as a result of this process.

Learning Objectives

Participants will leave this meeting with...

1. A clear understanding of the purpose of assessing activities to improve birth outcomes.
2. A clear understanding of current MCH programs, services, and initiatives in the Region, including the Health Impact Pyramid, the AMCHP Birth Outcomes Compendium, and the Title V Needs Assessment.
3. At least one new potential partner important for achieving the mission of their programs.
4. Ability to identify how your efforts and activities contribute to a comprehensive shared agenda towards improve birth outcomes in Kansas.

THINK...

Justice Equity

What do we need?

LEVERAGE

Differently

What do we offer?

Systems Change

“Moving the Needle”

Greatest Impact

Together

ACTION!

Setting the Stage & Context

...

The Problem

- Infant Mortality
- Poor Birth Outcomes
 - Prematurity
 - Low Birth Weight
- Preconception health
- Lack of Education
- Lack of Safe Behaviors and Practices
- Smoking, Substance Use
- Other environmental influences, access, barriers

Disparities

The Problem

<u>Public Health Region</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>NC</u>	<u>SC</u>	<u>SE</u>	<u>KS</u>
Infant Mortality	6.1	7.6	6.6	7.6	7.2	7.2	6.6
Preterm Birth	8.8	8.6	8.3	9.1	9.1	10.0	8.9
Low Birth Weight	6.9	7.1	6.8	6.8	7.8	6.9	7.2
Smoking w/Pregnancy	11.8	17.5	7.7	21.2	17.1	24.4	14.4

NE Public Health Region: Atchison, Brown, Chase, Doniphan, Douglas, Franklin, Geary, Jackson, Jefferson, Johnson, Leavenworth, Linn, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, Wyandotte.

Source: KDHE Annual Summary of Vital Statistics (2010-2012)



MCH Health Status Indicators

Medicaid/Non-Medicaid Rates: 2012 Birth Certificate

Indicator	Medicaid	Non-Medicaid
Infant deaths per 1,000 births	9.7	4.4
% of low birth weight (<2,500 grams)	8.9	6.3
% of pregnant women receiving 1 st trimester care	63.7	84.4
% of pregnant women receiving adequate care	68	84.5

The Plan

- Common goal
- Shared resources – Coordination – Collaboration
- Referral – Expanded networks
- Innovation
- Evaluation
- Quality Improvement
- Integrated models/services
- Increased capacity
- Sustainable programs/services
- CHANGE in approach: comprehensive, life course

Collaboration

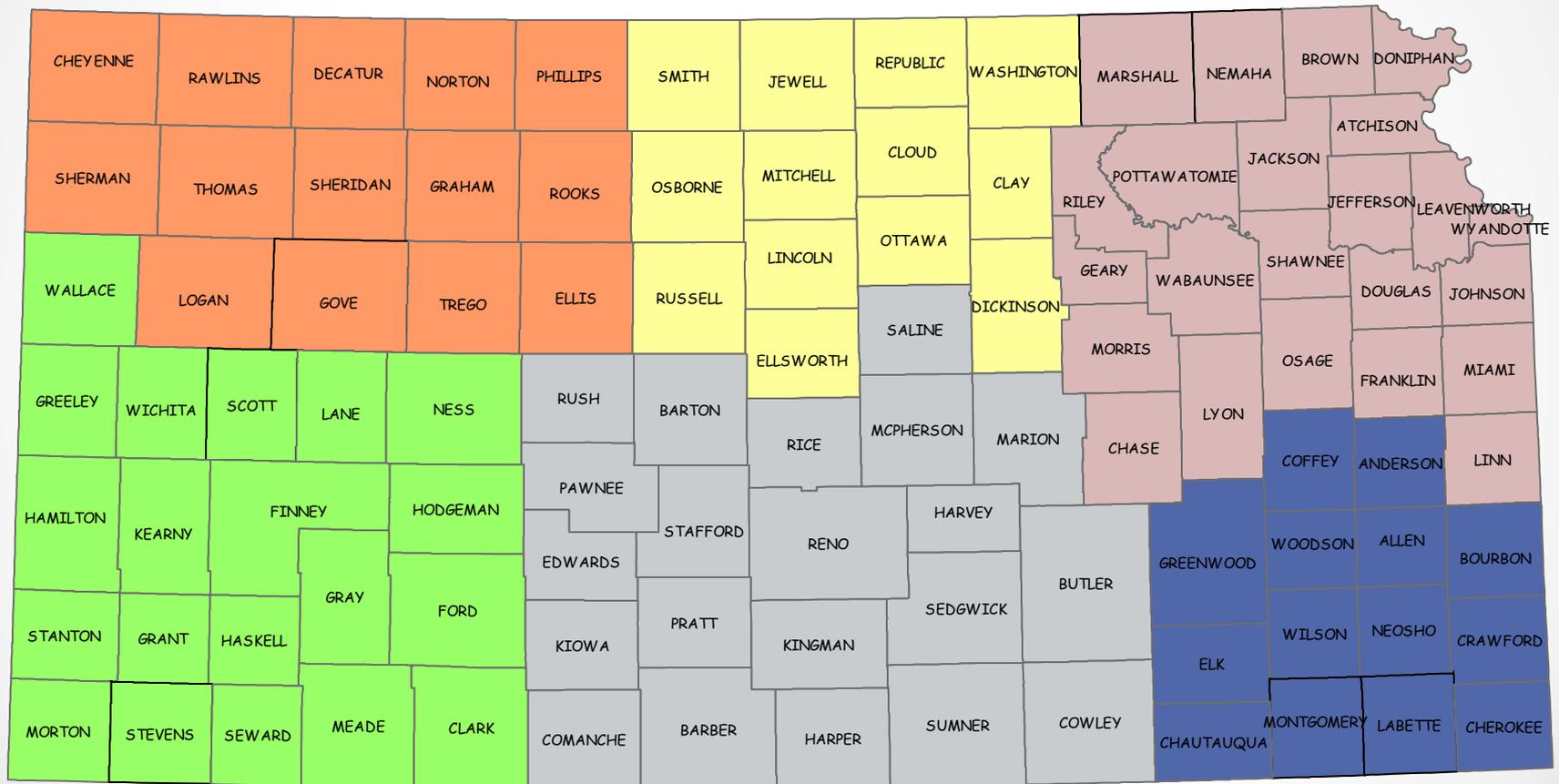
The Project

- Birth Outcomes Compendium
- Partners: KDHE, MOD, AMCHP*
- Pilot: January – July 2014
- Pilot Region: Southeast
- Replicate in other public health regions (2014-2015)
- Collect input on MCH populations, needs
- Identify *MCH 2020* Priorities 5-year period (2016-2020)



**Association of Maternal & Child Health Programs*

KDHE Public Health Regions



The Project cont...

1. Regional approach
2. Identify key partners working together to improve birth outcomes (common goal)
3. Inventory community resources/services (assets)
4. Organize relationships to develop a plan for next steps (connect assets)
5. Mobilize at the community and regional level (capacity and sustainability)



Compendium on Birth Outcomes

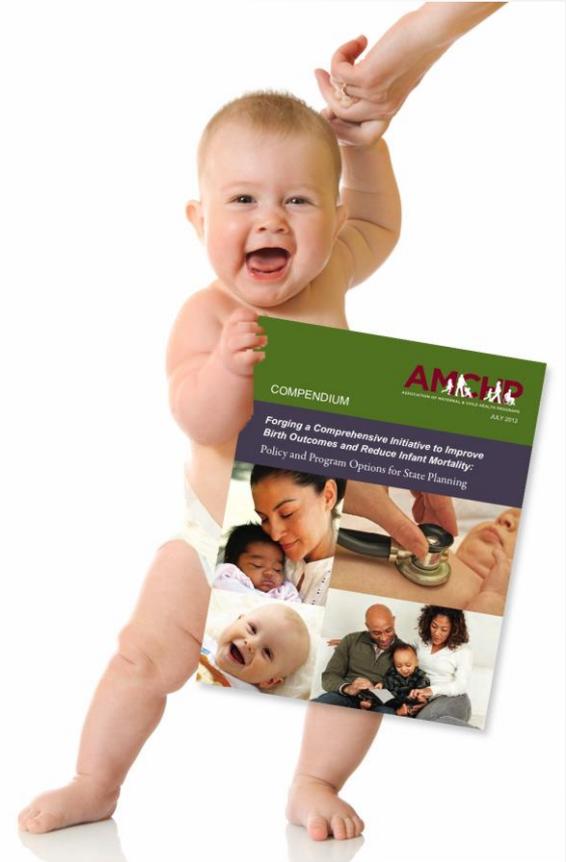


Association of Maternal & Child Health Programs



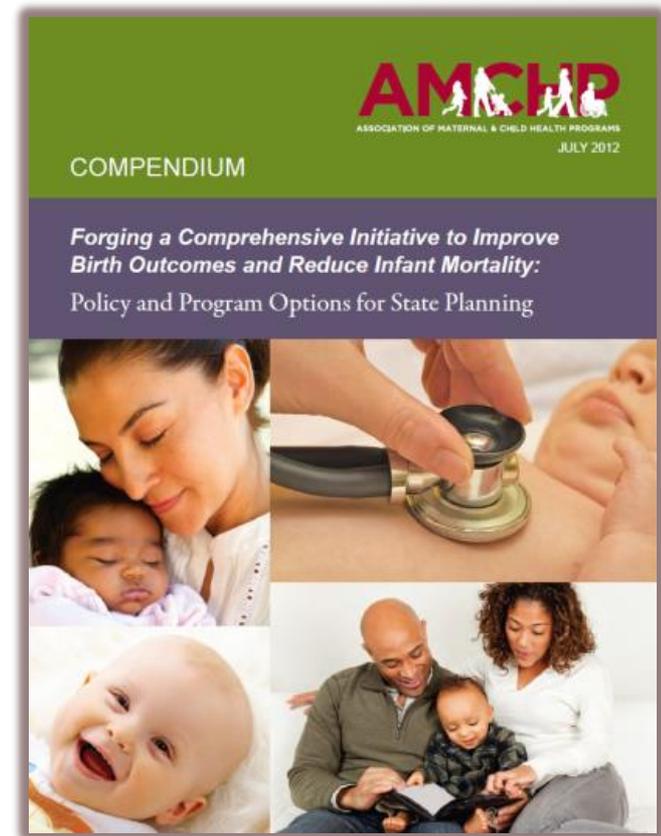
Why the Compendium?

- AMCHP Published in 2012
 - Disparities persist
 - Infant Mortality rates remain stable
- Menu of options
 - Builds upon assets/existing resources
 - Considers impact of interventions
- Comprehensive source: actionable strategies and recommendations
 - Multiple influences impacting health
 - Life course perspective
- Summary of effective efforts to improve birth outcomes



Policy & Program Options

- 60 national source recommendations
- 60 state source recommendations



Action Steps

- Recommendations
- Program Examples
- Policy Examples
- Case Studies
- Evidence Base
- Innovative Ideas
- Best Practices
- Strategies



One Resource

Seven Recommendations

1. Implement Health Promotion Efforts
2. Ensure Quality of Care for All Women and Infants
3. Improve Maternal Risk Screening for All Women of Reproductive Age
4. Enhance Service Integration for Women and Infants
5. Improve Access to Health Care for Women Before, During and After Pregnancy
6. Develop Data Systems to Understand and Inform Efforts
7. Promote Social Equity

Action Steps & Strategies

Incorporate messages on healthy pregnancies and healthy infant care into social marketing and education campaigns.

Specific strategies include:

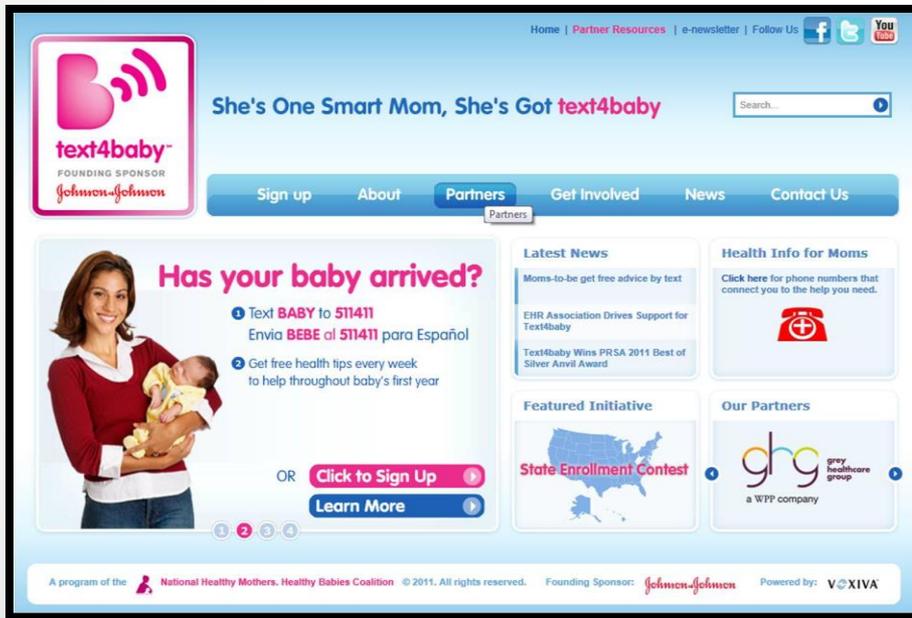
- Targeting messages to first-time mothers.
- Promoting text4baby (text4baby.org) to provide health and safety messages to pregnant women, families and parents of infants.
- Establishing social networking/educational tools on the Web or via telephone so women and men are able to obtain pregnancy health coaching information and services.
- As messages are created and communicated, materials and campaigns should be available in the languages of the target population.

Action step

Specific strategies

State Examples

Social Media/Marketing



Floor Talker Program - LA



Inventory: Snapshot

- Key Partners
- Primary Funding Sources
- Service Type
 - More on Education, Referral
- Populations Served
 - Insurance Status
 - Race/Ethnicity
 - Undocumented/Refugees
- MCH State Priorities
- MCH Performance Measures
- Healthy Kansans Themes
- Data Sources
- Compendium Domains
- Community Health Assessment participation

Endpoint \neq inventory. Endpoint = relationships.

“EVERY SINGLE PERSON
HAS SKILLS, ABILITIES,
AND GIFTS.”

— JOHN MCKNIGHT

WHAT ARE YOURS?



Local Programming

- Maternal & Child Health (MCH)
- Special Health Care Needs (Regional)
- Home Visiting
- Teen Pregnancy Targeted Case Management
- Pregnancy Maintenance Initiative
- Women, Infants, & Children (WIC)
 - Breastfeeding Peer Counselor
- Reproductive Health & Family Planning
- Infant-Toddler Services/Early Intervention - Part C (*tiny K*)
- Child Care Licensing (Day Care & Foster Care)

Northeast Region Services



Local Program Partners – SFY2015 (See Handout)



KDHE AID TO LOCAL PROGRAM PARTNERS – NORTHEAST PUBLIC HEALTH REGION
State Fiscal Year 2015

Contracted Partner

All Counties:

- Preparedness
- Infant-Toddler Services
(*tiny-K*)

Health Plan Highlights for 2015

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

		
<p>Dental care for people 21 and over:</p> <ul style="list-style-type: none"> • Two cleanings annually • Scaling and polishing procedures 	<p>One dental visit for adults 21 and older every six months.</p>	<p>Adult dental services are a benefit. Members over 21 can get an examination. They also get an x-ray and teeth cleaning.</p>
<p>Through the Healthy Rewards program, members can earn \$10, \$15, or \$25 in debit card credits for over-the-counter items each time they get certain health checkups and screenings.</p>	<p>Members can earn \$10 - \$50 or more on a CentAccount rewards card for healthy checkups to use for over-the-counter items.</p>	<p>Members can earn up to \$80 in Wellness Reward debit cards to help them become and stay healthy. They can earn the gift cards by going to health screenings and checkups.</p>
<p>We help certain members get free cell phones through SafeLink® and up to 250 free minutes of service each month plus:</p> <ul style="list-style-type: none"> • 200 bonus lifetime minutes • Unlimited nationwide text messages • Free outbound calls to Member Services <p>Coverage may not be offered in certain remote service areas.</p>	<p>SafeLink® and Connections Plus are programs that provide a free cell phone to members. SafeLink® provides up to 250 free minutes of service per month. This includes free calls to and from Sunflower Health Plan. Members will be able to have telephone access to their KanCare providers.</p>	<p>Our Member Advocates can help certain members get free cell phones through SafeLink®. The advocates can help with:</p> <ul style="list-style-type: none"> • Picking the right cell phone provider • Help with the application • Educate on phone benefits • Get the member connected with the program. <p>The member can get up to 250 free minutes of service each month. Coverage may not be offered in some service areas.</p>
<p>Taking Care of Baby and Me® prenatal and postnatal program with:</p> <ul style="list-style-type: none"> • Health resources and coaching • A special self-care book • Information on Warm Health and how to enroll • A helpful tips brochure with information on enrolling in Text4Baby, centering pregnancy group visits and more. 	<p>Start Smart for Your Baby - This program gives support and education for moms, babies, and families. The program includes the services below. There is no cost to member.</p> <ul style="list-style-type: none"> • Start Smart home visits for new mothers • Start Smart baby showers for pregnant mothers • Start Smart birthday programs for children. 	<p>A free book named Baby Basics will be sent to each member who is pregnant. You can earn great rewards with Baby Blocks if you are pregnant. Join Baby Blocks and get a \$20 gift card or a cool diaper bag. Stay with the program after your baby is born and you can earn up to eight rewards in all.</p>
<p>Smoking Cessation program that includes a full range of nicotine replacement therapy products, as well as coaching and support services.</p>	<p>Members can participate in a smoking cessation program, including www.kanquit.com. They can also be referred to Sunflower's smoking</p>	<p>Adult members can go to two more podiatry (foot doctor) appointments each year.</p>

KanCare Value-Added Services

- Prenatal/Postnatal
- Smoking Cessation
- Oral Health
- Healthy Lifestyles
- Case Management

Taking Care of Baby and Me® prenatal and postnatal program with:

- Health resources and coaching
- A special self-care book
- Information on Warm Health and how to enroll
- A helpful tips brochure with information on enrolling in Text4Baby, centering pregnancy group visits and more.

Start Smart for Your Baby - This program gives support and education for moms, babies, and families. The program includes the services below. There is no cost to member.

- Start Smart home visits for new mothers
- Start Smart baby showers for pregnant mothers
- Start Smart birthday programs for children.

A free book named Baby Basics will be sent to each member who is pregnant. You can earn great rewards with Baby Blocks if you are pregnant. Join Baby Blocks and get a \$20 gift card or a cool diaper bag. Stay with the program after your baby is born and you can earn up to eight rewards in all.

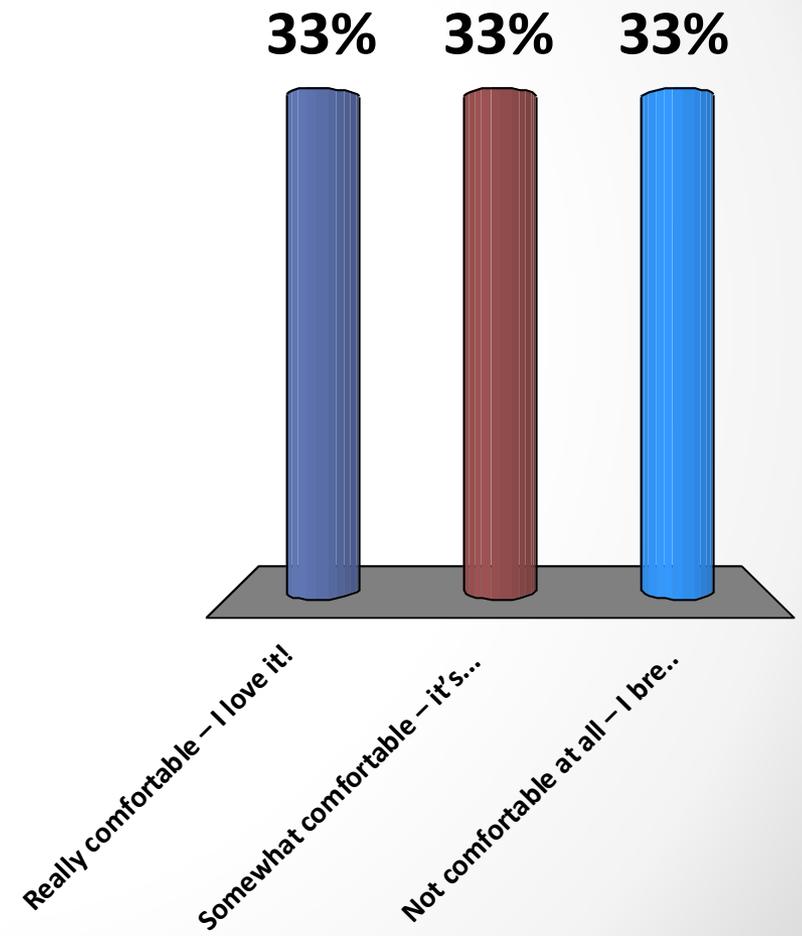
Northeast Region Summary of Findings

...

Prepared by: Jennifer Farfalla, MPH
Association of Maternal & Child Health Programs
(AMCHP)

How comfortable are you with looking at data?

- A. Really comfortable – I love it!
- B. Somewhat comfortable – it's ok.
- C. Not comfortable at all – I break out in hives!



Kansas Inventory of NE Region Programs: Summary of Findings

Prepared by:
Jennifer Farfalla, MPH

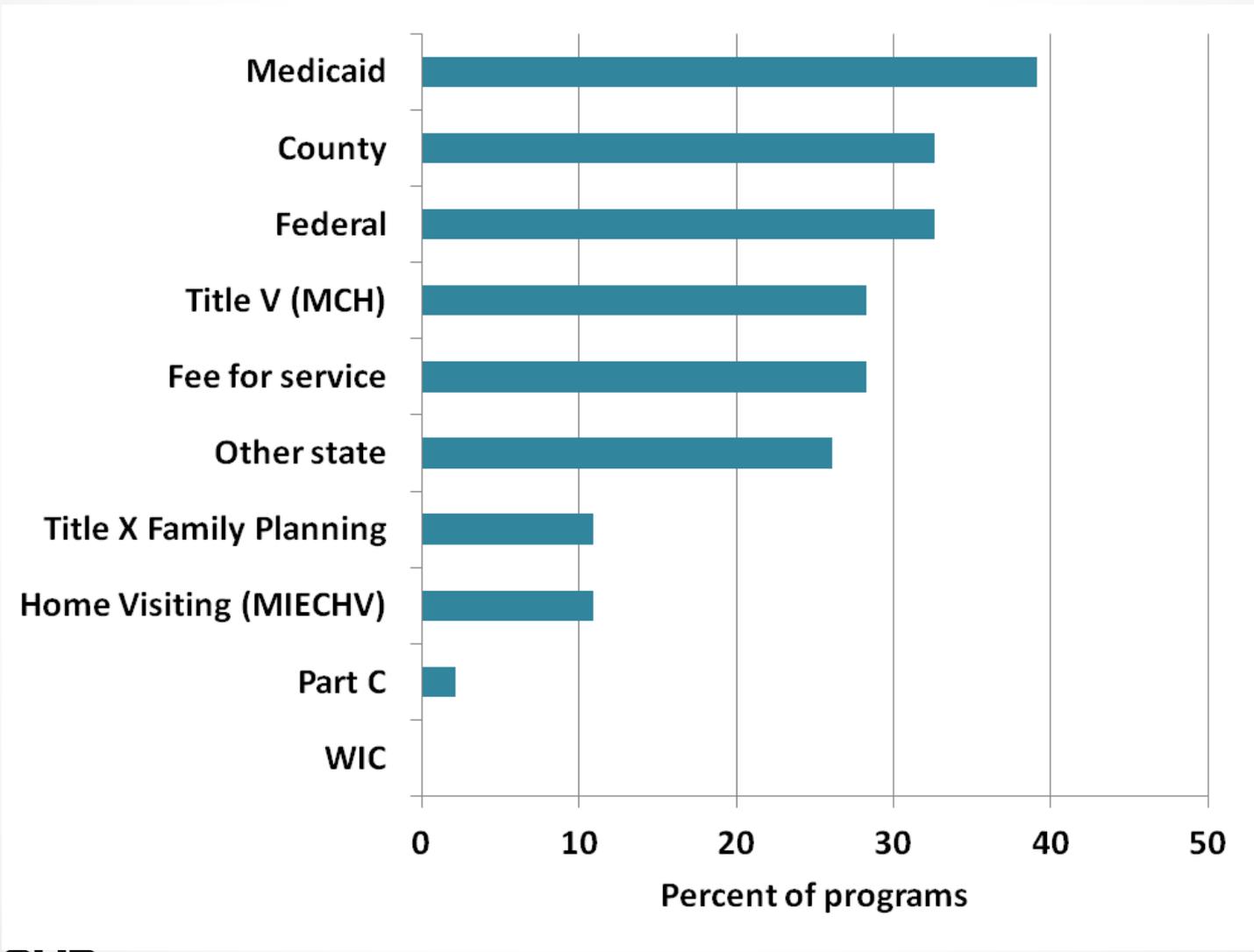


Summary of Respondents

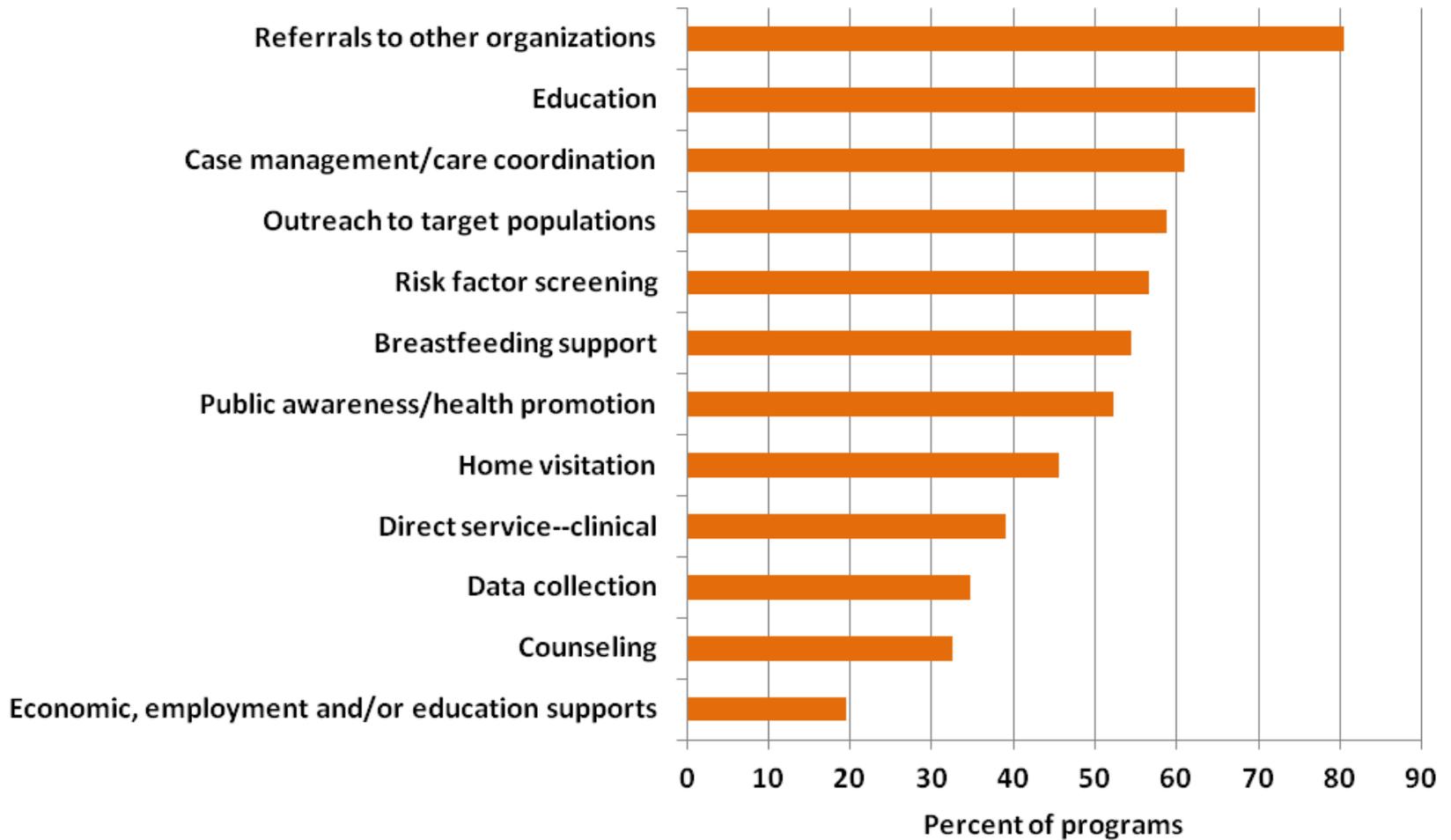
46 Programs

15 Counties: Shawnee, Wyandotte, Riley, Geary, Jackson, Johnson, Douglas, Jefferson, Nemaha, Pottawatomie, Wabaunsee, Brown, Doniphan, Leavenworth, Osage

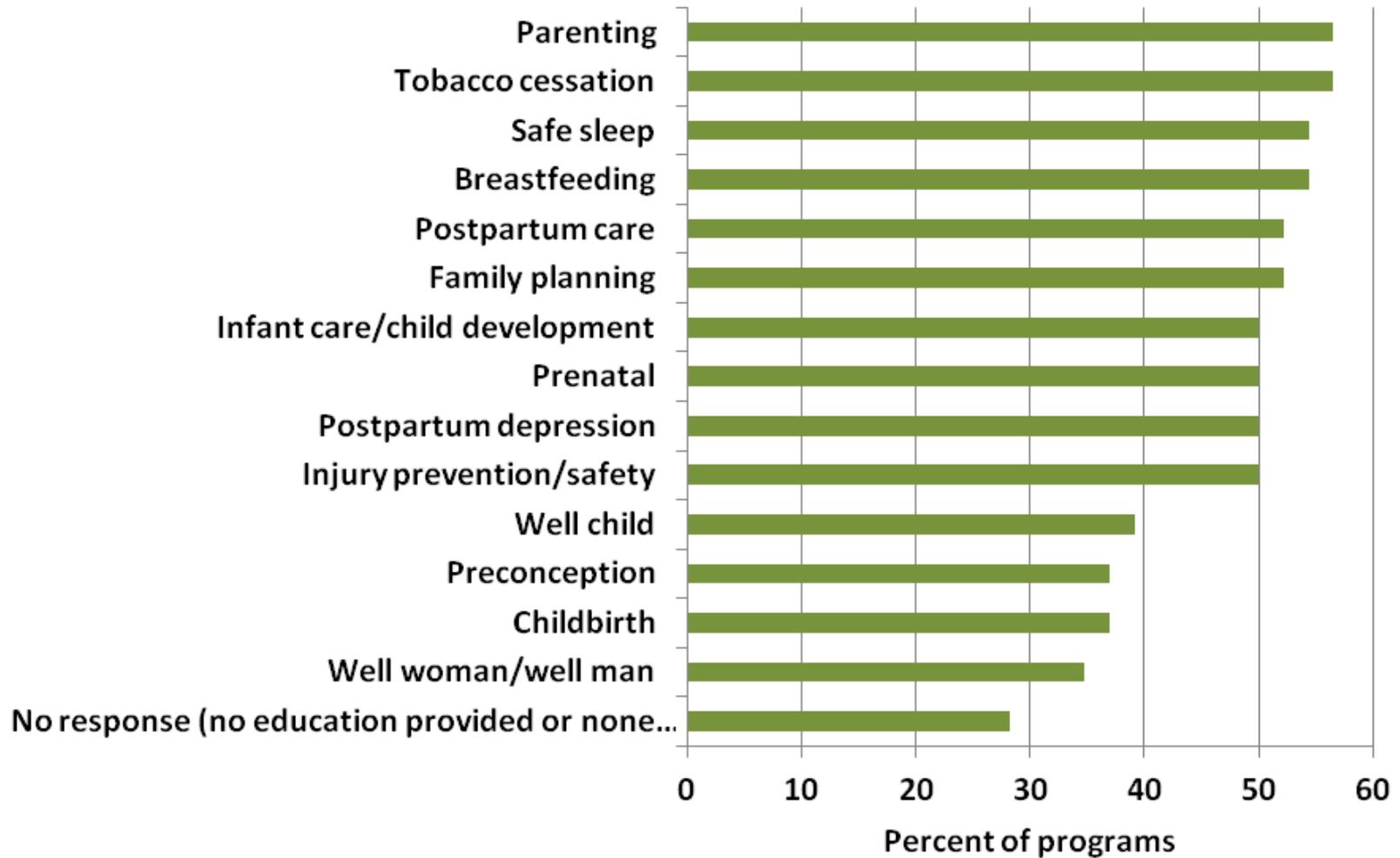
Primary Funding Source



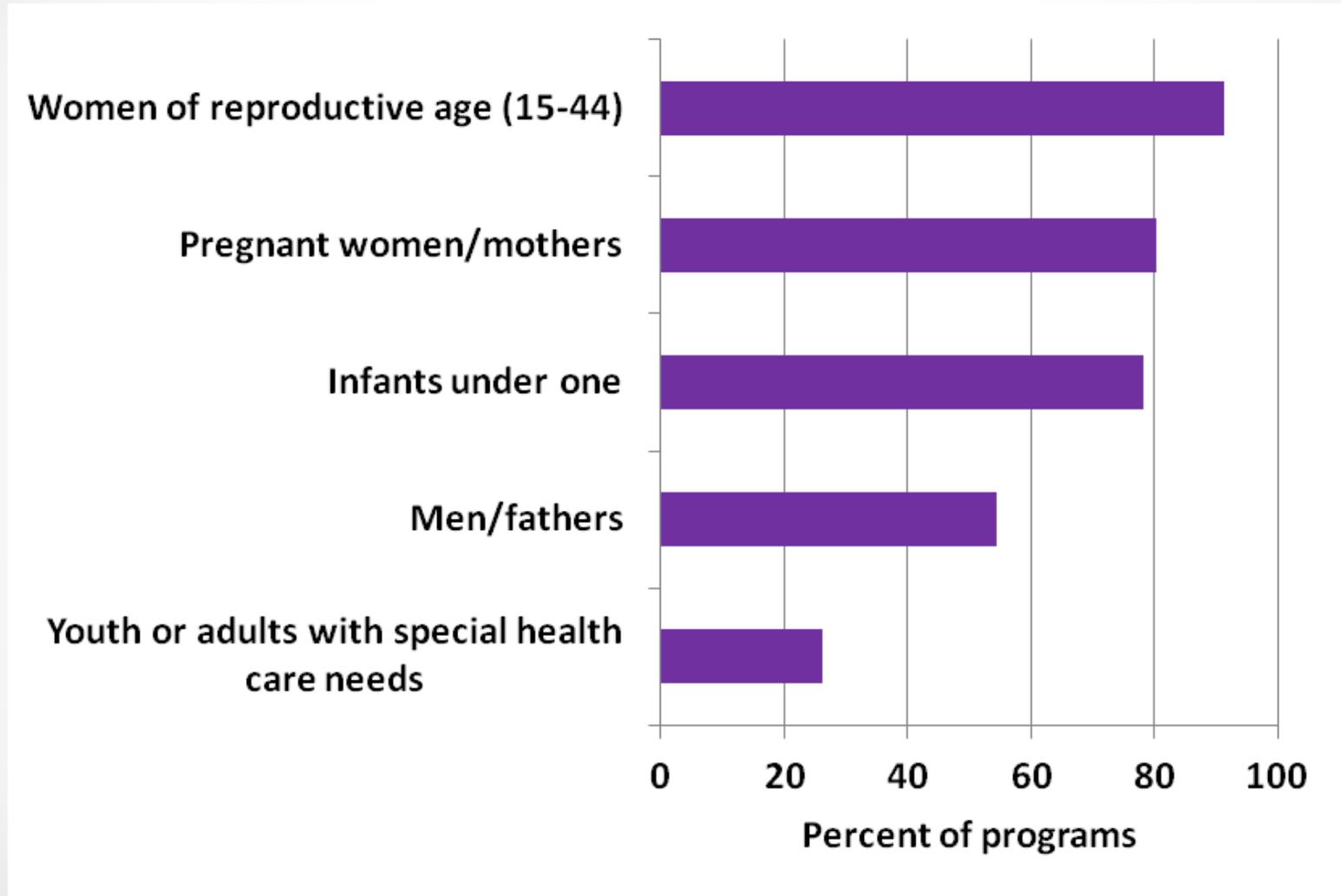
Main Services Provided



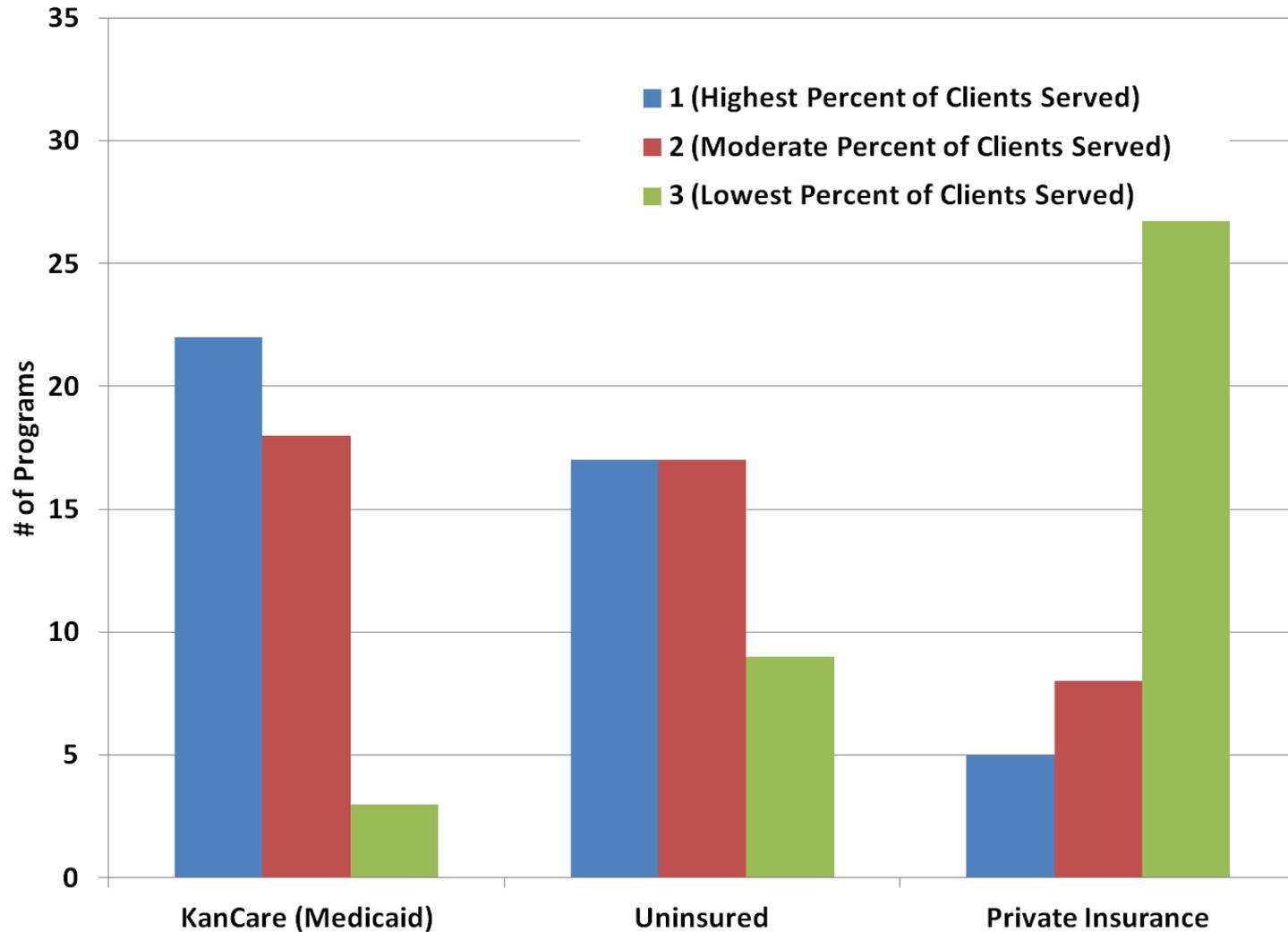
Type of Education Provided



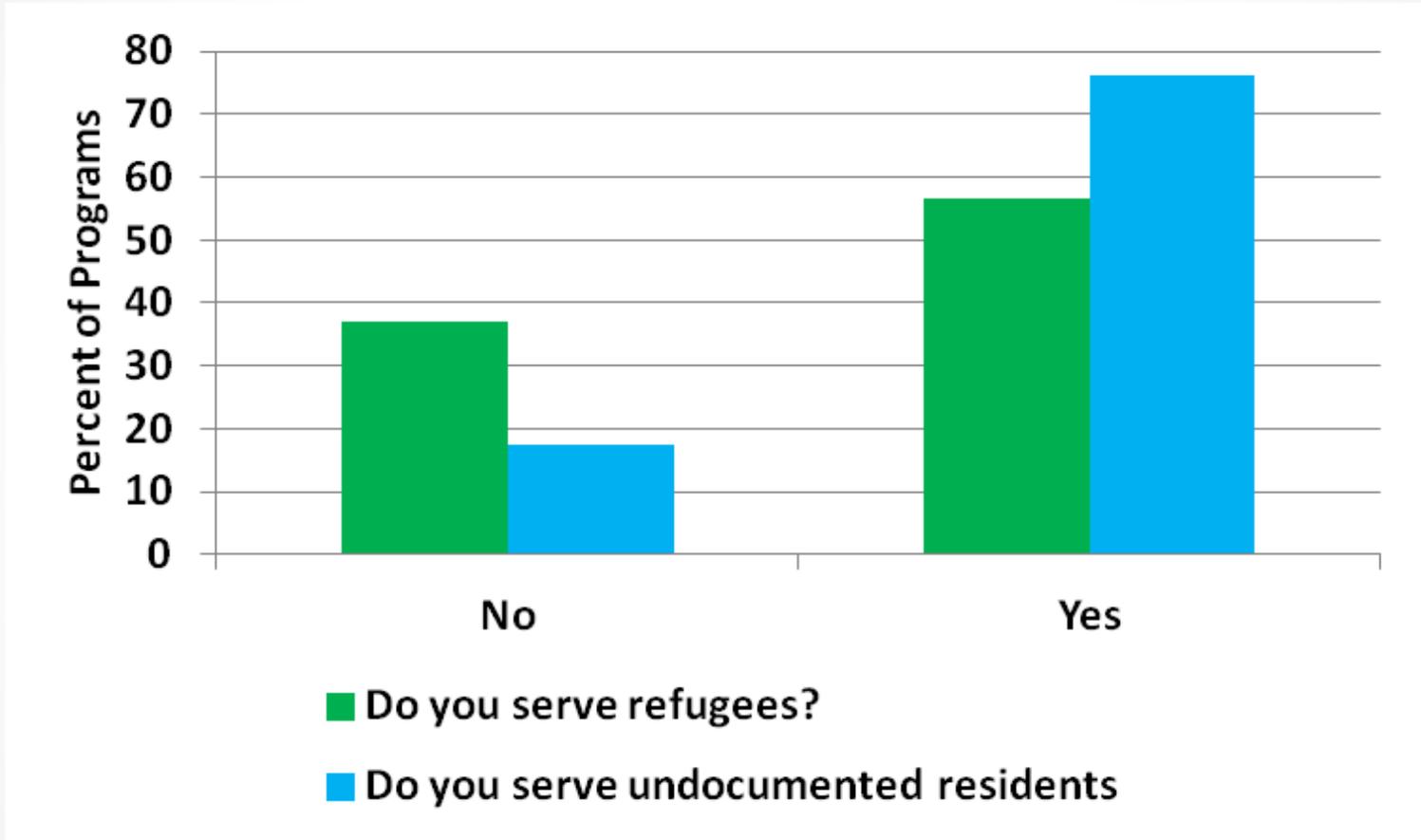
Populations Served



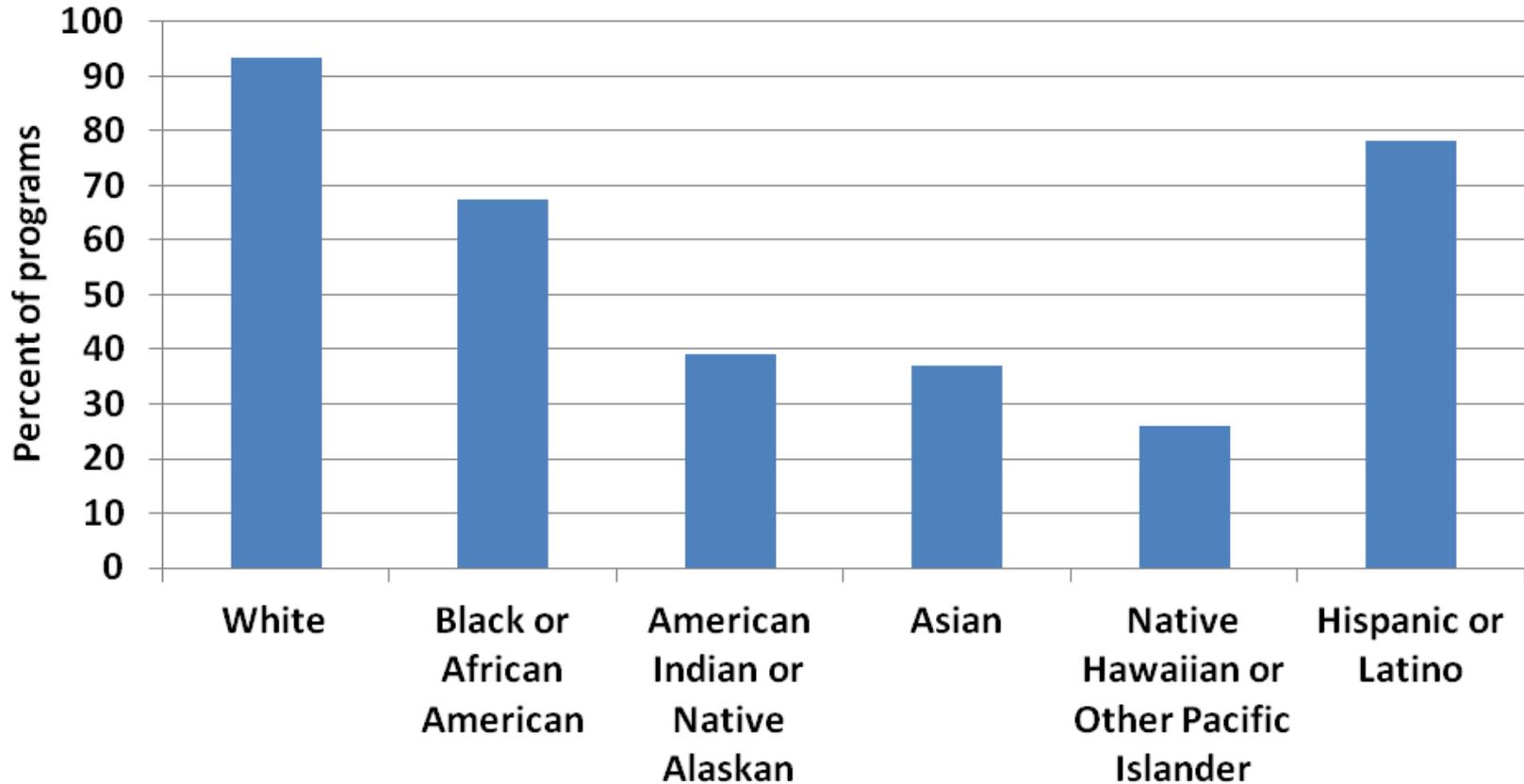
Insurance Status



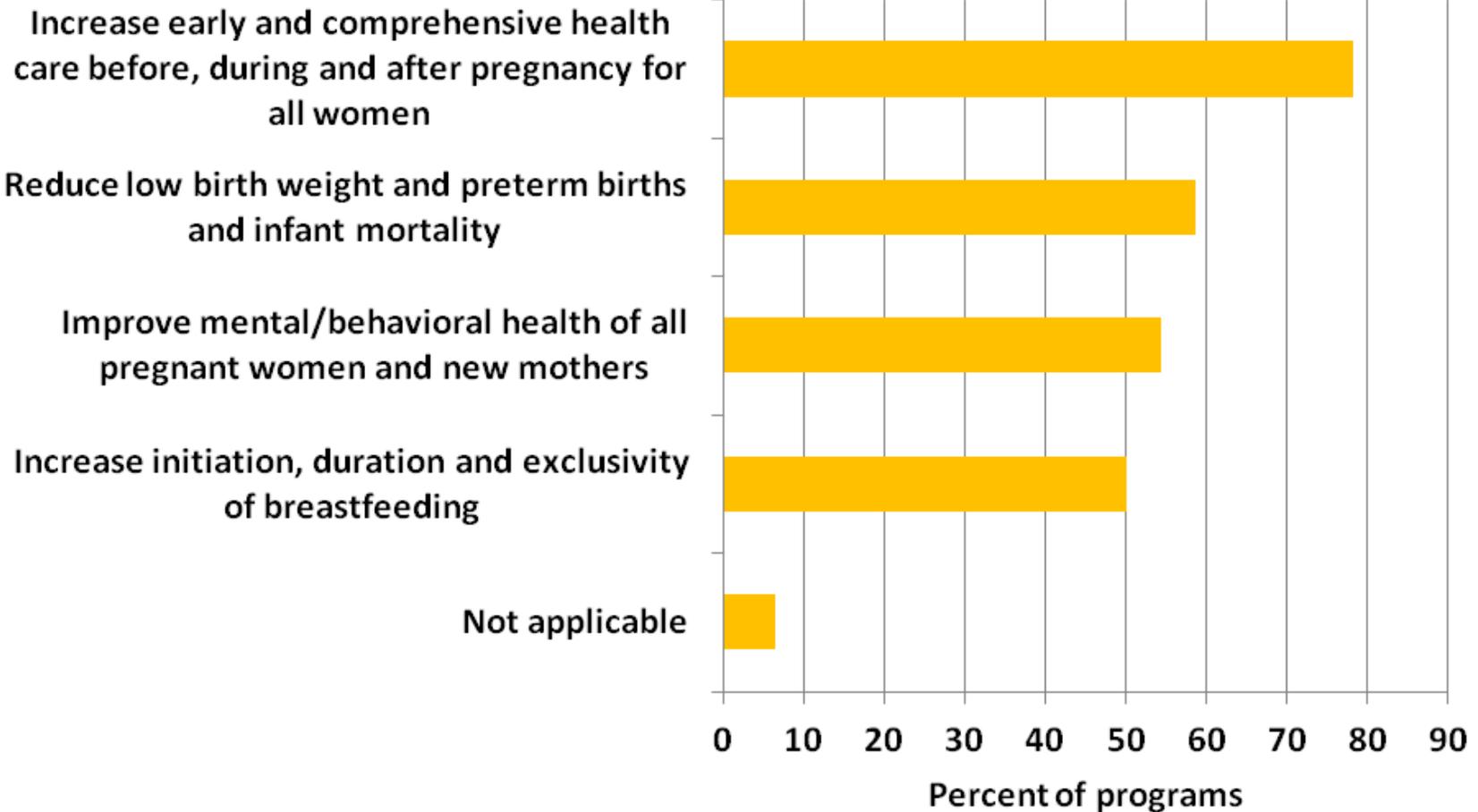
Refugees and Undocumented Residents



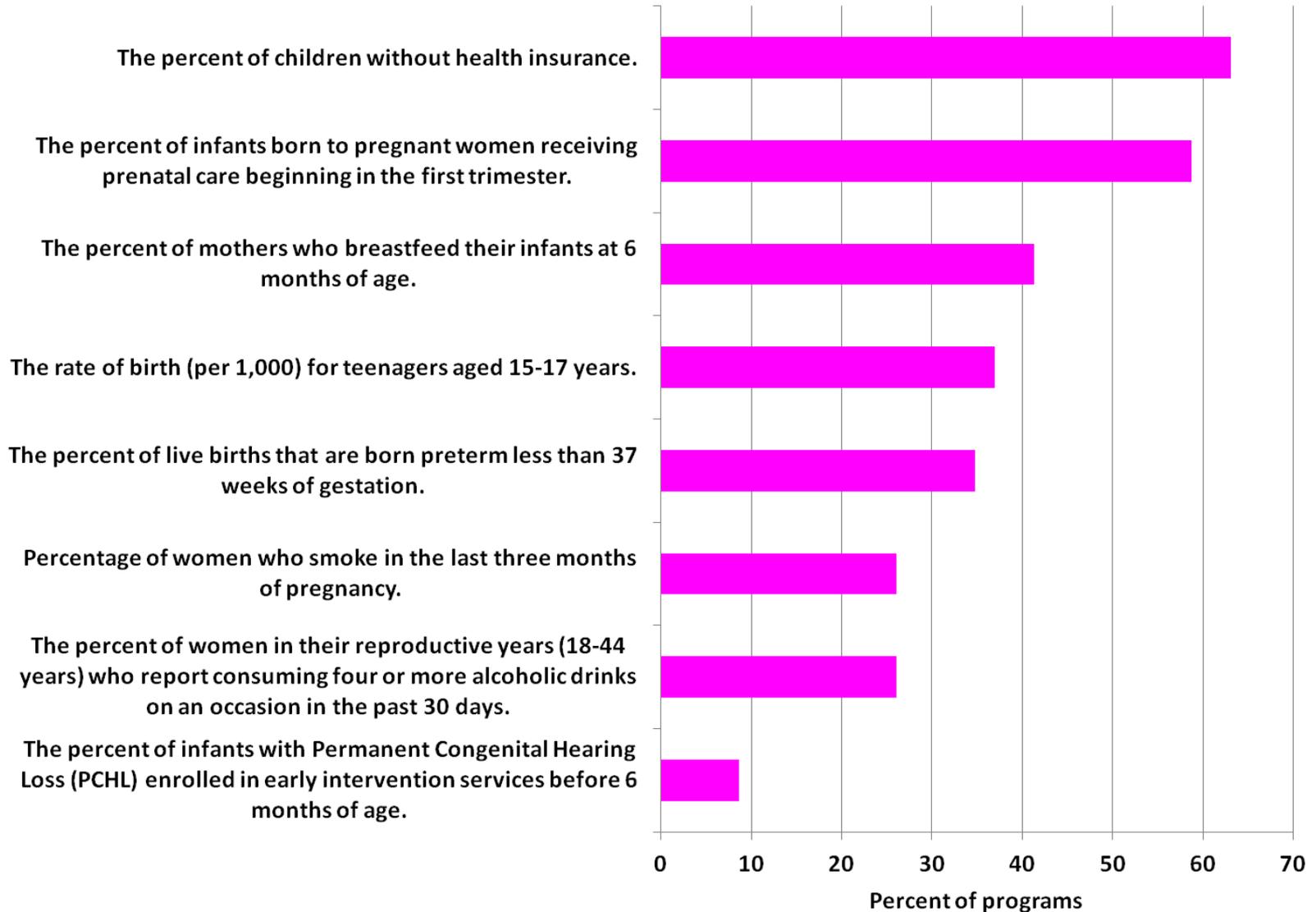
Race / Ethnicities of Clients



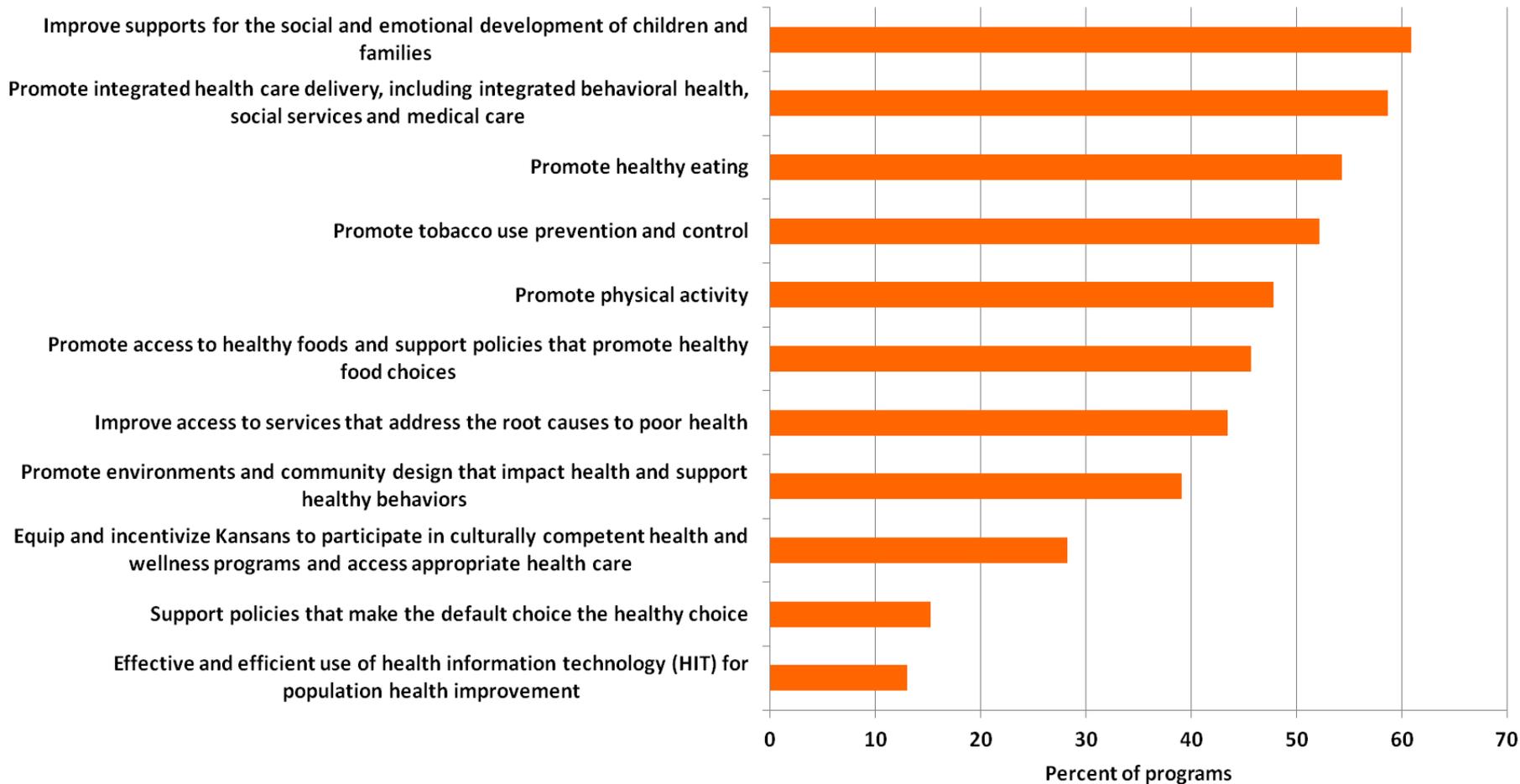
MCH State Priority Needs



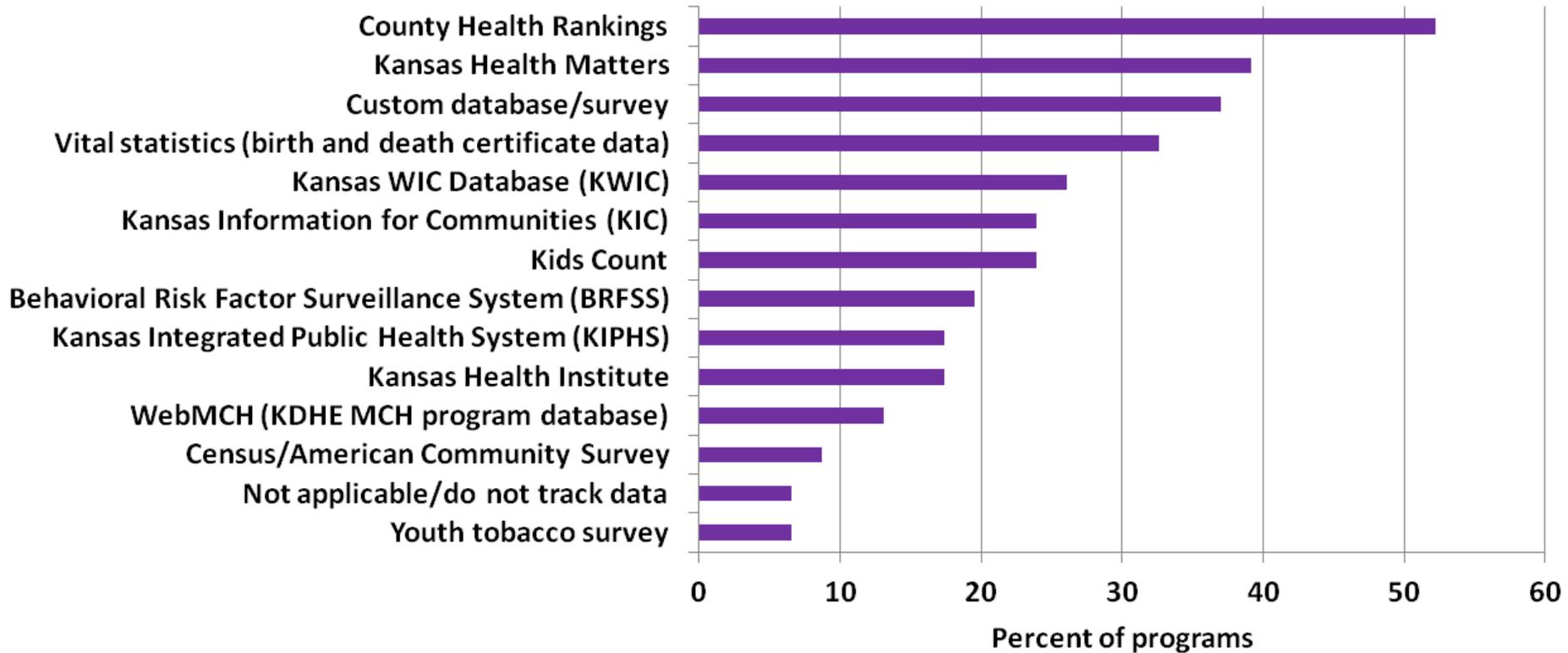
Title V Performance Measures



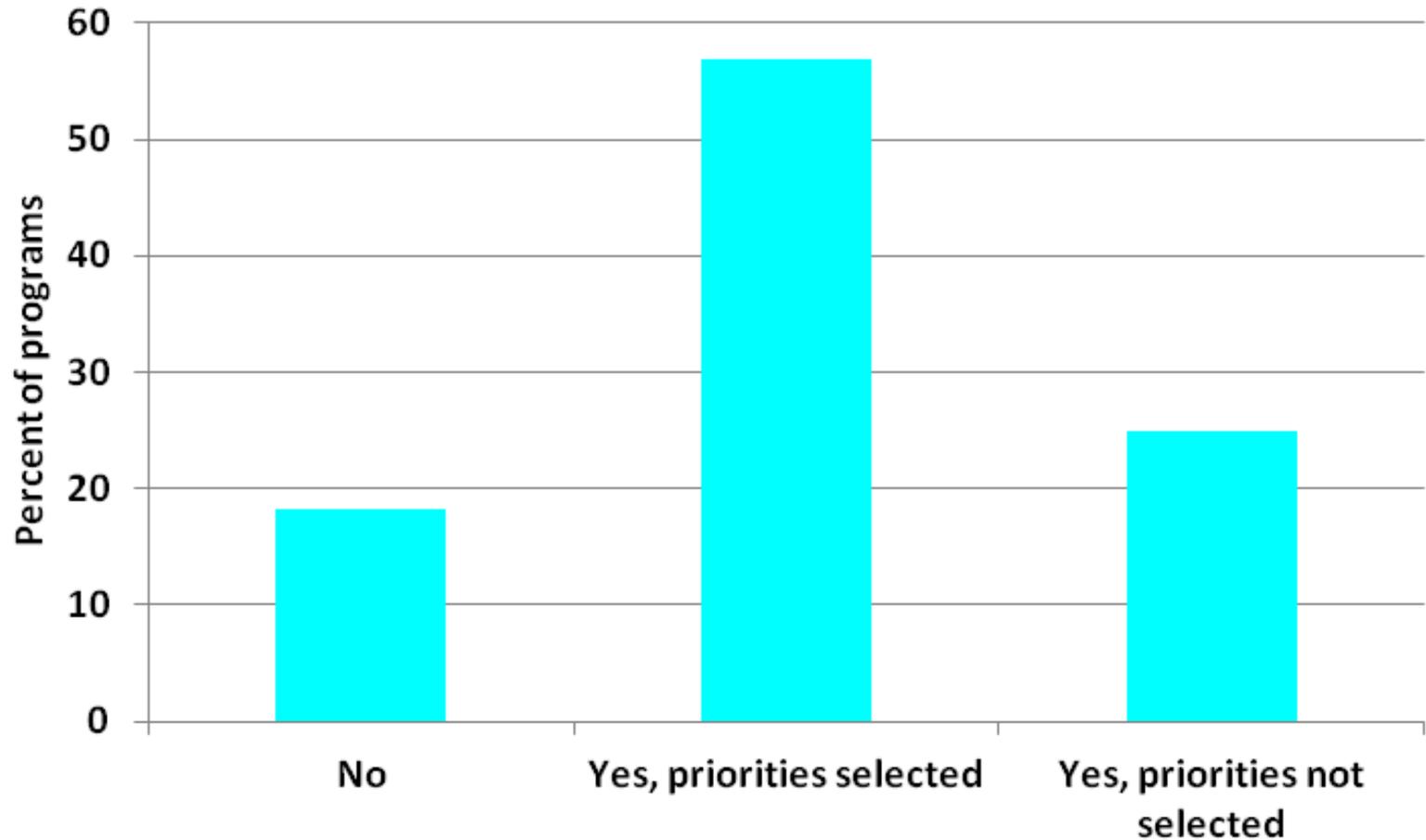
Healthy Kansans 2020



Primary Data Sources



Participation in a Community Health Assessment



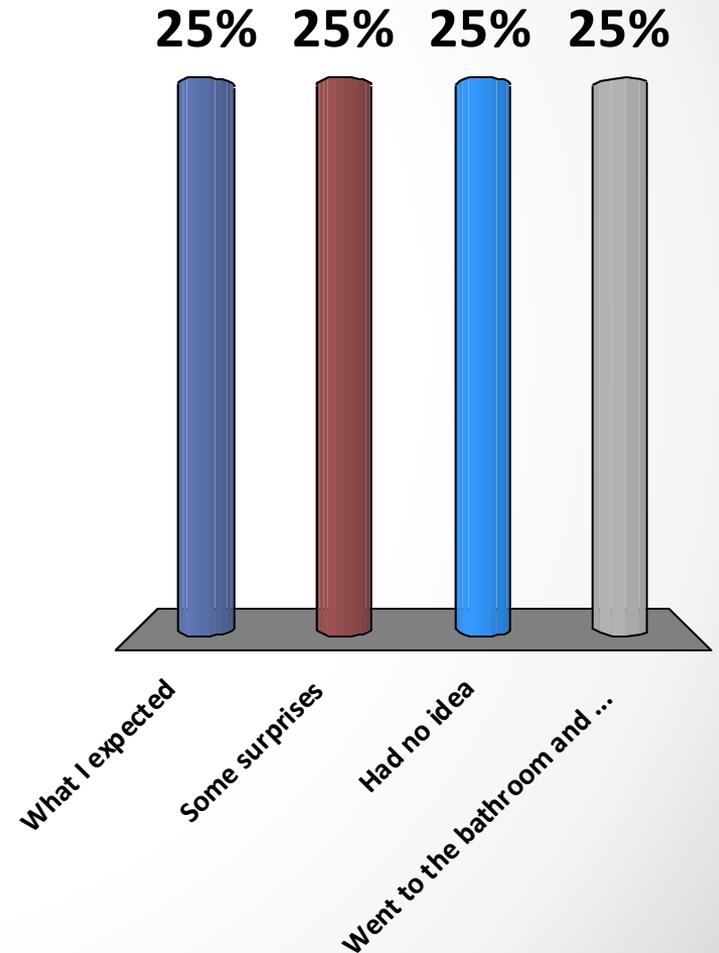
Group Exercise 1

...

Response to Inventory Findings

What is your reaction to the findings?

- A. What I expected
- B. Some surprises
- C. Had no idea
- D. Went to the bathroom and missed the conversation

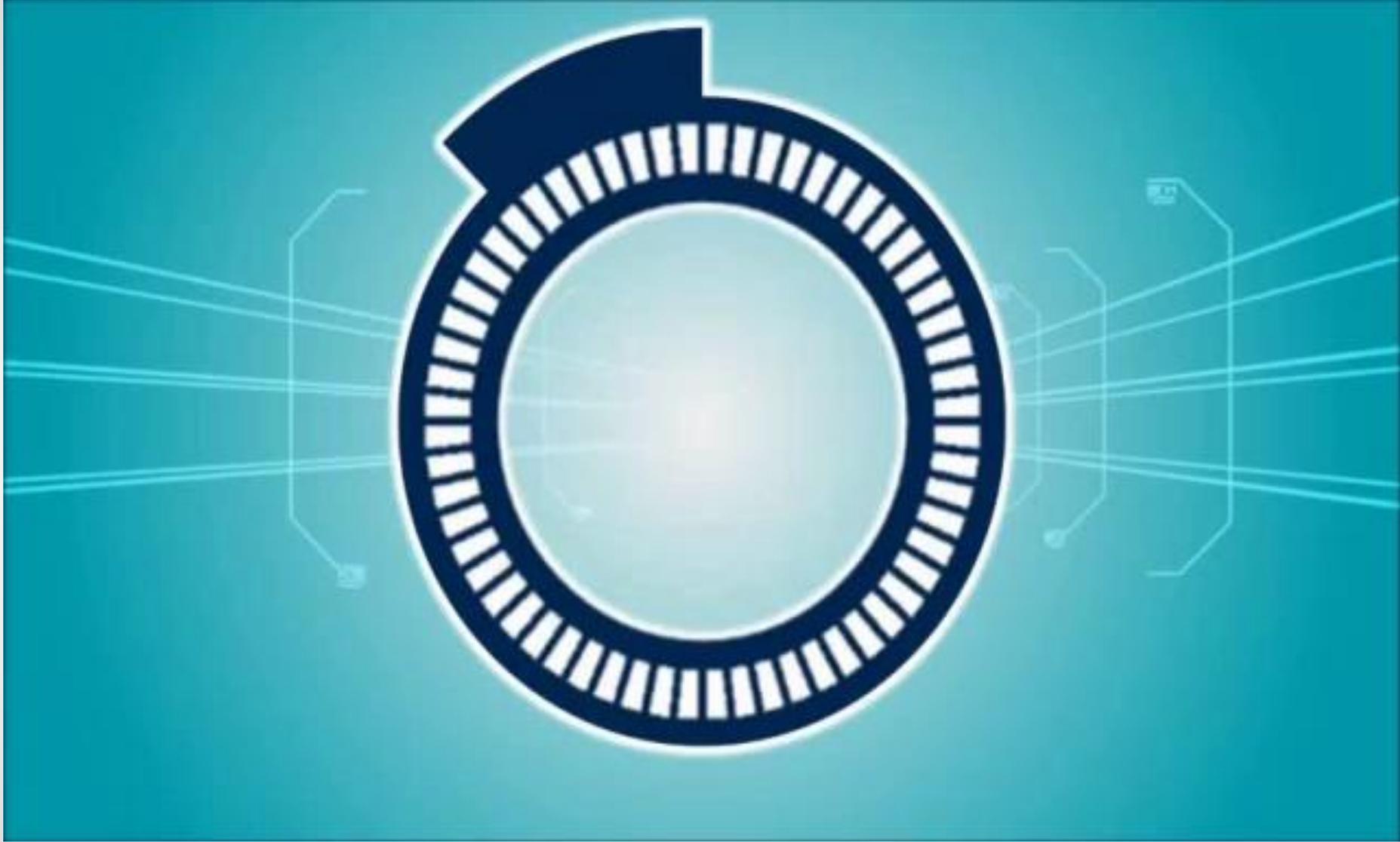


BREAK

...

MINUTE TO WIN IT





RESEARCH

expertise

youth

training

solutions

Collective Impact 101:

What it takes for effective collaboration

KU CENTER FOR
PUBLIC PARTNERSHIPS
& RESEARCH
The University of Kansas

©University of Kansas, 2014

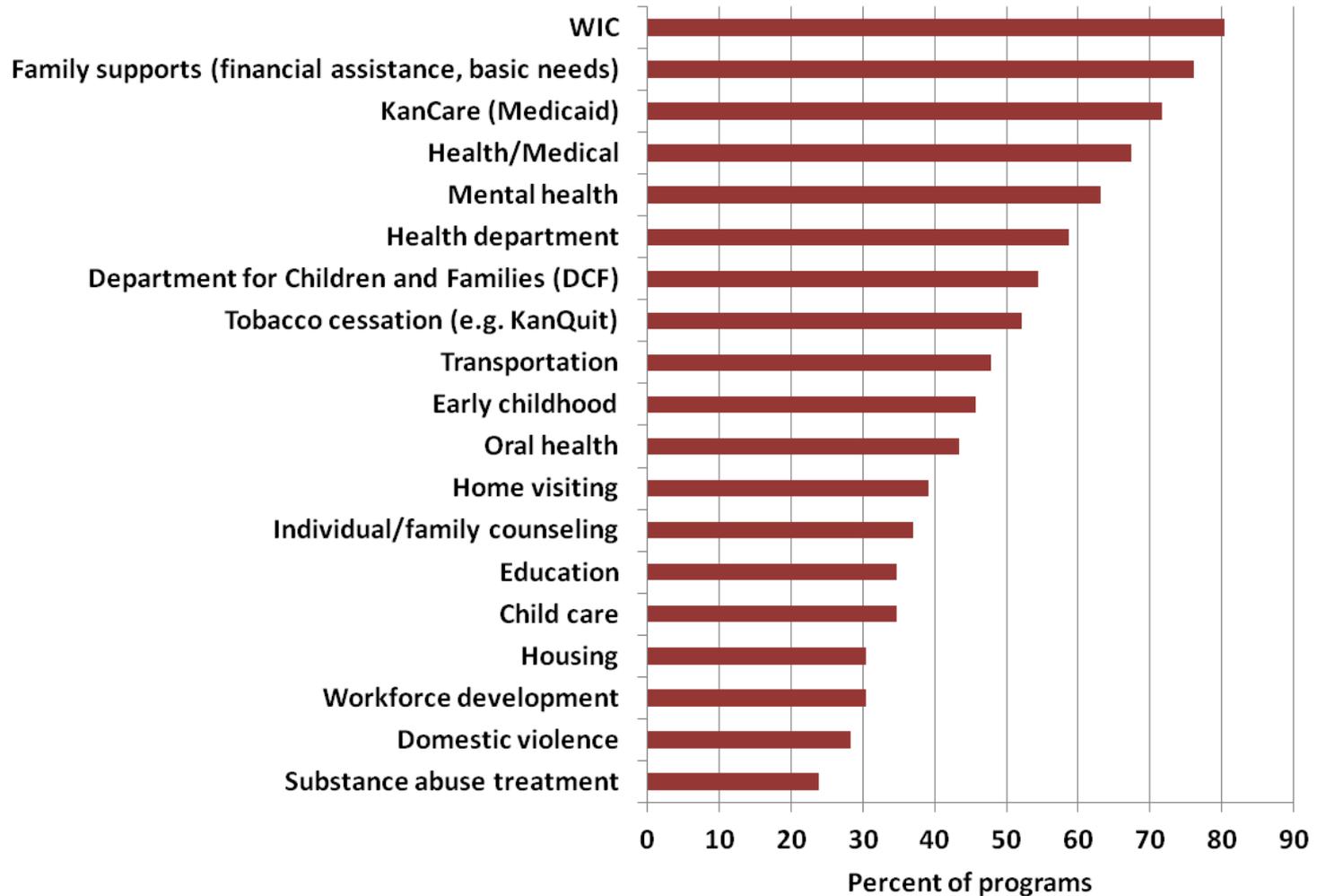
family

education

evaluation

POLICY

Referral Organizations



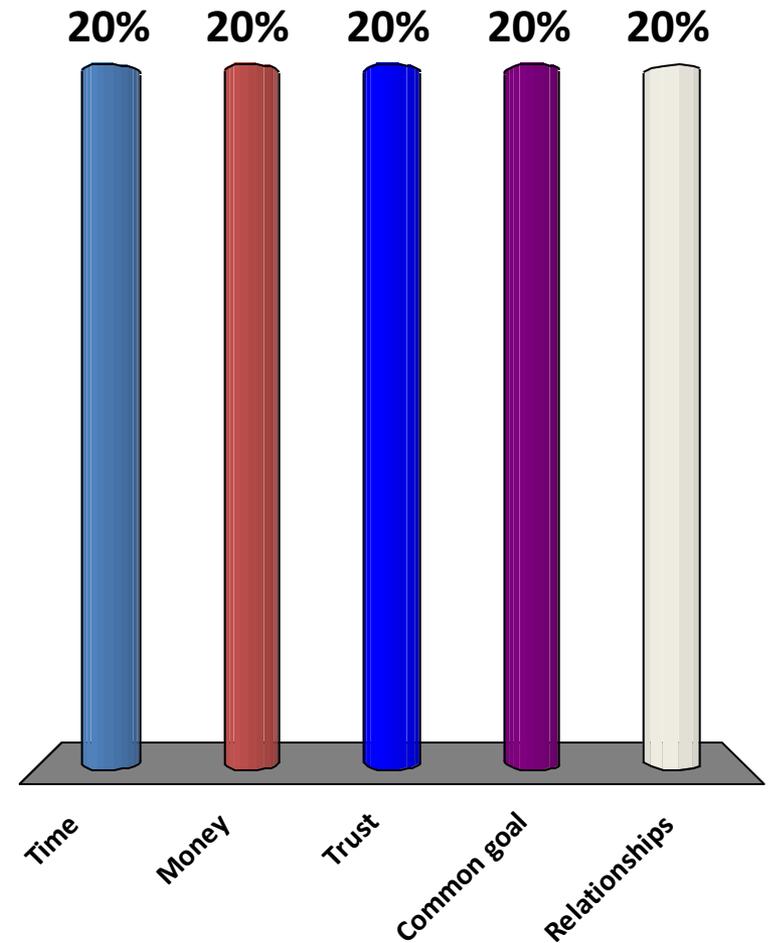
Partner/Organization	% selected	Count
Local health department	62.2%	28
WIC	51.1%	23
Hospital(s)	37.8%	17
School district(s)	33.3%	15
Home visiting programs	31.1%	14
Private practice physicians	31.1%	14
Community mental health center(s)	24.4%	11
Department for Children and Families (DCF)	24.4%	11
Primary care clinics	24.4%	11
Local non-profit organization(s)	22.2%	10
Local elected officials	20.0%	9
Local government	20.0%	9
Local foundation(s)	11.1%	5
College/university	8.9%	4
Domestic violence program	6.7%	3
Faith based organizations	6.7%	3
Managed care organizations	6.7%	3
Substance abuse prevention	6.7%	3
Substance abuse treatment	6.7%	3
Faith communities	2.2%	1
Private business(es)	2.2%	1
Law enforcement	0.0%	0
Media	0.0%	0
Workforce development organization	0.0%	0



What comes to your mind?

What is most important to collaboration?

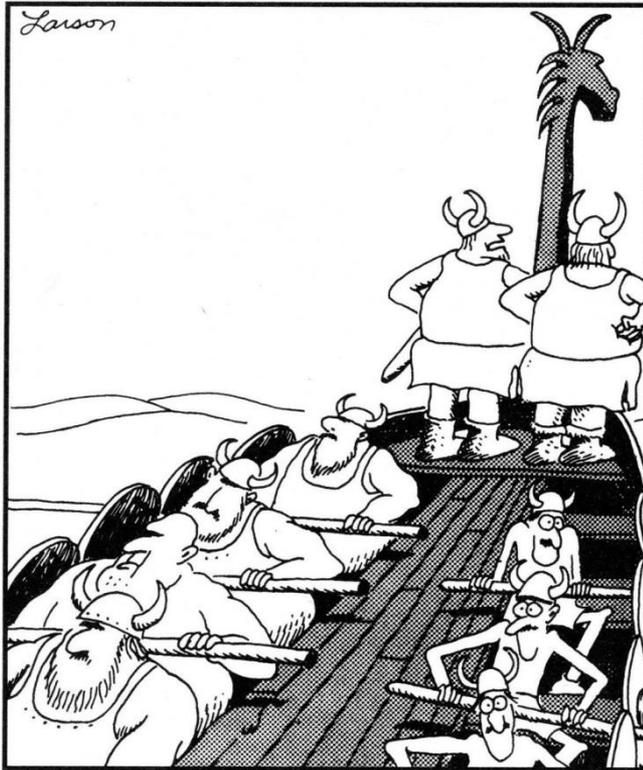
- A. Time
- B. Money
- C. Trust
- D. Common goal
- E. Relationships



A word cloud featuring various terms related to collaboration and communication. The most prominent words are 'Working Together' and 'Meetings'. Other visible words include 'Partners', 'Relationships', 'Lack Of Action', 'Interdisciplinary', 'Forced Participation', 'People', 'Skype', and 'Talking'. The words are arranged in a non-linear fashion, with some overlapping.

Sometimes collaboration may feel like an [impossible task](#).

Ever Feel Like This?



"I've got it, too, Omar ... a strange feeling like we've just been going in circles."



So, Why Collaborate?

To solve complex problems.

Simple

Baking a Cake



Complicated

Sending a Rocket to the Moon



Complex

Raising a Child



Source: FSG

Dispelling Myths

Myth: Collaboration means more meetings.
For many, collaboration=hassle.



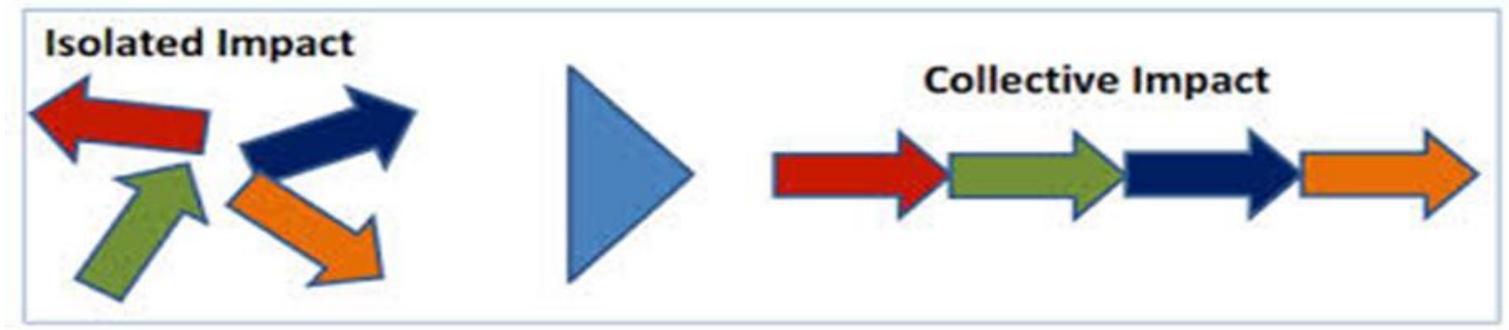
✓ **Truth:** Meetings are important process tools to facilitate our work. But the key to successful collaboration is:

- Informal Relationships
- Trust

Dispelling Myths

Myth: We have to commit to exactly what the group wants to do.

✓ **Truth:** Partners need to commit to a shared vision, but progress happens through mutually reinforcing activities.



Source: FSG

Dispelling Myths

Myth: There is a formula for collaboration/collective impact that we have to follow



- ✓ Truth: Research tells us that there are some key elements seen over and over again in successful collaboratives. In practice, each collaborative is most successful when it creates its own simple rules.

Dispelling Myths

In other words, there are fundamental components that will most likely be present for successful collective impact, **but each group needs to figure out how best to use them.**

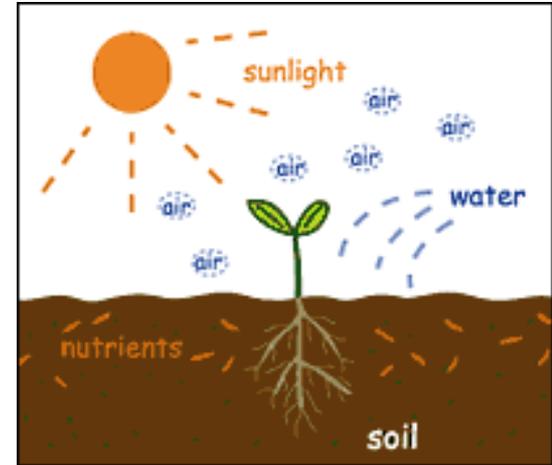
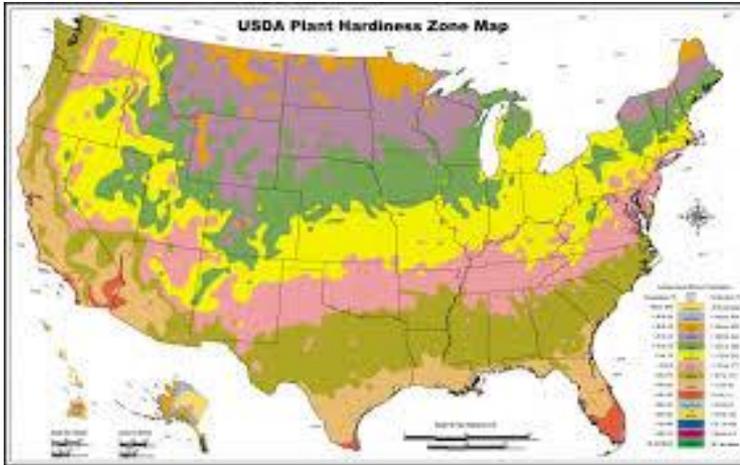
For example...

The Game of Basketball



Same five positions
Different strategies for different teams
Impact of synergy

Gardening



Same key elements (some amount of sun, water, soil)
Different hardiness zones

Woodworking



Need: Wood and Tools

Tools: Simple vs. Modern

Wood: Different types and grades

Different finishes, purposes, production methods

So, what are the key
components?

FSG - Five Key Elements of Collective Impact

Common Agenda

- Common understanding of the problem
- Shared vision for change

Shared Measurement

- Collecting data and measuring results
- Focus on performance management
- Shared accountability

Mutually Reinforcing Activities

- Differentiated approaches
- Willingness to adapt individual activities
- Coordination through joint plan of action

Continuous Communication

- Consistent and open communication
- Focus on building trust

Backbone Support

- Separate organization(s) with staff
- Resources and skills needed to convene and coordinate participating organizations

Other key components

- Informal Relationships
- Communication
- Trust
- The value of engagement
- Climate & culture (social, political)
 - Recognizing the landscape and working within it to move forward
 - Always look for the points of overlap!

Common Agenda

- Common vision that links the work
- The process can be a key strategy in relationship and trust building among partners

GOALS 3.25.14

Blueprint for Early Childhood

Building a Strong Foundation for Children and Families

The Kansas Children's Cabinet and Trust Fund recognizes early childhood as a critical period of intervention that establishes a child's foundation for school and life success. We are therefore committed to nurturing a culture of public-private partnerships in early childhood programming where diversity of thought is an asset and past work is valued.

public-private Partnerships **Community** Collaboration shared vision

	Healthy Development	Strong Families	Early Learning
Goals	PRIMARY CARE SOCIAL-EMOTIONAL DEVELOPMENT EARLY IDENTIFICATION	PARENT SUPPORT SAFE, STABLE AND NURTURING RELATIONSHIPS (SSNRs) COMMUNITY ENGAGEMENT	CHILD CARE PRE-K EARLY LITERACY
	Child	Family	Educational Environment
	AREAS OF IMPACT Ensure outreach, education, and ongoing support for pregnant women (particularly underserved populations) Promote early and comprehensive prenatal care Increase identification, access/availability and quality of services Increase insurance coverage for pregnant women and children Support all children in having a medical home Promote access to oral health and vision care Integrate and screen universally for healthy development Improve access to mental health services through partnerships Promote inclusion of children with disabilities into natural environments Promote public-private partnerships	AREAS OF IMPACT Support parent involvement and leadership Promote safe, stable, and nurturing relationships to ensure children have strong, healthy starts Promote cross-sector partnerships to support comprehensive needs of families Engage non-traditional stakeholders Promote, evaluate, and enhance evidence-based family support programs Promote the facilitation of peer-to-peer support opportunities Promote opportunities for families to earn a living wage Promote public-private partnerships	AREAS OF IMPACT Promote community-based, school-based, and faith-based early learning experiences Support economic development of child care businesses Ensure high-quality care for all children by promoting adequate funding for core services Ensure high-quality care for all children by supporting the implementation of a statewide quality rating and improvement system Promote effective transitions into school for at-risk populations, including voluntary, full-day kindergarten Support inclusive and culturally sensitive training for early childhood professionals based on established core competencies Support the use of early learning standards to increase consistency and quality of services Promote public-private partnerships

As a baseline for this Blueprint, collaborative work products in which the Cabinet has participated, such as the Kansas Early Childhood Comprehensive System Plan, the Kansas School Readiness Framework, and the Kansas Strengthening Families Plan, have been used. Existing plans such as the Governor's Roadmap for Kansas, the Maternal and Child Health Strategic Plan (KDHE), the Child Care and Development Fund State Plan (DCF), and the Kansas Head Start State Collaboration Office Priority Areas (DCF) will also continually inform the Blueprint to support collective impact.

Shared Measurement

COMMON MEASURES*	COMMON MEASURES*	COMMON MEASURES*
<p>Agnes and Stages Questionnaire (ASQ) - 3</p> <p>ASQ: Social-Emotional</p> <p>Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2</p> <p>Individual Growth & Development Indicators (IGDI), myIGDI</p>	<p>HOME Inventory - Infant/Toddler</p> <p>HOME Inventory - Early Childhood</p> <p>Keys to Interactive Parenting Scale (KIPS)</p> <p>Protective Factors Survey (PFS)</p>	<p>Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2</p> <p>Classroom Assessment Scoring System (CLASS) - Toddler</p> <p>CLASS Pre K</p> <p>Individual Growth & Development Indicators (IGDI), myIGDI</p>

IMPACT 3.25.14

Healthy Development	Strong Families	Early Learning
<p>WHAT DOES HEALTHY DEVELOPMENT LOOK LIKE? Child</p> <p>Pregnant women have access to prenatal care</p> <p>Infants are born at adequate birthweight</p> <p>Mothers breastfeed at least 6 months</p> <p>Children are current with immunizations</p> <p>Children reach developmentally appropriate milestones</p> <p>Early childhood professionals have specialized early childhood mental health training</p>	<p>WHAT DO STRONG FAMILIES LOOK LIKE? Family</p> <p>Fewer children live in poverty</p> <p>Families can afford child care</p> <p>More children are born to mothers with a high school diploma or more</p> <p>Family support programs are able to meet the demand for services</p> <p>No children experience abuse or neglect</p>	<p>WHAT DOES EARLY LEARNING LOOK LIKE? Educational Environment</p> <p>Child care facilities & homes are able to meet the demand for services</p> <p>Early learning programs are able to meet the demand for services</p> <p>Programs are compliant with licensing regulations</p> <p>Early learning programs are high quality</p> <p>Early childhood professionals are competent, credentialed, and effective</p>
<p>COMMON MEASURES*</p> <p>Agnes and Stages Questionnaire (ASQ) - 3</p> <p>ASQ: Social-Emotional</p> <p>Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2</p> <p>Individual Growth & Development Indicators (IGDI), myIGDI</p>	<p>COMMON MEASURES*</p> <p>HOME Inventory - Infant/Toddler</p> <p>HOME Inventory - Early Childhood</p> <p>Keys to Interactive Parenting Scale (KIPS)</p> <p>Protective Factors Survey (PFS)</p>	<p>COMMON MEASURES*</p> <p>Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2</p> <p>Classroom Assessment Scoring System (CLASS) - Toddler</p> <p>CLASS Pre K</p> <p>Individual Growth & Development Indicators (IGDI), myIGDI</p>
<p>COMMUNITY COLLABORATION</p> <p>Businesses Child Care Community Orgs Faith-Based Orgs Families Family Supports</p> <p>Foundations Local Health Depts Medical Mental Health Centers State Agencies Other</p>	<p>COMMUNITY COLLABORATION</p> <p>Businesses Community Orgs Faith-Based Orgs Families Family Supports Foundations</p> <p>State Agencies Universities Other</p>	<p>COMMUNITY COLLABORATION</p> <p>Businesses Child Care Community Orgs Faith-Based Orgs Families Family Supports</p> <p>Foundations Health Professionals Libraries Pre-K Programs State Agencies Other</p>

IMPACT

*These common measures are currently used by Cabinet-funded ECCBE and CDCAF programs. All Cabinet-funded programs are invited to use these measures.

Continuous Communication

Doesn't have to be a formal, structured meeting



✓ Trust

✓ Informal Relationships

Mutually Reinforcing Activities

“Often the most powerful change comes from the community level and develops from the alignment of stakeholders working together in a coordinated way.”

-Amanda Adkins, Kansas Children’s Cabinet and Trust Fund Chair

Backbone Organization

- Play a critical role
- Serve as the link between autonomous groups working together
- Kansas Early Childhood Comprehensive System (KECCS) 2011 Qualitative Evaluation:
 - “[t]he state would have never been where we are at in early childhood without [KECCS funding]...No one else would have put the time and effort into doing it”

Group Exercise 2



Critical Partners



Creating simple rules for working together

RULES OF ENGAGEMENT

Work with the willing

Leave it better than you found it

Be accountable to each other

Adopt a freedom-to-fail mindset

Other Simple Rules for Collective Impact

- Embrace the tension
- Look for opportunities for productive friction
- Be tolerant of the gray
- Leave room for change
- Celebrate what works
- Build trust and relationships
- Be patient

Reality

“Getting folks to believe you win and lose together at some level takes time.”

– Armen Hrachian, Excellent Schools, Detroit

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“The key to office politics is to let others share credit for your work...especially when you fail.”

What does it look like?

What are some of the bright spots of your collaborative work?



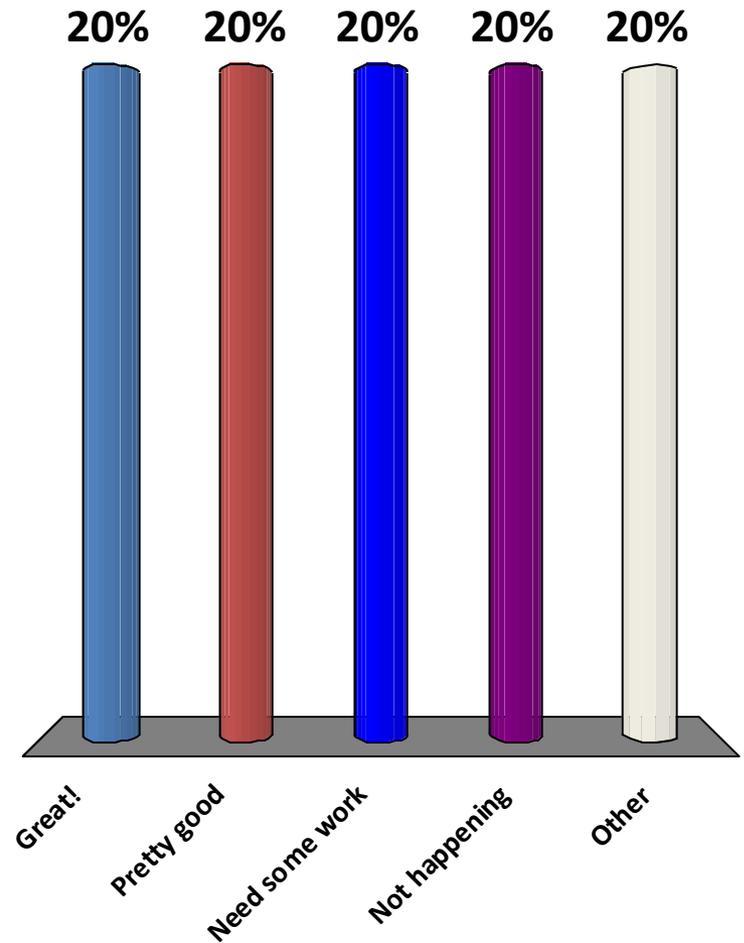
A few closing thoughts...

- This is hard work!
- Leadership is an action
- Remember the importance of mindset
- Create your own simple rules
- We can create a bigger pie



How would you describe your current collaborations?

- A. Great!
- B. Pretty good
- C. Need some work
- D. Not happening
- E. Other



WORKING LUNCH

Special Presentation



Diane Daldrup, March of Dimes





Community Partnerships To Improve Maternal and Infant Health

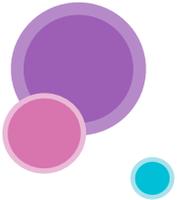
Diane M. Daldrup
State Director Program & Government Affairs

Birth Disparities in Kansas

Key Issues



- Infant Mortality - 6.3/1000 live births
 - Birth defects, preterm birth/low birth weight, SUID leading causes
 - Black infant mortality rate is more than double white
- Preterm Birth Rate – 11.0%
 - 16.4% African American, 11.1 % Hispanic, 10.4% Caucasian
- Smoking 21.5% (women of childbearing age)
- Medicaid pays for 45% of all births
 - Medicaid vs non-Medicaid disparity



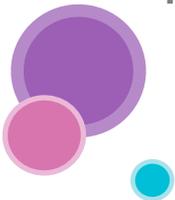
● *2012 Data

Kansas Priorities & Interventions



- Lower infant mortality rate 10% by 2016 (CoIIN Blueprint)
- Lower preterm birth rate 10% by 2020 (ASTHO Challenge)

- Improve access and quality of prenatal care services
- Launch community collaboratives in high-need areas
- Expand demonstrated programs statewide:
 - Healthy Babies are Worth the Wait/Becoming a Mom
 - Safe Sleep Campaign
 - High Five for Baby
 - Tobacco Quit Line
- Expand FIMR sites and launch PRAMS pilot



Strategic Partnerships



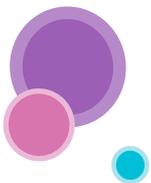
State Partnerships

- KS Department of Health & Environment
 - Secretary of Health
 - Title V Director
 - Medicaid Director
- KanCare (Medicaid) Providers
- Blue Ribbon Infant Mortality Panel
- KS Maternal & Child Health Council
- KS Chapter American Academy of Pediatrics
- Newborn Screening Advisory Council
- KS Perinatal Quality Collaborative
- KS Breastfeeding Coalition
- KIDS Network of Kansas
- March of Dimes



National Partnerships

- Association of State & Territorial Health Officials
- Association of Maternal & Child Health Programs
- Collaborative Innovation & Improvement Network



March of Dimes/KDHE Collaborative Projects

- ASTHO Challenge
- AMCHP Asset Mapping Project and Title V Needs Assessment
- Infant Mortality CoIN / Blueprint
- Healthy Babies Are Worth the Wait
 - Community Collaborative Model
 - Public Health Primary Care Partnerships
 - Public Awareness Campaign
- Becoming A Mom
 - Evidence-based Prenatal Education Program
 - Universal Resources and Evaluation Tools



March of Dimes Response

Strategic Mission Investment

- Target communities w/ notable disparities
- Significant number of births
- Community collaborative backbone
- Priorities:
 - Public/Private partnerships
 - Evidence-based education
 - Strong outcome measurements
 - Public awareness campaign



Collaborative Strategy

Collaborative strategy is called for ... where the need and intent is to change fundamentally the way services are designed and delivered

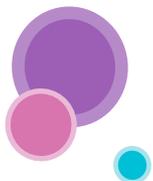
"Collaboration establishes a give and take among stakeholders that is designed to produce solutions that none of them working independently could achieve."

(Enhancing Transdisciplinary Research through Collaborative Leadership, Barbara Gray, 2006)



Principles of Collaboration

- Shared purpose and direction
- Collectively articulated goal or vision
- Joint decision-making
- Specific, visible targets to produce concrete, tangible results
- Must be highly inclusive to be effective



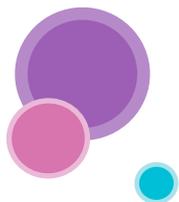


Collaboration Benefits

- Permanent MCH Infrastructure developed
- Resources leveraged for greater benefit
- Care delivery paradigm changed
- Long-term program sustainability
- Emerging community needs identified early
- Collaborative becomes vehicle for change
- Magnet for new funding opportunities



Shared risk, shared resources, shared rewards!



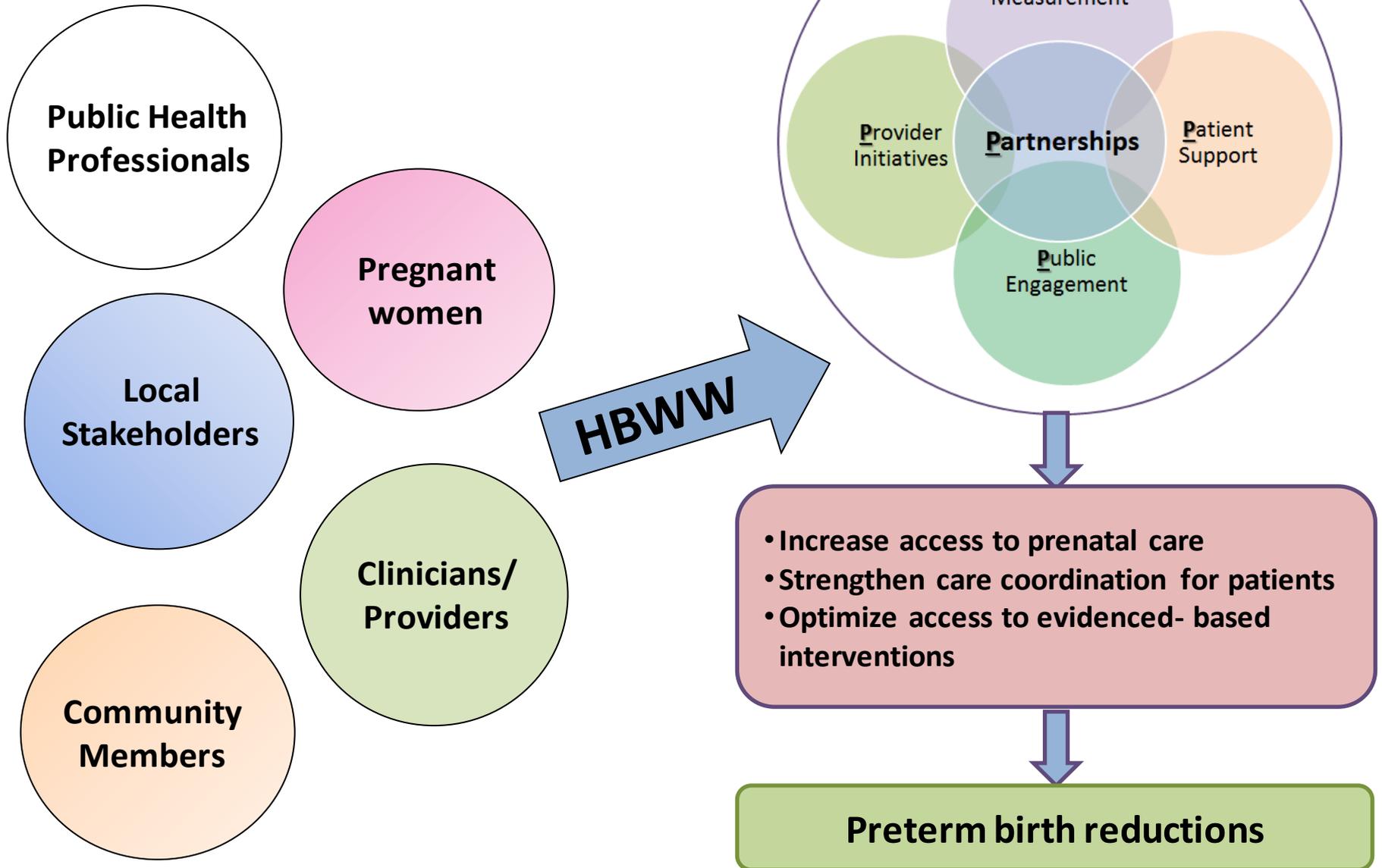
Healthy Babies Are Worth the Wait



- March of Dimes **community program** aimed at reducing preterm birth.
- **Partnership** among key entities: March of Dimes chapter, health department, clinic/hospital, and the community.
- Includes these critical elements: clinical & public health **interventions**, provider & patient **education**, and community **awareness**.
- Efforts are **focused on results** and include process and pregnancy outcome **measures**.



What is HBWW?



Kansas Healthy Babies are Worth the Wait

Partnerships

- HBWW-Kansas is a partnership between March of Dimes, KS Dept of Health & Environment, KIDS Network of KS, KS Breastfeeding Coalition and seven KS communities
- Seven established community collaboratives that each include health department, FQHC, OB practices, hospital, child care, transportation, local businesses
- Two community sites currently expanding into regional care models
- Evaluation partnerships with KU and Wichita State University
- HBWW written into CoIIN Blueprint, ASTHO Challenge, AMCHP asset mapping project and Title V 2015 grant as best practice to be replicated statewide

Provider Initiatives

- Integration model to improve patient outcomes through cross-referrals, prenatal education and professional resource access (includes health dept/provider referral agreements)
- Joint webinars with KS and MO Hospital Assns. re EED's, MOD Toolkit and resource sample packets to all birthing facilities
- Training educators on Becoming a Mom prenatal curriculum
- Annual Perinatal Conference featuring national MCH best practices (ACOG national president, ACNM national president, VA Health Commissioner, OH PQC Director, AMCHP Director, SACIM, HRSA Deputy Director, etc.)
- Annual public health travel scholarships to increase statewide attendance at Perinatal Conference

Patient Support

- Provide incentive-based Becoming a Mom prenatal education and resources
 - Educate patients on the importance of early and regular prenatal care and ways they can reduce their risk of a preterm birth
 - Screen prenatal patients for conditions and behaviors that might place them at risk for a preterm birth, including: diabetes, high blood pressure, depression, domestic violence, and stress
 - Integrate safety net resources (WIC, High Five breastfeeding campaign, Safe Sleep Campaign, Tobacco QuitLine into prenatal care
 - Streamline KanCare (Medicaid) presumptive eligibility access

Public Engagement

- Media launch of HBWW program in each community (reception, press release)
- HBWW billboards in targeted communities as part of ASTHO Challenge
- Community outreach to promote HBWW program participation
- Increase awareness of the importance of early entry to prenatal care through community outreach
- Develop and disseminate HBWW/BAM key messages and collateral material
- Pitch HBWW patient stories to hospital public relations staff and local media
- Disseminating program results

Progress Measurement

- Develop systems to evaluate BAM program and community collaborative development in partnership with KU and Wichita State
- Secured university IRB approval
- Provide evaluation training and ongoing technical assistance (required for all sites)
- Track participation, demographics and program satisfaction
- Track knowledge and behavior changes and birth outcomes among participants
- Develop system for comparative analysis of program data and Vital Stats birth data
- Measure collaboration among partners
- Conduct annual strategic planning retreat to include SPSC and all grant sites.

Becoming A Mom - What is it?



- Bilingual prenatal curriculum
- Designed for use with pregnant women in a supportive group setting
- Nine topics
 - ✓ Prenatal care
 - ✓ Nutrition
 - ✓ Stress
 - ✓ Things to avoid during pregnancy
 - ✓ Labor and birth
 - ✓ Postpartum care
 - ✓ Newborn care
- Appendices with suggestions for adapting the curriculum for use with specific racial/ethnic groups

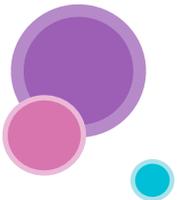


Becoming A Mom in Kansas



Two-fold focus –
Clinical Services + Prenatal Education

Incentive-based program
Evidence-based curriculum
Standardized delivery
Standardized evaluation system



Saline County HBWW Pilot

United
Way

FQHC

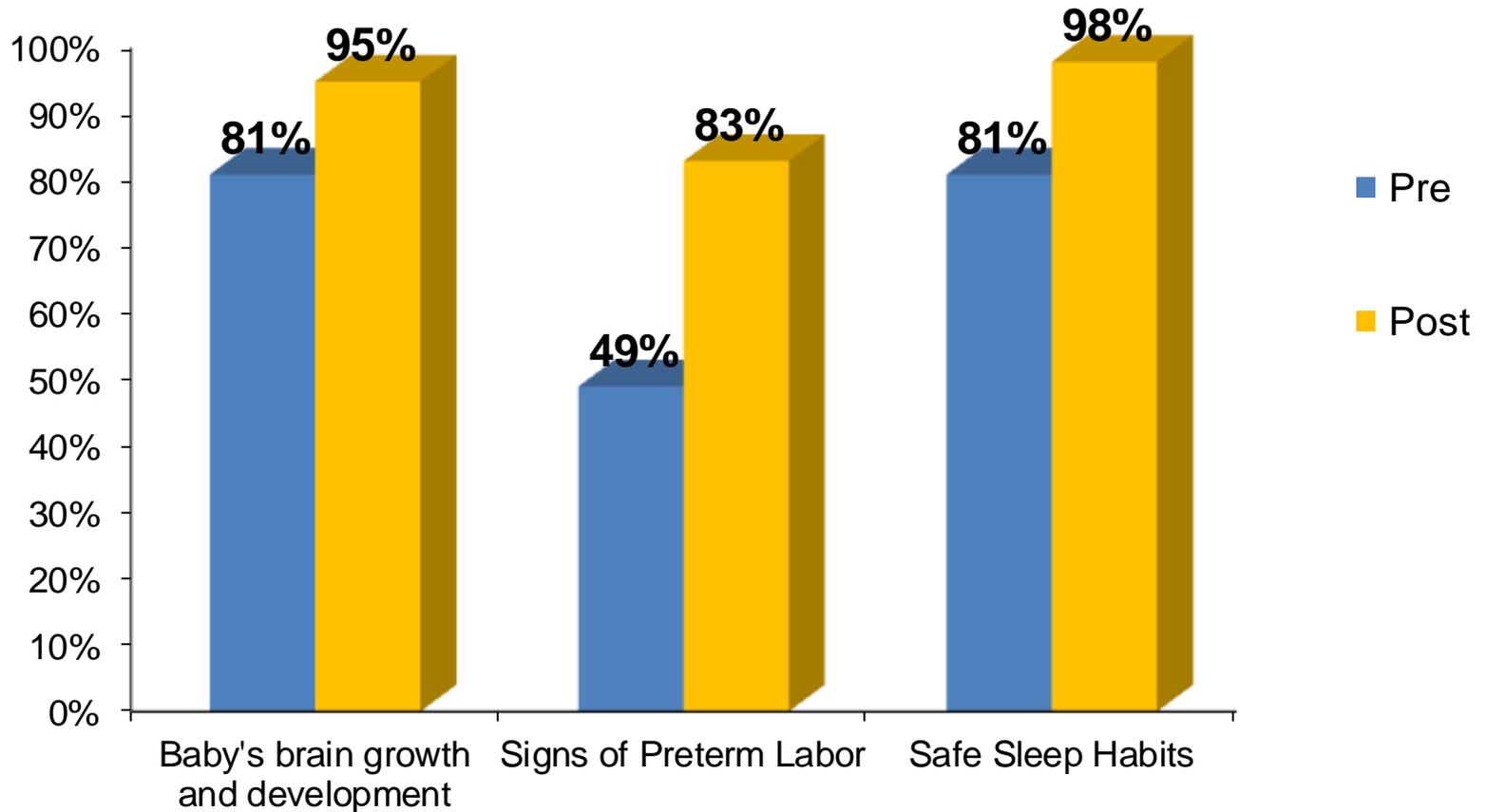
Vendors

OB
Practices

Public
Transportation

Program Outcomes

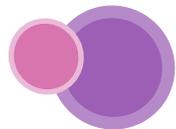
Participant Level Data



WICHITA STATE
UNIVERSITY



Improved Birth Outcomes



- **Community health outcomes vs state averages**

- Fewer preterm births - 9.5% compared to 11% (n=42)
- Low birth weight – 4% compared to 7.1% (n=68)
- Lower cesarean section rate – 26% versus 30% (n=87)
- Higher breastfeeding initiation - 81% versus 80% (n=85)



- **Contributed to lower infant mortality rate**

- Saline - 8.5/1000 (2006-2010) to 6.4/1000 (2008-2012 KDHE)
- Geary - 10/1000 (2006-2010) to 8.3/1000 (2008-2012 KDHE)



WICHITA STATE
UNIVERSITY



Collective Impact in Action



Community Collaboratives/Healthy Babies are Worth the Wait launched in targeted communities

Grant-Funded Counties

Saline	Geary	Pottawatomie
Crawford	Wyandotte	Reno
Riley	Lyon	

Self-Funded Counties

Anderson	Montgomery	Cowley
Dickinson	Johnson	Morris
Cherokee	Shawnee	Douglas
Sedgwick		



HBWW Growth Strategies

- HBWW promoted in all public health regions
- Regional models in the works
- Exploring KanCare partnerships
- Policy changes
 - Presumptive Eligibility
 - Title V Integration
 - CHW Waiver (fee for service \$)
- Funding Magnet
 - KS Health Foundation (\$900,000)
 - New Healthy Start Site (\$3.5M)
 - HRSA Rural Network Grant (\$85,000)



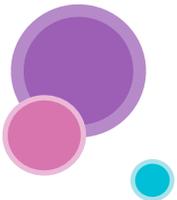
Your Next Steps!



- 1) Form collaborative public/private partnerships
- 2) Leverage existing resources and programs
- 3) Integrate HBWW model into 2015 Title V application
- 4) Three Training Sessions
 - Becoming a Mom Program
 - Program Evaluation
 - Program Integration (WIC, Tobacco Cessation, Breastfeeding, Safe Sleep, Family Planning)
- 5) Change prenatal care delivery in your community by implementing community collaborative model – together!



March of Dimes is here to help! We can assist with community collaborative development and will provide tools, resources, training and technical assistance to all proposed sites!





thank

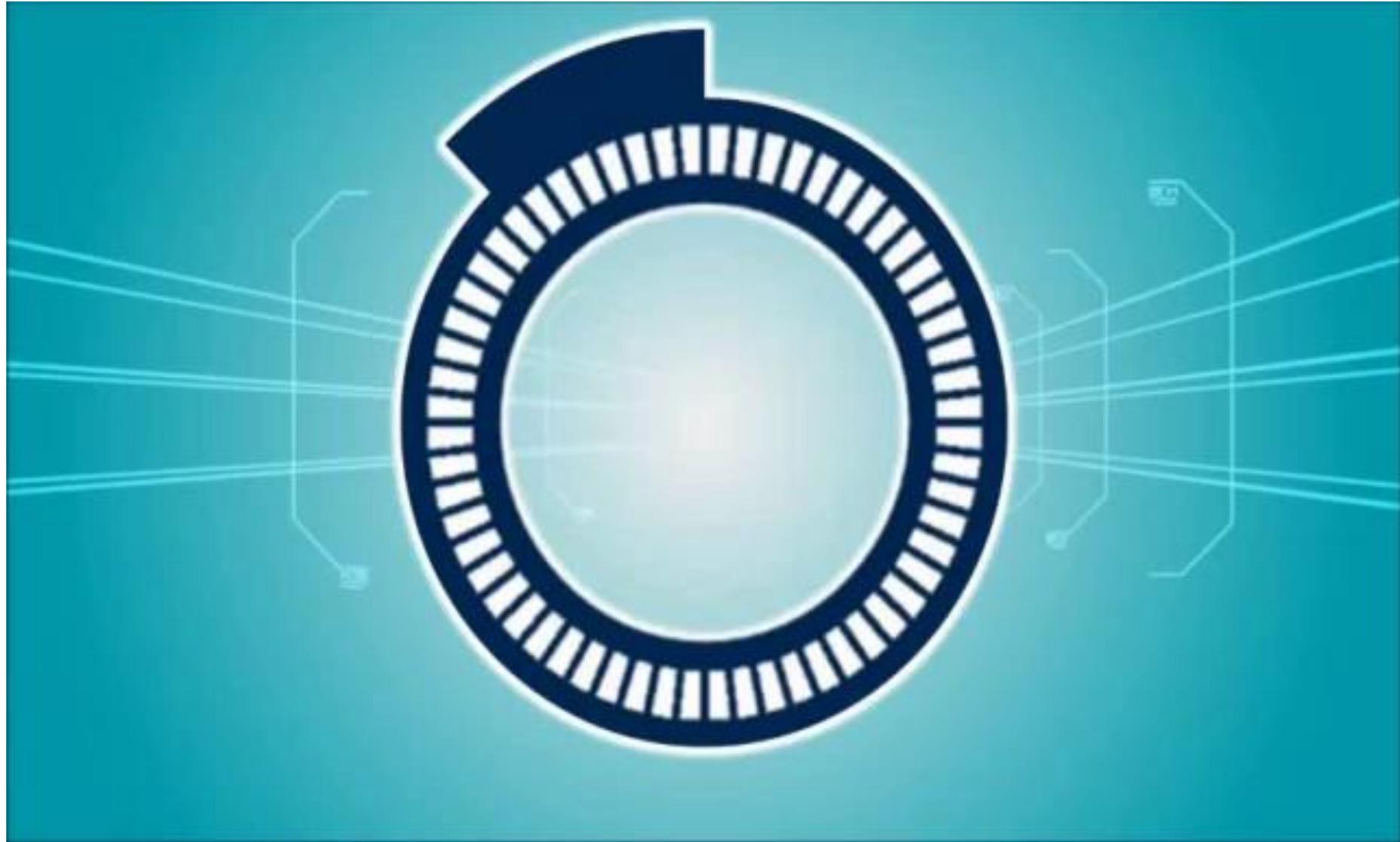
you

march  of dimes®

BREAK

...





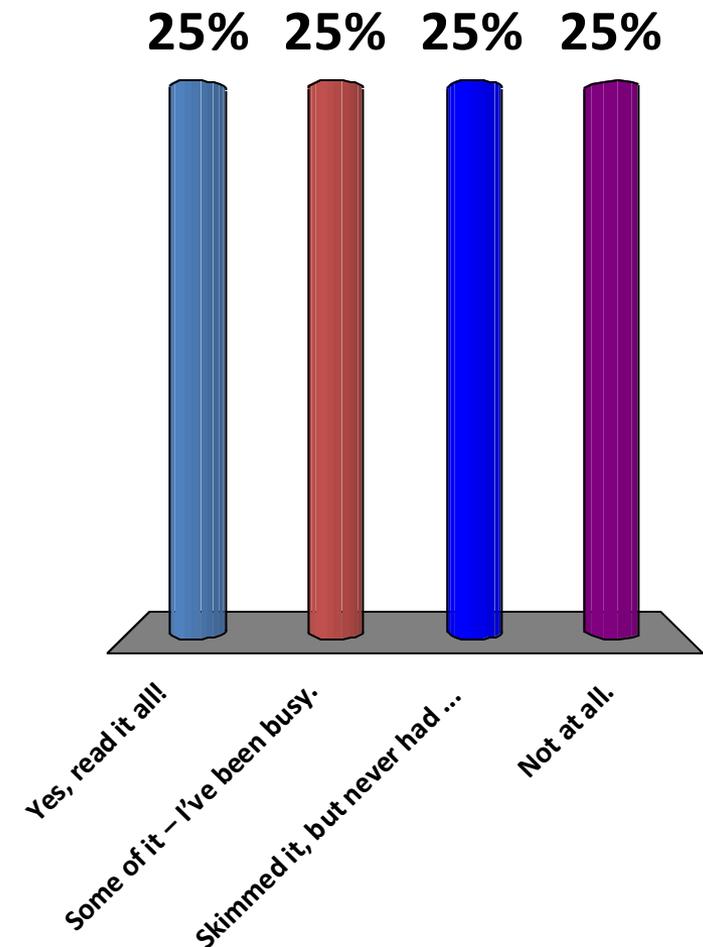
Compendium Strategies: Top Priorities

- 19 - Improve access to health care for women before, during, and after pregnancy
- 8 - Promote social equity
- 7 - Ensure quality of care for all women and infants
- 4 - Improve maternal risk screening for all women of reproductive age
- 4 - Implement health promotion efforts
- 2 - Enhance service integration for women and infants
- 0 - Develop data systems to understand and inform efforts

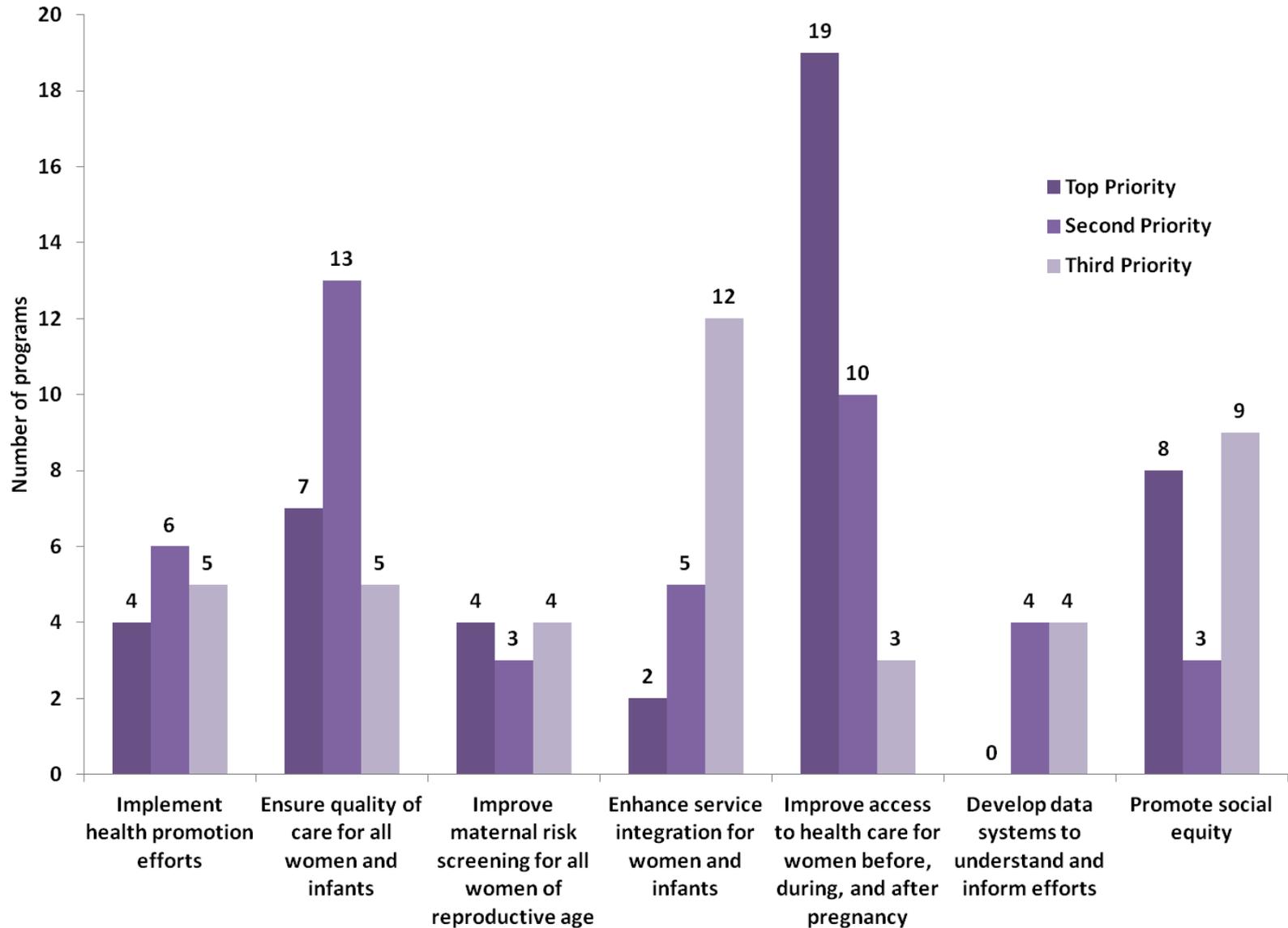
**2 programs did not select priorities*

Have you had a chance to read the Compendium?

- A. Yes, read it all!
- B. Some of it – I've been busy.
- C. Skimmed it, but never had a chance to read.
- D. Not at all.



Identify the Top 3 most important areas of focus to



By Primary Funding

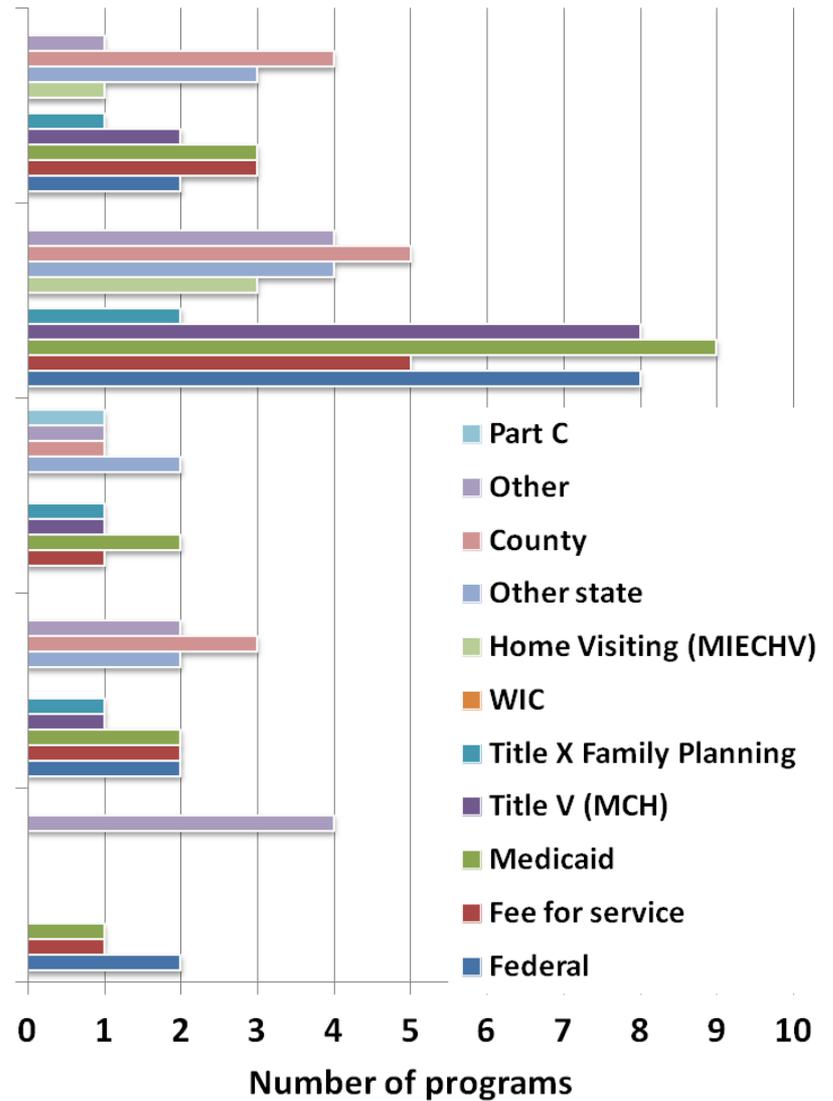
Promote social equity (8 programs selected this as Top Priority)

Improve access to health care for women before, during, and after pregnancy (19 programs selected this as top)

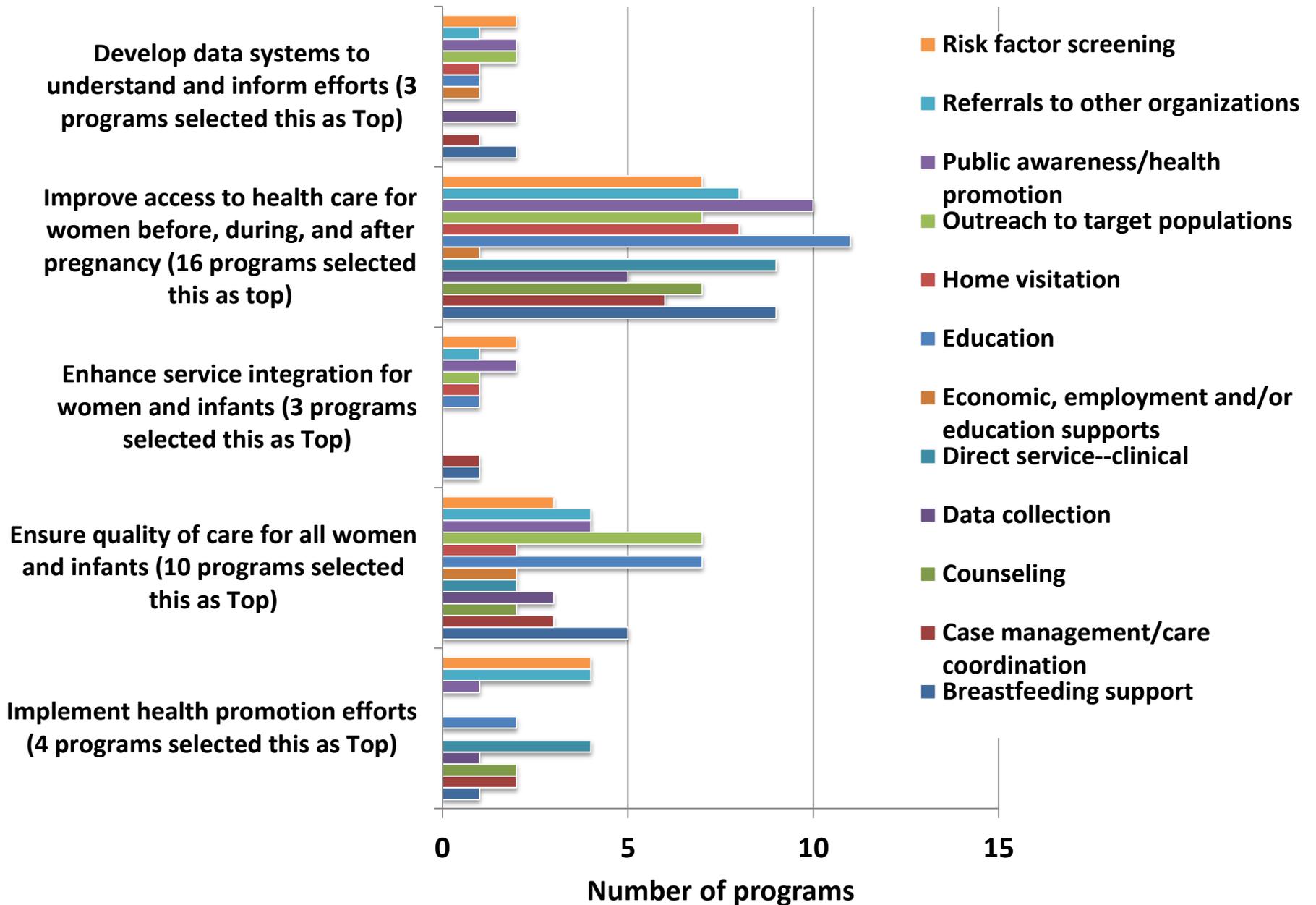
Improve maternal risk screening for all women of reproductive age (4 programs selected this as Top)

Ensure quality of care for all women and infants (7 programs selected this as Top)

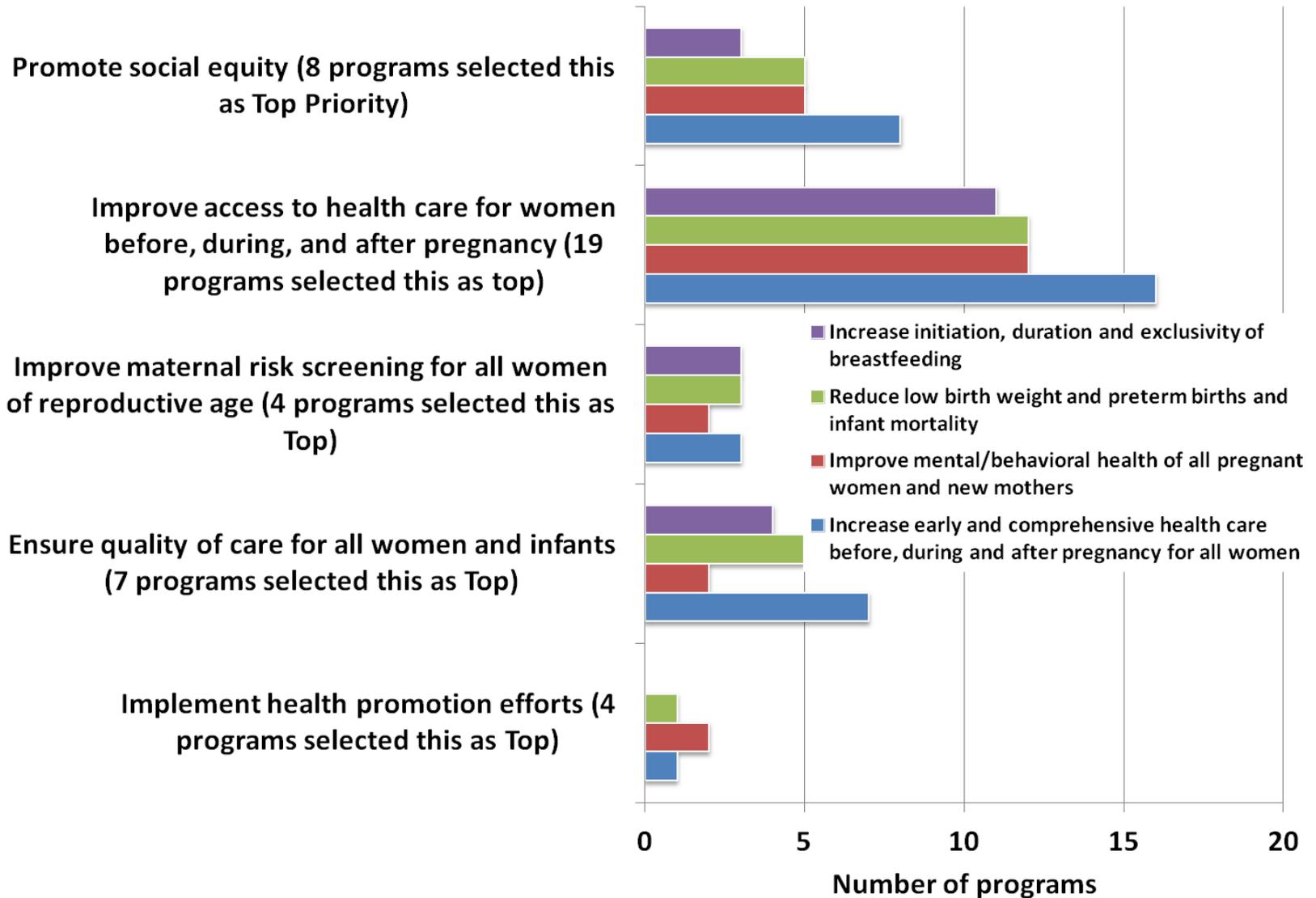
Implement health promotion efforts (4 programs selected this as Top)



By Services Provided



By State Priorities



Health Impact Pyramid

Recommendations for Improving Birth Outcomes

Tier 5: Education and Counseling
Individual or public educational messages and support.

1. Implement Health Promotion Efforts

Tier 4: Ongoing Clinical Interventions
Evidence-based practices within clinical settings.

2. Ensure Quality of Care for All Women and Infants

Tier 3: Protective, Long-lasting
Offer long-lasting protection to individuals.

3. Implement Maternal Risk Screening for All Women of Reproductive Age

Tier 2: Changing the Context
Change the environmental context to making the healthy choice becomes the easy choice.

4. Enhance Service Integration for All Women and Infants

5. Improve Access to Health Care for Women Before, During and After Pregnancy

6. Develop Data Systems to Understand and Inform Efforts (i.e. infrastructure development)

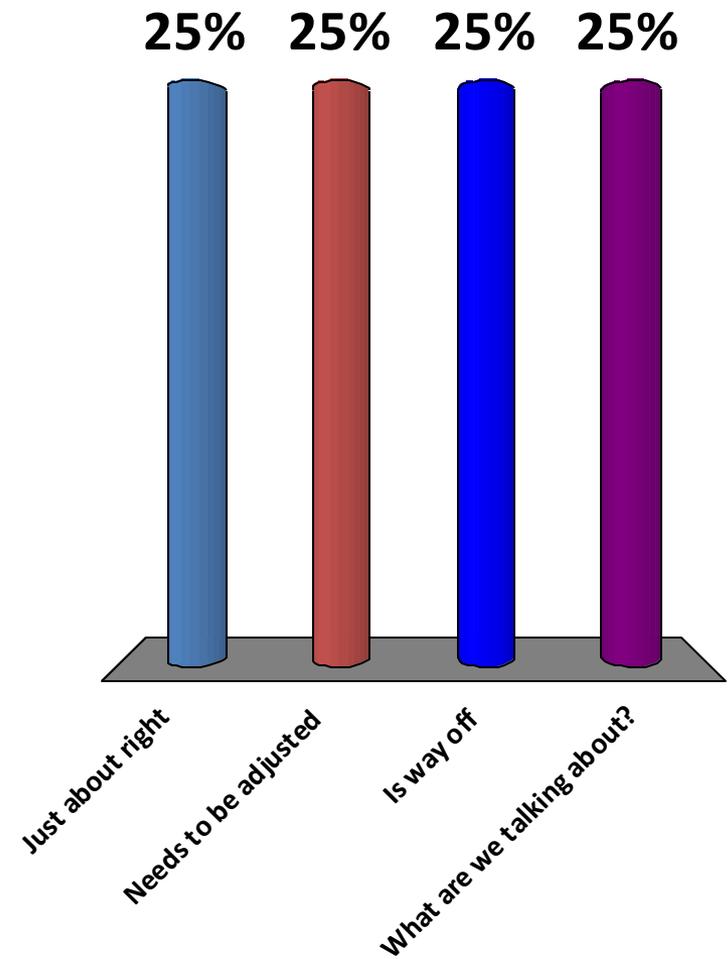
Tier 1: Addressing Socioeconomic Factors
Address fundamental social conditions.

7. Promote Social Equity

<i>Health Impact Pyramid</i>	Recommendations for Improving Birth Outcomes	NE Region Programs
<p>Tier 5: Education and Counseling <i>Individual or public educational messages and support.</i></p>	<p>1. Implement Health Promotion Efforts</p>	<p>4</p>
<p>Tier 4: Ongoing Clinical Interventions <i>Evidence-based practices within clinical settings.</i></p>	<p>2. Ensure Quality of Care for All Women and Infants</p>	<p>7</p>
<p>Tier 3: Protective, Long-lasting <i>Offer long-lasting protection to individuals.</i></p>	<p>3. Implement Maternal Risk Screening for All Women of Reproductive Age</p>	<p>4</p>
<p>Tier 2: Changing the Context <i>Change the environmental context to making the healthy choice becomes the easy choice.</i></p>	<p>4. Enhance Service Integration for All Women and Infants</p> <p>5. Improve Access to Health Care for Women Before, During and After Pregnancy</p> <p>6. Develop Data Systems to Understand and Inform Efforts (i.e. infrastructure development)</p>	<p>21</p>
<p>Tier 1: Addressing Socioeconomic Factors <i>Address fundamental social conditions.</i></p>	<p>7. Promote Social Equity</p>	<p>8</p>

The mix of our services by level of the pyramid is...

- A. Just about right
- B. Needs to be adjusted
- C. Is way off
- D. What are we talking about?



Group Exercise 3



Response to Inventory Findings

Interpretation & Application of Findings



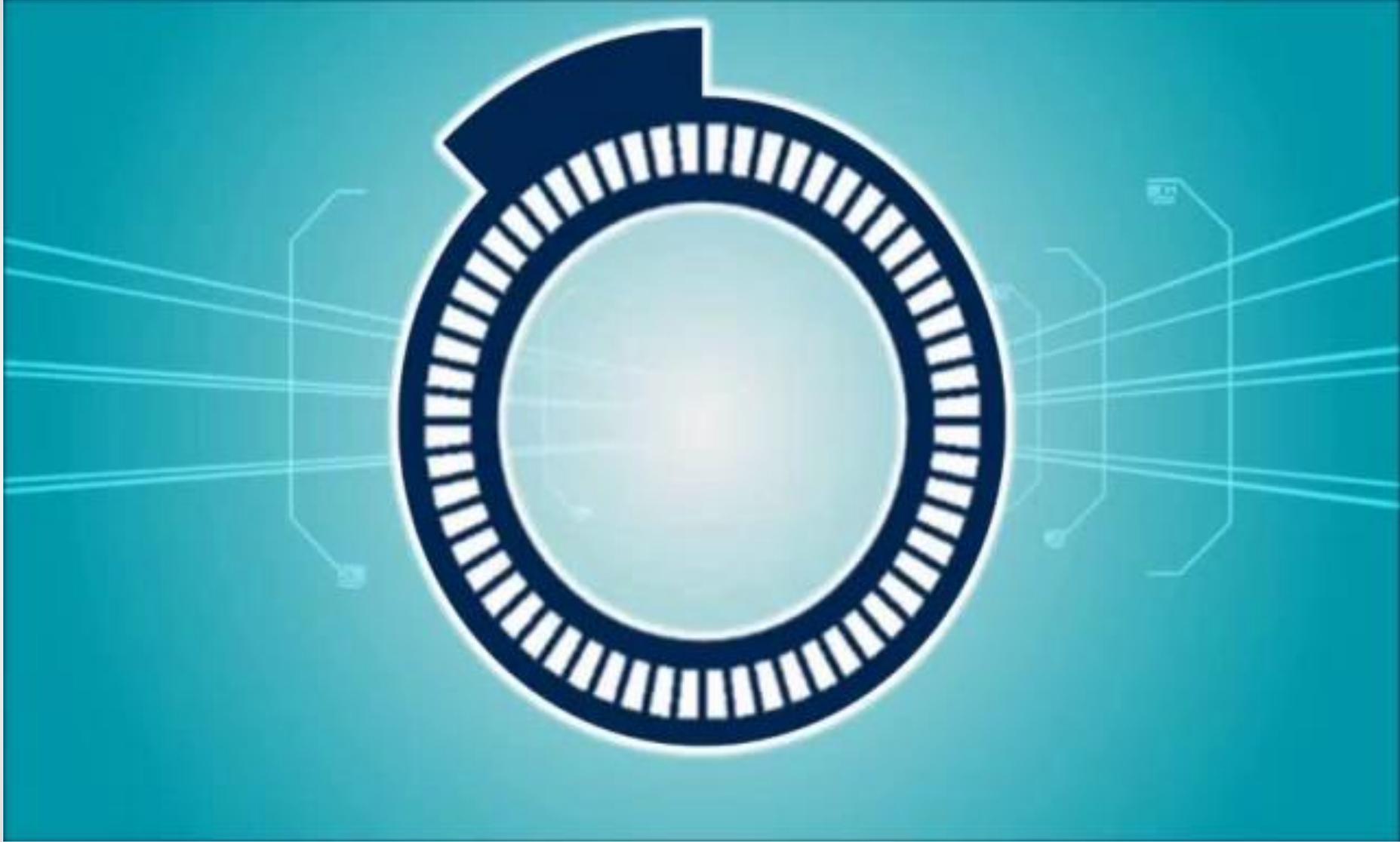
Facilitated Discussion

Discussion

- What has stood out for you thus far today? Major takeaways?
- What excites you? What confuses you? What makes you feel anxious?
- What opportunities are we seeing?
- What are the anticipated challenges of seizing these opportunities?
- Are there organizations, partners, or stakeholders that might help us to seize these opportunities? What strengths do they bring to the table?
- Who has unique access to these partners or the resources we need?
- What are your own strengths that you can offer?
- In what ways will you approach/conduct your work differently?
- How do we feel about the distribution of the domains across the Region? Do you concur? What are we missing?
- How useful is the compendium and aligning our strengths/programs?
- How might you use the compendium in your work? Will you share it?

MINUTE TO WIN IT





BREAK

...



Community Action

...

Coordinating Services & Resources

Group Exercise 4

...

Community Action Plans, Decisions, and Reflections

Reflection

- How might we do our work differently as a result of this process?
- What do you need to do this work?
- Do you feel empowered to do this work?
- How will you reach out to new partners or change your relationships with existing partners?
- How will the region collectively move this work forward?
- What will you do more of to build upon the strengths/bright spots?
- What do you see as the State's role in supporting efforts?
- Reflecting on the Process: Modifications & Benefits
 - Is there anything you would change for the inventory?
 - What questions do you have?
- What 'products' do you want to be able to show from this process?

Group Commitment & Closing

...

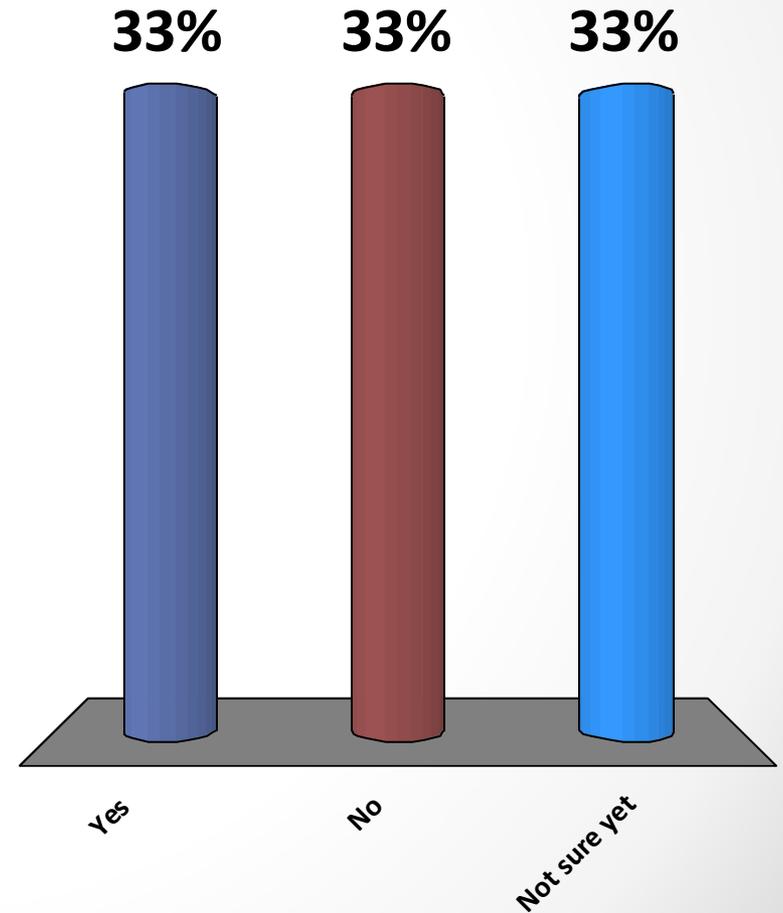


There is at least one action step that I will take as a result of this meeting.

A. Yes

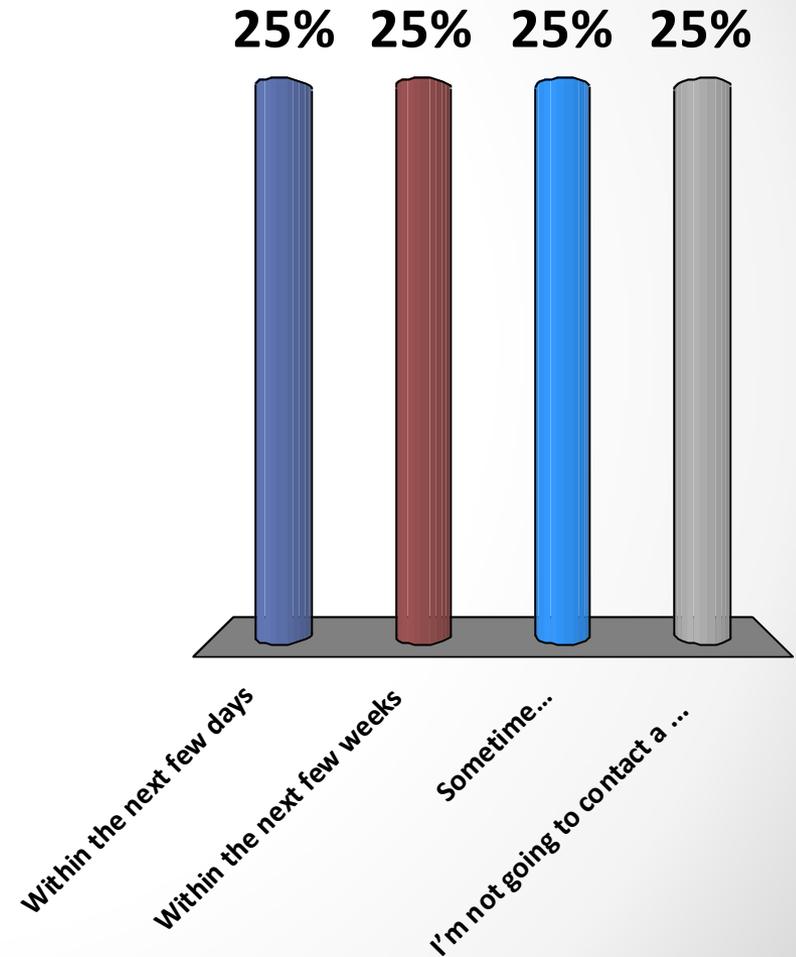
B. No

C. Not sure yet



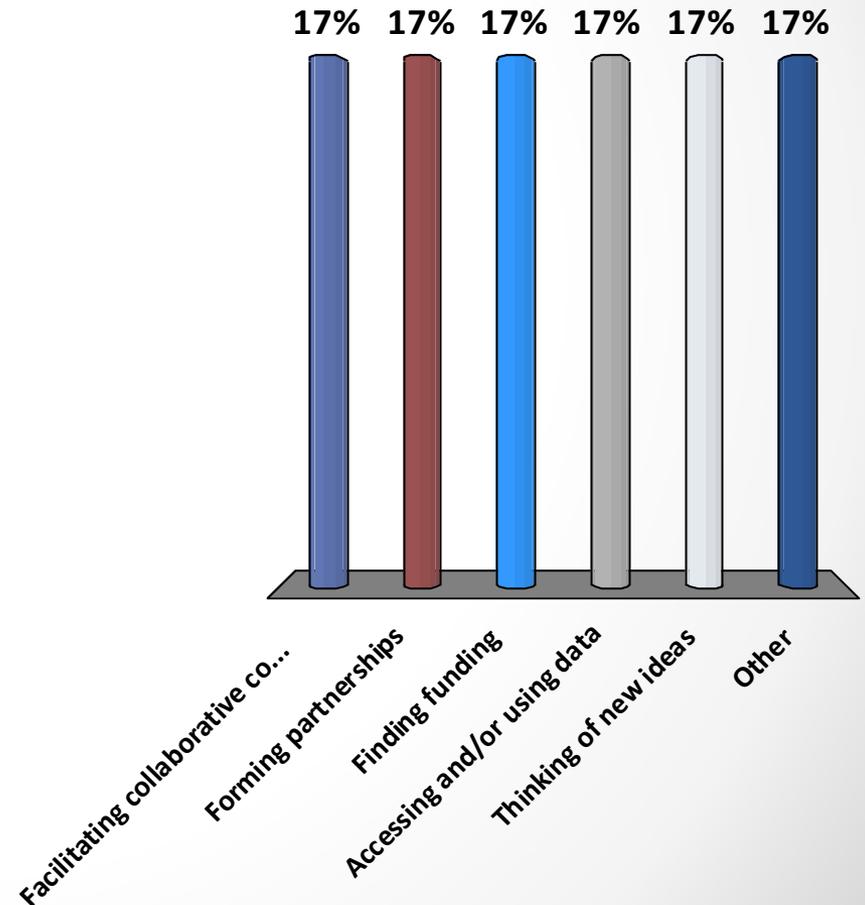
I am going to contact a new potential partner...

- A. Within the next few days
- B. Within the next few weeks
- C. Sometime...
- D. I'm not going to contact a new partner.



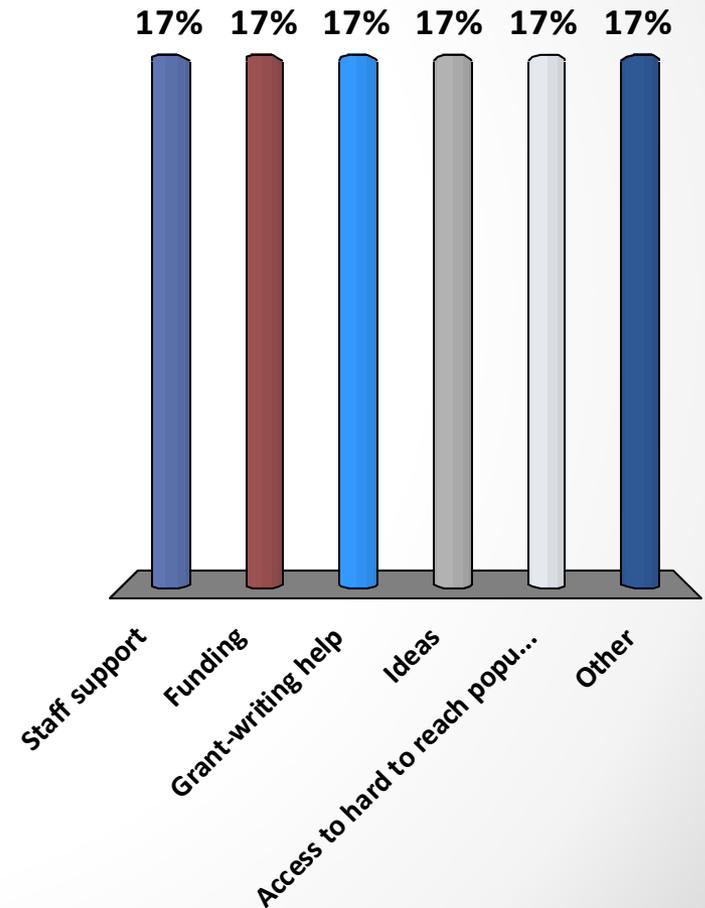
I think our community needs help with:

- A. Facilitating collaborative conversations
- B. Forming partnerships
- C. Finding funding
- D. Accessing and/or using data
- E. Thinking of new ideas
- F. Other



I can offer my community's MCH partnership:

- A. Staff support
- B. Funding
- C. Grant-writing help
- D. Ideas
- E. Access to hard to reach populations
- F. Other



Take steps today!



Applying the Results

- Local Community Interventions/Partnerships/Action Plans
- State Interventions/Partnerships/Comprehensive Plans
- Title V Maternal & Child Health (MCH) Services
 - Public Input for MCH Services/Plan
 - *MCH 2020* Priorities for Women & Infants
 - Targeted efforts, resource allocation, Aid to Local
- State Health Improvement Plan (Healthy Kansans 2020)
 - MCH Focus Area
- Align and coordinate all statewide infant mortality efforts/initiatives

Moving Forward

- MCH Population Domains: Emerging Issues
 - 2016-2020 Priorities and Performance Measures
 - Women/Maternal
 - Perinatal/Infant
 - Children
 - Adolescents
 - Children and Youth with Special Health Care Needs
- 2016 MCH Block Grant Application
- Individual commitments and new partnerships
- Increased coordination and leveraging resources



MCH 2020: Perinatal/Infant Health

Reduce infant mortality and the incidence of preventable diseases (pregnancy through 1 year)

RELATED TITLE V NATIONAL PERFORMANCE MEASURES & HEALTH STATUS OUTCOME MEASURES

- Perinatal Regionalization [Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)]
- Breastfeeding: (A) Percent of infants who are ever breastfed; (B) Percent of Infants breastfed exclusively through 6 months
- Safe Sleep (Percent of infants placed to sleep on their backs)
- Prenatal care, preterm birth, low birth weight, non-medically indicated early term deliveries, mortality rates including SUID and SIDS, fetal alcohol syndrome, neonatal abstinence

EMERGING THEMES, TRENDS, OR SELECTED PRIORITIES

- Prenatal Care & Education
- Breastfeeding (exclusivity & duration)
- Safe Sleep Practices
- Behavioral/Mental Health
- Developmental Screening
- Parent Education & Support
- Healthy Weight

EMERGING THEMES, TRENDS, OR SELECTED PRIORITIES

- Prenatal Care & Education
- Breastfeeding (exclusivity & duration)
- Safe Sleep Practices
- Behavioral/Mental Health
- Developmental Screening
- Parent Education & Support
- Healthy Weight

PUBLIC INPUT/GUIDING PLANS

- Infant Mortality CoIIN* *Blueprint for Action*
- Blue Ribbon Panel on Infant Mortality
- Kansas MCH Council
- MCH Services Input Survey
- Health Departments, Clinics, Hospitals

NEXT STEPS

- Finalize the Infant Mortality CoIIN strategy areas for Kansas
- Complete the Title V regional public health meetings and community forums
- Identify health priorities, objectives, key strategies
- Integrate the results into the comprehensive, statewide 5-year needs assessment (*MCH2020*)

**Collaborative Improvement & Innovation Network*



Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission: To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.



MCH 2020: Women's and Maternal Health

Provide and assure mothers and children access to quality MCH services (women 15-44 years)

RELATED TITLE V NATIONAL PERFORMANCE MEASURES & HEALTH STATUS OUTCOME MEASURES

- Well Woman Care (Percent of women with a past year preventative visit)
- Low Risk Cesarean Deliveries (Percent of deliveries among low risk first births)
- Prenatal Care (beginning in the first trimester)
- Percent of delivery or postpartum hospitalizations with an indication of severe morbidity
- Maternal Mortality Rate

EMERGING THEMES, TRENDS, OR SELECTED PRIORITIES

- Behavioral/Mental Health
- Preconception & Inter-conception Care
- Breastfeeding (exclusivity & duration)
- Access to Care (before, during, after pregnancy)
- Smoking/Tobacco (before, during, after pregnancy)
- Cross-System Collaboration

EMERGING THEMES, TRENDS, OR SELECTED PRIORITIES

- Behavioral/Mental Health
- Preconception & Inter-conception Care
- Breastfeeding (exclusivity & duration)
- Access to Care (before, during, after pregnancy)
- Smoking/Tobacco (before, during, after pregnancy)
- Cross-System Collaboration

PUBLIC INPUT

- Blue Ribbon Panel on Infant Mortality
- MCH Services Input Survey
- *Becoming a Mom* Programs
- Domestic Violence Outreach
- Pregnancy Crisis Centers

NEXT STEPS

- Complete the Title V regional public health meetings and community forums
- Determine linkages with Reproductive Health/Family Planning Services/Programs
- Identify health priorities, objectives, key strategies
- Integrate the results into the comprehensive, statewide 5-year needs assessment (*MCH2020*)



Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission: To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Discussion & Questions





...

Post-Assessment & Evaluation

More Information

KDHE

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March of Dimes

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Greater Kansas Chapter
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Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

Welcome to the Kansas Statewide Inventory of Maternal and Child Health Prog...

The goal of this survey is to inventory state, regional, and local programs and services related to improving the health of Kansas families. The survey collects basic program information as well as asks you to identify where your program/service aligns with existing state and national Maternal and Child Health (MCH) priorities and performance measures.

The inventory will be used to determine existing partnerships, collaborations, infrastructure, and capacity to support healthy families and communities. The inventory responses will assist in mapping services as well as inform statewide strategic planning and resource allocation. Together we will identify gaps in services/unmet needs and improve coordination across the public health region and the state.

Please complete one survey for each program you conduct that targets women of reproductive age (15-44 years), pregnant women, and/or infants up to one year. One survey takes approximately 10-20 minutes to complete. Thank you for your time and commitment to this process and ongoing work in the best interest of Kansas children and families.

Contact Information

Please provide the following information (Questions 1-15) for each program for which you would like to provide feedback.

1. Name of program:

2. Primary manager or contact person name:

3. Local organization/provider name:

4. County where organization is located (main office):

5. City where organization is located:

6. Phone number for contact person:

7. E-mail address for contact person:

Program Description

Keep in mind that each question refers back to one specific program. If you have multiple programs targeting this population, please complete a separate survey for each.

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

8. Select the county(ies) served by your program:

- Allen
- Anderson
- Atchison
- Barber
- Barton
- Bourbon
- Brown
- Butler
- Chase
- Chautauqua
- Cherokee
- Cheyenne
- Clark
- Clay
- Cloud
- Coffey
- Comanche
- Cowley
- Crawford
- Decatur
- Dickinson
- Doniphan
- Douglas
- Edwards
- Elk
- Ellis
- Ellsworth
- Finney
- Ford
- Franklin
- Geary

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

- Gove
- Graham
- Grant
- Gray
- Greeley
- Greenwood
- Hamilton
- Harper
- Harvey
- Haskell
- Hodgeman
- Jackson
- Jefferson
- Jewell
- Johnson
- Kearny
- Kingman
- Kiowa
- Labette
- Lane
- Leavenworth
- Lincoln
- Linn
- Logan
- Lyon
- Marion
- Marshall
- McPherson
- Meade
- Miami
- Mitchell
- Montgomery

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

- Morris
- Morton
- Nemaha
- Neosho
- Ness
- Norton
- Osage
- Osborne
- Ottawa
- Pawnee
- Phillips
- Pottawatomie
- Pratt
- Rawlins
- Reno
- Republic
- Rice
- Riley
- Rooks
- Rush
- Russell
- Saline
- Scott
- Sedgwick
- Seward
- Shawnee
- Sheridan
- Sherman
- Smith
- Stafford
- Stanton

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

- Stevens
- Sumner
- Thomas
- Trego
- Wabaunsee
- Wallace
- Washington
- Wichita
- Wilson
- Woodson
- Wyandotte

Other (please specify) (examples: specific zip code, city or town, Fort Riley, etc.)

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

9. Select up to five partners/organizations that are CRITICAL to the implementation of your program:

- Community mental health center(s)
- College/university
- Department for Children and Families (DCF)
- Domestic violence program
- Faith based organizations
- Faith communities
- Home visiting programs
- Hospital(s)
- Law enforcement
- Local elected officials
- Local foundation(s)
- Local health department
- Local non-profit organization(s)
- Local government
- Managed care organizations
- Media
- Primary care clinics
- Private practice physicians
- Private business(es)
- Substance abuse prevention
- Substance abuse treatment
- School district(s)
- WIC
- Workforce development organization

Other (please specify)

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

10. Please list by name up to FIVE partners/service providers you work with on a regular basis (these do not need to tie directly to what you checked above).

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

11. Select primary funding sources for the specific program identified at the beginning of the survey (select all that apply):

- Federal
- Fee for service
- Medicaid
- Title V (MCH)
- Title X Family Planning
- WIC
- Home Visiting (MIECHV--Maternal Infant and Early Childhood Home Visiting)
- Part C
- Other state
- County
- Other (e.g. private/foundations, etc.)

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

12. Select the main services provided through the program (select all that apply):

- Breastfeeding support
- Case management/care coordination
- Counseling
- Data collection
- Direct service--clinical
- Economic, employment and/or education supports
- Education
- Home visitation
- Outreach to target populations
- Public awareness/health promotion
- Referrals to other organizations
- Risk factor screening

Other (please specify)

Program Description

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

13. If you provide education as part of this program, please specify what types (select all that apply):

- Breastfeeding
- Childbirth
- Family planning
- Infant care/child development
- Injury prevention/safety
- Nutrition
- Parenting
- Postpartum care
- Postpartum depression
- Preconception
- Prenatal
- Safe sleep
- Tobacco cessation
- Well child
- Well woman/well man
- Other (please specify)

Program Description

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

14. If you refer to other organizations, to which types of organizations do you most commonly refer? (select all that apply)

- Not applicable
- Child care
- Department for Children and Families (DCF)
- Domestic violence
- Early childhood
- Education
- Family supports (including financial assistance, basic needs--e.g. food banks)
- Health department
- Health/Medical
- Home visiting
- Housing
- KanCare (Medicaid)
- Individual/family counseling
- Mental health
- Oral health
- Substance abuse treatment
- Tobacco cessation (e.g. KanQuit)
- Transportation
- WIC
- Workforce development
- Other (please specify)

Target Populations

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

15. Which populations do you serve (select all that apply)?

- Women of reproductive age (15-44)
- Pregnant women/mothers
- Infants under one
- Men/fathers
- Youth or adults with special health care needs

16. Rank the insurance status of the populations you serve (1=highest percentage of those served; 3=lowest percentage of population served)

<input type="text" value="1"/>	KanCare (Medicaid)
<input type="text" value="2"/>	Uninsured
<input type="text" value="3"/>	Private insurance

17. Do you serve refugees?

- Yes
- No

18. Do you serve undocumented residents?

- Yes
- No

19. Select the primary races/ethnicities of those you serve (select all that apply).

- White
- Black or African American
- American Indian or Native Alaskan
- Asian
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino

Alignment with State and National MCH Priorities

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

20. Select the MCH State Priority need(s) with which your program most directly aligns (select all that apply): [Source: MCH 2015 Statewide Needs Assessment]

- Increase early and comprehensive health care before, during and after pregnancy for all women
- Improve mental/behavioral health of all pregnant women and new mothers
- Reduce low birth weight and preterm births and infant mortality
- Increase initiation, duration and exclusivity of breastfeeding
- Not applicable

21. Please indicate which Title V MCH measures relate to your program goals/work (select all that apply):

- The percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
- Percentage of women who smoke in the last three months of pregnancy.
- The percent of live births that are born preterm less than 37 weeks of gestation.
- The percent of mothers who breastfeed their infants at 6 months of age.
- The percent of infants with Permanent Congenital Hearing Loss (PCHL) enrolled in early intervention services before 6 months of age.
- The percent of women in their reproductive years (18-44 years) who report consuming four or more alcoholic drinks on an occasion in the past 30 days.
- The rate of birth (per 1,000) for teenagers aged 15-17 years.
- The percent of children without health insurance.
- Not applicable

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

22. The following are key priorities from Healthy Kansans 2020. Please indicate which priorities your program is working to improve (select all that apply):

- Promote physical activity
- Promote healthy eating
- Equip and incentivize Kansans to participate in culturally competent health and wellness programs and access appropriate health care
- Promote tobacco use prevention and control
- Improve supports for the social and emotional development of children and families
- Promote access to healthy foods and support policies that promote healthy food choices
- Support policies that make the default choice the healthy choice
- Promote environments and community design that impact health and support healthy behaviors
- Improve access to services that address the root causes to poor health
- Effective and efficient use of health information technology (HIT) for population health improvement
- Promote integrated health care delivery, including integrated behavioral health, social services and medical care
- Not applicable

Data Sources

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

23. Select the primary data source(s) for the indicators used to assess, measure performance and evaluate your program/service/activity/system (select all that apply):

- Behavioral Risk Factor Surveillance System (BRFSS)
- County Health Rankings
- Census/American Community Survey
- Kansas Health Institute
- Kansas Health Matters
- Kids Count
- Kansas Information for Communities (KIC)
- Kansas Integrated Public Health System (KIPHS)
- Kansas WIC Database (KWIC)
- Vital statistics (birth and death certificate data)
- Youth tobacco survey
- WebMCH (KDHE MCH program database)
- Custom database/survey
- Not applicable/do not track data
- Other (please specify)

Focus Areas for Birth Outcomes

Kansas Statewide Inventory of Birth Outcomes/Infant Mortality Programs

24. From your program's perspective, identify the top three most important areas of focus to improve birth outcomes in your region.

	Top priority	Second priority	Third priority
Implement health promotion efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure quality of care for all women and infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve maternal risk screening for all women of reproductive age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance service integration for women and infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve access to health care for women before, during and after pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop data systems to understand and inform efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote social equity (fair access to livelihood, education, and resources such as food, housing, and transportation; full participation in the political and cultural life of the community; and self-determination in meeting fundamental needs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Information

25. Provide any additional information or resources about your program/service/activity/system including websites, links to reports or newsletters, or other information which highlights your work:

Community Health Assessments

Please answer the following questions regarding your participation in community health assessments. This will help in identifying where community health assessments align with our findings to assist with planning and prioritizing.

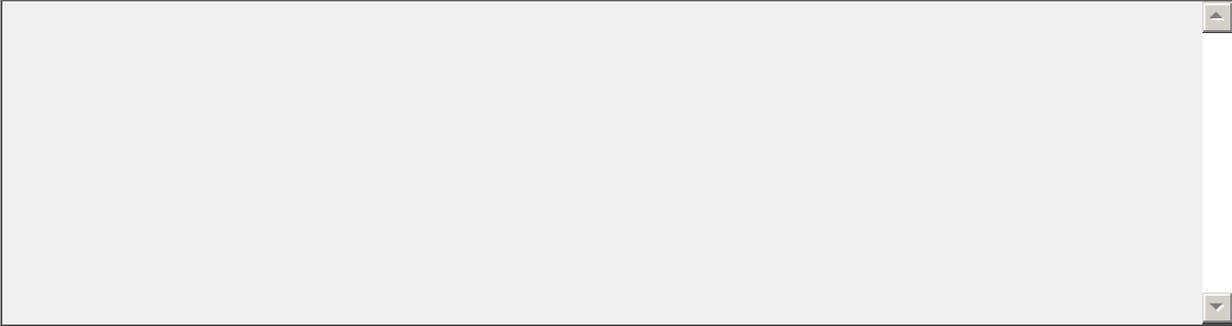
26. Has your organization participated in a community health assessment?

- Yes
- No

27. Have you selected your priorities?

- Yes
- No

28. Please describe your priorities:



29. Do you plan to attend the South Central public health region partner meeting with KDHE and March of Dimes on October 21st at the American Red Cross in Wichita?

- Yes
- No

If you would like to complete a survey for another program, please use the ...

Communities for Kids

*assessing the health needs of Kansas
children, adolescents and families*



KDHE wants to hear from:

- families and consumers
- community partners and providers
- health providers
- school professionals
- ANY community member interested in the health of children in Kansas

Join the Bureau of Family Health to discuss the needs of Kansas children, adolescents, and families (including those with special health care needs and/or disabilities).

<i>12/10/14—Roeland Park</i>	<i>1/12/15—Colby</i>	<i>2/10/15—Junction City</i>
<i>12/16/14—Great Bend</i>	<i>1/14/15—Garden City</i>	<i>2/19/15—Wichita</i>
<i>12/17/14—Concordia</i>	<i>1/21/15—Topeka</i>	<i>2/26/15—Parsons</i>

2 meetings in each location—2 pm and 6 pm, details available on website below

RSVP at www.kdheks.gov/shcn/meetings.

For more information, contact 1-800-332-6262 or
ksresourceguide@kdheks.gov.



Facilitator Agenda – December Communities for Kids Meetings

- Welcome/Intro/Ice Breaker (15 minutes)
 - Have you ever, or has someone you know...
 - received services from the infant toddler program/early intervention services?
 - had a baby in Kansas who received a genetic or hearing screening?
 - ever been served by the special health care needs program?
 - ever utilized MCH home visiting services?
 - ever utilized WIC services, including breastfeeding or nutrition consultation?
 - utilized a licensed child care provider/facility?
 - ever been in the foster care system?
 - Title V Needs Assessment Overview (15 minutes)
 - Open Forum (30 minutes)
 - Questions from Public Input Survey
 - Major Health Concerns for Newborn and Infants; Young Children (1-5); Children (6-11); Youth and Adolescents (12 – 18); Children with SHCN (0-11); Youth with SHCN (12-26)
 - Most important unmet health needs for same populations
 - What specific recommendation do you have for improving the health of infants, children, and adolescents, including those with special health care needs and/or disabilities, and their families in the state?
 - Are there any specific populations in this community that need additional supports? Indicate who or where and what types of supports are needed.
 - What specific programs or services do you have experience with that you feel are working well? Please be specific.
 - Facilitated Discussion: Family Caregiver Health (30 minutes)

In 3 domain groups (if enough people and facilitators) – Early Childhood (0-5) / Child (6-11) / Adolescent (12+) – If not enough people, do as large group discussion

 - What services are of greatest needs, benefit, and value for parents or family caregivers? Are these services easily accessible? If not, what prevents parents or family caregivers from receiving services?
 - What are the top unmet health needs of parents or family caregivers? What could be done to meet these needs?
 - What do parents or family caregivers need in order to maintain and support social relationships for themselves? What about for their children?
 - What supports, if any, are needed by parents or family caregivers for the following areas:

▪ Health	▪ Services
▪ Daily Care	▪ Family Interaction
▪ Recreation/Leisure Activities	▪ Emotional Health
▪ Social Relationship	▪ Spirituality
▪ Education/Supports	▪ Economics/Finances
- Wrap Up and Next Steps (10 minutes)

Facilitator Agenda – December Communities for Kids Meetings

- Welcome/Intro/Ice Breaker (15 minutes)
 - Have you ever, or has someone you know...
 - received services from the infant toddler program/early intervention services?
 - had a baby in Kansas who received a genetic or hearing screening?
 - ever been served by the special health care needs program?
 - ever utilized MCH home visiting services?
 - ever utilized WIC services, including breastfeeding or nutrition consultation?
 - utilized a licensed child care provider/facility?
 - ever been in the foster care system?
- Title V Needs Assessment Overview (15 minutes)
- Open Forum (30 minutes)
 - Questions from Public Input Survey
 - Major Health Concerns for Newborn and Infants; Young Children (1-5); Children (6-11); Youth and Adolescents (12 – 18); Children with SHCN (0-11); Youth with SHCN (12-26)
 - Most important unmet health needs for same populations
 - What specific recommendation do you have for improving the health of infants, children, and adolescents, including those with special health care needs and/or disabilities, and their families in the state?
 - Are there any specific populations in this community that need additional supports? Indicate who or where and what types of supports are needed.
 - What specific programs or services do you have experience with that you feel are working well? Please be specific.
- Facilitated Discussion: Direct Health Services (30 minutes)

In 3 domain groups (if enough people and facilitators) – Early Childhood (0-5) / Child (6-11) / Adolescent (12+) – If not enough people, do as large group discussion

 - What direct health services are of greatest needs, benefit, and value for children in KS? (physical, behavioral, oral, etc.)
 - Are these services easily accessible? Are there providers in the area?
 - What are the biggest barriers to obtaining these services?
 - Where do children typically receive health services in your community? (e.g.: doctor's office, urgent care, ER, etc)
 - In your opinion, do you feel the general health of children in your community is good? If not, why not? If so, why?
 - In your opinion, do you feel that children receive all of their immunizations? Developmental screenings? Physical health screenings? Dental screenings? Vision/Hearing screenings? Behavioral health screenings? Why or why not?
 - In your community, do you feel that families have difficulties/ delays in getting services? Is this due too...
 - ...eligibility?
 - ...services (or providers) don't exist in the area?
 - ...wait lists?
 - ...costs?
 - ...insurance coverage?
 - ...knowing where to go to get that service?
- Wrap up and Next Steps (10 minutes)

Facilitator Agenda – February Communities for Kids Meetings

- Welcome/Intro/Ice Breaker (15 minutes)
 - Have you ever, or has someone you know...
 - received services from the infant toddler program/early intervention services?
 - had a baby in Kansas who received a genetic or hearing screening?
 - ever been served by the special health care needs program?
 - ever utilized MCH home visiting services?
 - ever utilized WIC services, including breastfeeding or nutrition consultation?
 - utilized a licensed child care provider/facility?
 - ever been in the foster care system?
- Title V Needs Assessment Overview (15 minutes)
- Facilitated Discussion: Behavioral Health (30 minutes)

In 3 domain groups (if enough people and facilitators) – Early Childhood (0-5) / Child (6-11) / Adolescent (12+) – If not enough people, do as large group discussion

 - What agencies or organizations do behavioral health screening in your community?
 - What are the biggest challenges your community faces related to behavioral health?
 - What resources do you have in your community related to behavioral health? (People, providers, coalitions, agencies, funding, etc.)
 - What promising strategies are already in place to improve behavioral health for the following populations? Young Children (1-5); Children (6-11); Youth and Adolescents (12 – 18); Children with SHCN (0-11); Youth with SHCN (12-26); Adult services?
 - What are your views on how mental health services are being delivered – or how they SHOULD be delivered?
 - How can we best support behavioral health needs in our state for the following populations? Young Children (1-5); Children (6-11); Youth and Adolescents (12 – 18); Children with SHCN (0-11); Youth with SHCN (12-26); Adults?
 - What are some ideas that can help strengthen behavioral health services and supports in your community?
- Open Forum (30 minutes)
 - Questions from Public Input Survey
 - Major Health Concerns for Newborn and Infants; Young Children (1-5); Children (6-11); Youth and Adolescents (12 – 18); Children with SHCN (0-11); Youth with SHCN (12-26)
 - Most important unmet health needs for same populations
 - What specific recommendation do you have for improving the health of infants, children, and adolescents, including those with special health care needs and/or disabilities, and their families in the state?
 - Are there any specific populations in this community that need additional supports? Indicate who or where and what types of supports are needed.
 - What specific programs or services do you have experience with that you feel are working well? Please be specific.
- Wrap Up and Next Steps (10 minutes)

Communities for Kids

*assessing the health needs of Kansas
children, adolescents and families*



Municipal Building, Parson KS
February 26, 2015



KANSAS TITLE V PROGRAM

Organization

Our Mission: To protect and improve the health and environment of all Kansans.



BFH Mission

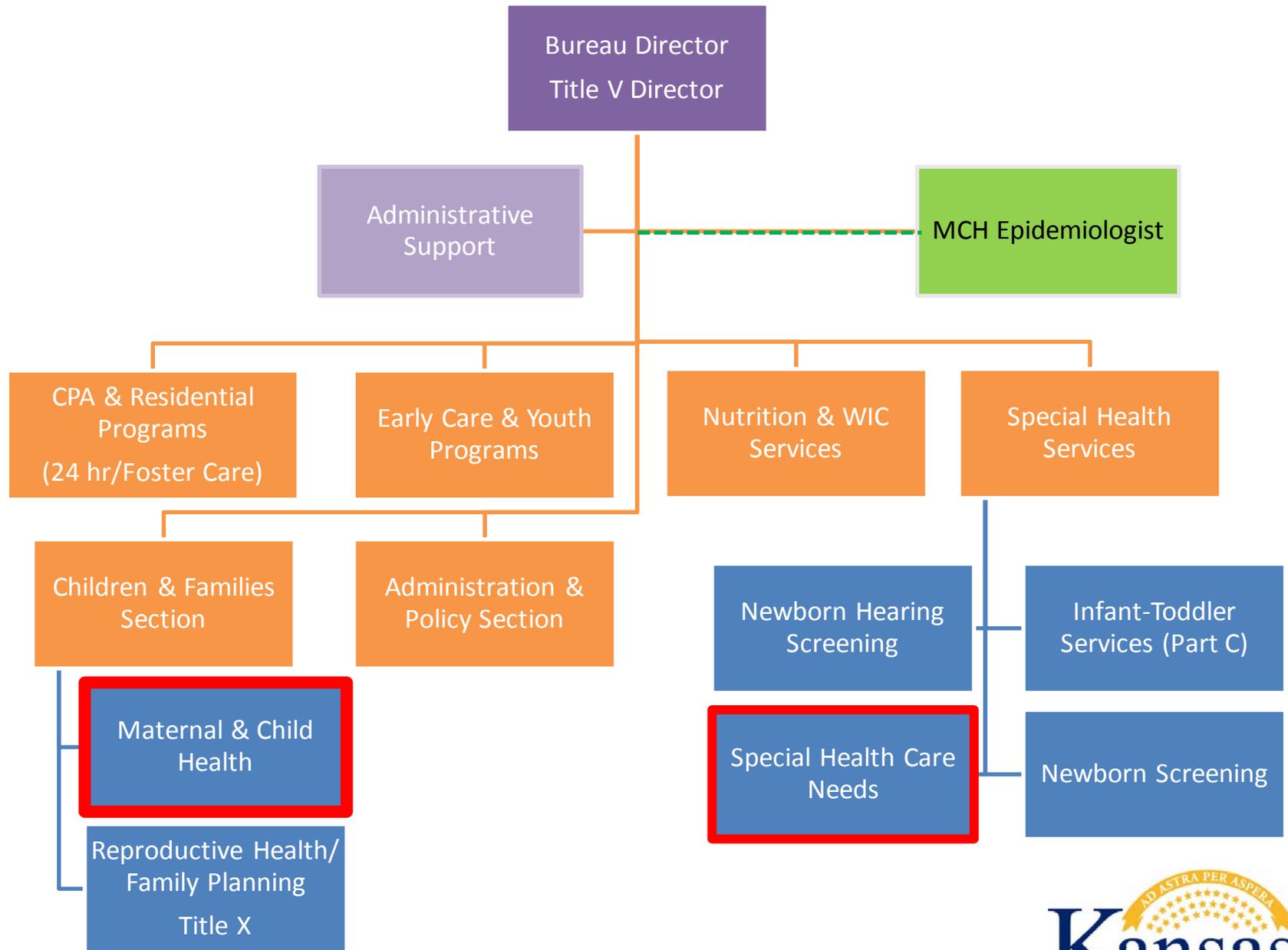
- Provide leadership to enhance the health of Kansas women and children in partnership with families and communities.

KDHE Mission

- To protect and improve the health and environment of all Kansans.

Our Mission: To protect and improve the health and environment of all Kansans.





Our Mission: To protect and improve the health and environment of all Kansans.





KANSAS TITLE V PROGRAM

What is it? Why am I here?

Our Mission: To protect and improve the health and environment of all Kansans.



What is Title V?

Vision

- Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are **healthy and thriving**.

Mission

- To improve the **health and well-being** of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Our Mission: To protect and improve the health and environment of all Kansans.

Title V Mission:

improve the health of mothers and children; strengthen the maternal and child health infrastructure; assure the availability and use of medical home; assure continued improvement in health, safety, and well-being of the MCH population

State-federal partnerships - flexibility with accountability

Systemic approaches: to improve health access and outcomes for all women, children, youth, and families

Role is to “assure” services

State Title V Programs

-  Provide and assure mothers and children access to quality MCH services

-  Reduce infant mortality and the incidence of preventable diseases

-  Provide rehabilitation services for blind and disabled individuals

-  Provide and promote family-centered, community-based, coordinated care, and facilitate the development of community-based systems of services

Kansas Title V MCH Core Values

Prevention & Wellness

Activities directed at improving general well-being while also involving specific protections/interventions.

Social Determinants of Health

The conditions in which people are born, grow, live, work and age, including the health system.

The social determinants of health are mostly responsible for health inequities.

Life Course Perspective

A growing awareness in public health of the long-term impact on health of various events and exposures earlier in life.

Health Equity

Those differences in population health that can be traced to unequal economic and social conditions—systemic and avoidable.

MCH Population Health Domains

Women's/Maternal Health

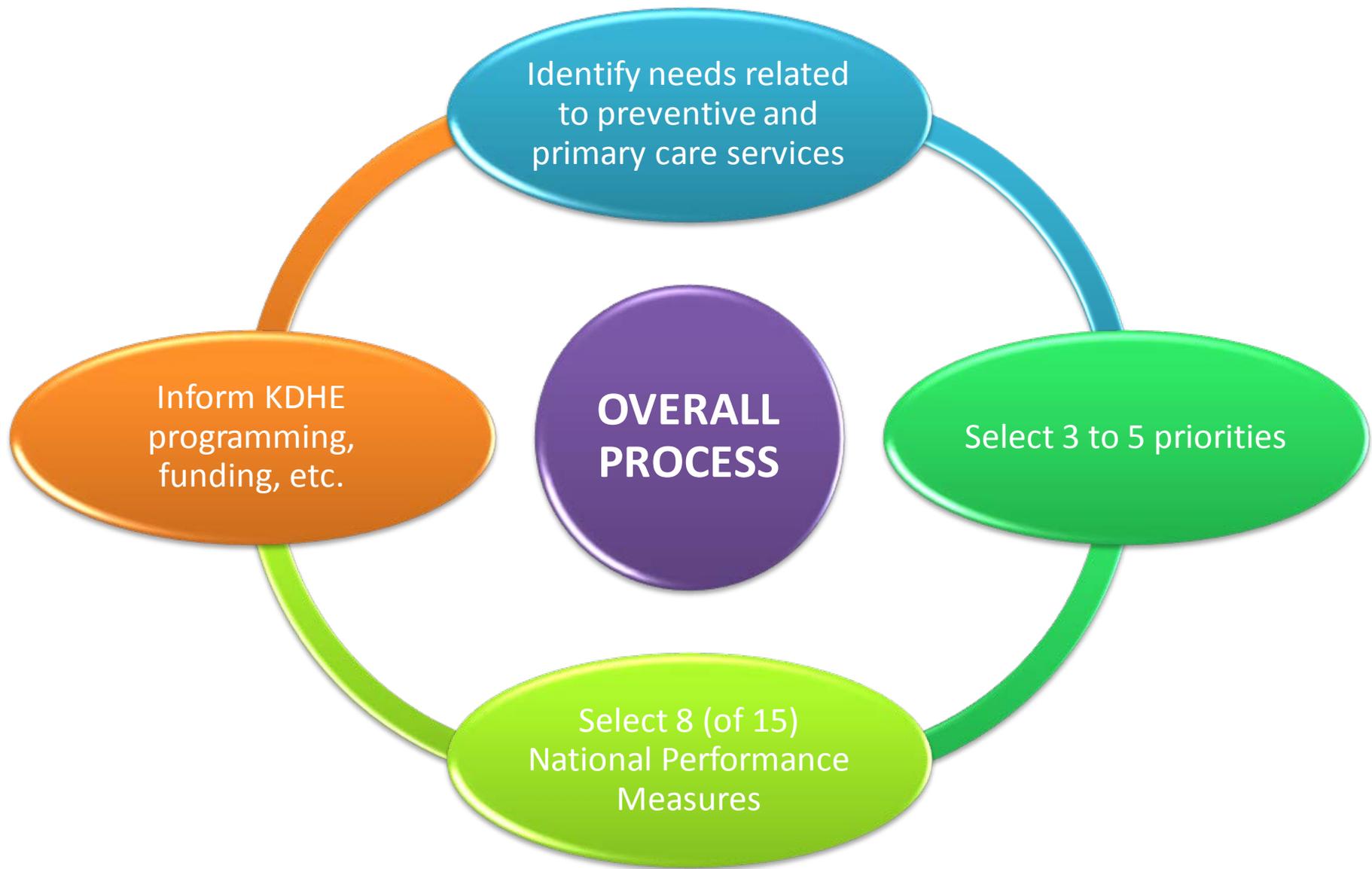
Perinatal/Infant Health

Child Health

Children with Special Health Care Needs

Adolescent Health

Cross-Cutting/Life Course



Required 5 Year MCH Needs Assessment: 2016-2020

Ongoing Needs Assessment





Heather Smith, MPH

SHS Director

hsmith@kdheks.gov

785-296-4747

Bureau of Family Health

www.kdheks.gov/c-f/mch.html



Kansas Resource Guide

1-800-332-6262

www.kansasresourceguide.org

Our Mission: To protect and improve the health and environment of all Kansans.