KANSAS
MATERNAL &
CHILD HEALTH

Kansas Maternal & Child Health Council

APRIL 5, 2017 MEETING

KANSAS MATERNAL & CHILD HEALTH

Welcome
New Members
Approval of Minutes

DENNIS COOLEY, MD, CHAIR

KANSAS MATERNAL & CHILD HEALTH

ACEs & Trauma-Informed Care

CONNIE SATZLER, ENVISAGE CONSULTING

Discussion Questions

100% of the January meeting survey respondents either "agreed" or "strongly agreed" with this statement:

"I have identified actions that I will apply these concepts to the work in my own organization."

- How many of you have been able to do that?
- What are some examples of what you have tried?
- What are some challenges you have faced?

Discussion Questions

"What is one thing your organization can do in the next six months to move towards becoming more trauma informed?"

Several individual response cards were received to the question.

We are about half-way through that 6-month period.

- Would anyone like to speak to progress on their response?
- Do any of these responses give you other ideas for what your organization could do?
- Have there been any significant developments in ACEs or TIC in Kansas since the January meeting?
- What can or should the Kansas MCH Council do to move this issue forward in Kansas?

KANSAS MATERNAL & CHILD HEALTH

Help Me Grow: Implementation Update

HEATHER SMITH, KDHE

KANSAS MATERNAL & CHILD HEALTH

PRAMS Update: Year 1 Launch

LISA WILLIAMS & JULIA SOAP, KDHE

Kansas PRAMS Questionnaires

- Preletter: Kansas is unique in that we send an English/Spanish (front/back) version to everyone, informing them both languages are available.
- Mail 1 Questionnaire Packet* and a reusable bag, includes opt-out language.
- Tickler
- Mail 2 Questionnaire Packet*
- Mail 3 Questionnaire Packet*
- Reward: Kansas sends a $15 Visa Gift Card for mailing back the survey (follow-up call if <75% complete)

Come see us to view the Kansas PRAMS Mailing Packets!

*Includes a KS Resource List, FAQ Brochure, Copy of Informed Consent, and Calendar. If Hispanic is indicated on the birth certificate, the mother will receive both English and Spanish versions of the questionnaire (for now!)

Kansas PRAMS – when do we start collecting data?

- Batch 1 will begin on Friday, April 7!
  - Each subsequent batch will begin on the first Friday of the month.
- Mailing schedule:
  - Preletter – Day 1
  - Mail 1 – Day 4
  - Tickler – Day 11
  - Mail 2 – Day 25
  - Mail 3 – Day 39
  - Initiate phone survey – Day 53
  - End data collection – Day 88

PRAMS Steering Committee Accomplishments

- Determined Our Stratification Variable: Low Birthweight vs. Normal Birthweight
- Selected Kansas PRAMS Questions:
  - 52 Core Questions
  - 28 Standard Questions
  - 12 Zika Supplement Questions
- Determined our incentives and rewards
- Helped with the IRB Approval Process, provided input on the wording to be used in letters
- Branding and Design
  - Scrapbook design
  - Completing the survey = Sharing your story

What needs to be done?

- Provide awareness of KS PRAMS name, logo, and website
- Monitoring Response Rates
- Data Analysis Plan
- Data Dissemination Plan – in conjunction with PRAMS Steering Committee (to be discussed July 2017)
  - Reports, Articles, and Presentations
  - Advocacy
- Conduct Focus Groups on PRAMS Incentives/Rewards
- Evaluate year 1 questions/gaps, etc. and start the process over again!

To contact Kansas PRAMS staff:

Lisa Williams, Project Coordinator, lisa.williams@ks.gov, 296-8156

Julia Soap, Epidemiologist, Julia.soap@ks.gov, 296-8427

http://www.kdheks.gov/prams

KANSAS MATERNAL & CHILD HEALTH

Lived Experience: Creating Change

KAYZY BIGLER, KDHE

- *WITH SPECIAL GUESTS*

KANSAS MATERNAL & CHILD HEALTH

Incorporating the perspectives of family and people with **lived experiences** is important to families and you, as well as the state of individual and population health.

Family Engagement in Title V

- Family/consumer partnership is the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.

- Family engagement reflects a belief in the value of the family leadership at all levels from an individual, community, and policy level.

-2016 Title V Block Application Guidance

Family Engagement in Title V

- Nihil de nobis, sine nobis = Nothing about us, without us
  - Concept: Policies should not be created/implemented without the "full and direct participation of those affected"
- Families engaged at all stages (design, planning, implementation, evaluation) in an ongoing, continuous way → NOT a point-in-time approach
- Diversity is critical
  - Geographically
  - Socioeconomically
  - Culturally

AMCHP Family Engagement Resource

http://www.amchp.org/programsandtopics/family-engagement/ToolsandResources/Documents/FamilyEngagementinTitleV.pdf

Approaches/Frameworks

- Kansas Early Childhood Family Engagement Standards (developed 2014-2015)
  http://www.kcefe.net/

- Head Start and Early Head Start Parent, Family and Community Engagement (PFCE) Framework (Head Start Act of 2007)
  https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework
  …family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders…

Many family engagement projects/activities are centered around involving families in the education of their children.

Focus on Lived Experience…

- Mutually beneficial partnership
- Better understanding of family perspective and needs
- Increased responsiveness to patient/family/child needs
- Improved services (targeted to needs, quality) and collaboration
- Increased communication and trust
- Improved health literacy and outcomes
- Improved policies and procedures

The family voice is powerful!
Be creative and partner with families to make positive changes and improve the services you offer and those within the whole health care system!

Valuing Individuals & Families

- Understand that they ALWAYS have first-hand knowledge of the issue because **they live it** 24/7
- Be an active listener
- Be respectful
- Implement ideas and suggestions offered by the families
- Involve them and ask what they would like to do to help
- Encourage them to share their ideas ("no idea is a bad idea" philosophy)
- Ask open-ended questions to assist them with actively participating in their/their child's care and overall health

Assuring Individuals & Families Feel Valued

KANSAS MATERNAL & CHILD HEALTH

- Give them a role that involves more than just reviewing something
  - Let patients and families assist with resource and material development.
  - Let patients and families assist with process flows (operations/experiences).
  - Let patients and families help with program or practice evaluation.
  - **Let patients and families tell you what would be helpful to them.**
- Provide resources, support and assistance to them when needed
- Approach family engagement with a "team mentality"; they are the **experts**
- Let them know they are a valued member of the team
- Be thankful for their presence and hard work
- Be open minded to different thoughts and ideas

Deanna's Story

Reflection & Challenge

1. What does incorporating experiences of families and people with lived experience (Family Engagement) mean to you?
2. What are you currently doing to engage individuals and families with lived experience?
3. What outcome(s) has your program experienced due to valuing “lived experience” and implementing family engagement efforts?

What will you do next to improve Patient and Family Engagement in your program?

Commit and include a timeframe for completion.

KANSAS
MATERNAL &
CHILD HEALTH

Lunch & Networking

KANSAS MATERNAL & CHILD HEALTH

Domain Group Work

SPECIAL PRESENTATIONS W/REFLECTION

Domain Group Plans

Women & Maternal Health

- Presentation #1: Neonatal Abstinence Syndrome (NAS)
- Presentation #2: Sisters United

Facilitators: Stephanie & Diane

Child Health

- Presentation # 1: Developmental Screening
- Presentation #2: Behavioral & Social/Emotional Health

Facilitators: Debbie & Kayzy

Perinatal & Infant Health

- Presentation #1: Neonatal Abstinence Syndrome (NAS)
- Presentation #2: Safe Sleep Expansion

Facilitators: Carrie & Connie

Adolescent Health

- Presentation #1: Family & Consumer Sciences & School Health Partnership Opportunities
- Presentation #2: Behavioral & Social/Emotional Health

Facilitators: Traci & Tamara

Ground Rules

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

Small Group Reflections

All Domain Groups

- Have your domain action plan (and the full plan, if needed) available for easy reference during discussion and reflection.
- The staff Recorder will take notes during the session on the reflection sheet, flip chart, or on your computer.
- Use the small group worksheet to guide questions and discussion after the presentation and document group reflections.
- Finalize one worksheet for the entire group.
- Be prepared to report out one highlight/takeaway for the presentations (we will only report out if time allows).
- Give the group's worksheet to Connie at the end of the day (handwritten) *or* email notes to csatzler@kansas.net by April 12.

KANSAS MATERNAL & CHILD HEALTH

Future Meeting Dates

KMCHC

KANSAS MATERNAL & CHILD HEALTH

Announcements

KDHE MCH TEAM

KMCHC MEMBERSHIP

Maternal Mortality Review

- **Maternal Mortality Defined**
  - The death of a woman while pregnant or within 42 days of termination of pregnancy…from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes
- **Maternal Mortality Rate Defined***
  - Death from obstetric causes within 42 days postpartum/100,000 live births
- **Planning for Kansas Launch Underway**
  - May 19 planning meeting (KDHE, KS Section of ACOG, March of Dimes)
  - CDC resources presently under review (www.reviewtoaction.org)
  - Including *Pregnancy Associated Death* (within one calendar year)
- **Data/Targets**
  - HP 2020 Target: 11.4 maternal deaths/100,000 live births
  - KS Baseline: 12.7 maternal deaths/100,000 live births (2007) (5-10 cases/year)
  - KS Trend: increased by 3.4%/year (2006-2015, not statistically significant)

*Numerator: Number of deaths related to or aggravated by pregnancy and occurring within 42 days of the end of a pregnancy; Denominator: Number of live births

39+ Weeks Banner Recognition

More Information: http://www.kdheks.gov/bfh/download/KS-MOD-banner-packet.pdf

*Title V MCH National Outcome Measure #7 (Target: 4%; Kansas: 2% [Source: 2015 CMS Hospital Compare])

2018 MCH Block Grant App.

- Application/annual report writing kicks off in April
- Public input period
  - ~June 1 (2 weeks)
- Submission due July 15
- Block Grant Review August 10
- Revisions August – September
- Final Submission September
- Publication/release by October
- Access: www.kdheks.gov/bfh or www.kansasmch.org

Kansas MCH Website

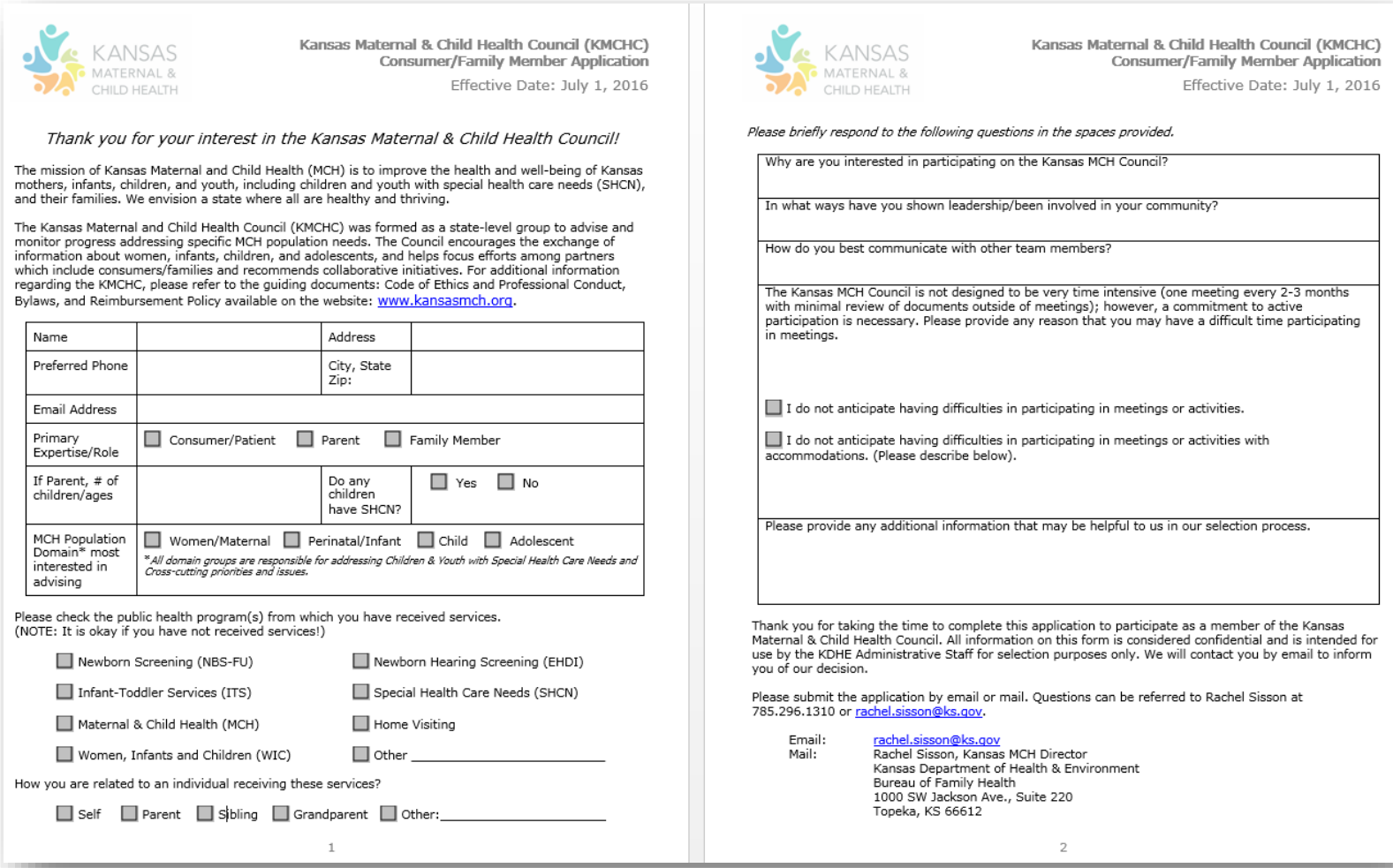
New Content

http://www.kansasmch.org

Kansas MCH Facebook Page

http://www.facebook.com/kansasmch

Member Applications



KANSAS MATERNAL & CHILD HEALTH

Kansas Maternal & Child Health Council (KMCHC)
Consumer/Family Member Application
Effective Date: July 1, 2016

Thank you for your interest in the Kansas Maternal & Child Health Council!

The mission of Kansas Maternal and Child Health (MCH) is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs (SHCN), and their families. We envision a state where all are healthy and thriving.

The Kansas Maternal and Child Health Council (KMCHC) was formed as a state-level group to advise and monitor progress addressing specific MCH population needs. The Council encourages the exchange of information about women, infants, children, and adolescents, and helps focus efforts among partners which include consumers/families and recommends collaborative initiatives. For additional information regarding the KMCHC, please refer to the guiding documents: Code of Ethics and Professional Conduct, Bylaws, and Reimbursement Policy available on the website: www.kansasmch.org.

Name		Address	
Preferred Phone		City, State Zip:	
Email Address			
Primary Expertise/Role	☐ Consumer/Patient ☐ Parent ☐ Family Member		
If Parent, # of children/ages		Do any children have SHCN?	☐ Yes ☐ No
MCH Population Domain* most interested in advising	☐ Women/Maternal ☐ Perinatal/Infant ☐ Child ☐ Adolescent **All domain groups are responsible for addressing Children & Youth with Special Health Care Needs and Cross-cutting priorities and issues.*		

Please check the public health program(s) from which you have received services.
(NOTE: It is okay if you have not received services!)

- ☐ Newborn Screening (NBS-FU)
- ☐ Newborn Hearing Screening (EHDI)
- ☐ Infant-Toddler Services (ITS)
- ☐ Special Health Care Needs (SHCN)
- ☐ Maternal & Child Health (MCH)
- ☐ Home Visiting
- ☐ Women, Infants and Children (WIC)
- ☐ Other _____

How you are related to an individual receiving these services?

☐ Self ☐ Parent ☐ Sibling ☐ Grandparent ☐ Other:_____

1

KANSAS MATERNAL & CHILD HEALTH

Kansas Maternal & Child Health Council (KMCHC)
Consumer/Family Member Application
Effective Date: July 1, 2016

Please briefly respond to the following questions in the spaces provided.

Why are you interested in participating on the Kansas MCH Council?
In what ways have you shown leadership/been involved in your community?
How do you best communicate with other team members?
The Kansas MCH Council is not designed to be very time intensive (one meeting every 2-3 months with minimal review of documents outside of meetings); however, a commitment to active participation is necessary. Please provide any reason that you may have a difficult time participating in meetings. ☐ I do not anticipate having difficulties in participating in meetings or activities. ☐ I do not anticipate having difficulties in participating in meetings or activities with accommodations. (Please describe below).
Please provide any additional information that may be helpful to us in our selection process.

Thank you for taking the time to complete this application to participate as a member of the Kansas Maternal & Child Health Council. All information on this form is considered confidential and is intended for use by the KDHE Administrative Staff for selection purposes only. We will contact you by email to inform you of our decision.

Please submit the application by email or mail. Questions can be referred to Rachel Sisson at 785.296.1310 or rachel.sisson@ks.gov.

Email: rachel.sisson@ks.gov
Mail: Rachel Sisson, Kansas MCH Director
Kansas Department of Health & Environment
Bureau of Family Health
1000 SW Jackson Ave., Suite 220
Topeka, KS 66612

2

Reimbursement Policy – Rev.

KANSAS MATERNAL & CHILD HEALTH

Kansas Maternal & Child Health Council (KMCHC)
Reimbursement Policy

Effective Date: July 1, 2015
Revision Date: July 1, 2016

The Kansas Maternal and Child Health Co
group to advise and monitor progress add
Membership includes professional partner
members. Due to varied KMCHC contribut
distinctions are described below.

All Members are eligible for the following

- Members traveling more than 150
  home/workplace to the in-person m
  - Mileage reimbursement base
    mile for automobiles and the
    location to meeting location,
    map service (Kansas Departr
    Maps, etc.). Reimbursement
  - Lodging reimbursement* bas
    one (1) overnight stay for or
    requires a lodging receipt.

Consumer/Family Members are eligible fo

Professional partners such as consumers/
is not compensated within an MCH-relate
eligible for a participation stipend and limi

Participation Stipend: $75 for an in-perso
for an in-person meeting lasting less than

- Stipend will be pro-rated bas
  expert is physically present i
  physically present for 75% o
  receive 75% of the participat
- Stipend represents the total
  family member is present, th
  representing the attending fa

Out-of-Pocket Costs: (ANY distance—no m

- Mileage: Reimbursement in accord
- Lodging: Reimbursement in accord

Child Care Stipend: Child care stipend of
meeting if the child(ren) is/are not in sch
support meeting attendance. **Child care st**
may be provided based on availability of

*NOTE: The U.S. General Services Administration (GSA)
reimbursement is based on the allowable rate for Topeka, Kansas by month and city.
http://www.gsa.gov/portal/content/104877

Consumer/Family Members are eligible for the following reimbursement:

Professional partners such as consumers/family representatives whose attendance is not compensated within an MCH-related employment/consultative capacity are eligible for a participation stipend and limited out-of-pocket costs.

Participation Stipend: $75 for an in-person meeting lasting 4 hours or longer; $50 for an in-person meeting lasting less than 3 hours

- Stipend will be pro-rated based upon the time the consumer/family expert is physically present in the meeting (e.g. member is only physically present for 75% of the meeting; the individual will only receive 75% of the participation stipend).
- Stipend represents the total amount per family unit, if more than one family member is present, the stipend only is paid to one individual representing the attending family

Out-of-Pocket Costs: (ANY distance—no minimum miles required to be traveled)

- Mileage: Reimbursement in accordance with the policy for "All Members".
- Lodging: Reimbursement in accordance with the policy for "All members".

Child Care Stipend: Child care stipend of no more than $50 per day for a scheduled meeting if the child(ren) is/are not in school and if child care is only needed to support meeting attendance. **Child care stipends must be requested in advance and may be provided based on availability of funding.**

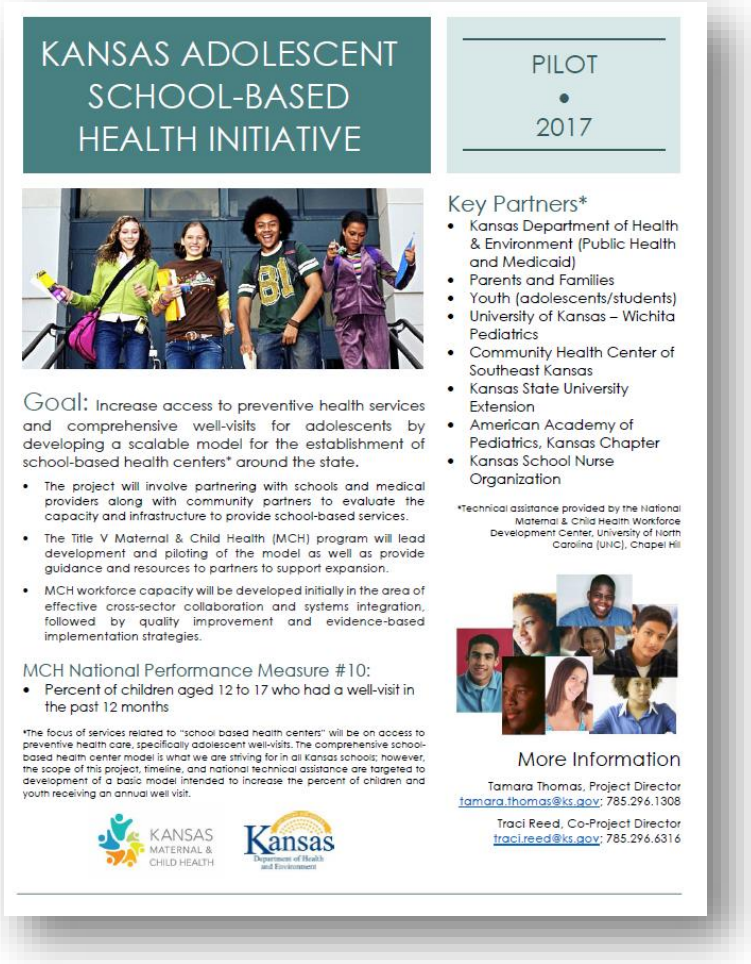
Adolescent Health Initiative

Goal: Increase access to preventive health services and comprehensive well-visits for adolescents.

Why: Increase the percent of children 12-17 years who had a well visit in the past 12 months (NPM #10)

How: Partner with schools, medical providers, and community partners to evaluate the capacity and infrastructure to provide school-based services. Develop a scalable model for the establishment of school-based health centers.

What: The Title V MCH program is leading development and piloting of the model and providing guidance and resources to partners to support expansion.



KANSAS ADOLESCENT SCHOOL-BASED HEALTH INITIATIVE

PILOT • 2017

Goal: Increase access to preventive health services and comprehensive well-visits for adolescents by developing a scalable model for the establishment of school-based health centers* around the state.

- The project will involve partnering with schools and medical providers along with community partners to evaluate the capacity and infrastructure to provide school-based services.
- The Title V Maternal & Child Health (MCH) program will lead development and piloting of the model as well as provide guidance and resources to partners to support expansion.
- MCH workforce capacity will be developed initially in the area of effective cross-sector collaboration and systems integration, followed by quality improvement and evidence-based implementation strategies.

MCH National Performance Measure #10:

- Percent of children aged 12 to 17 who had a well-visit in the past 12 months

*The focus of services related to "school based health centers" will be on access to preventive health care, specifically adolescent well-visits. The comprehensive school-based health center model is what we are striving for in all Kansas schools; however, the scope of this project, timeline, and national technical assistance are targeted to development of a basic model intended to increase the percent of children and youth receiving an annual well visit.

KANSAS MATERNAL & CHILD HEALTH

Kansas Department of Health and Environment

Key Partners*

- Kansas Department of Health & Environment (Public Health and Medicaid)
- Parents and Families
- Youth (adolescents/students)
- University of Kansas – Wichita Pediatrics
- Community Health Center of Southeast Kansas
- Kansas State University Extension
- American Academy of Pediatrics, Kansas Chapter
- Kansas School Nurse Organization

*Technical assistance provided by the National Maternal & Child Health Workforce Development Center, University of North Carolina (UNC), Chapel Hill

More Information

Tamara Thomas, Project Director
tamara.thomas@ks.gov; 785.296.1308

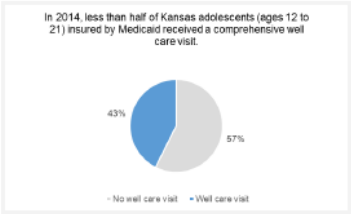
Traci Reed, Co-Project Director
traci.reed@ks.gov; 785.296.6316

DRAFT MCH-Medicaid Fact Sheets

Adolescent Well Visit: Kansas

Adolescence is an important period of physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for their health habits. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease.

Medicaid* Measure	Title V** MCH Measure
The percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.



Source: KanCare Annual Report to CMS—Year Ending 12.31.15

Source: National Survey of Children's Health, 2011-2012

Policy & Service Notes

Kansas Medicaid has adopted the *Bright Futures/AAP Periodicity Schedule* as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends adolescents receive yearly physical examination, depression screening as well as anticipatory guidance.

*The Medicaid measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. The data represent administrative claims for a comprehensive well-care visit which included a preventive care visit in the past year with a primary physician or OB/GYN that had evidence of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

**The Title V measure is a national performance measure. The data are from a parent-completed survey, where preventive medical visit is defined as a visit with a primary physician or OB/GYN in the past 12 months.

KANSAS MATERNAL & CHILD HEALTH

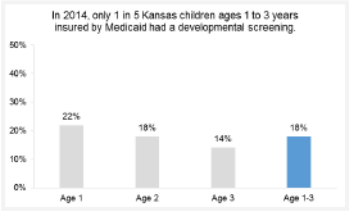
This fact sheet, created by the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics and Bureau of Family Health demonstrates the alignment of the Title V Maternal & Child Health (MCH) and Medicaid measures. The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is 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.

Kansas Department of Health and Environment

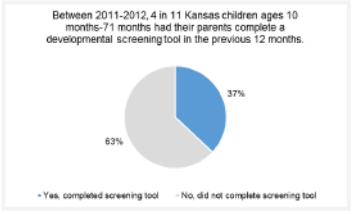
Developmental Screening: Kansas

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends developmental screening starting at nine months.

Medicaid* Measure	Title V** MCH Measure
The percentage of children screened for the risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	The percentage of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.



Source: Medicaid Data Analytic Interface (DAI), 2014



Source: National Survey of Children's Health, 2011-2012

Policy and Service Notes

Kansas Medicaid has adopted the *Bright Futures/AAP Periodicity Schedule* as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends developmental screening at 9, 18 and 30 months.

*The Medicaid measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Medicaid data represents the percentage of children who turned 1 to 3 years old in 2014 who had a claim submitted for developmental screening.

**The Title V measure is a national performance measure. Title V data represents the percentage of children aged 10 months through 71 months who had a visit with a healthcare provider and their parent reported completing a developmental screening in the past year.

KANSAS MATERNAL & CHILD HEALTH

This fact sheet, created by the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics and Bureau of Family Health demonstrates the alignment of the Title V Maternal & Child Health (MCH) and Medicaid measures. The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is 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.

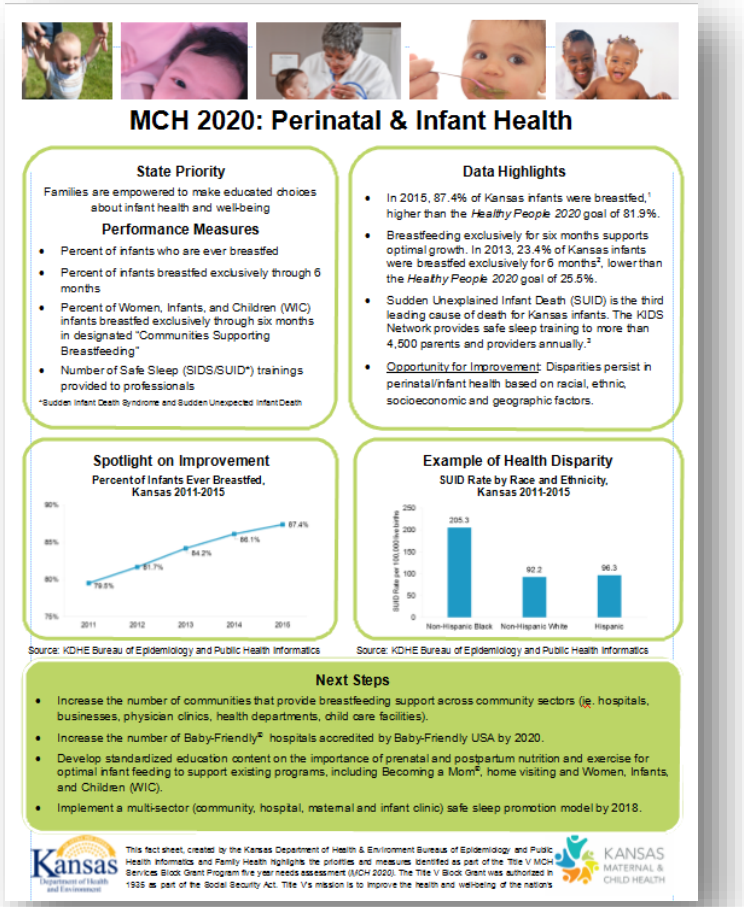
Kansas Department of Health and Environment

DRAFT MCH Domain Profile

"Snapshot" for each MCH Population Domain

At-a-glance that provides the following:

- State MCH Priority (2016-2020)
- State and National Measures
- Key objectives/strategies
- Significant/noteworthy data, including charts for visuals



MCH 2020: Perinatal & Infant Health

State Priority

Families are empowered to make educated choices about infant health and well-being

Performance Measures

- Percent of infants who are ever breastfed
- Percent of infants breastfed exclusively through 6 months
- Percent of Women, Infants, and Children (WIC) infants breastfed exclusively through six months in designated "Communities Supporting Breastfeeding"
- Number of Safe Sleep (SIDS/SUID*) trainings provided to professionals

*Sudden Infant Death Syndrome and Sudden Unexpected Infant Death

Data Highlights

- In 2015, 87.4% of Kansas infants were breastfed,[1] higher than the *Healthy People 2020* goal of 81.9%.
- Breastfeeding exclusively for six months supports optimal growth. In 2013, 23.4% of Kansas infants were breastfed exclusively for 6 months[2], lower than the *Healthy People 2020* goal of 25.5%.
- Sudden Unexplained Infant Death (SUID) is the third leading cause of death for Kansas infants. The KIDS Network provides safe sleep training to more than 4,500 parents and providers annually.[3]
- Opportunity for Improvement: Disparities persist in perinatal/infant health based on racial, ethnic, socioeconomic and geographic factors.

Spotlight on Improvement

Percent of Infants Ever Breastfed, Kansas 2011-2015

Source: KDHE Bureau of Epidemiology and Public Health Informatics

Example of Health Disparity

SUID Rate by Race and Ethnicity, Kansas 2011-2015

Source: KDHE Bureau of Epidemiology and Public Health Informatics

Next Steps

- Increase the number of communities that provide breastfeeding support across community sectors (ie. hospitals, businesses, physician clinics, health departments, child care facilities).
- Increase the number of Baby-Friendly® hospitals accredited by Baby-Friendly USA by 2020.
- Develop standardized education content on the importance of prenatal and postpartum nutrition and exercise for optimal infant feeding to support existing programs, including Becoming a Mom®, home visiting and Women, Infants, and Children (WIC).
- Implement a multi-sector (community, hospital, maternal and infant clinic) safe sleep promotion model by 2018.

Kansas Department of Health and Environment

This fact sheet, created by the Kansas Department of Health & Environment Bureau of Epidemiology and Public Health Informatics and Family Health highlights the priorities and measures identified as part of the Title V MCH Services Block Grant Program five year needs assessment (MCH 2020). The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's

KANSAS MATERNAL & CHILD HEALTH

KANSAS MATERNAL & CHILD HEALTH

Closing Remarks

DENNIS COOLEY, MD, CHAIR

NEXT MEETING: JULY 19, 2017