



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, April 14, 2021

Member Attendees		Absent	Visitors
Rebecca Adamson, APRN Carrie Akin Kourtney Bettinger, MD, MPH Kayzy Bigler Heather Braum Stephanie Coleman Mary Sunshine Delgado, APRN Geno Fernandez Beth Fisher Cory Gibson, EdD Jessica Grubbs Kari Harris, MD, FAAP Charles Hunt Rhonda Hutchinson Elaine Johannes, PhD Peggy Kelly Jamie Kim, MPH Steve Lauer, MD, FAAP Shannon Lines Kelli Mark Brandi Markert Jennifer Marsh	Patricia McNamar, DNP, ARNP, NP-C Elisa Nehrbass Brittney Nichols Maria O' Sullivan Cherie Sage Cari Schmidt, PhD Katie Schoenhoff Christy Schunn, LSCSW Pam Shaw, MD, FAAP Sookyung Shin Rachel Sisson Cassandra Sines Heather Smith Kasey Sorell Kelsee Torrez Kelly Totty Cora Ungerer Stephanie Wolf Donna Yadrich Daina Zolck	Taylor Atwood Brenda Bandy Joe Caldwell Lisa Chaney Dennis Cooley, MD, FAAP Julia Connellis Deanna Cummings Stephen Fawcett, PhD James Francis Terrie Garrison, RN, BSN Phil Griffin Sara Hortenstine Scott Latimer Jill Nelson Angela Oldson Susan Pence, MD, FAAP Brian Pate Sharla Smith Lori Steelman Juliet Swedlund David Thomason Alice Weingartner Taryn Zwegardt	Amalia Almeida Nora Elizalde Geovannie Gone Elizabeth Lewis Carmen Valverde
Staff			
Mel Hudelson Connie Satzler			

Agenda Items	Discussion	Action Items
<p>Welcome & Recognize New Members/Guest</p>	<p>Dr. Harris welcomed everyone to the meeting. New members introduced themselves.</p>	
<p>Women's Health Initiatives</p> <p>Kasey Sorell Stephanie Wolf Jennifer Marsh</p>	<p>Maternal Mortality Review Committee (MMRC) – getting close to being able to review mortality cases in real time.</p> <p>MMRC Data – reviews all pregnancy related deaths looking at:</p> <ol style="list-style-type: none"> 1. If it is pregnancy related, meaning the death occurred because of pregnancy. 2. Severe Maternal Morbidity – preeclampsia or cardiac condition that lead to death. <p>Latest report is on the website, and Kasey reviewed data found in the report.</p> <p>Perinatal Quality Collaborative (KPOC) Fourth Trimester Initiative (FTI) The KPOC was established in 2018 and focused on neonatal abstinence syndrome initially. Last year the group started digging into MMRC data and decided to focus on the postpartum data to create the Fourth Trimester Initiative (FTI).</p> <p>40% of women do not follow up with physician after birth nationwide, which means medical providers are unable to screen for problems, discuss family planning, behavioral health screening or breastfeeding support. This can result in unintended pregnancy, mental health, and other issues untreated. More than half of maternal deaths occur after the birth of the infant.</p> <p>Goal for the Fourth Trimester Initiative (FIT) is to decrease maternal morbidity and mortality in the state by aligning with state and national goals to accomplish results.</p> <p>FIT will use existing relationships KPOC has with birth facilities to provide trainings and resources. The project will work to make connections between inpatient and outpatient groups to strengthen the hand off.</p> <p>FIT includes:</p> <ul style="list-style-type: none"> • The “Mom Plan” is discharge plans that include mom’s input, she should be a part of the planning for the next step. 	

	<ul style="list-style-type: none"> • Enrollment in AIM – Alliance for Innovation on Maternal Health - an alliance with groups and other states to work on maternal health. • CDC “Hear Her” Campaign included in the “Mom Plan”. <p>Maternal Warning Signs Initiative Kicks off in May and will educate mothers to know the warning signs for unhealthy pregnancy. Will be using two national initiatives and adapting them to include mental health care and accessible for low literacy populations. The goal is for pregnant women and families to get information from multiple sources about warning signs.</p> <p>Well-Woman Visit Toolkit There are two tool kits, one for communities and one for providers with a goal to increase access to services for women.</p> <p>Tool kits are available on the KDHE website along with other supporting documents. https://www.kdheks.gov/c-f/integration_toolkits.htm</p> <p>The tool kit reinforces how important that screening and counseling is at the well woman visit.</p> <p>There will be social media resources available to help KMCHC members share these within their contacts.</p>	<p>Action Item: Download and review the tool kits.</p> <p>Action Item: KMCHC members should share the tool kits with contacts.</p>
--	---	--

Small Group Discussion by Domain & Focus Area

Small Group Discussion (Small Groups: CSHCN, WFD, FCP)

Considering the four major women’s health initiatives presented as it relates to the populations you are representing (CSHCN, MCH Workforce, Families/Consumers)

- How do we make connections within the community to spread the word about this work?
- What educational opportunities exist within your population related to your work? What is needed?
- Which initiative are you most likely to take action on?
- In what ways could your organization, partners, or families served best promote or advance this work?

After the breakout, each group shared key points and action items discussed.

<p>CSHCN</p>	<p>The CSHCN group identified multiple ways to share toolkits and promotional items through their partner network, including partnering with pediatrician offices; promoting through home visiting, SHCN, and others; and advertising through newspapers, PSAs, and social media.</p>	
---------------------	---	--

Workforce Development	Create a postcard that can be distributed during vaccine clinics to promote well visits for women, and work with partners like Walmart to also share the informational cards during vaccinations.	
Family & Consumer Partnerships	Use social media to reach families, educate fathers, and research to target geographically. Educate on the importance of the postpartum visit. Share information during community baby showers.	
Member Commitments		
Members were provided an opportunity to share what initiatives they are most likely to take action on and a way that they, and/or their organization, will promote or advance the work of the Women's Health initiatives discussed today.		
Well-Woman Visit Toolkit	<ul style="list-style-type: none"> • Share the toolkit with MCH-funded grantees (e.g., PMI, TPTCM, MCH, SHCN) and partner FQHCs • Sharing through social media and family education series • Share information with members and other partners about the tool kit and resources • Share toolkits with staff and partners • Helping women understanding the importance of getting their well women checks. They need to be able to take care of themselves before taking care of others. • Information sharing with local Extension professionals and units. • I would suggest that PH collaborate with the MCO's about promoting women's health by condensing a document about what services they have access to while covered under Medicaid 	
Maternal Warning Signs (MWS)	<ul style="list-style-type: none"> • Putting signs in our pediatric office for new moms to see • Include maternal warning signs in KIDS Network Safe Sleep Community Baby Showers vendor component • Share with the FAC and FCP partners 	
Perinatal Quality Collaborative (PQC)	<ul style="list-style-type: none"> • Promote the initiative in WyCo and at KUMC. Implement routine screening of post-partum moms regarding whether their healthcare needs (including contraception, if desired) are being met. If not, then referring to a maternal health provider. We already screen for PPD and SDH. 	
Fourth Trimester Initiative (FTI)	<ul style="list-style-type: none"> • Include in the conversation (checking in) with new parents as we discuss child safety • Collaborate on educational materials targeted to women and/or providers 	
Any/All	<ul style="list-style-type: none"> • Discuss with partners as I am having meetings across the state • Supporting maternal child health policies both in local facilities and state level work • Provide information for pediatricians to promote these for the moms in their practice • Promoting toolkits through my org's social media • Let colleagues know about this work • Inform KS HS programs • Continue promoting and educating grantee workforce • Would like to offer KUCTT/KUMC Community Engagement Institute to partner with KDHE and KHI to advance informing policy regarding a) family caregiving responsibilities and b) social workers paid for in every clinic serving families (regardless of PAYER) adequate support of healthy initiatives. • Continue to be informed and bring awareness to others on topic 	

Member Announcements

*Kari Harris, MD, FAAP
KMCHC Chair*

The **Family Advisory Council** launched the first workgroup for non-special health care needs in January. Now they have 30 members and more groups will launch later this year.

The **Bridges** program – provides wholistic care services to those transitioning out of services is a pilot program and families will be added at the end of the month.

The second cohort of **Community Health Worker (CHW) training** begins on May 15. Extension and the KS CHW Coalition are conducting the training which (we hope) leads to certification: <https://kschw.org/>

Safe Kids Kansas is releasing Childhood injury data report soon, and it will be posted on www.safekidskansas.org. The report highlights unintentional injuries for children.

The **school-based health** initiative is going well and is expanding to five more districts this year.

Step Up for Kids event is coming up and they need volunteers to run the event. Contact Christy Schunn if you can help. Register to participate (in person/virtually) or volunteer for Step Up for KIDS at www.kidsks.org---May 1, 2021 in Wichita.

KMCHC members should be aware of the mental health crisis in adolescents and resources available through KMCHC.

Future Meetings

2021 Meeting Dates: July 14, October 13

2022 Meeting dates: January 12, April 13, July 13*, October 12

**Subject to change*

Optional Session

Health Equity and Latina/Hispanic Women in Kansas

Jennifer Marsh

A panel of experts discussed the topic of Health Equity and Latina/Hispanic Women in Kansas.

It is important to know that many times, Latina/Hispanic women don't want to see a male physician, or they come from a part of the world where seeking healthcare is only for the very wealthy. The norm is to go without health care or seek it out from within the community.

Three things that health care providers and others working in the field should know:

1. Be aware of your community's diversity – understand the barriers you could be facing related to different cultures.
2. Learn to adapt and be relevant to the culture.
3. Understand who the influencers are in the community and strategize with those people (religious groups, local shop owners, etc.)

Pregnancy is celebrated in the Hispanic/Latina culture and many times, the pregnancy period of time is when you can provide additional information about other issues like obesity, oral health, etc.

Latina/Hispanic women are looking for a collaborative relationship with medical providers, not to just be told what to do.

A key point is to make sure all resources in the office, waiting room, exam room are in multiple languages. All consent and other forms should be in multiple languages.

Keep language simple when explaining things and dispelling myths that they hear in their community. Use literacy level of 6th grade or below.

Use newspaper, television, and radio to reach Hispanic populations, they may not be on the internet as much. All Hispanic families love soccer, so that is something to keep in mind. Providing information through elementary school with high Hispanic populations can be helpful.