



Kansas Maternal & Child Health Council (KMCHC)
 Meeting Minutes
 Wednesday, January 14, 2026 | 9:00 am to 12:00 pm

Member Attendance: Carrie Akin, Deborah Alliston, Antje Anji, Brenda Bandy, Kourtney Bettinger, Michelle Black, DeCarlo Braddy, Ali Braun, Jennifer Bruning, Lisa Chaney, Mariah Chrans, Stephanie Coleman, Tisha Coleman, Amy Dean-Campmire, Drew Duncan, Steve Fawcett, Genoveva Fernandez, Kelsee Fout, Holly Frye, Jason Geslois Cory Gibson, Kirstianna Guerrero, Kari Harris, Shalae Harris, Stephanie Jerguson, Elaine Johannes, Kaitlin Johnson, Jamie Kim, Patty McNamar, Jennifer Miller, Britney Nasser, Jill Nelson, , Cherie Sage, Cari Schmidt, Melissa Schoenberger, Katie Schoenhoff, Heather Schrotberger, Christy Schunn Sookyung Shin, Kayla Stangis, Kali Steelsmith, Peter Stoepker, Melissa Valenza, Natalie Watkins, Madeline Wegner, Alice Weingartner, Tara Wells, Elizabeth Whitson, Stephanie Wolf, Kendra Wyatt, Donna Yadrich

Guests: Katie Bieker-KDHE, Vanessa Eberle-KDHE, Patty Fox-United Healthcare, Jacquie Lightcap-Kansas Action for Children, Reem Siblini-University of Kansas Medical Student, Andra Tadlock-KDHE, Laigha Anderson-KDHE

KAAP Staff: Marisa Guerrero, Michelle Horst, Karey Padding

Time	Agenda	Minutes	PPT
9:00 am (5 min)	Welcome Remarks -Dr. Kari Harris/Michelle Horst, KAAP	Welcome New Members: Alice Weingartner-Community Care Network, Melissa Schoenberger-Kansas Children's Cabinet and Trust Fund, Tisha Coleman-KDHE Welcome New KAAP ED: Karey Padding, MSW	
9:05 am (20 min)	Member Updates	Tara Wells, provided an overview of the SG county Healthy Babies Update with a focus on the programs pillars of Educate/Connect/Supply. Information was provided regarding the Dental Aim program, with extensive interest from many members. See	Slides 7-16

	<ul style="list-style-type: none"> • Tara L. Wells, Sedgwick County Health Department • Cheri Sage, Safe Kids Kansas • Brenda Blandy, Kansas Breastfeeding Coalition <p>link in the member announcements. Program includes maternal impact on dental care.</p> <p>Health Babies are focusing next year on systematic improvement working with FIMR and FIMAT to improve community awareness and partnerships. Some focus areas will be Safe Sleep during infant illness, Provider alignment, consistent appointments made with pediatrician prior to hospital discharge, updated handouts for education, low dose aspirin use during pregnancy education</p> <p>Cheri Sage provided an update on the Safe Kids program. Find information regarding the program at safekids.org</p> <p>Current legislation being considered this session:</p> <ul style="list-style-type: none"> • Laws restricting children’s use of e-scooters and e-bikes • Hands free distracted driving prevention through increased fines in work and school zones • Vaping/Nicotine poisoning prevention <p>KS Safe Kids is focusing on Safe Sleep in 2026. Working with community partners to provide education to caregivers in the community through community baby showers. Giving portable cribs to improve consistent safe sleep practices.</p> <p>Safe Kids at the Zoo, May 2, 2026-Topeka Zoo</p> <p>Brenda Blandy, Kansas Breast Feeding Coalition provided urgent requests for public or agency comments on the PRAMS program. Currently funding is secured through April 2026, with a current grant application open to apply for funding extension through 2027. This funding is not secured currently. Comments are due by January 20, 2026. Links provided to express support and need for the continuance of this program.</p>	<p>Link for Before Baby Arrives https://www.safekidskansas.org/before_baby_arrives.htm</p> <p>Safe Kids at the Zoo https://topekazoo.org/event-calendar/safe-kids-day/</p>
<p>9:25 am (35 min)</p> <p>Rural Health Transformation Grant – update & Introducing The Kansas Office of Early Childhood</p> <ul style="list-style-type: none"> • Amy Dean Campmire, Co-Director Family Health Bureau, KDHE 	<p>Amy Dean Campmire provided updates regarding the Rural Transformation Grant. Currently KDHE is undergoing extensive restructuring. The office of early childhood will be on the third floor of the Docking Building. Eighty-eight staff members will be moving to the office. All Programs to be transferred into the office of early childhood by June 30, 2026. From February through July implementation of the new office will occur, with a focus on coordination, refinement of roles, and identification of challenges. Zach Vincent and Secretary Stanick are currently providing testimony regarding the Rural Health Transformation Grant. Kansas was awarded an additional 22 million. Consideration for allocation of these additional funds is being reviewed. Please email Amy Dean Campmire with a request for a new organizational chart.</p>	
<p>10:00 am (20 min)</p> <p>Becoming a Mom Curriculum - update</p>	<p>BaM is a March of Dimes program that Kansas has applied and expanded to include Title V goals. Curriculum is Evidence Based. Working together, the Kansas Perinatal Community Collaborative and BaM Health Equity Opportunity Project workgroup</p>	<p>Slides 21-56</p>

	<ul style="list-style-type: none"> • Kali Steelsmith, KDHE Becoming a Mom (BaM) Program Manager • Stephanie Wolf, KDHE Clinical Perinatal and Infant Health Consultant 	evaluated current educational materials to determine effectiveness. Through consistent meetings and work withing communities, new educational materials were developed to address breast feeding, Safe Sleep, Maternal Warning Signs, Mental Health, and screening opportunities. New versions were tailored to focus on simple language with reduced medical jargon and the use of clear informative graphics. These new materials were tested with positive feedback. The next phase will focus on training sites, printing of new materials, and distribution. Also note that a virtual platform is in development through Health Blue, and Baby Talk.	
10:30 am (60 min)	Domain Work Group Discussion		
11:30 am (20 min)	Domain Work Group Report Outs Domain Work Group Reporters	<p>Summary attached</p> <ul style="list-style-type: none"> • Perinatal/Infant: Facilitator: Stephanie Wolf / Recorder: Kali Steelsmith • Children: Facilitator: Jennifer Miller / Recorder: Ali Braun • Adolescent: Facilitator: Elaine Johannes / Recorder: Holly Frye *No summary at this time. • Women/Maternal: Facilitator: Kayla Stangis / Recorder: Britney Nasserri 	
11:50 am (10 min)	Member Announcements – Open floor for KMCHC members and meeting attendees to share important information.	Announcements were made throughout the meeting. See Link for a complete list.	Announcement Link
12:00 pm	Closing Remarks Kari Harris, MD, KMCHC Chair		

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Upcoming KMCHC Meetings

May 13, 2026, 10 am to 2 pm (Topeka & Shawnee County Public Library)

July 15, 2026, 9 am to 12 pm (Virtual)

September 16, 2026, 10 am to 2 pm (Topeka & Shawnee County Public Library)

Women/Maternal Domain Group

Response to Presentations:

Presentations highlighted strong momentum and opportunity across maternal and infant health efforts in Kansas. The Rural Health Transformation Grant was awarded at a significant level, generating optimism about its potential to support meaningful improvements statewide for women's and maternal health. Participants also recognized Sedgwick County Healthy Babies as a strong and well-established program.

There was interest in expanding and refining the Becoming a Mom (BaM) program, including exploring virtual delivery options and updating materials to improve usability. Revisions such as refreshed visuals, photos, and clearer color coding were identified as strategies that may encourage broader adoption by local health departments. Members emphasized the importance of engaging rural midwives and ensuring they are included in maternal health initiatives, noting alignment with TMaH and RHTP priorities focused on rural pregnancy care and provider experience.

Discussion also underscored the potential value of standardizing prenatal risk assessments through electronic health records to increase referrals for social determinants of health supports, including food assistance. While Kansas currently lacks reimbursement mechanisms that would incentivize adoption, members expressed hope that TMaH could pilot innovative approaches, including leveraging AI and existing EHR data to reduce burden on providers. Additional considerations included distributing BaM materials in paper format, addressing gaps in maternal health and sonography training, and acknowledging ongoing challenges related to siloed programs and difficulty navigating available resources.

Special Project Update –

The workgroup continues to advance several maternal health interoperability and workforce initiatives. Jill shared Missouri's Prenatal Risk Assessment form with Heidi Hartner at TMaH for review; if adopted, this tool would be piloted in a designated area of the state. OB simulation activities are also underway through collaboration with the Patterson Foundation.

Members proposed supporting a Maternal Health Interoperability Summit to convene maternal and child health stakeholders working on HITECH initiatives across HHS Region 7 (Iowa, Nebraska, Kansas, and Missouri). Related discussions included participation in the ASTP meeting scheduled for February 11–12, with interest in forming a Maternal Interoperability Work Group. Potential formats range from a 90-minute virtual convening to a multi-day summit, with an emphasis on learning from other states' approaches. ASTP has highlighted postpartum transitions—particularly related to substance use disorder and hypertension—as key contributors to maternal mortality, underscoring the importance of improved pregnancy and postpartum data interoperability.

Additional project activities include dissemination of TLCMAMA Maternal Mental Health Hotline materials. An intern, Theresa Bartels, is coordinating distribution efforts in collaboration with Kelsee Fout and is awaiting guidance from HRSA regarding bulk ordering for hospitals. Outreach has also begun with community-based service providers to make materials available to families through trusted local partners. Discussions emphasized the importance of meeting families where they are by leveraging technology and digital platforms to improve engagement and education.

Members identified persistent gaps in postpartum discharge and follow-up care, noting that missed appointments and weekend discharges often result in families falling through the cracks. Community health workers and community-based partners were identified as potential supports to strengthen follow-up and continuity of care. The group also highlighted the growing evidence supporting doula care in reducing cesarean section rates. Notably, Kansas now has 51 doulas enrolled in Medicaid. The Maternal Health Initiative is actively working with community-based organizations, including the Academy of Childbirth Education and Doulas, to recruit and train additional doulas, with plans to provide training in communities statewide based on interest.

Recommendations and Next Steps

The workgroup will explore supporting a Maternal Health Interoperability Summit to convene maternal and child health stakeholders working on HITECH initiatives across HHS Region 7 (Iowa, Nebraska, Kansas, and Missouri). Next steps include leveraging the ASTP meeting scheduled for February 11–12 to advance a Maternal Interoperability Work Group, explore opportunities for a bi-state or multi-state conversation, and introduce shared learning around HITECH and pregnancy interoperability. Potential formats range from a 90-minute virtual session to a multi-day summit, with an emphasis on learning from other states' approaches, particularly around postpartum transitions that contribute to maternal mortality.

In parallel, OB simulation activities will continue through ongoing collaboration with the Patterson Foundation.

Perinatal/Infant Domain Group

Response to Presentations:

Members expressed enthusiasm about the additional funding coming into Kansas through the Rural Health Transformation Program (RHTP) and shared optimism that, even when funding is not directly designated for maternal and child health, positive ripple effects will benefit MCH systems statewide. At the same time, members requested clearer information on how MCH priorities are identified and addressed within RHTP.

Members emphasized the importance of stronger communication and coordination, recommending that RHTP become a recurring agenda item at KMCHC meetings. Suggestions also included increased cross-attendance between KMCHC, KAAP, RHTP, and TMAH meetings to improve alignment. Members noted concerns regarding limited inclusion of key partners in the RHTP budget development process.

Several partners, including KIDS Network and CRIBS, reported not receiving information regarding safe sleep funding associated with the grant. Members also requested greater transparency around budget allocations, beneficiaries, and entities not receiving funding. It was noted that KDHE leadership is awaiting CMS feedback on approved budget items. As a next step, members suggested requesting a meeting between KMCHC leadership and the KDHE Chief of Staff to discuss RHTP priorities, processes, and opportunities for engagement.

Special Project Update:

The Welcoming Babies project is currently awaiting guidance from leadership regarding future funding and direction. Children's Miracle Network–Kansas City has committed \$2,000 in funding, pending final approval, which would allow for the production and distribution of approximately 9,000 additional postcards. The primary cost barrier remains postage, estimated at \$35,000, contributing to a total projected project cost of approximately \$55,000.

Until further funding decisions are made, postcards will continue to be distributed through the Newborn Screening Fee Fund as available. Data indicate that outreach efforts are effective, as website usage declined following the most recent postcard mailing in August. The workgroup also discussed potential dissemination and partnership strategies to reduce costs and expand reach, including coordination with KanCare, direct engagement with Medicaid managed care organizations, and partnering with other mailings to offset postage expenses.

Recommendations and Next steps:

Members recommended repurposing future KMCHC meeting time to allow for deeper discussion of recent developments, relationship-building, and strategic, forward-looking conversations rather than focusing primarily on report-outs. There was strong interest in dedicating intentional time for networking to sustain collaborations and partnerships during a period of significant system restructuring.

Priority partners and initiatives the Council would like to engage more regularly include the Maternal Health Task Force, Title V Block Grant, WIC, ATL, RHTP, and TMAH. Members emphasized using KMCHC meeting time to maintain connections as changes occur across systems such as WIC, home visiting, and child care licensing. The group also expressed interest in elevating FIMR to the state level, continuing support for PRAMS, and navigating ongoing funding and federal uncertainty together. As a coordination resource, members were reminded of the weekly First 1,000 Days “Code Red” meetings hosted through KBC to support shared information, action planning, and leadership alignment.

Child Domain Group

Response to Presentations

Council members expressed interest in learning more about maternal health and dental recommendations, noting this as an area of relevance for future discussion. The panel identified a potential gap in representation related to oral health and questioned whether the Council currently includes members representing the dental sector. Members suggested exploring engagement with Oral Health Kansas and considering inviting a representative to participate on the Council.

Additionally, members requested a presentation from Kansas oral health partners on the Healthways program, particularly as it relates to children with disabilities. The panel shared enthusiasm for the range of maternal and child health resources highlighted by presenters Cherie, Kali, and Stephanie, noting the strong momentum of initiatives currently in development.

The PRAMS proactive tool was identified as a needed resource to support data-informed planning. Members raised concerns that the loss of key data resources would hinder the Council’s ability to remain data-driven in intervention and prevention efforts.

The discussion underscored the need to address a missing partner at the table, particularly related to oral and dental health expertise.

Special Project Update:

No substantive progress has been made since the last update. At the previous meeting, only one work group member was present, and prior meetings did not result in a defined plan or next steps.

Recommendations and Next Steps:

The work group is now shifting its focus toward a more preventive approach. Moving forward, the group plans to proactively collect and organize family stories to ensure preparedness in the event of future funding reductions, similar to those experienced by Head Start.

Initial steps will include identifying existing stories and determining which programs they represent. The work group will then assess appropriate dissemination strategies, including identifying target audiences and determining effective channels for outreach and communication.

The work group identified the following action items, assigned leads, and timelines to advance the project:

- Review the most recent report involving 1,800 children to assess how the data can be utilized. *Lead: Melissa Schoenberger.* Findings will be shared by April.
- Review the fidelity report and extract relevant information for discussion. *Lead: Maddie Wegner.* To be completed and shared by the next meeting.
- Obtain pricing estimates for a project flyer. *Lead: Cherie Sage.* To be completed and shared by the next meeting.
- Reach out to the Kansas Chapter of the American Academy of Pediatrics (KAAP) to identify existing resources or relevant materials. *Lead: Jen Miller.* To be completed and shared by the next meeting.
- Identify and compile local success stories, including those from local health departments. *Lead: Jen Miller.* To be completed and shared by the next meeting.
- Draft proposed survey questions to support project evaluation and outreach. *Lead: Ali Braun.* To be completed and shared by the next meeting.

Adolescent Domain Group

Response to Presentation:

Members were impressed with BaM Materials.

Special Project Update:

The workgroup successfully awarded funding to the Kansas Leadership Center to support implementation of a civic health curriculum within youth organizations across the state.

Recommendations and Next Steps:

- Next steps include inviting representatives from the Kansas Leadership Center—and potentially participating youth—to present at a future KMCHC meeting.
- The group also expressed interest in convening a civic health retreat and exploring the use of additional funds, if available, to support retreat planning and/or expand curriculum implementation to additional regions of Kansas.

Attachments Adolescents Domain Group:



Final Agreement for KDHE

May 5, 2025

LANDSCAPE & INTRODUCTION

Young people lead complicated lives, encountering challenges just as complex and entrenched as those experienced by adults. Youth contend with complexities of social pressures, bullying, body image, violence in schools, limitations on the 1st amendment in academic settings, inequitable education systems, gender identity, mental health, homelessness, poverty, substance abuse, and many others. [Many of these challenges are growing in severity for youth in all parts of the country.](#)

Public and private schools, nonprofit and faith-based camps and after-school programs, and youth development organizations, such as 4-H, YMCA and Boys and Girls Clubs, have been actively involved in supporting youth as they attempt to make progress on these complex challenges; the field has consistently innovated in support of their youth, yet they lack a cohesive leadership framework that teaches youth the skills to contribute to meaningful progress in their lives and communities. KLC aims to make leadership and civic skills development a standard in all widely adopted youth development curriculum.

Likewise, [research shows](#) that “healthy communities depend on a culture where all people have the power to make change and a say in the decisions that affect them.” In 2016, the Kansas Health Foundation [2016 KANSAS CIVIC HEALTH INDEX](#) recommended that to help address social isolation and strengthen civic health, Kansas organizations should develop capacity through training, education and increased connectedness. Kansas Leadership Center (KLC) seeks to develop such capacity to influence civic health through youth-informed and youth-led civic leadership training. With Mobilizing Youth to Lead, KLC equips young people to use their voice and influence to build the kinds of communities where everyone can learn, grow, and thrive.

We have seen young people respond with enthusiasm and a new sense of agency when they hear KLC principles like “Leadership is an activity, not a position,” and “Anyone – no matter their age – can lead, anytime, anywhere, especially if they ‘start with your sphere of influence.’”

KLC’S CURRICULUM & IMPACT

KLC is ideally equipped to advance the field of youth development by empowering youth with the first comprehensive leadership and civic skills curriculum backed by research and proven pedagogy, delivered by experienced youth developers. The KLC Leadership Framework provides young people with core principles, skills and behaviors they need to understand and take action on challenges they care about.

Research and evaluation of KLC’s adult programs by ORS Impact and Third Floor Research demonstrates that when individuals and organizations apply the KLC ideas to tough challenges our organizations are more flexible, equitable and open to change; employees are more engaged and fulfilled; people trust their organization more; and they feel more empowered to make things better. KLC intends to realize similar impact with youth in a youth-adapted modular curriculum delivered through a train-the-trainer network model. Youth curriculum will have modules focused on why and how to:

- Manage your vulnerabilities and triggers.
- Stretch beyond your comfort zone to engage others have a different kind of impact.
- Ask more powerful questions of a wider range of stakeholders.
- Engaging and energizing a wide variety of stakeholders.