

Maternal & Child Health and Family Planning: Transformation and Coordination

Tuesday, April 26th, 2016
11th Annual Governor's Public
Health Conference
Wichita Marriott

WELCOME!

- ▶ Please silence cell phones
- ▶ See conference packet for:
 - Schedule
 - Learning Objectives
 - Evaluation Forms

Learning Objectives

Participants will be able to:

- ▶ Identify the Title V Maternal and Child Health program priorities and performance measures for the period 2016-2020, resulting from the 5-year needs assessment process.
- ▶ Summarize the Title X Family Planning guidelines and program requirements, including provision of services related to reproductive health and family planning.
- ▶ Understand ATL data collection, reporting, and technical assistance for MCH and FP.
- ▶ Illustrate the purpose and value of collaboration between programs (MCH, HSHV, BaM; FP; MIECHV; KIDOS) to improve the health of women, infants, children, adolescents and families in local communities.
- ▶ Understand opportunities for incorporating BaM in communities across Kansas through expansion and training.

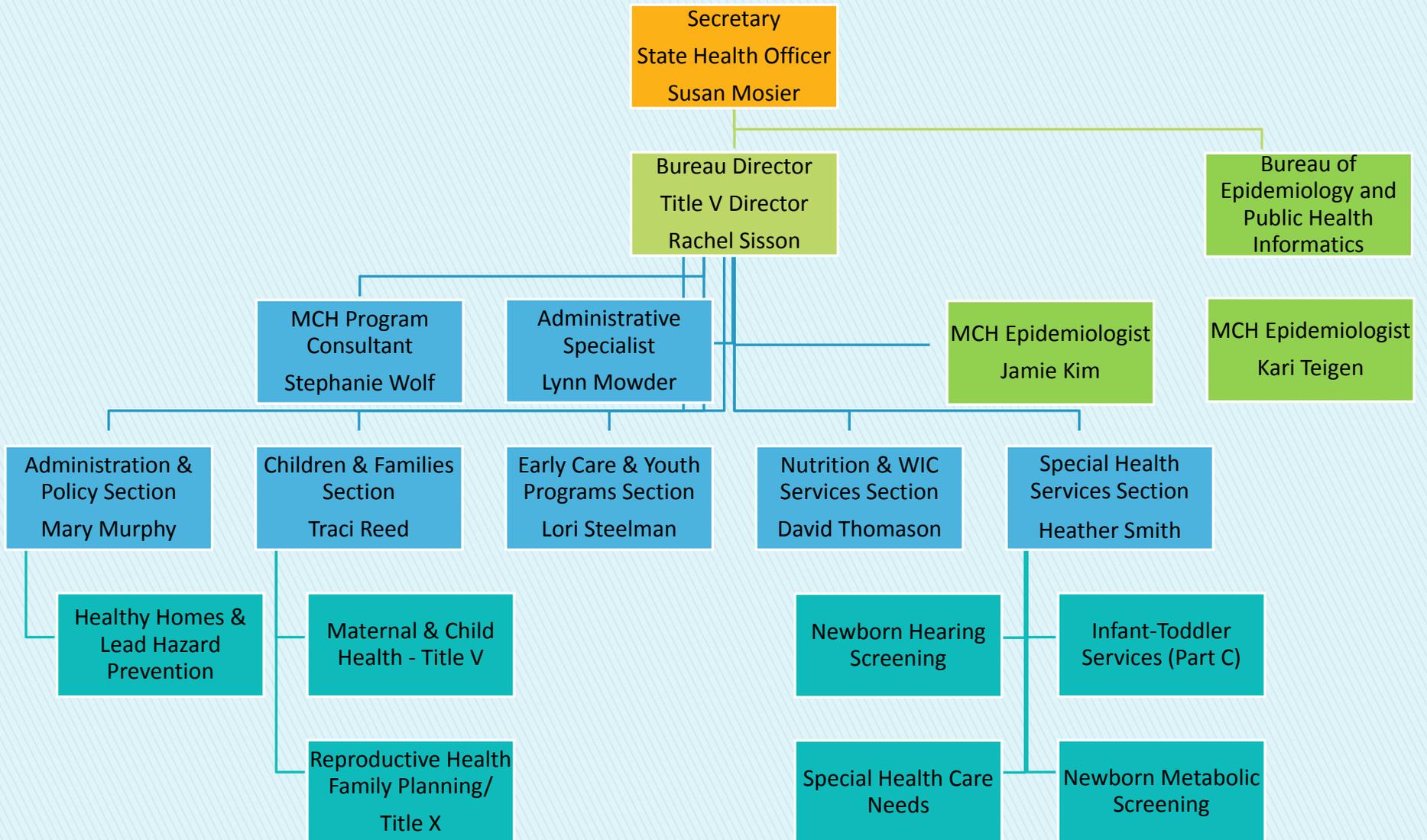
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Kristi Wilson Reproductive Health and FP Director	FP
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Penny Hulse Sr. Administrative Assistant	FP MCH

Kansas Maternal & Child Health

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



Mission



Core Programming

- ❖ Maternal & Child Health (MCH)
- ❖ Home Visiting (MIECHV, HSHV)
- ❖ Reproductive Health/Family Planning
- ❖ Teen Pregnancy Targeted Case Management
- ❖ Pregnancy Maintenance
- ❖ Newborn Screening
- ❖ Special Health Care Needs
- ❖ Infant-Toddler/Early Intervention (Part C)
- ❖ Child Care Licensing & Regulation
- ❖ Nutrition & WIC
- ❖ Lead Hazard Prevention



Kansas MCH Priorities

Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.

Women/Maternal

Services and supports promote healthy family functioning.

Cross-Cutting

Kansas MCH Priorities

Developmentally appropriate care and services are provided across the lifespan.

Child

Families are empowered and equipped to make educated choices about nutrition and physical activity.

Perinatal/Infant

Kansas MCH Priorities

Communities and providers/systems of care support physical, social and emotional health.

Adolescent

Professional have the knowledge and skills to address the needs of maternal and child populations.

Cross-Cutting

Kansas MCH Priorities

Services are comprehensive and coordinated across systems and providers.

**Special Health
Care Needs**

Information is available to support informed health decisions and choices.

Cross-Cutting

National Performance Measures

NPM1: Well-woman visit (% of women with a past year preventative medical visit) **Women/Maternal**

NPM4: Breastfeeding (% of infants whoever breastfed & % of infants breastfed exclusively through 6 months)
Perinatal/Infant

NPM6: Developmental screening (% of children 10-71 months receiving developmental screenings) **Child**

NPM7: Child injury (Rate of hospitalizations for non-fatal injuries ages 0-9) **Child**

**National Performance Measures*

National Performance Measures

NPM9: Bullying (% of adolescents age 12-17 who are bullied or who bully others) **Adolescent**

NPM10: Adolescent well-visit (% of adolescents age 12-17 w/a preventative medical visit in the past year) **Adolescent**

NPM11: Medical home (% with & without Special Health Care Needs having a medical home) **CYSHCN**

NPM14: Smoking during Pregnancy & Household Smoking (% smoking during pregnancy & % of children who live in households where someone smokes) **Cross-cutting**

**National Performance Measures*

KS MCH Website



KANSAS
MATERNAL &
CHILD HEALTH

Home Domains KMCH Council Resources Contact Us

KMCHC Meetings:

December 16, 2015

March 30, 2016

June 13-14, 2016

September 21, 2016



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

For the federal Title V program, each state conducts a 5-year needs assessment to identify maternal and child health (MCH) priorities. The 2016-2020 MCH priorities for Kansas are:

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about nutrition and physical activity.
5. Communities and providers/systems of care support physical, social, and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child



<http://www.kansasmch.org>

To protect and improve the health and environment of all Kansans





MCH 2020: KANSAS MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

PRIORITIES AND ACTION PLAN, 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course. The Bureau of Family Health's mission is to provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.



KANSAS
MATERNAL &
CHILD HEALTH

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

MCH 2020: KANSAS MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

PRIORITIES AND ACTION PLAN, 2016-2020

KS MCH Facebook Profile



Kansas Maternal & Child Health Priorities

2016 - 2020
Priorities

- 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.



2016 - 2020
Priorities

Kansas Maternal & Child Health Priorities



- 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.

<http://www.facebook.com/kansasmch>

KDHE MCH Service Manual

- ▶ Updating
 - Available in Summer 2016

- ▶ Local Policy and Procedure Manual
 - KDHE MCH Service Manual should be used in developing a local Policy and Procedure Manual

- ▶ Additions
 - Equipment Policy
 - MCH Navigator Required Courses
 - MCH 101
 - MCH Orientation
 - HSHV



Healthy Start Home Visiting

Currently:

The program is under review; your previous input is important to us!

Recommendations and timelines for improvement and clarification of the program model are being developed

Healthy Start Home Visiting

Next Steps:

Specific elements for inclusion in data collection will be determined

The manual will be updated

Tools, assessments, and forms will be implemented

The training plan will be updated and implemented

QUESTIONS??

Title X Family Planning Program Overview, Guidelines, Requirements and Services

Family Planning and
Reproductive Health

National Title X Family Planning



The Title X Program is funded through the Department of Health and Human Services and the Office Of Population Affairs.

Family Planning Mission: To assist individuals in determining the number and spacing of their children through the provision of voluntary, confidential and low-cost education, counseling & related comprehensive medical services to eligible clients.

National Title X Family Planning

Enacted by Congress in 1970 as Title X of the Public Health Service Act.

The only Federal grant program...

- dedicated to providing individuals with comprehensive family planning and related preventive health services
- designed to provide access to contraceptive services, supplies and information to all who want and need them
- by law, priority is given to persons from low-income families

<http://www.hhs.gov/opa/title-x-family-planning/>

Kansas Family Planning Services Program

- ▶ KDHE is the official State Grantee for the Title X Family Planning Services Grant.
- ▶ **MISSION:** Provide individuals the information and means to exercise personal choice in determining the number and spacing of their children AND provide access to additional health services that lead to the overall improvement in the health of those individuals (prioritizing services to low-income and high-risk individuals).

Kansas Family Planning Services Program

In SFY 2016, The Kansas Family Planning Services Program:

- Awarded grants to 47 Direct Sub-Recipients (Local Agencies).
- Provided services at 63 Family Planning Clinical Service Sites located in 59 Counties.
- Served 24,047 unduplicated Family Planning clients through Clinical Service Site locations in Calendar Year 2015.

Title X Services

- ▶ Contraceptive methods and counseling
 - All FDA Approved methods as well as Natural Family Planning Methods
- ▶ Breast and Cervical Cancer screening
- ▶ Pregnancy testing and counseling
- ▶ STI/HIV screening, treatment and counseling
- ▶ Infertility services
- ▶ Preconception health
- ▶ Male and female reproductive services
- ▶ Screening for child abuse and neglect
- ▶ Adolescent services
- ▶ **NO** abortions are provided in any Title X clinic

2016 Goals of the Title X Program

- ▶ Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities are derived from the **Healthy People 2020 Objectives** and from the Department of Health and Human Services (HHS) priorities.
- ▶ The State Family Planning Priorities and Work Plan were developed to mirror and address the current Title X program priorities and provide evidence of the project's capacity to address program priorities as they evolve in future years.

▶ (<http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-priorities/>)

2016 OPA Program Priorities

1. Assuring the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families.
2. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP.

2016 OPA Program Priorities

3. Providing access to a broad range of acceptable and effective **family planning methods and related preventive health services** in accordance with the Title X program requirements and the 2014 QFP.
4. Ensuring that all clients receive contraceptive and other services in a voluntary, client- centered and non-coercive manner in accordance with QFP and Title X requirements.

2016 OPA Program Priorities

5. Addressing the comprehensive family planning and related preventative health needs of individuals, families, and communities through **outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.**

2016 OPA Program Priorities

6. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:
 - ▶ Electronic Health Records (EHR)
 - ▶ Third-Party Billing
 - ▶ Linkages with Primary Care Providers

2016 OPA Key Issues

1. Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with **Title X Requirements and QFP.**
2. Efficiency and effectiveness in program management and operations;
3. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests (preferably on-site;

2016 OPA Key Issues

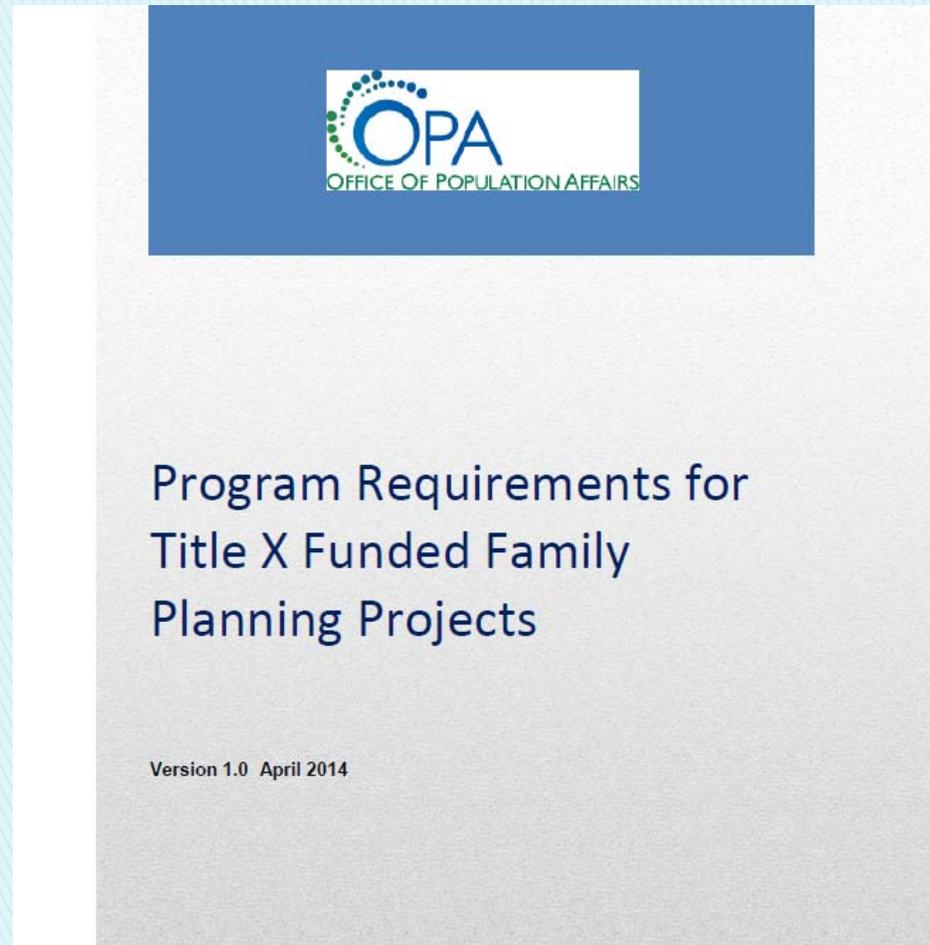
4. Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
5. Establishment of formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;

2016 OPA Key Issues

6. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;" and
7. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

Program Requirements

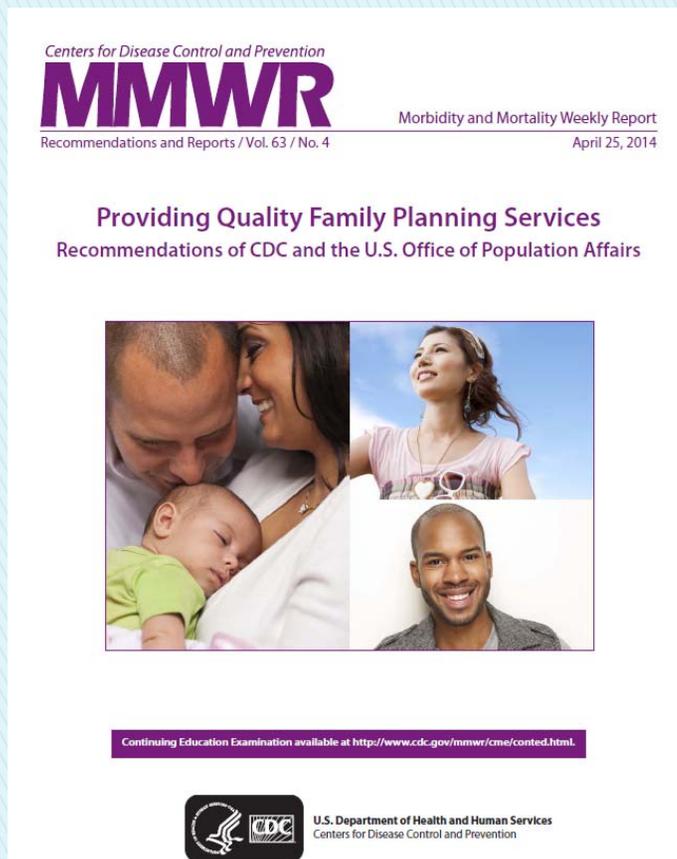
Title X Funded Family Planning Projects Version 1.0 April 2014



<http://www.hhs.gov/opa/program-guidelines/program-requirements>

Providing Quality Family Planning Services

(Recommendations of CDC and the US Office Of Population Affairs)



Clinical Protocols must be based on the MMWR which is the QFP

(<http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>)

Additional Updates and Reminders



OPA's Sustainability Assessment Survey for Title X Service Sites

- ▶ **GOOD NEWS! OPA has extended the deadline for submitting these surveys to May 31st (instead of April 30th)!**
- ▶ It is recommended to use the pdf of the survey to answer the questions first (in a Word document, for example). When you are ready, access the survey and “cut-and-paste” your answers into the survey.
- ▶ You can access the survey at:
https://www.surveymonkey.com/r/SustainabilityAssessment_Sites

2015 Update for the QFP

- ▶ This report from the CDC and OPA summarizes updated recommendations released from the time the QFP was issued in 2014 through the end of 2015.
- ▶ Recommendations are based on newly published findings or revisions to recommended best practices.
- ▶ Clinical practice updates are highlighted.
- ▶ You can access this update at:

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6509a3.htm>

340B Program Re-Certification

- ▶ All Family Planning service sites which are enrolled in the 340B Program are required to recertify annually to remain compliant with 340B Program requirements.
- ▶ All FP programs should visit the 340B Program database to verify they are recertified for this upcoming year at:
<https://opanel.hrsa.gov/340B/Default>
- ▶ Questions can be directed to the 340B Prime Vendor Program at 1-888-340-2787 or at ApexusAnswers@340bpvp.com.

Helpful Websites for Family Planning

- ▶ Office of Population Affairs (OPA)
<http://www.hhs.gov/opa/>
- ▶ Family Planning National Training Centers (FPNTC) <http://fpntc.org/>
- ▶ National Family Planning & Reproductive Health Association (NFPRHA)
<http://www.nationalfamilyplanning.org/>



News from the State FP Program

- ▶ Staffing
 - Welcome Rebecca Atnip, the new FP Administrative Consultant! (785-296-1205 or ratnip@kdheks.gov).
 - The FP Clinical (Nurse) Consultant position is still vacant.
- ▶ Kansas Family Planning/Women's Health Manual
- ▶ Federal Comprehensive Program Review (State)
- ▶ Monitoring Site Visits (Sub-Recipients)

WHO NEEDS CONTRACEPTIVE SERVICES?

Most American families want two children. To achieve this, the average woman spends about **five years pregnant, postpartum or trying to become pregnant, and three decades**—more than three-quarters of her reproductive life—**trying to avoid an unintended pregnancy.**

(http://www.guttmacher.org/pubs/fb_contraceptive_serv.html)

QUESTIONS??

Aid To Local (ATL) Data Collection, Reporting, Technical Assistance & Training

Maternal & Child Health
Family Planning

Data Collection

▶ Question:

- If a client refuses to provide income information, what do you enter for their income?

Data Collection

- ▶ **Answer:**
 - 999999

Data Collection

▶ Question:

- If providing a Healthy Start Home Visit (HSHV), when do you count the infant?



Data Collection

▶ Answer:

- Only count the infant if a nursing assessment is completed by a RN

Data Collection

▶ Question:

- When would you consider an Initial Visit with a client?

Data Collection

▶ Answer:

- Initial visit is the first time a client is receiving services from the program (FP, MCH)

Data Collection

▶ Question:

- If a 17 year old is pregnant, do you count her as an Adolescent?

Data Collection

▶ Answer:

- NO, pregnancy trumps age.

Data Collection

▶ Question:

- If providing an immunization clinic at a school, do you need to collect all required client data?

Data Collection

▶ Answer:

- NO, you are providing an Outreach Activity and would need to track the population served (20 children, 32 adolescents)

Data Collection

- ▶ DAISEY Client Visit
 - Step 1

Locate or Create Profile
Client information that will not change

REQUIRED

Link Other Family Profiles
As Necessary

Data Collection

- ▶ DAISEY Client Visit
 - Step 2

Fill Out KDHE Program Visit Form
Client information that might change

REQUIRED

Data Collection

- ▶ DAISEY Client Visit
 - Step 3

Fill Out Service Form
(BaM, Family Planning; MCH)

REQUIRED

Data Collection

- ▶ DAISEY Client Visit
 - Step 4

Fill Out Referral Form
As Necessary

Reporting

▶ Catalyst

- Timeline (MCH & FP)
 - Quarterly Progress Reports
 - Quarterly Financial Status Reports (FSR)

Reporting Schedule

Qtr.	Grant Reporting Period	Due Date	Forms Due
1	7/1 to 9/30	October 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • Progress Report
2	10/1 to 12/31	January 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • Progress Report
3	1/1 to 3/31	April 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • Progress Report
4	4/1 to 6/30	July 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • Progress Report

Technical Assistance & Training

Quarterly Webinars

- ▶ MCH
 - 3rd Thursday
 - September
 - December
 - March
 - June
- ▶ Family Planning
 - TBA

Site Visits

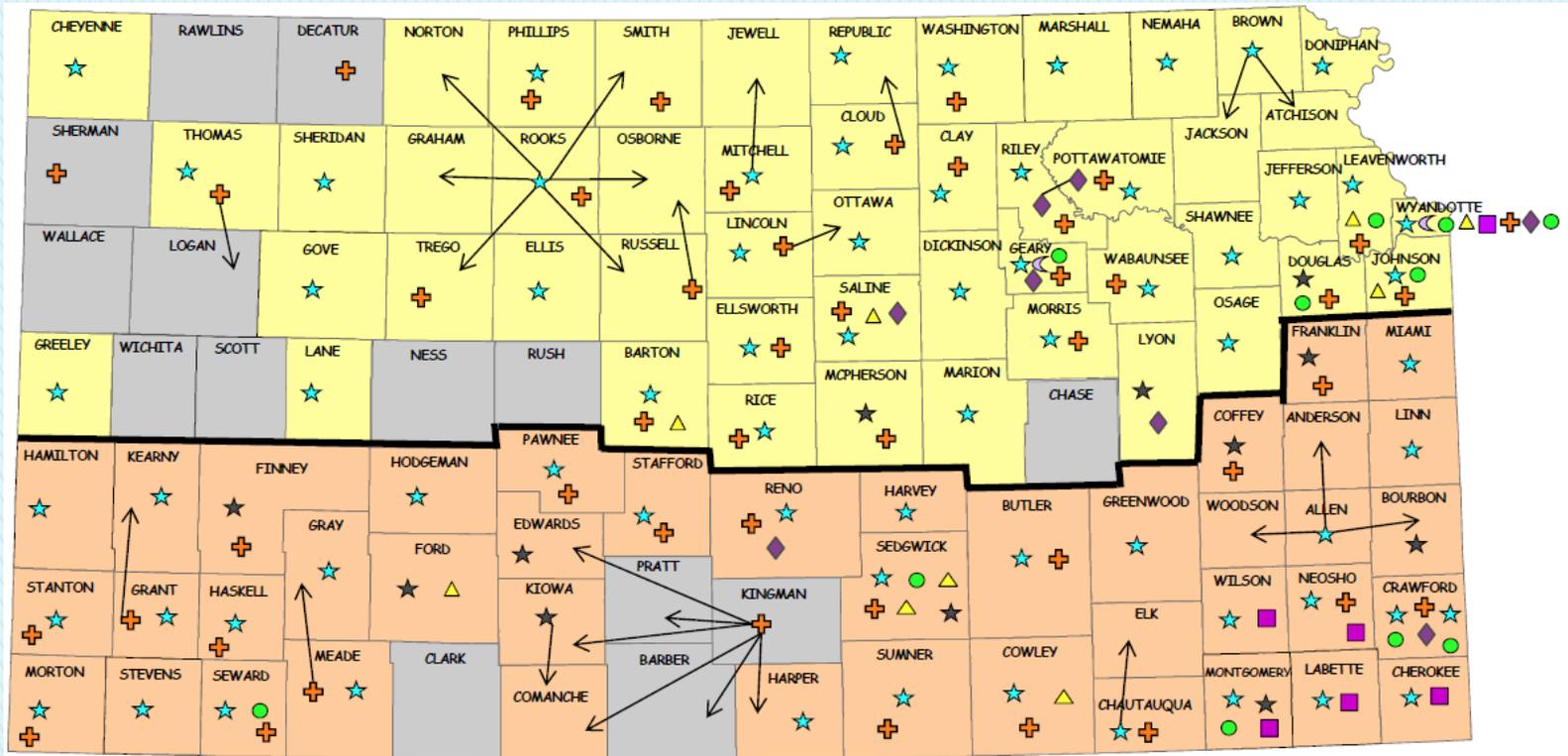
▶ MCH

- Purpose
- How often
- Who needs to participate

▶ FP

- How often
- Who needs to participate

Program Contacts - Map



	Carrie Akin cakin@kdheks.gov 785-296-1234		Kay White kwhite@kdheks.gov 785-296-1305
	Traci Reed treed@kdheks.gov 785-296-6136		Debbie Richardson drichardson@kdheks.gov 785-296-1311
	Vacant Child/Adolescent 785-296-7433		Kristi Wilson kwilson2@kdheks.gov 785-296-1304
	Stephanie Wolf swolf@kdheks.gov 785-296-1306		Rebecca Atnip rapnip@kdheks.gov 785-296-1205

	Maternal Child Health (MCH) with HSHV
	Maternal Child Health (MCH) without HSHV
	Healthy Family Services (HF)
	Teen Pregnancy Targeted Case Management (TPTCM)
	Pregnancy Maintenance Initiative (PMI)
	Healthy Babies are Worth the Wait-Becoming a Mom (HBWW-BAM)
	Maternal, Infant and Early Childhood Home Visiting (MIECHV)
	Family Planning
	NO MCH
	Indicates other counties that are funding partners

QUESTIONS??

BREAK TIME



The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Federal Home Visiting Program - MIECHV

- Created in Affordable Care Act – 2010
- Funding through DHHS - Health Resources & Services Administration (HRSA) in collaboration with Administration for Children & Families (ACF)
- Maternal & Child Health Bureau - Division of Home Visiting and Early Childhood Systems
- Grant awards to KDHE

MIECHV Program Goals

- Strengthen & improve programs and activities carried out under Title V MCH
- Improve coordination of services for at-risk communities
- Identify & provide comprehensive services to improve outcomes for families who reside in at-risk communities

Priority to Serve Eligible Participants



- Low income
- Pregnant women < age 21
- History of child abuse or neglect; or interactions with child welfare services
- History of substance abuse or need SA treatment
- Use tobacco products in home
- Have, or have children with, low student achievement
- Have children with developmental delays or disabilities
- Families with members who are serving or have served in armed forces



Kansas MIECHV Targeted At-Risk Communities

- **Southeast Kansas**
 - Montgomery, Labette, Cherokee, Neosho, Wilson counties
- **Wyandotte County**
 - Focus on Kansas City, KS



Home Visiting

- Primary service delivery strategy
- Offered on voluntary basis to pregnant women or families with children birth to 5
- Embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, & early childhood health, safety, development, and strong parent-child relationships

Evidence-Based Models

- **Home Visiting Evidence of Effectiveness (HomVEE)** <http://homvee.acf.hhs.gov/>
- Launched in 2009 by DHHS
- To conduct a thorough and transparent review of the home visiting research literature
- To provide an assessment of the evidence of effectiveness for home visiting program models that serve families with pregnant women and children from birth to age 5

An evidence-based early childhood home visiting model...

- ▶ Must meet DHHS' criteria of favorable, statistically significant impacts in one or more outcome domains with moderate to high quality impact studies
- ▶ Domains: Child development/school readiness, maternal health, child health, child maltreatment, positive parenting, family economic self-sufficiency, juvenile delinquency/violence/crime, linkages/referrals

Kansas MIECHV Models

Evidence-based

- Early Head Start - Home-Based (EHS)
- Healthy Families America (HFA)
- Parents as Teachers (PAT)

Promising Approach

- Team for Infants Exposed to Substance abuse (TIES) – Wyandotte County only

Models are...

- ▶ Designed for target population
- ▶ Intensive
- ▶ Long-term
- ▶ Standardized
- ▶ Comprehensive
- ▶ Family-parent-child focused
- ▶ Implemented with fidelity to their program model

Kansas MIECHV

Local Implementing Agencies

Southeast Kansas

- Early Head Start: SEK-CAP
- Healthy Families: Kansas Children's Service League
- Parents as Teachers: Coffeyville Schools & SEK Education Service Center
- Coordinated Outreach & Referral: My Family - local mental health centers

Wyandotte Co.

- Early Head Start: Project EAGLE
- Healthy Families: KCSL & UG Public Health Dept.
- Parents as Teachers: KCK and Turner Schools
- TIES: Children's Mercy Hospital
- Coordinated Outreach & Referral: Connections
- Mental Health: The Family Conservancy

KS MIECHV Program Goals

- ▶ Deliver a coordinated, integrated system of evidence-based HV programs with high model fidelity and quality to families with pregnant women and children (0-5) in at-risk communities.
- ▶ Effectively engage and retain underserved, hard-to-reach populations in HV services.
- ▶ Determine and improve outcomes & quality of HV programs.
- ▶ Foster state infrastructure and sustainability of a coordinated, integrated system of quality HV services.

KS MIECHV Objectives & Activities



- Expand home visiting services
 - Added 20 home visitors in Wyandotte County, 16 in SE KS
 - 1,000 enrolled families served 2012-2015
- Improve systems
 - Local MIECHV teams and strategic planning
 - Coordinated screening and referral systems

KS MIECHV

Objectives & Activities



- Effectively engage, retain & serve families
 - Mental health and substance abuse
 - Different cultures & languages
 - Reflective supervision
 - Marketing & communications
- Cross-program training and technical assistance
- Cross-program data collection and reporting
- Evaluation
- Continuous Quality Improvement (CQI)

Kansas Home Visiting Strategic Plan



1. Promote centralized intake and referral systems
2. Capacity and sustainability of quality home visiting services
3. Annual outcomes report of evidence-based home visiting – data to inform decision making
4. Communicate the value and benefits of home visiting
5. Development of a skilled, knowledgeable, competent, and effective professional work force to deliver home visiting services



<http://kshomevisiting.org>



KIDOS

KANSAS INITIATIVE for
DEVELOPMENTAL
ONGOING SCREENING

SCREEN EARLY, START STRONG



#KIDOS2016

Early Childhood Comprehensive Systems: Building Health Through Integration



DHHS - HRSA
Maternal & Child Health Bureau
*Division of Home Visiting and Early
Childhood Systems*

Aug. 1, 2013 –
July 31, 2016



Program Management



Project Coordination &
Evaluation

KIDOS State Workgroup



ECCS: Building Health Through Integration

Purpose

- Improve healthy physical, social, and emotional development during infancy & early childhood
- Eliminate disparities
- Increase access to needed early childhood services by engaging in systems development, integration activities and utilizing a collective impact approach to strengthen communities for families and young children
- Improve the quality and availability of early childhood services at both the state and local levels

ECCS: Building Health Through Integration

Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families

Developmental Screening Strategy

KIDOS Goal

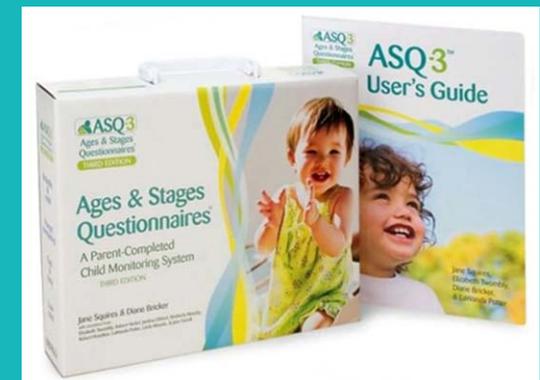
Expand upon existing efforts and infrastructure so that Kansas can effectively coordinate, improve, and track developmental screenings and referrals for infant and toddlers across Kansas early childhood support systems: home visiting and early education settings, pediatricians and medical homes, intervention services, and child care programs and families.

KIDOS Project Accomplishments

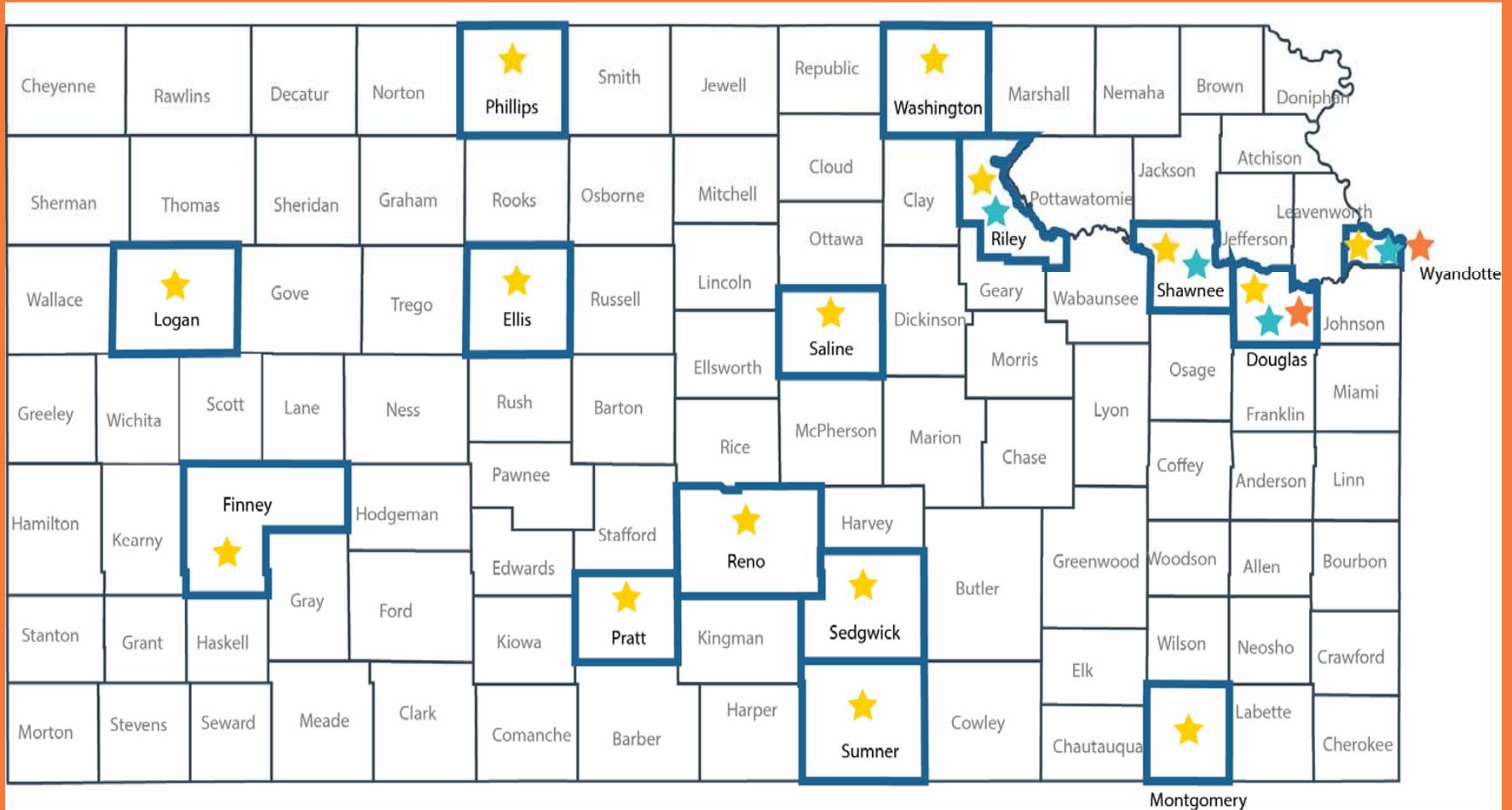
- Website www.screenearlystartstrong.org
- Community Toolkit
- Pilot Communities
- ASQ Training Cadre
- ASQ Enterprise
- Parent Engagement Materials
- Universal Referral Form

Ages & Stages Questionnaires (ASQ)

- ASQ:3, ASQ:SE, and ASQ:SE-2
- Excellent validity, test-retest reliability, and inter-rater reliability
- Available in English, Spanish, French, Korean
- Paper and online options
- <http://agesandstages.com>



Kansas ASQ Trainer Location



Scheduling an ASQ Training

- Training is:
 - Available on both ASQ-3 and ASQ:SE/SE-2
 - Between 3-6 hours long
 - FREE
 - Available through July 31, 2016

Contact Loretta Severin (lseverin@ku.edu)
to schedule a training.

Screen Early Start Strong Summits

GOAL

To provide communities an opportunity to exchange information and develop community action plans that will improve systems and coordination related to early childhood developmental screening and referral.



www.screenearlystartstrong.org

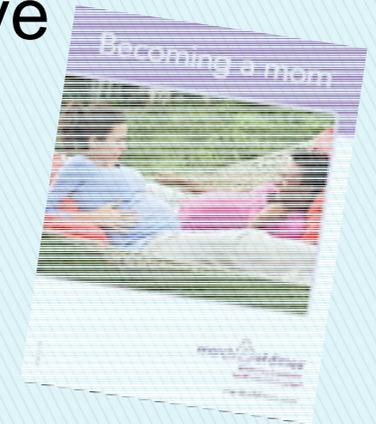


Becoming a Mom

Current Status and Future Plans

Brief Background

- ▶ *Becoming a Mom/Comenzando bien*© is a prenatal education program created by the March of Dimes
- ▶ In Kansas, the program has been supported and promoted by the Kansas Chapter of the March of Dimes and the state's Maternal and Child Health (MCH) program
- ▶ Information provided is designed to improve participants' chances of having a healthy pregnancy and a healthy baby



The BaM Program Model . . .

- ▶ Provides a curriculum that is delivered by trained facilitators in a group setting
- ▶ Has been implemented in a variety of settings including community-based organizations, hospitals, health departments, clinical care settings, churches and worksites
- ▶ Serves as a source of social support for the participating women
- ▶ Allows the opportunity to connect with other mothers in a similar situation

The Model, cont.

- ❖ This model helps women enhance their well-being and leads to improved outcomes.
- ❖ *Becoming a Mom/Comenzando bien*© takes a holistic approach to caring for the family, by pairing education and support with clinical prenatal care.
 - Incentive-based program
 - Six two-hour sessions



Kansas' Unique Approach . . .

- ▶ Community collaboratives serve as the backbone for program implementation, thus leading to a greater collective impact.
- ▶ Focus on integrating additional support and education resources into the original curriculum . . . thus promoting a more comprehensive approach to delivering services to the MCH population in our state



Designed to promote healthy pregnancies through two core components:

- Cognitive: provides accurate and timely information about prenatal care, pregnancy, postpartum and infant care.
- Behavioral: promotes changes in prenatal health behaviors such as seeking prenatal care, taking prenatal vitamins and eating healthy foods as well as other health behaviors such as breastfeeding and placing baby on its back to sleep.

Current Status and Outcomes

Communities Implementing the BaM Program

1. Saline Co. (Yr 6)
2. Geary Co. (Yr 4)
3. Crawford Co. (Yr 2)
4. Wyandotte Co. (Yr 2)
5. Reno Co. (Yr 2)
6. Riley/Pottawatomie Co. (Yr 2)
7. Lyon Co./Newman Regional Health Center (Yr 2)
8. Sedgwick Co./KU (Yr 1)
9. Clay Co. (Yr 1)
10. Dickinson Co. (Yr 1)

Current Status and Outcomes

2015 Aggregate Program Data

- ▶ 1,018 pre-tests and 595 post-tests were collected across 7 sites
 - Of these, 591 participants completed both the pre- and post-tests.
 - A total of 412 participants completed birth outcome cards



Current Status and Outcomes

2015 Aggregate Program Data

- ▶ 97% rated their overall experience with the program as positive
- ▶ 89% reported the program provided them with social support.
- ▶ Statistically significant gain in the number of women with beliefs or attitudes signifying the importance of seeking prenatal care even if the woman feels healthy
- ▶ Participants were significantly more likely to understand the importance of continuing multivitamins with folic acid after a baby as well as eat a diet rich in fruits and vegetables and high in calcium

Current Status and Outcomes

2015 Aggregate Program Data

- ▶ Participants reported significantly greater knowledge in:
 - Recommended gestational age for a full-term infant
 - Back to sleep position
 - Benefit of positive interaction with baby
 - Benefit of breastmilk
 - Healthy pregnancy spacing (29% pre to 80% post)



Current Status and Outcomes

2015 Aggregate Program Data

- ▶ 78% stated the *Becoming a Mom/Comenzando bien*© classes caused them to change their eating habits
- ▶ 40% stated they changed their exercise habits
- ▶ 43% reported the information they learned made them change their mind by choosing the back to sleep position for their baby
- ▶ 17% reported decreasing their exposure to secondhand smoke
- ▶ 10% reported decreasing or stopping smoking

Current Status and Outcomes

2015 Aggregate Program Data

- ▶ Statistically significant gain in the number of women able to correctly identify the signs and symptoms of preterm labor.
- ▶ Preterm birth rate (<37 weeks) of 7% vs. that of 9% for the state rate
- ▶ Low birth weight rate (less than 5 lb. 8 oz.) of 4% vs. the state rate of 7%.
- ▶ 82% breastfeeding initiation rate among participants



In The Works

- ▶ Continued curriculum updates and *integration* components
- ▶ Development of KS TRAIN training program
- ▶ Implementation training in Southwest Kansas targeted for May



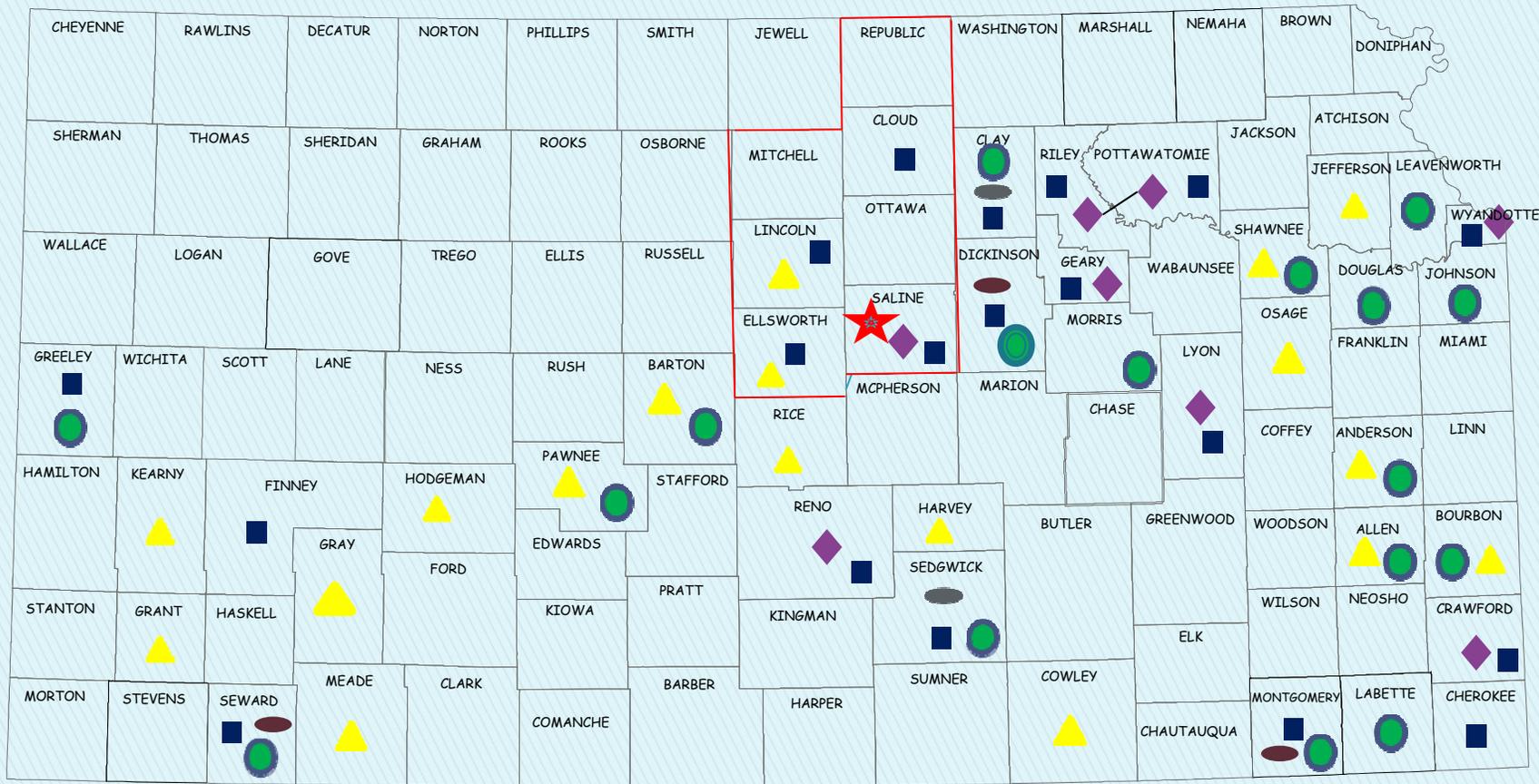
On The Horizon

- ▶ Expansion by five sites per year
- ▶ Development and piloting of regional model
- ❖ If interested, contact: Stephanie Wolf
swolf@kdheks.gov



Becoming a Mom

Kansas Program Implementation



- ◆ Existing programs
- Implementation in progress
- Title V application
- Attended training
- ▲ Interest indicated
- ★ Regional lead

To protect and improve the health and environment of all Kansans



Collaboration Leads to Results

- ▶ It is believed that this spirit of collaboration across agencies and programs is contributing to a much greater collective impact than any one agency working in isolation could do on its own.
- ▶ As testimony to this, we have seen the Infant Mortality Rate (IMR) decrease for the five-year period from pre-program implementation (2005-2009) to post-program implementation (2010-2014) in the counties of our two longest running program locations
 - Saline Co. 9.0 to 5.5
 - Geary Co. 11.9 to 6.6

**Deaths/1000 live births - Source: Kansas Vital Statistics
2005-2009 and 2010-2014*

Coordination and Collaboration Across Programs

Coordination and Collaboration



Internal Coordination and Collaboration

- ▶ Who are your internal partners?
- ▶ At what points do you connect with other programs?
- ▶ Are the connections formal or informal?
 - Screening?
 - Referrals?
 - Same Day Appointments?

External Coordination and Collaboration

- ▶ Who are your Partners in the Community?
 - In what ways do you collaborate?
 - How did you get started?
 - Who is key?
 - What is working?

- ▶ Success Stories!

QUESTIONS AND DISCUSSION



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