Appendix I.1

SWOT Analysis

Workgroup: ***Pregnant Women and Infants***

Priorities: *#1 Increase Early & Comprehensive Health Care Before, During, and After Pregnancy, #2 Reduce Premature Births and Low Birth Rate, and #3 Increase Breastfeeding*

Note: These are **summarized highlights** of the strengths, weaknesses, opportunities, and threats identified at Meeting #3.

Strengths:

- Good programs already in place (M & I [Maternal & Infant program], WIC [Women, Infants, and Children program], Healthy Start, Family Planning)
- Many programs are in same place (BCYF [Bureau for Children, Youth and Families])
- Some technology, systems already in place (e.g, WIC data system)
- Good efforts by others and excellent partners/potential partners in state (e.g., Success by Six, KAMU [Kansas Association for the Medically Underserved], Kansas Nutrition Network)
- Examples of effective programs in other states
- Effective models and initiatives from other sources (e.g., employer - Security Benefit breastfeeding policies, CDC models)
- Effective community-level programs and initiatives (e.g., community breastfeeding coalitions)
- Existing standards of care
- Number of local health departments in Kansas; local health department staff
- Society expresses support for children and their health
- Increase in society's use of Information Technology (IT) and IT infrastructure and access in Kansas
- Financial resources (e.g., Kansas Children's Cabinet and Trust fund – tobacco money)

Opportunities:

- Educate via technology
- Start educating consumers at a young age
- After-school programs
- Mass media, social marketing
- Educate employers (e.g., benefits to them for breastfeeding-friendly policies)
- Work with legislators, educate legislators
- Policy changes and tax incentives for encouraging breastfeeding
- Work with agencies to make processes more user-friendly (e.g., HealthWave clearinghouse)
- Increase reimbursements
- Develop coalitions to coordinate services
- Further developing new and existing data systems: PRAMS (Pregnancy Risk Assessment Monitoring System), BRFSS (Behavioral Risk Factor Surveillance System), PedNess (Pediatric Nutrition Surveillance System) and PNSS (Pregnancy Nutrition Surveillance System) (WIC data systems), PPOR (Perinatal Periods of Risk)
- Educate public and parents (e.g., on emotional and financial costs of prematurity, smoking cessation during clinic visits)
- Provide educational opportunities for providers (e.g., best practices, show benefit of data)
- Providers – use technology to reach, serve, screen, and treat clients
- Involve, coordinate with other organizations (Kansas Hospital Association, Kansas Perinatal Association, La Leche)
- Increase case management
- HIPAA (Health Insurance Portability and Accountability Act of 1996) open to interpretation
- Data from new birth certificate
- Technology systems available if funded

Weaknesses:

- Everyone is not reached through current programs
- People don't seek access to programs (pride, don't think they need programs)
- Public's limited access to technology
- Lack of culturally sensitive educational materials
- Language barriers, lack of interpreters
- Bureaucracy, overwhelming forms to fill out
- Time constraints of providers
- Poor reimbursement rates
- Lack of adequate financial resources, funding
- Lack of financial incentives (e.g., no incentives for dentists to provide prenatal screening and care)
- Rural access, transportation issues
- Dental and mental health not available for underserved
- Limited genetic counselling resources
- Not enough county-specific data
- Limited data monitoring systems, no organized system for data analysis
- No PRAMS (Pregnancy Risk Assessment Monitoring System)
- Lack of community-based programs (e.g., smoking cessation)
- Getting information to private providers; no quick, easy way to educate public and/or providers need to better education patients
- Mass media sends unrealistic message
- HIPAA issues related to case management, confidentiality concerns
- Limited hours for access
- Lack of necessary level of professional expertise (e.g., breastfeeding services)
- Public understanding (e.g., breasfeeding)

Threats:

- Budget cuts, lack of financial resources
- Insufficient insurance coverage
- Lack of personnel
- Time constraints
- Lack of creative thinking
- Legislators are uneducated on issues
- Public/consumers feel threatened (e.g., that children will be taken away)
- Public's view of entitlements
- Funding care for undocumented women
- Schools overloaded
- SRS offices have closed in some counties
- Resistance to regionalization of some care
- Current statutes
- HIPAA, need to protect confidentiality
- Clients can be overwhelmed with information
- Time constraints for teaching patient (e.g., new mothers in hospital)
- Lower population levels may decrease provider availability, especially in rural areas
- Ignorance and territorial issues
- Personal bias, attitudes

Appendix I.2

SWOT Analysis

Workgroup: ***Children and Adolescents***

Note: These are **summarized highlights** of the strengths, weaknesses, opportunities, and threats identified at Meeting #3.

Strengths:

- Results-oriented state and local coalitions, programs (e.g., injury prevention, asthma, teen pregnancy prevention)
- Advocacy groups
- Good partnerships on state and local level
- Community volunteers
- People committed to programs, issues
- Good infrastructure for some programs (e.g., injury prevention)
- Good integration of early childhood programs
- Third party payer for mental health
- Compelling data for some issues (e.g., injury prevention, teen pregnancy prevention)
- Multidisciplinary programs (e.g., obesity)
- Parish nursing programs
- New state dental director
- Emphasis on performance measurements and standards at national and state level
- Outside research expertise in state (e.g., Kansas Health Institute)
- Several foundations in state to provide funding for child health issues

Opportunities:

- Utilize data already there (e.g., school health data, private physicians)
- Identify more people for services through screening (e.g., mental health)
- Better utilize Initiatives, coalitions, more networking at state and local levels (Governor's Health Initiative, school health councils, asthma coalitions)
- Work together to meet, build new partnerships on common issues (e.g., conservative/liberal)
- Work with parish nursing programs
- Reinforce linkages (e.g., physical health and schools, physicians)
- Form Kansas Child Health Council similar to Kansas Perinatal Council
- Utilize role models (e.g., coaches, student athletes) and peer methods of education (e.g., teen pregnancy prevention)
- Target disparate populations
- Team/multidisciplinary provider approach (e.g., expand multidisciplinary ob
  esity program, family practice/pediatrics, teen pregnancy prevention and other risk behaviors)
- Utilize media: press releases, public service announcements for children, oral health "commercials"
- Take advantage of technology (e.g., computer games with physical exercise)
- Incorporate family into interventions (obesity, physical activity, sexuality, asthma), use family as resource
- New/pending legislation: dental hygienists receive reimbursement for services, asthma medication in schools

Weaknesses:

- Mental health assessment tools, shortage of mental health providers, waiting periods for mental health professionals
- Lack of public awareness and public will for certain issues (e.g., mental health, obesity)
- Need infrastructure for childhood (age 5-10) interventions
- Disparate needs (e.g., teen pregnancy declining overall, but Hispanic and African American still high)
- Have some best practices/programs that work, lack a way to replicate across the state and/or lack local capacity to implement (e.g., childhood obesity, injury prevention)
- Breastfeeding facilities
- Lack of industry involvement
- Lack of cost data (e.g., child passenger safety, obesity)
- Weak legislation for some issues (e.g., safety belt)
- Lacking state programs and/or coordinated coalitions for some issues (e.g., no state asthma program, no statewide intentional injury coalition)
- Kansas not taking advantage of all funding sources (e.g., not meeting all legislative requirements)
- Staff time, time in schools
- Fragmented family structures, overwhelmed families
- Privacy laws an obstruction
- Polarized society

Threats:

- Legislation
- Public opinion
- Social mandates
- Mental health issue slow to move
- Physical activity, mental health, wellness, falling by the wayside in schools due to time constraints
- Society sends mixed messages (e.g., breastfeeding and sending formula home from hospital)
- Values disagreements
- Vocal minority interest groups
- Strong lobbies from commercial companies
- Economic programs
- Overwhelmed families

Appendix I.3

SWOT Analysis

Workgroup: ***Children with Special Health Care Needs***

Note: These are **summarized highlights** of the strengths, weaknesses, opportunities, and threats identified at Meeting #3.

Strengths:

- Human
  - o Team players
  - o Collective work experience/expertise
  - o Heart for families and children/access
  - o Professional combinations
- Fiscal
  - o Telemedicine
  - o Base funding
  - o Epi available
  - o Outside resources
- Social/political
  - o Governor action
  - o Interagency collaboration
- Federal/State Involvement
  - o Movement toward local involvement
  - o More grants – local participation

Opportunities:

- Human
  - o Personal in-service training to increase knowledge
  - o Person to person contact with families and agencies
  - o Offering community care decreases burdens on families and numbers of children in current clinics
- Fiscal/Technological
  - o Grant writing
  - o Utilize university and graduate students
  - o Expand pilot projects
- State/Local Relationship
  - o Seamless care and services
  - o Individualized services based on local needs is opportunity to eliminate duplication – more collaboration and diversity
- Statutory/Regulation Changes
  - o Mandate an increase in providers
- Community/Business/Social/Political
  - o Interdisciplinary training
  - o Interagency access to data
  - o Create more integrated systems
  - o Marketing or renaming "Medical Home" concept

Weaknesses:

- Human
  - o Lack of state, maintain & use technology
  - o Overwork
  - o Judgmental attitudes
  - o Stagnating – losing sight of goals
  - o Personnel conflicts
  - o Personal stresses
- Fiscal/Budgetary
  - o Never enough money
  - o Not good data system
  - o Financial security (cuts)
  - o Lack of appropriate reimbursement for providers
  - o Opportunity to generate fiscal support
- Organizational Culture/Structure
  - o Time to go through appropriate channels
  - o Infrastructure to implement is not comprehensive and inclusive
  - o Lack of awareness and priority for appropriate training for health professionals
- Technological
  - o Inability to share data
- Local/State Involvement
  - o Duplication of services
  - o "Medical Home" terminology lacks uniform perception (buy-in) and understanding
  - o Efficiency sometimes = job loss, results in political backlash and loss of expertise
  - o Lack of collaborators and expertise

Threats:

- Statutory/Regulatory
  - o Money cuts
  - o Inadequate interpreter services
  - o Medicaid changes
  - o Regulations (HIPAA) restrict data sharing
- Organization/Re-organization
  - o Money cuts (key positions)
  - o Change with SRS secretary
- Social/Political
  - o Fear of unknown
  - o Unemployment = increased demands on programs
  - o Money cuts
  - o Transportation costs
  - o Decrease insurance coverage
  - o Political shifts = jobs/position changes and delivery
- Demographic
  - o Lack of specialists in rural areas
  - o Immigrant population
  - o Desire for isolation
- Cross-cutting
  - o Lack of buy-in from long-term funding sustainability