Addressing the Health Needs of Kansas Communities Through Partnerships, Targeted Efforts and Interventions

Northeast Public Health Region – February 25, 2015
Pre-Assessment
Staff & Facilitators

Kansas Department of Health & Environment
• Rachel Sisson, Family Health
• Heather Smith, Family Health
• Kayzy Bigler, Family Health
• Traci Reed, Family Health
• Debbie Richardson, Family Health
• Cristi Cain, Community Health Systems

KU Center for Public Partnerships & Research
• Rebecca Gillam
• Tracy VanVlack

March of Dimes Greater Kansas Chapter
• Diane Daldrup
WELCOME!

Housekeeping
Who’s in the Room
Participant Folders
Team Names – GO!
Meeting Goals

Increase and improve maternal and child health services in the Northeast Public Health Region by…

1. Expanding the partner base and network for referral across counties
2. Collectively committing to transforming the model of service delivery by aligning initiatives and identifying existing/potential partnerships
3. Demonstrating a process for assessing and mapping activities to build sustainable partnerships, targeted interventions, and needed services
Meeting Objectives

1. Assess the current initiatives to reveal collective strengths as well as potential service gaps to improve maternal and infant health outcomes.

2. Increase the number of communities planning for and/or implementing HBWW/Becoming a Mom.

3. Recommend actions to transform region-wide collaborations based on aligning activities with the Health Impact Pyramid to address individual and population health needs.

4. Obtain stakeholder input to inform the Kansas Title V Maternal & Child Health (MCH) priorities for the period 2016-2020.

5. Identify opportunities for engaging new partners and approaching work differently as a result of this process.
Learning Objectives

Participants will leave this meeting with…

1. A clear understanding of the purpose of assessing activities to improve birth outcomes.

2. A clear understanding of current MCH programs, services, and initiatives in the Region, including the Health Impact Pyramid, the AMCHP Birth Outcomes Compendium, and the Title V Needs Assessment.

3. At least one new potential partner important for achieving the mission of their programs.

4. Ability to identify how your efforts and activities contribute to a comprehensive shared agenda towards improve birth outcomes in Kansas.
THINK …

Justice    Equity

What do we need?    LEVERAGE

Differently

What do we offer?

Systems Change

"Moving the Needle"

Greatest Impact

Together    ACTION!
Setting the Stage & Context
The Problem

- Infant Mortality
- Poor Birth Outcomes
  - Prematurity
  - Low Birth Weight
- Preconception health
- Lack of Education
- Lack of Safe Behaviors and Practices
- Smoking, Substance Use
- Other environmental influences, access, barriers

Disparities
The Problem

<table>
<thead>
<tr>
<th>Public Health Region</th>
<th>NE</th>
<th>NW</th>
<th>SW</th>
<th>NC</th>
<th>SC</th>
<th>SE</th>
<th>KS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality</td>
<td>6.1</td>
<td>7.6</td>
<td>6.6</td>
<td>7.6</td>
<td>7.2</td>
<td>7.2</td>
<td>6.6</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>8.8</td>
<td>8.6</td>
<td>8.3</td>
<td>9.1</td>
<td>9.1</td>
<td>10.0</td>
<td>8.9</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>6.9</td>
<td>7.1</td>
<td>6.8</td>
<td>6.8</td>
<td>7.8</td>
<td>6.9</td>
<td>7.2</td>
</tr>
<tr>
<td>Smoking w/Pregnancy</td>
<td>11.8</td>
<td>17.5</td>
<td>7.7</td>
<td>21.2</td>
<td>17.1</td>
<td>24.4</td>
<td>14.4</td>
</tr>
</tbody>
</table>


Source: KDHE Annual Summary of Vital Statistics (2010-2012)
## MCH Health Status Indicators

### Medicaid/Non-Medicaid Rates: 2012 Birth Certificate

| Indicator                                                      | Medicaid | Non-Medicaid |
|                                                               |         |              |
|-------|----------------|---------|-------------|
| Infant deaths per 1,000 births                               | 9.7     | 4.4         |
| % of low birth weight (<2,500 grams)                         | 8.9     | 6.3         |
| % of pregnant women receiving 1\text{st} trimester care      | 63.7    | 84.4        |
| % of pregnant women receiving adequate care                   | 68      | 84.5        |
The Plan

- Common goal
- Shared resources – Coordination – Collaboration
- Referral – Expanded networks
- Innovation
- Evaluation
- Quality Improvement
- Integrated models/services
- Increased capacity
- Sustainable programs/services
- CHANGE in approach: comprehensive, life course
The Project

• Birth Outcomes Compendium
• Partners: KDHE, MOD, AMCHP*
• Pilot: January – July 2014
• Pilot Region: Southeast
• Replicate in other public health regions (2014-2015)
• Collect input on MCH populations, needs
• Identify MCH 2020 Priorities 5-year period (2016-2020)

*Association of Maternal & Child Health Programs
1. Regional approach
2. Identify key partners working together to improve birth outcomes (common goal)
3. Inventory community resources/services (assets)
4. Organize relationships to develop a plan for next steps (connect assets)
5. Mobilize at the community and regional level (capacity and sustainability)
Compendium on Birth Outcomes

Association of Maternal & Child Health Programs
Why the Compendium?

- AMCHP Published in 2012
  - Disparities persist
  - Infant Mortality rates remain stable
- Menu of options
  - Builds upon assets/existing resources
  - Considers impact of interventions
- Comprehensive source: actionable strategies and recommendations
  - Multiple influences impacting health
  - Life course perspective
- Summary of effective efforts to improve birth outcomes
Policy & Program Options

- 60 national source recommendations
- 60 state source recommendations
Action Steps

• Recommendations
• Program Examples
• Policy Examples
• Case Studies
• Evidence Base
• Innovative Ideas
• Best Practices
• Strategies

One Resource
Seven Recommendations

1. Implement Health Promotion Efforts
2. Ensure Quality of Care for All Women and Infants
3. Improve Maternal Risk Screening for All Women of Reproductive Age
4. Enhance Service Integration for Women and Infants
5. Improve Access to Health Care for Women Before, During and After Pregnancy
6. Develop Data Systems to Understand and Inform Efforts
7. Promote Social Equity
Incorporate messages on healthy pregnancies and healthy infant care into social marketing and education campaigns. Specific strategies include:

- Targeting messages to first-time mothers.
- Promoting text4baby (text4baby.org) to provide health and safety messages to pregnant women, families and parents of infants.
- Establishing social networking/educational tools on the Web or via telephone so women and men are able to obtain pregnancy health coaching information and services.
- As messages are created and communicated, materials and campaigns should be available in the languages of the target population.
State Examples

Social Media/Marketing

Floor Talker Program - LA
Inventory: Snapshot

- Key Partners
- Primary Funding Sources
- Service Type
  - More on Education, Referral
- Populations Served
  - Insurance Status
  - Race/Ethnicity
  - Undocumented/Refugees
- MCH State Priorities
- MCH Performance Measures
- Healthy Kansans Themes
- Data Sources
- Compendium Domains
- Community Health Assessment participation
Endpoint ≠ inventory. Endpoint = relationships.

“EVERY SINGLE PERSON HAS SKILLS, ABILITIES, AND GIFTS.”
— JOHN MCKNIGHT

What we need

What we already have

WHAT ARE YOURS?
Northeast Region Services

Local Program Partners – SFY2015
Local Programming

- Maternal & Child Health (MCH)
- Special Health Care Needs (Regional)
- Home Visiting
- Teen Pregnancy Targeted Case Management
- Pregnancy Maintenance Initiative
- Women, Infants, & Children (WIC)
  - Breastfeeding Peer Counselor
- Reproductive Health & Family Planning
- Infant-Toddler Services/Early Intervention - Part C (tiny K)
- Child Care Licensing (Day Care & Foster Care)
### KanCare Value-Added Services

- **Prenatal/Postnatal**
- **Smoking Cessation**
- **Oral Health**
- **Healthy Lifestyles**
- **Case Management**

#### Health Plan Highlights for 2015

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
</table>
| Dental care for people 21 and over               | - Two cleanings annually
- Scaling and polishing procedures                 |
| One dental visit for adults 21 and older every six months. |
| Adult dental services are a benefit. Members over 21 can get an examination. They also get an x-ray and teeth cleaning. | Members can earn $10 - $15 or more on a CentAccount rewards card for healthy checkups to use for over-the-counter items. Members can earn up to $80 in Wellness Reward debit cards to help them become and stay healthy. They can earn gift cards by going to health screenings and checkups. |
| We help certain members get free cell phones through SafeLink® and up to 250 free minutes of service each month plus
- 250 bonus lifetime minutes
- Unlimited nationwide text messages
- Free outbound calls to Member Services Coverage may not be offered in some remote service areas. |
| SafeLink® and Connections Plus are programs that provide a free cell phone to members. SafeLink® provides up to 250 free minutes of service per month. This includes free calls to and from Sunflower Health Plan. Members will be able to have telephone access to their KanCare providers. |
| Our Member Advocates can help certain members get free cell phones through SafeLink®. The advocates can help with:
- Picking the right cell phone provider
- Help with the application
- Educate on phone benefits
- Get the member connected with the program. |
| The member can get up to 250 free minutes of service each month. Coverage may not be offered in some remote service areas. |
| Taking Care of Baby and Me® prenatal and postnatal program with:
- Health resources and coaching
- A special self-care book
- Information on Warm Health and how to enroll
- A helpful tips brochure with information on enrolling in Text4Baby, centering pregnancy group visits and more. |
| Start Smart for Your Baby - This program gives support and education for moms, babies, and families. The program includes the services below. There is no cost to member.
- Start Smart home visits for new mothers
- Start Smart baby showers for pregnant mothers
- Start Smart birthday programs for children. |
| A free book named Baby Basics will be sent to each member who is pregnant. You can earn great rewards with Baby Blocks if you are pregnant. Join Baby Blocks and get a $20 gift card or a cool diaper bag. Stay with the program after your baby is born and you can earn up to eight rewards in all. |
| Smoking Cessation program that includes a full range of nicotine replacement therapy products, as well as coaching and support services. |
| Members can participate in a smoking cessation program, including [www.kangilit.com](http://www.kangilit.com). They can also be referred to Sunflower’s smoking cessation program. |
| Adult members can go to two more podiatry (foot doctor) appointments each year. |

---

**Taking Care of Baby and Me**

- **Prenatal/Postnatal**
- **Smoking Cessation**
- **Oral Health**
- **Healthy Lifestyles**
- **Case Management**

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Northeast Region
Summary of Findings

Prepared by: Jennifer Farfalla, MPH
Association of Maternal & Child Health Programs (AMCHP)
How comfortable are you with looking at data?

A. Really comfortable – I love it!
B. Somewhat comfortable – it’s ok.
C. Not comfortable at all – I break out in hives!

[Bar chart showing 33% for each option]
Kansas Inventory of NE Region Programs:
Summary of Findings

Prepared by:
Jennifer Farfalla, MPH
Summary of Respondents

46 Programs

15 Counties: Shawnee, Wyandotte, Riley, Geary, Jackson, Johnson, Douglas, Jefferson, Nemaha, Pottawatomie, Wabaunsee, Brown, Doniphan, Leavenworth, Osage
Primary Funding Source

- Medicaid
- County
- Federal
- Title V (MCH)
- Fee for service
- Other state
- Title X Family Planning
- Home Visiting (MIECHV)
- Part C
- WIC

Percent of programs
Main Services Provided

- Referrals to other organizations
- Education
- Case management/care coordination
- Outreach to target populations
- Risk factor screening
- Breastfeeding support
- Public awareness/health promotion
- Home visitation
- Direct service--clinical
- Data collection
- Counseling
- Economic, employment and/or education supports

Percent of programs
Type of Education Provided

- Parenting
- Tobacco cessation
- Safe sleep
- Breastfeeding
- Postpartum care
- Family planning
- Infant care/child development
- Prenatal
- Postpartum depression
- Injury prevention/safety
- Well child
- Preconception
- Childbirth
- Well woman/well man
- No response (no education provided or none...)

Percent of programs
Populations Served

- Women of reproductive age (15-44)
- Pregnant women/mothers
- Infants under one
- Men/fathers
- Youth or adults with special health care needs

Percent of programs
Insurance Status

- **KanCare (Medicaid)**: 20 programs
  - Highest Percent of Clients Served: 25 programs
  - Moderate Percent of Clients Served: 18 programs
  - Lowest Percent of Clients Served: 0 programs
- **Uninsured**: 15 programs
- **Private Insurance**: 3 programs
Refugees and Undocumented Residents

![Bar Chart]

- **Do you serve refugees?**
- **Do you serve undocumented residents?**

<table>
<thead>
<tr>
<th>Percent of Programs</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
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<tr>
<td>20</td>
<td></td>
<td></td>
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<tr>
<td>30</td>
<td></td>
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<tr>
<td>40</td>
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<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Race / Ethnicities of Clients

- White: 100%
- Black or African American: 70%
- American Indian or Native Alaskan: 40%
- Asian: 30%
- Native Hawaiian or Other Pacific Islander: 20%
- Hispanic or Latino: 90%

Percent of programs
MCH State Priority Needs

Increase early and comprehensive health care before, during and after pregnancy for all women

Reduce low birth weight and preterm births and infant mortality

Improve mental/behavioral health of all pregnant women and new mothers

Increase initiation, duration and exclusivity of breastfeeding

Not applicable
Title V Performance Measures

- The percent of children without health insurance.
- The percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
- The percent of mothers who breastfeed their infants at 6 months of age.
- The rate of birth (per 1,000) for teenagers aged 15-17 years.
- The percent of live births that are born preterm less than 37 weeks of gestation.
- Percentage of women who smoke in the last three months of pregnancy.
- The percent of women in their reproductive years (18-44 years) who report consuming four or more alcoholic drinks on an occasion in the past 30 days.
- The percent of infants with Permanent Congenital Hearing Loss (PCHL) enrolled in early intervention services before 6 months of age.
Healthy Kansans 2020

- Improve supports for the social and emotional development of children and families
- Promote integrated health care delivery, including integrated behavioral health, social services and medical care
  - Promote healthy eating
  - Promote tobacco use prevention and control
  - Promote physical activity
  - Promote access to healthy foods and support policies that promote healthy food choices
  - Improve access to services that address the root causes to poor health
  - Promote environments and community design that impact health and support healthy behaviors
  - Equip and incentivize Kansans to participate in culturally competent health and wellness programs and access appropriate health care
  - Support policies that make the default choice the healthy choice
  - Effective and efficient use of health information technology (HIT) for population health improvement

Percent of programs
## Primary Data Sources

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Percent of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Rankings</td>
<td>50</td>
</tr>
<tr>
<td>Kansas Health Matters</td>
<td>45</td>
</tr>
<tr>
<td>Custom database/survey</td>
<td>35</td>
</tr>
<tr>
<td>Vital statistics (birth and death certificate data)</td>
<td>30</td>
</tr>
<tr>
<td>Kansas WIC Database (KWIC)</td>
<td>25</td>
</tr>
<tr>
<td>Kansas Information for Communities (KIC)</td>
<td>20</td>
</tr>
<tr>
<td>Kids Count</td>
<td>15</td>
</tr>
<tr>
<td>Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>10</td>
</tr>
<tr>
<td>Kansas Integrated Public Health System (KIPHS)</td>
<td>10</td>
</tr>
<tr>
<td>Kansas Health Institute</td>
<td>7</td>
</tr>
<tr>
<td>WebMCH (KDHE MCH program database)</td>
<td>7</td>
</tr>
<tr>
<td>Census/American Community Survey</td>
<td>5</td>
</tr>
<tr>
<td>Not applicable/do not track data</td>
<td>3</td>
</tr>
<tr>
<td>Youth tobacco survey</td>
<td>2</td>
</tr>
</tbody>
</table>
Participation in a Community Health Assessment

- No: 10%
- Yes, priorities selected: 50%
- Yes, priorities not selected: 20%
Group Exercise 1

Response to Inventory Findings
What is your reaction to the findings?

A. What I expected
B. Some surprises
C. Had no idea
D. Went to the bathroom and missed the conversation

25% 25% 25% 25%
BREAK
Collective Impact 101: What it takes for effective collaboration
Referral Organizations

- WIC
- Family supports (financial assistance, basic needs)
- KanCare (Medicaid)
- Health/Medical
- Mental health
- Health department
- Department for Children and Families (DCF)
- Tobacco cessation (e.g. KanQuit)
- Transportation
- Early childhood
- Oral health
- Home visiting
- Individual/family counseling
- Education
- Child care
- Housing
- Workforce development
- Domestic violence
- Substance abuse treatment

Percent of programs
<table>
<thead>
<tr>
<th>Partner/Organization</th>
<th>% selected</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local health department</td>
<td>62.2%</td>
<td>28</td>
</tr>
<tr>
<td>WIC</td>
<td>51.1%</td>
<td>23</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>37.8%</td>
<td>17</td>
</tr>
<tr>
<td>School district(s)</td>
<td>33.3%</td>
<td>15</td>
</tr>
<tr>
<td>Home visiting programs</td>
<td>31.1%</td>
<td>14</td>
</tr>
<tr>
<td>Private practice physicians</td>
<td>31.1%</td>
<td>14</td>
</tr>
<tr>
<td>Community mental health center(s)</td>
<td>24.4%</td>
<td>11</td>
</tr>
<tr>
<td>Department for Children and Families (DCF)</td>
<td>24.4%</td>
<td>11</td>
</tr>
<tr>
<td>Primary care clinics</td>
<td>24.4%</td>
<td>11</td>
</tr>
<tr>
<td>Local non-profit organization(s)</td>
<td>22.2%</td>
<td>10</td>
</tr>
<tr>
<td>Local elected officials</td>
<td>20.0%</td>
<td>9</td>
</tr>
<tr>
<td>Local government</td>
<td>20.0%</td>
<td>9</td>
</tr>
<tr>
<td>Local foundation(s)</td>
<td>11.1%</td>
<td>5</td>
</tr>
<tr>
<td>College/university</td>
<td>8.9%</td>
<td>4</td>
</tr>
<tr>
<td>Domestic violence program</td>
<td>6.7%</td>
<td>3</td>
</tr>
<tr>
<td>Faith based organizations</td>
<td>6.7%</td>
<td>3</td>
</tr>
<tr>
<td>Managed care organizations</td>
<td>6.7%</td>
<td>3</td>
</tr>
<tr>
<td>Substance abuse prevention</td>
<td>6.7%</td>
<td>3</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>6.7%</td>
<td>3</td>
</tr>
<tr>
<td>Faith communities</td>
<td>2.2%</td>
<td>1</td>
</tr>
<tr>
<td>Private business(es)</td>
<td>2.2%</td>
<td>1</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Media</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Workforce development organization</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>
What comes to your mind?
What is most important to collaboration?

A. Time
B. Money
C. Trust
D. Common goal
E. Relationships

![Chart showing the importance of collaboration factors]

- Time: 20%
- Money: 20%
- Trust: 20%
- Common goal: 20%
- Relationships: 20%
Sometimes collaboration may feel like an impossible task.
Ever Feel Like This?

“I’ve got it, too, Omar … a strange feeling like we’ve just been going in circles.”
So, Why Collaborate?

To solve complex problems.

Simple

Baking a Cake

Complicated

Sending a Rocket to the Moon

Complex

Raising a Child

Source: FSG
Dispelling Myths

Myth: Collaboration means more meetings. For many, collaboration=hassle.

✓ Truth: Meetings are important process tools to facilitate our work. But the key to successful collaboration is:

• Informal Relationships
• Trust

©University of Kansas, 2014
Dispelling Myths

**Myth:** We have to commit to exactly what the group wants to do.

✓ **Truth:** Partners need to commit to a shared vision, but progress happens through mutually reinforcing activities.
Dispelling Myths

Myth: There is a formula for collaboration/collective impact that we have to follow

Truth: Research tells us that there are some key elements seen over and over again in successful collaboratives. In practice, each collaborative is most successful when it creates its own simple rules.
Dispelling Myths

In other words, there are fundamental components that will most likely be present for successful collective impact, but each group needs to figure out how best to use them.

For example...
The Game of Basketball

Same five positions
Different strategies for different teams
Impact of synergy
Gardening

Same key elements (some amount of sun, water, soil)
Different hardiness zones
Woodworking

Need: Wood and Tools
Tools: Simple vs. Modern
Wood: Different types and grades
Different finishes, purposes, production methods
So, what are the key components?
# FSG - Five Key Elements of Collective Impact

| Common Agenda | • Common understanding of the problem  
|              | • Shared vision for change |
| Shared Measurement | • Collecting data and measuring results  
|                  | • Focus on performance management  
|                  | • Shared accountability |
| Mutually Reinforcing Activities | • Differentiated approaches  
|                               | • Willingness to adapt individual activities  
|                               | • Coordination through joint plan of action |
| Continuous Communication | • Consistent and open communication  
|                           | • Focus on building trust |
| Backbone Support | • Separate organization(s) with staff  
|                   | • Resources and skills needed to convene and coordinate participating organizations |
Other key components

- Informal Relationships
- Communication
- Trust
- The value of engagement
- Climate & culture (social, political)
  - Recognizing the landscape and working within it to move forward
  - Always look for the points of overlap!
Common Agenda

- Common vision that links the work
- The process can be a key strategy in relationship and trust building among partners
Shared Measurement

**COMMON MEASURES**

- Ages and Stages Questionnaire (ASQ) – 3
- ASQ: Social–Emotional
- Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2
- Individual Growth & Development Indicators (IGDI), myIGDI

- HOME Inventory - Infant/Toddler
- HOME Inventory - Early Childhood
- Keys to Interactive Parenting Scale (KIPS)
- Protective Factors Survey (PFS)

**COMMON MEASURES**

- Devereaux Early Childhood Assessment (DECA) I, (DECA) T, (DECA) P2
- Classroom Assessment Scoring System (CLASS) - Toddler
- CLASS PreK
- Individual Growth & Development Indicators (IGDI), myIGDI

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**Healthy Development**

- WHAT DOES HEALTHY DEVELOPMENT LOOK LIKE?
  - Impaired women have access to prenatal care.
  - Infants are born of adequately fed mothers.
  - Health education at birth programs.

**Strong Families**

- WHAT DO STRONG FAMILIES LOOK LIKE?
  - Partnerships are characterized by cooperation, mutual support, and shared problem-solving.
  - Mutual support programs are available to families.

**Early Learning**

- WHAT DOES EARLY LEARNING LOOK LIKE?
  - Early learning programs are able to learn from observations.
  - Early learning programs are able to change for the better.
  - Early learning programs are licensed by the state.

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**Community Collaboration**

- Maintaining school community
  - Task A: Balanced Early Childhood Framework
    - Health
    - Safety
    - Nutrition
    - Language
    - Social Skills
    - Emotional Well-Being

- Community Supports
  - Family Supports
  - Community Resources
  - Volunteer Agencies
  - Other

---

**Education Resources**

- Families’ education resources
  - Parenting
  - Early Childhood
  - Health 
  - Nutrition
  - Language
  - Social Skills
  - Emotional Well-Being

---

*COMMON MEASURES* refer to measures currently used by the Kansas Early Learning and Care program. All measures listed are included in all assessments.
Continuous Communication

Doesn’t have to be a formal, structured meeting

✔ Trust
✔ Informal Relationships
Mutually Reinforcing Activities

“Often the most powerful change comes from the community level and develops from the alignment of stakeholders working together in a coordinated way.”

-Amanda Adkins, Kansas Children’s Cabinet and Trust Fund Chair
Backbone Organization

- Play a critical role
- Serve as the link between autonomous groups working together
- Kansas Early Childhood Comprehensive System (KECCS) 2011 Qualitative Evaluation:
  - “[t]he state would have never been where we are at in early childhood without [KECCS funding]...No one else would have put the time and effort into doing it”
Group Exercise 2

Critical Partners
Creating simple rules for working together
RULES OF ENGAGEMENT

Work with the willing

Leave it better than you found it

Be accountable to each other

Adopt a freedom-to-fail mindset
Other Simple Rules for Collective Impact

• Embrace the tension
• Look for opportunities for productive friction
• Be tolerant of the gray
• Leave room for change
• Celebrate what works
• Build trust and relationships
• Be patient
Reality

“Getting folks to believe you win and lose together at some level takes time.”

— Armen Hratchian, Excellent Schools, Detroit
What does it look like?

What are some of the bright spots of your collaborative work?
A few closing thoughts...

• This is hard work!
• Leadership is an action
• Remember the importance of mindset
• Create your own simple rules
• We can create a bigger pie
How would you describe your current collaborations?

A. Great!
B. Pretty good
C. Need some work
D. Not happening
E. Other
WORKING LUNCH

Special Presentation

Diane Daldrup, March of Dimes
Community Partnerships To Improve Maternal and Infant Health

Diane M. Daldrup
State Director Program & Government Affairs
Birth Disparities in Kansas

Key Issues

- Infant Mortality - 6.3/1000 live births
  - Birth defects, preterm birth/low birth weight, SUID leading causes
  - Black infant mortality rate is more than double white

- Preterm Birth Rate – 11.0%
  - 16.4% African American, 11.1 % Hispanic, 10.4% Caucasian

- Smoking 21.5% (women of childbearing age)

- Medicaid pays for 45% of all births
  - Medicaid vs non-Medicaid disparity

*2012 Data
Kansas Priorities & Interventions

● Lower infant mortality rate 10% by 2016 (CollIN Blueprint)
● Lower preterm birth rate 10% by 2020 (ASTHO Challenge)

***************************************

● Improve access and quality of prenatal care services
● Launch community collaboratives in high-need areas
● Expand demonstrated programs statewide:
  ● Healthy Babies are Worth the Wait/Becoming a Mom
  ● Safe Sleep Campaign
  ● High Five for Baby
  ● Tobacco Quit Line
● Expand FIMR sites and launch PRAMS pilot
Strategic Partnerships

State Partnerships

- KS Department of Health & Environment
  - Secretary of Health
  - Title V Director
  - Medicaid Director
- KanCare (Medicaid) Providers
- Blue Ribbon Infant Mortality Panel
- KS Maternal & Child Health Council
- KS Chapter American Academy of Pediatrics
- Newborn Screening Advisory Council
- KS Perinatal Quality Collaborative
- KS Breastfeeding Coalition
- KIDS Network of Kansas
- March of Dimes

National Partnerships

- Association of State & Territorial Health Officials
- Association of Maternal & Child Health Programs
- Collaborative Innovation & Improvement Network
March of Dimes/KDHE Collaborative Projects

- ASTHO Challenge
- AMCHP Asset Mapping Project and Title V Needs Assessment
- Infant Mortality CoIIN / Blueprint
- Healthy Babies Are Worth the Wait
  - Community Collaborative Model
  - Public Health Primary Care Partnerships
  - Public Awareness Campaign
- Becoming A Mom
  - Evidence-based Prenatal Education Program
  - Universal Resources and Evaluation Tools
March of Dimes Response

**Strategic Mission Investment**

- Target communities w/ notable disparities
- Significant number of births
- Community collaborative backbone
- Priorities:
  - Public/Private partnerships
  - Evidence-based education
  - Strong outcome measurements
  - Public awareness campaign
Collaborative Strategy

Collaborative strategy is called for ... where the need and intent is to change fundamentally the way services are designed and delivered

"Collaboration establishes a give and take among stakeholders that is designed to produce solutions that none of them working independently could achieve."

(Enhancing Transdisciplinary Research through Collaborative Leadership, Barbara Gray, 2006)
Principles of Collaboration

• Shared purpose and direction
• Collectively articulated goal or vision
• Joint decision-making
• Specific, visible targets to produce concrete, tangible results
• Must be highly inclusive to be effective
Collaboration Benefits

- Permanent MCH Infrastructure developed
- Resources leveraged for greater benefit
- Care delivery paradigm changed
- Long-term program sustainability
- Emerging community needs identified early
- Collaborative becomes vehicle for change
- Magnet for new funding opportunities

Shared risk, shared resources, shared rewards!
Healthy Babies Are Worth the Wait

• March of Dimes community program aimed at reducing preterm birth.
• Partnership among key entities: March of Dimes chapter, health department, clinic/hospital, and the community.
• Includes these critical elements: clinical & public health interventions, provider & patient education, and community awareness.
• Efforts are focused on results and include process and pregnancy outcome measures.
What is HBWW?

- Increase access to prenatal care
- Strengthen care coordination for patients
- Optimize access to evidenced-based interventions

HBWW

- Public Health Professionals
- Pregnant women
- Local Stakeholders
- Clinicians/Providers
- Community Members
**Partnerships**
- HBWW-Kansas is a partnership between March of Dimes, KS Dept of Health & Environment, KIDS Network of KS, KS Breastfeeding Coalition and seven KS communities
- Seven established community collaboratives that each include health department, FQHC, OB practices, hospital, child care, transportation, local businesses
- Two community sites currently expanding into regional care models
- Evaluation partnerships with KU and Wichita State University
- HBWW written into CoIIN Blueprint, ASTHO Challenge, AMCHP asset mapping project and Title V 2015 grant as best practice to be replicated statewide

**Provider Initiatives**
- Integration model to improve patient outcomes through cross-referrals, prenatal education and professional resource access (includes health dept/provider referral agreements)
- Joint webinars with KS and MO Hospital Assns. re EED’s, MOD Toolkit and resource sample packets to all birthing facilities
- Training educators on Becoming a Mom prenatal curriculum
- Annual Perinatal Conference featuring national MCH best practices (ACOG national president, ACNM national president, VA Health Commissioner, OH PQC Director, AMCHP Director, SACIM, HRSA Deputy Director, etc.)
- Annual public health travel scholarships to increase statewide attendance at Perinatal Conference

**Patient Support**
- Provide incentive-based Becoming a Mom prenatal education and resources
- Educate patients on the importance of early and regular prenatal care and ways they can reduce their risk of a preterm birth
- Screen prenatal patients for conditions and behaviors that might place them at risk for a preterm birth, including: diabetes, high blood pressure, depression, domestic violence, and stress
- Integrate safety net resources (WIC, High Five breastfeeding campaign, Safe Sleep Campaign, Tobacco QuitLine into prenatal care
- Streamline KanCare (Medicaid) presumptive eligibility access

**Public Engagement**
- Media launch of HBWW program in each community (reception, press release)
- HBWW billboards in targeted communities as part of ASTHO Challenge
- Community outreach to promote HBWW program participation
- Increase awareness of the importance of early entry to prenatal care through community outreach
- Develop and disseminate HBWW/BAM key messages and collateral material
- Pitch HBWW patient stories to hospital public relations staff and local media
- Disseminating program results

**Progress Measurement**
- Develop systems to evaluate BAM program and community collaborative development in partnership with KU and Wichita State
- Secured university IRB approval
- Provide evaluation training and ongoing technical assistance (required for all sites)
- Track participation, demographics and program satisfaction
- Track knowledge and behavior changes and birth outcomes among participants
- Develop system for comparative analysis of program data and Vital Stats birth data
- Measure collaboration among partners
- Conduct annual strategic planning retreat to include SPSC and all grant sites.
Becoming A Mom - What is it?

- Bilingual prenatal curriculum
- Designed for use with pregnant women in a supportive group setting
- Nine topics
  - ✓ Prenatal care
  - ✓ Nutrition
  - ✓ Stress
  - ✓ Things to avoid during pregnancy
  - ✓ Labor and birth
  - ✓ Postpartum care
  - ✓ Newborn care
- Appendices with suggestions for adapting the curriculum for use with specific racial/ethnic groups
Becoming A Mom in Kansas

Two-fold focus –
Clinical Services + Prenatal Education

Incentive-based program
Evidence-based curriculum
Standardized delivery
Standardized evaluation system
Saline County HBWW Pilot

- United Way
- FQHC
- OB Practices
- Vendors
- Public Transportation
Program Outcomes
Participant Level Data

- Baby's brain growth and development: Pre 81%, Post 95%
- Signs of Preterm Labor: Pre 49%, Post 83%
- Safe Sleep Habits: Pre 81%, Post 98%

[Bar chart showing the improvement in various outcomes]
Improved Birth Outcomes

- **Community health outcomes vs state averages**
  - Fewer preterm births - 9.5% compared to 11% (n=42)
  - Low birth weight – 4% compared to 7.1% (n=68)
  - Lower cesarean section rate – 26% versus 30% (n=87)
  - Higher breastfeeding initiation - 81% versus 80% (n=85)

- **Contributed to lower infant mortality rate**
Collective Impact in Action

Community Collaboratives/Healthy Babies are Worth the Wait launched in targeted communities

**Grant-Funded Counties**
- Saline
- Geary
- Pottawatomie
- Crawford
- Wyandotte
- Reno
- Riley
- Lyon

**Self-Funded Counties**
- Anderson
- Montgomery
- Cowley
- Dickinson
- Johnson
- Morris
- Cherokee
- Shawnee
- Douglas
- Sedgwick
HBWW Growth Strategies

- HBWW promoted in all public health regions
- Regional models in the works
- Exploring KanCare partnerships
- Policy changes
  - Presumptive Eligibility
  - Title V Integration
  - CHW Waiver (fee for service $)
- Funding Magnet
  - KS Health Foundation ($900,000)
  - New Healthy Start Site ($3.5M)
  - HRSA Rural Network Grant ($85,000)
Your Next Steps!

1) Form collaborative public/private partnerships
2) Leverage existing resources and programs
3) Integrate HBWW model into 2015 Title V application
4) Three Training Sessions
   • Becoming a Mom Program
   • Program Evaluation
   • Program Integration (WIC, Tobacco Cessation, Breastfeeding, Safe Sleep, Family Planning)
5) Change prenatal care delivery in your community by implementing community collaborative model – together!

March of Dimes is here to help! We can assist with community collaborative development and will provide tools, resources, training and technical assistance to all proposed sites!
MINUTE TO WIN IT
Compendium Strategies: Top Priorities

19 - Improve access to health care for women before, during, and after pregnancy
8 - Promote social equity
7 - Ensure quality of care for all women and infants
4 - Improve maternal risk screening for all women of reproductive age
4 - Implement health promotion efforts
2 - Enhance service integration for women and infants
0 - Develop data systems to understand and inform efforts

*2 programs did not select priorities
Have you had a chance to read the Compendium?

A. Yes, read it all!
B. Some of it – I’ve been busy.
C. Skimmed it, but never had a chance to read.
D. Not at all.
Identify the Top 3 most important areas of focus to improve birth outcomes in your region.
By Primary Funding

Promote social equity (8 programs selected this as Top Priority)

Improve access to health care for women before, during, and after pregnancy (19 programs selected this as top)

Improve maternal risk screening for all women of reproductive age (4 programs selected this as Top)

Ensure quality of care for all women and infants (7 programs selected this as Top)

Implement health promotion efforts (4 programs selected this as Top)
By Services Provided

Develop data systems to understand and inform efforts (3 programs selected this as Top)

Improve access to health care for women before, during, and after pregnancy (16 programs selected this as top)

Enhance service integration for women and infants (3 programs selected this as Top)

Ensure quality of care for all women and infants (10 programs selected this as Top)

Implement health promotion efforts (4 programs selected this as Top)

Number of programs

- Risk factor screening
- Referrals to other organizations
- Public awareness/health promotion
- Outreach to target populations
- Home visitation
- Education
- Economic, employment and/or education supports
- Direct service--clinical
- Data collection
- Counseling
- Case management/care coordination
- Breastfeeding support
By State Priorities

Promote social equity (8 programs selected this as Top Priority)

Improve access to health care for women before, during, and after pregnancy (19 programs selected this as top)

Improve maternal risk screening for all women of reproductive age (4 programs selected this as Top)

Ensure quality of care for all women and infants (7 programs selected this as Top)

Implement health promotion efforts (4 programs selected this as Top)

Number of programs

- Increase initiation, duration and exclusivity of breastfeeding
- Reduce low birth weight and preterm births and infant mortality
- Improve mental/behavioral health of all pregnant women and new mothers
- Increase early and comprehensive health care before, during and after pregnancy for all women
<table>
<thead>
<tr>
<th>Health Impact Pyramid</th>
<th>Recommendations for Improving Birth Outcomes</th>
</tr>
</thead>
</table>
| **Tier 5: Education and Counseling**  
Individual or public educational messages and support. | 1. Implement Health Promotion Efforts |
| **Tier 4: Ongoing Clinical Interventions**  
Evidence-based practices within clinical settings. | 2. Ensure Quality of Care for All Women and Infants |
| **Tier 3: Protective, Long-lasting**  
Offer long-lasting protection to individuals. | 3. Implement Maternal Risk Screening for All Women of Reproductive Age |
| **Tier 2: Changing the Context**  
Change the environmental context to making the healthy choice becomes the easy choice. | 4. Enhance Service Integration for All Women and Infants  
5. Improve Access to Health Care for Women Before, During and After Pregnancy  
6. Develop Data Systems to Understand and Inform Efforts (i.e. infrastructure development) |
| **Tier 1: Addressing Socioeconomic Factors**  
Address fundamental social conditions. | 7. Promote Social Equity |
<table>
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<tr>
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<th>Recommendations for Improving Birth Outcomes</th>
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<tr>
<td>Address fundamental social conditions.</td>
<td></td>
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</tbody>
</table>
The mix of our services by level of the pyramid is...

A. Just about right
B. Needs to be adjusted
C. Is way off
D. What are we talking about?
Group Exercise 3

Response to Inventory Findings
Interpretation & Application of Findings

Facilitated Discussion
Discussion

• What has stood out for you thus far today? Major takeaways?
• What excites you? What confuses you? What makes you feel anxious?
• What opportunities are we seeing?
• What are the anticipated challenges of seizing these opportunities?
• Are there organizations, partners, or stakeholders that might help us to seize these opportunities? What strengths do they bring to the table?
• Who has unique access to these partners or the resources we need?
• What are your own strengths that you can offer?
• In what ways will you approach/conduct your work differently?
• How do we feel about the distribution of the domains across the Region? Do you concur? What are we missing?
• How useful is the compendium and aligning our strengths/programs?
• How might you use the compendium in your work? Will you share it?
Community Action

Coordinating Services & Resources
Group Exercise 4

Community Action Plans, Decisions, and Reflections
Reflection

• How might we do our work differently as a result of this process?
• What do you need to do this work?
• Do you feel empowered to do this work?
• How will you reach out to new partners or change your relationships with existing partners?
• How will the region collectively move this work forward?
• What will you do more of to build upon the strengths/bright spots?
• What do you see as the State’s role in supporting efforts?
• Reflecting on the Process: Modifications & Benefits
  o Is there anything you would change for the inventory?
  o What questions do you have?
• What ‘products’ do you want to be able to show from this process?
Group Commitment & Closing
There is at least one action step that I will take as a result of this meeting.

A. Yes
B. No
C. Not sure yet
I am going to contact a new potential partner...

A. Within the next few days
B. Within the next few weeks
C. Sometime...
D. I’m not going to contact a new partner.
I think our community needs help with:

A. Facilitating collaborative conversations
B. Forming partnerships
C. Finding funding
D. Accessing and/or using data
E. Thinking of new ideas
F. Other

17% 17% 17% 17% 17% 17%
I can offer my community’s MCH partnership:

A. Staff support
B. Funding
C. Grant-writing help
D. Ideas
E. Access to hard to reach populations
F. Other
Take steps today!
Applying the Results

- Local Community Interventions/Partnerships/Action Plans
- State Interventions/Partnerships/Comprehensive Plans
- Title V Maternal & Child Health (MCH) Services
  - Public Input for MCH Services/Plan
  - MCH 2020 Priorities for Women & Infants
  - Targeted efforts, resource allocation, Aid to Local
- State Health Improvement Plan (Healthy Kansans 2020)
  - MCH Focus Area
- Align and coordinate all statewide infant mortality efforts/initiatives
Moving Forward

- MCH Population Domains: Emerging Issues
  - 2016-2020 Priorities and Performance Measures
    - Women/Maternal
    - Perinatal/Infant
    - Children
    - Adolescents
    - Children and Youth with Special Health Care Needs
- 2016 MCH Block Grant Application
- Individual commitments and new partnerships
- Increased coordination and leveraging resources
MCH 2020: Perinatal/Infant Health

Reduce infant mortality and the incidence of preventable diseases (pregnancy through 1 year)

**Related Title V National Performance Measures & Health Status Outcome Measures**
- Perinatal Regionalization [Percent of very low birth weight (VLBW) infants born in a hospital with a Level III Neonatal Intensive Care Unit (NICU)]
- Breastfeeding: (A) Percent of infants who are ever breastfed; (B) Percent of infants breastfed exclusively through 6 months
- Safe Sleep (Percent of infants placed to sleep on their backs)
- Prenatal care, preterm birth, low birth weight, non-medically indicated early term deliveries, mortality rates including SUID and SIDS, fetal alcohol syndrome, neonatal abstinence

**Emerging Themes, Trends, or Selected Priorities**
- Prenatal Care & Education
- Breastfeeding (exclusivity & duration)
- Safe Sleep Practices
- Behavioral/Mental Health
- Developmental Screening
- Parent Education & Support
- Healthy Weight

**Public Input/Guiding Plans**
- Infant Mortality CoIN* Blueprint
- Blue Ribbon Panel on Infant Mort
- Kansas MCH Council
- MCH Services Input Survey
- Health Departments, Clinics, Hospitals

**Next Steps**
- Finalize the Infant Mortality CoIN strategy areas for Kansas
- Complete the Title V regional public health meetings and community forums
- Identify health priorities, objectives, key strategies
- Integrate the results into the comprehensive, statewide 5-year needs assessment (MCH2020)

*Collaborative Improvement & Innovation Network

**Vision:** Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

**Mission:** 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.
MCH 2020: Women’s and Maternal Health

Provide and assure mothers and children access to quality MCH services (women 15-44 years)

**Related Title V National Performance Measures & Health Status Outcome Measures**
- Well Woman Care (Percent of women with a past year preventative visit)
- Low Risk Cesarean Deliveries (Percent of deliveries among low risk first births)
- Prenatal Care (beginning in the first trimester)
- Percent of delivery or postpartum hospitalizations with an indication of severe morbidity
- Maternal Mortality Rate

**Emerging Themes, Trends, or Selected Priorities**
- Behavioral/Mental Health
- Preconception & Inter-conception Care
- Breastfeeding (exclusivity & duration)
- Access to Care (before, during, after pregnancy)
- Smoking/Tobacco (before, during, after pregnancy)
- Cross-System Collaboration

**Public Input**
- Blue Ribbon Panel on Infant Mortality
- MCH Services Input Survey
- Becoming a Mom Programs
- Domestic Violence Outreach
- Pregnancy Crisis Centers

**Next Steps**
- Complete the Title V regional public health meetings and community forums
- Determine linkages with Reproductive Health/Family Planning Services/Programs
- Identify health priorities, objectives, key strategies
- Integrate the results into the comprehensive, statewide 5-year needs assessment (MCH2020)

**Kansas Department of Health and Environment**

**Vision:** Title V envisions a nation where all mothers, children and youth, including ESCHEN, and their families are healthy and thriving.

**Mission:** 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.
Discussion & Questions
Post-Assessment & Evaluation
More Information

**KDHE**
Rachel Sisson  
Director, KDHE  
Bureau of Family Health  
785.296.1310 office  
785.260.5144 cell  
rsisson@kdheks.gov

**March of Dimes**
Diane Daldrup  
March of Dimes  
Greater Kansas Chapter  
913.235.9840 office  
816.718.9545 cell  
ddaldrup@marchofdimes.com