Presenter

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Objectives

- Describe how Maternal & Child Health (MCH) supports immunizations as a core function/essential public health service.
- Understand how and why the MCH and Immunization Program aligned State Aid-to-Local funding and activities to achieve maximum impact.
- Identify at least one way local immunization programs can align and integrate services with MCH programs.

Mission: To protect and improve the health and environment of all Kansans.
Today’s Discussion

• Bureau of Family Health & Kansas MCH
• MCH State Action Plan Highlights
  o State Priorities
  o Performance Measures
  o Objectives & Strategies
• Immunization & MCH Program Alignment
• Opportunities for Partnership: *Let’s Do Something Differently!*
• Tools & Resources
• Questions & Discussion
KS Bureau of Family Health

PROGRAMMING & INVESTMENTS

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

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

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

- Maternal & Child Health
- Home Visiting
- Reproductive Health & Family Planning
- Early Childhood Screening/Systems
- Special Health Care Needs
- Newborn Screening
- Birth Defects Surveillance
- Infant-Toddler Services
- Women, Infants, and Children (WIC)
- Child Care Licensing
- Lead Hazard Prevention

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Title V MCH, Needs Assessment & State Plan

PRIORITIES & MEASURES (2016-2020)
Kansas Title V MCH

The Comprehensives Family Health Approach

History: Authorized by Title V of the Social Security Act (1935)

Vision: Title V envisions a nation where all mothers, children and youth, including children and youth with special health care needs (CYSHCN), 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 CYSHCN, and their families.

Legislatively-Defined State MCH Populations:

• Pregnant women, mothers, and infants up to 1 year
• Children (1-22 years)
• Children with special health care needs (birth-22 years)

Title V’s Reach: All 50 States, DC, and 9 Jurisdictions
MCH Population Domains*

1. Women/Maternal (18-44; pregnant)
2. Perinatal/Infant (< 1 year)
3. Child (1-11 years)
4. Adolescent (12-22)
5. Children & Youth w/Special Health Care Needs (0-22)
6. Cross-cutting/Life Course

*MCH 3.0 effective October 2015 (FFY2016)
CYSHCN Population

CYSHCN (as defined by Title V)

“Children with special health care needs (CSHCN) are those who have, or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”
NEEDS ASSESSMENT

Identify Needs
preventive and
primary care
services

Inform Kansas
programming, funding, partnerships

Select 8 (of 15)
National Performance Measures

Select State Priorities

Overall Process
2014-2015

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Needs Assessment Results

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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.
EXECUTIVE SUMMARY

Guiding Principles of Positive Youth Development
Adolescence is an important developmental stage filled with health opportunities, as well as health risks. During this stage, health behaviors are established that pave the way for adult health, productivity, and longevity. Adolescents who thrive have access to caring adults that foster healthy development, and are offered meaningful opportunities to belong and build their competencies and abilities (Lerner, 2008). Instead of being problems to be managed, adolescents are assets in their communities. Consequently, Kansas chose a positive youth development approach for its five-year needs assessment for the 2016-2020 Title V Maternal and Child Health Services Block Grant for the Bureau of Family Health, Kansas Department of Health and Environment. The assessment was conducted by Kansas State University’s Kansas Adolescent Health Project, consisted of: 1) a review of existing data, 2) an online community input survey of community focus groups, and 3) interviews with key individuals and leaders.

Identifying Needs and Issues among Kansas Adolescents

More than 859 respondents of an online survey, which was open from August to September, 2014, resulted in the following findings:

Top health issues affecting adolescents in their area were:

- Physical Health (56%)
- Mental Health (35%)
- Drug Use (10%)
- Sexual Health (22%)

Top barriers that youth faced to accessing health services were:

- Financial Barriers (75%)
- Access to Services (65%)
- Personal Barriers (64%)
- Knowledge Barriers (46%)

More than 400 Kansas™-based sites provided through 26 focus groups conducted in the following Kansas cities: Dodge City, Great Bend, Hutchinson, and Kansas City. Many community assets between youth and adult focus group participants:

- 56% of the 406 participants were high school students, 69% female, 51% white, 17% Latino/Hispanic, 7% African American, 26% multi-racial, 8% Asian, 9% American Indian. More focus groups were conducted with high school students in half of the local districts. Kansas Universities for Health Conferences, youth development programs, Youth Services, or all. More in-depth analyses, 45 surveys, 25 surveys, 32 focus group, 8 focus group.

The Kansas Health Project resulted in the following findings relating to issues, barriers and challenges expressed by youth and by adults (in order of prevalence of youth focus group data):

- Top health issues included:
  - Schoolwork (perceived too small or stressful)
  - Substance abuse
  - Sexual and reproductive health
  - Mental health (including depression and self-injury)
  - Obesity
  - Overweight
  - Bullying
  - Roadblocks leading to the use of technology
  - Wanting more services and information
  - Wanting to confide in adults and mentors.

- Top barriers and challenges included:
  - Lack of information
  - Access to services
  - Costs too high
  - Lack of parental support/affirmation
  - Empowerment/empower
  - Lack of mentors.

Recommendations and Strategies to Address Adolescent Health

The overall goal is to enhance the health of adolescents and young adults (ages 12 to 22) across the state:

RECOMMENDATION 1. Address the highest priority adolescent health issues. Thus, some of these recommendations are redundant by intent. Each of these health issues is related and should be addressed as such. More
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State MCH Priorities

1. Women have access to and receive coordinated, comprehensive services before, during and after pregnancy. **Women/Maternal**

2. Services and supports promote healthy family functioning. **Cross-cutting**

3. Developmentally appropriate care and services are provided across the lifespan. **Child**

4. Families are empowered and equipped to make educated choices about infant health and well-being. **Perinatal/Infant**
State MCH Priorities

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

6. Professionals have the knowledge and skills to address the needs of maternal and child populations. **Cross-cutting**

7. Services are comprehensive and coordinated across systems and providers. **Special Health Care Needs**

8. Information is available to support informed health decisions and choices. **Cross-cutting**
Selected NPMs* (8 of 15)

NPM1: Well-woman visit
NPM4: Breastfeeding (ever; exclusively 6 months)
NPM6: Developmental screening (10-71 months)
NPM7: Child injury (0-9)
NPM9: Bullying (12-17)
NPM10: Adolescent well-visit (12-17)
NPM11: Medical home
NPM14: Smoking (pregnancy & household)

*National Performance Measures (NPM)
How MCH Supports Immunization as a Core Function

ALIGNMENT, ROLES, COMPLEMENTARY SERVICES & SUPPORTS
Alignment

• To streamline the application process and reporting requirements for those who receive funds from both MCH & IAP programs as well as to further demonstrate the importance of cross program integration.

• A base amount of funding was made available to all Local Health Departments to support travel to the annual Immunization Conference.

• Additional allocation based on the number of children enrolled in Medicaid in the county.
Roles

• Monitor health status to identify and solve community health problems - *Assessment* (Immunizations)

• Inform, educate and empower people about health issues - *Assurance* (Community health education and health promotion; Public health education through media, presentations, displays; Informing, educating parties)

• Mobilize community partnerships and action to identify and solve health problems - *Assurance* (Collaborate with MCH, WIC, public health nursing to meet the needs of special populations)

• Link people to needed personal health services and assure the provision of health care when otherwise unavailable - *Assurance* (MCH services, public health nursing services)

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Complementary Services & Supports

- Preventative Interventions (immunizations to improve the health and quality of life for women, infants, children and adolescents)

- Routine Health Screenings for all children (assessment of immunization status, administration of immunizations and establish systems and referral networks)

- Immunizations are one of the most cost effective tools for preventing disease, and major benefits of MCH and immunization program collaboration (reduced health care costs and improved wellness)
MCH & Immunization Action Plan Alignment

RATIONALE & BENEFITS
Rationale

Why integrate the IAP grant with the MCH grant for SFY18?

- Shared Purpose
  - Education
  - Promotion
  - Increasing immunization rates in Kansas
  - Reduce the incidence of vaccine preventable disease
Benefits

• One Application and Budget
• Quarterly Progress Report for one grant
• One Financial Status Report (FSR)
• Integrating MCH interventions with immunization services can result in rapid increases in coverage of both interventions
• Identify opportunities for crossover services
Action: Let’s Do Something Differently!

OPPORTUNITIES IN THE PRACTICE & COMMUNITY
Opportunities in Practice

❖ **Priority 1 - Women/Maternal Domain**

Women have access to and receive coordinated, comprehensive services before, during and after pregnancy
• Integrate assurance of up to date vaccination of all moms and cocooning opportunities with TDAP for pertussis protection of newborns.
  o State Action Plan - Objective 1.2
    Increase the number of completed referrals for services in response to prenatal/postnataal risk screening at every visit by 2020
• Integrate Immunization Perinatal Hepatitis B Program with Becoming a Mom (BAM) to assure known status at time of delivery and risk to infant as well as educating on follow-up.

• Encourage BAM participants to understand the value of opting in to WebIZ on the birth certificate.
  o State Action Plan - Objective 1.3
    Increase the number of established perinatal community collaboratives (e.g. BaM) by at least 5 annually by 2020.
Opportunities in Practice

❖ Priority 5 - Adolescent Domain

Communities and providers support physical, social, and emotional health
• Integrate adolescent immunization education into adolescent activities/services.
  o State Action Plan - Objective 5.2
    Increase the number of adolescents 12-17 years accessing positive youth development, prevention, and intervention services and programs by 2020
  o State Action Plan - Objective 5.4
    Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020.
• Encourage training of MCH staff to understand Immunization schedules to look for opportunities to catch up children and adolescents when behind on vaccination schedule. Identify and vaccinate in the MCH clinic rather than a referral to another area for immunizations, the acceptance rate is generally higher.

  ○ **State Action Plan-Objective 5.5**

  Increase the number of adolescents receiving immunizations according to the recommended schedule by 2020.
What are other opportunities that can be used in practice and in your community?
Resources & Tools

FOR MORE INFORMATION
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 health populations.
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Websites & Helpful Links

- Kansas MCH (MCH Plan, Resources, Council)  
  www.kansasmch.org
- KDHE Bureau of Family Health (MCH/SHCN Programs)  
  www.kdheks.gov/bfh
- Federal Maternal & Child Health Bureau  
  http://mchb.hrsa.gov/
- Association of Maternal & Child Health Programs  
  www.amchp.org
- KDHE Immunization Program  
  www.kdheks.gov/immunize/index.html
- Centers for Disease Control & Prevention (CDC)  
  www.cdc.gov/vaccines/index.html

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How Can We Assist YOU?

DISCUSSION & QUESTIONS
Contact Information

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Thank You!!