

SUMMARY STATEMENT

The Kansas Title V Maternal and Child Health (MCH) program continues to support development and sustainability of Kansas [Perinatal Community Collaboratives](#) (KPCCs), aimed at reducing infant mortality and improving birth outcomes through group prenatal education and integration efforts (tobacco cessation, mental health, breastfeeding, safe sleep, oral health, physical activity, and more). Data indicates communities with successful collaboratives have better outcomes related to infant mortality, preterm birth, and breastfeeding. The primary goal has been to build capacity for existing collaborations and expand the model to include both rural and urban communities experiencing disparities in birth outcomes. This model provides the backbone for dissemination of targeted public health programming and positions communities for success and sustainable community collaboration.

ACTIVITIES AND RESULTS

The Kansas [Community Collaborative Model](#) utilizes a [Collective Impact](#) framework and emphasizes community needs to ensure local relevance. Currently there are [16 KPCC sites with more than 30 locations pending implementation](#). View a map of existing sites and implementation progress on the [KPCC website](#). Since inception in 2010, KPCCs have been a driving force behind improved birth outcomes in Kansas. Overall, KPCCs have a lower preterm birth rate than the state (6.7% compared to 9.4%). Attention should also be directed to the reduced infant mortality rate (IMR) per 1,000 live births (5-year average) from pre-implementation to post-implementation in two of the longest running sites. The Geary County IMR decreased significantly from 11.9 in 2005-2009 to 5.7 in 2014-2018. The Saline County IMR decreased from 9.0 in 2005-2009 to 5.5 in 2014-2018.

The KPCC model is changing the perinatal care delivery paradigm statewide by creating updated, more effective systems of care. Program capacity building is dependent on shared resources (e.g., patients, staff, facilities, educational materials, toolkits) and services (e.g., clinical, public health) across the patient care continuum. Standardization of screening, referral, education and shared data collection/measurement processes (DAISEY) have been pivotal to Kansas expansion efforts. [Integration toolkits](#), such as the Mental Health Toolkit, as well as toolkits on tobacco cessation, breastfeeding, safe sleep, and oral health have been produced, piloted, and implemented to facilitate integration into this infrastructure.

The prenatal education component of the collaborative model, featuring the March of Dimes (MOD) Becoming a Mom/Comenzando bien® (BaM/Cb) curriculum, has been standardized to ensure program fidelity across communities. An agreement is now required for all sites to gain access to training and program resources. In partnership with the University of Kansas (KU) Center for Public Partnerships & Research, MCH developed referral and evaluation systems. Resources identified as needed for statewide expansion and protection of program fidelity and MOD trademark agreement have been developed and include: 1) guidance documents and training videos; 2) standardized resources such as session slides, lesson plans, activity plans, and supplemental handouts; 3) promotional material templates and 4) a private website portal for direct access to resources. All supplements to the MOD curriculum have been translated to Spanish (partnership with the KU School of Medicine-Wichita, Department of Pediatrics and a workgroup with representation from five Spanish dialects). The extensive tools and resources have provided the mechanism for statewide expansion and support both growth and future sustainability.

The first regional perinatal community collaborative (launched in SWK) is now operational with four lead sites serving a total of 16 counties. The SWK collaborative has come to be the greatest cross-sector collaborative formed to date, with the region's four leading (and competing) birthing facilities, public health departments, FQHCs, large employers, and other community partners working collaboratively with each other. Partners within this collaborative have worked to develop regional marketing tools, press releases, shared class schedules, and numerous other resources, all to engage pregnant women across the region while offering multiple class locations and schedules to choose from.

For a brief overview of the KPCC program and its impact, see the [Fact Sheet](#). For an illustrated view of the KPCC approach and its impact, see the [Infographic](#). Read more about the program, impact, and evaluation findings in the most recent [State Aggregate Report](#).

It's important to note that many other MCH investments related to women's health, Long Acting Reversible Contraceptives (LARC), pregnancy intention screening, and stillbirth prevention are aligned with and/or integrated into the KPCC model.

Additionally, the KPCC model addresses [Kansas Maternal Mortality Review Committee](#) recommendations driven by findings from cases.

Women's Health: It has been a priority for KPCCs utilizing the MOD BaM/Cb® curriculum to focus on women's health in the interconception period, including but not limited to the importance of annual well visits. Activities include the integration of personal health plans and the development of a reproductive life plan for each woman completing the program. The handout "Keeping Healthy After Pregnancy" and resource "Show Your LOVE – Steps to a Healthier me!" by the CDC have been incorporated into the lesson and activity plans. Participants set goals for their health plan, such as: scheduling their postpartum appointment and annual well-woman exam with their provider; planning for the prevention of an unplanned pregnancy; healthy diet and exercise plan; planning for daily consumption of at least 400 mcg of folic acid; updating and maintaining vaccinations; practicing stress management techniques; and managing chronic health conditions. Program evaluation data shows improvements in knowledge and planned behavior related to education received. A Well-Woman Toolkit and Reproductive Life Plan resource will be released in 2020. An integrated prescreening tool is launching July 2021 with training and assistance.

LARC: A LARC Learning Collaborative launched last year will continue with a Lunch and Learn series. An [integration toolkit](#) was released online in 2019.

Pregnancy Intention Screening (One Key Question®Trainings): The One Key Question® (OKQ) evidence-based initiative implementation continues, focused on asking women and men about their reproductive goals (Would you like to become Pregnant in the Next Year?). A formal partnership with Power to Decide was established to offer free trainings in 2019, greater than 100 participants attended and are now certified to integrate the model into practice and ongoing technical assistance is provided. Coming in 2020, Kansas will be the first state in the nation to offer OKQ, reproductive well-being, and unconscious bias training virtually (piloting with a group of 8-15 providers).

Stillbirth Prevention: A formal partnership with Healthy Birth Day will continue to support the Count the Kicks (CTK) campaign to prevent stillbirth. Since August 2018, approximately 90,000 pieces of material have been sent statewide, 1,500 app downloads have completed and full-access to videos and educational materials is available (posters, brochures, appointment cards—English and Spanish). Read the [KS success story: Deanna Cummings](#). In 2020 we will also be adding social media and sharing data and information with the MCH network, having CTKs webinar done for midwives and doulas, and CTKs magnet will be added to educational materials providers can order for free.

COVID RELATED WORK

COVID + Pregnant Support Services: The Kansas MCH Woman/Maternal Health Consultant and Perinatal/Infant Clinical Consultant have been working with the Bureau of Family Health/Title V MCH Director and Epidemiology Team to identify COVID-19 positive pregnant women. The staff follow up by telephone and provide support and contact is made at least once a week via telephone for those who accept the support. The consultant inquires about how they are feeling physically, emotionally, and determines if they are in need of any services or support. They are followed until after delivery and through the early postpartum period when possible. Information about local resources and referral information is provided as needed, and connections are made with providers as needed for peer-to-peer learning and support.

COVID-19 Resources: The Kansas MCH team has continuously provided resources and information for the [Kansas/KDHE COVID-19 Resource Microsite](#) targeting pregnant and postpartum women and providers/partners who care for them at the community level. Resources include, but are not limited to, the following: Guidance and FAQs for the pregnant and perinatal population (monitoring with leading organizations such as CDC, ACOG, AAP, etc.); guidance for home visitors; telehealth toolkit; best practices in telehealth for preventive services; overview related to food insecurity and emergency food providers; domestic violence and sexual assault/intimate partner violence resources (with the Kansas Coalition Against Sexual and Domestic Violence) (for providers and victims/survivors).

All resources have been made available online, disseminated to local providers/through statewide networks, and are continuously updated.